

# School Health Manual

Comprehensive School Health Teachers Activity Manual

**VOL. I**



**CENTRAL BOARD OF SECONDARY EDUCATION**

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# Preface



Childhood and the age of adolescence are perhaps the most momentous period in an individual's journey of life. They are characterized by creative bursts of energy, immense curiosity about the self and the world, sudden changes in the physical, emotional and social dimension and expanded need for communication. They are also periods of grappling with an identity crisis, feelings of isolation, anxiety, alienation and confusion. Each individual is unique with inherent positive attributes and latent potential and it is the responsibility of the school to provide opportunities for young talent to blossom and flourish.

The biggest killer in the world today is not war, disease or natural calamities. It is life style related diseases. Health is an important component of the concerns regarding adolescent issues. Obesity, lack of physical activity and exercise, mental and emotional stress are major concerns. The experiences gained as children often stay with us throughout life. Therefore there is a need to create health oriented school climate so that appropriate ambience is created which is sensitive to the health needs of school going children and helps to promote their well being.

The new millennium school must provide a setting where education and health programmes come together to create a health promoting environment which in turn promotes learning. It constantly strengthens its capacity as a healthy setting for learning and preparing for life. Such schools use its full organization potential to promote health among students, staff, families and community members.

Schools need to provide a safe healthy environment which includes safe, clean water and sufficient sanitation facilities, freedom from abuse and violence, a climate of care, trust and respect, social support and mental health promotion.

The school can work in the arena of Food and Nutrition, Knowing Your Body, Personal and Environmental Hygiene, Behaviour and Life Skills, Physical Fitness and Being Responsible and Safe. The Manual provides guidelines to all stakeholders including managers, principals, teachers and students. There are activities designed for different levels in the different volumes of the Manual. The first part of the Manual recommends setting up of a Health Club to further carry on these enrichment activities within the school. The ultimate objective of the Manual is to involve the school going child in making healthy life style choices.

The Comprehensive School Health Manuals are an outcome of the collaborative effort of CBSE along with the guidance provided by Dr. Cherian Varghese of WHO India. The Manuals would not have been possible but for the effort and support provided by the material production team under the expertise and guidance of the Secretary CBSE, Shri Vineet Joshi (I.A.S.). I would also like to thank Dr. Sadhana Parashar, Education Officer CBSE for co-ordinating and editing the Manual. There are four volumes in the package. The First volume is Introductory and the other three consist of graded activities for each level : Primary, Upper Primary and Secondary as well as Senior Secondary.

Any further suggestions for improving the manual are always welcome.

ASHOK GANGULY  
CHAIRMAN

# Message



**ARJUN SINGH**

Minister Human Resource Development

Childhood is a time of immense creative energy, joyous, carefree and abundantly energetic. It is also a time of widening horizons at the cognitive, social, emotional and physical level. Sometimes the adolescent can feel isolated and struggle to cope with changes in the face of the complexity of demands being made on their psycho-social mindscape due to the changing world around them.

The need of the day is to address the various concerns of the young adolescent in a holistic manner. The health and development of future generations will depend on the health of young people today. Education can play a supportive role by incorporating all aspects of adolescent health concerns in the curriculum plus of school education.

I am delighted to learn about the ongoing Comprehensive School Health Plan that the CBSE is implementing through its schools. The Health Policy, the attention to factors which contribute to positive health of school going children and creating awareness regarding issues of health through the setting up of Health Clubs are major steps taken up by the Board and are indeed praiseworthy.

The Global School Health Survey that the Board has conducted in collaboration with WHO on a random sample cutting across the heterogeneity of schools is also noteworthy. Truly, the nation needs a comprehensive health plan integrated within the school system. This will harmonize the effective partnership of health and education sectors to facilitate the holistic approach to child and adolescent growth. This will also lead to healthy living and future life style changes. I hope the activities suggested in the Manuals for various levels are followed in spirit and we can create a health conscious youth. I wish the CBSE and the schools the very best in this endeavour.

March 5, 2007  
New Delhi.

*(ARJUN SINGH)*  
Minister Human Resource Development

# भारत का संविधान

## उद्देशिका

हम, भारत के लोग, भारत को एक [ सम्पूर्ण प्रभुत्व-संपन्न समाजवादी पंथनिरपेक्ष लोकतंत्रात्मक गणराज्य ] बनाने के लिए, तथा उसके समस्त नागरिकों को:

सामाजिक, आर्थिक और राजनैतिक न्याय,  
विचार, अभिव्यक्ति, विश्वास, धर्म

और उपासना की स्वतंत्रता,  
प्रतिष्ठा और अवसर की समता

प्राप्त कराने के लिए, तथा उन सब में, व्यक्ति की गरिमा और [ राष्ट्र की एकता और अखण्डता ] सुनिश्चित करने वाली बंधुता बढ़ाने के लिए दृढ़संकल्प होकर अपनी इस संविधान सभा में आज तारीख 26 नवम्बर, 1949 ई० को एतद्द्वारा इस संविधान को अंगीकृत, अधिनियमित और आत्मार्पित करते हैं।

1. संविधान ( बयालीसवां संशोधन ) अधिनियम, 1976 की धारा 2 द्वारा ( 3.1.1977 ) से "प्रभुत्व-संपन्न लोकतंत्रात्मक गणराज्य" के स्थान पर प्रतिस्थापित।
2. संविधान ( बयालीसवां संशोधन ) अधिनियम, 1976 की धारा 2 द्वारा ( 3.1.1977 से ), "राष्ट्र की एकता" के स्थान पर प्रतिस्थापित।

## भाग 4 क

### मूल कर्तव्य

51 क. मूल कर्तव्य - भारत के प्रत्येक नागरिक का यह कर्तव्य होगा कि वह -

- ( क ) संविधान का पालन करे और उसके आदर्शों, संस्थाओं, राष्ट्रध्वज और राष्ट्रगान का आदर करे;
- ( ख ) स्वतंत्रता के लिए हमारे राष्ट्रीय आंदोलन को प्रेरित करने वाले उच्च आदर्शों को हृदय में संजोए रखे और उनका पालन करे;
- ( ग ) भारत की प्रभुता, एकता और अखंडता की रक्षा करे और उसे अक्षुण्ण रखे;
- ( घ ) देश की रक्षा करे और आह्वान किए जाने पर राष्ट्र की सेवा करे;
- ( ङ ) भारत के सभी लोगों में समरसता और समान भ्रातृत्व की भावना का निर्माण करे जो धर्म, भाषा और प्रदेश या वर्ग पर आधारित सभी भेदभाव से परे हों, ऐसी प्रथाओं का त्याग करे जो स्त्रियों के सम्मान के विरुद्ध हैं;
- ( च ) हमारी सामासिक संस्कृति की गौरवशाली परंपरा का महत्त्व समझे और उसका परीक्षण करे;
- ( छ ) प्राकृतिक पर्यावरण की जिसके अंतर्गत वन, झील, नदी, और वन्य जीव हैं, रक्षा करे और उसका संवर्धन करे तथा प्राणिमात्र के प्रति दयाभाव रखे;
- ( ज ) वैज्ञानिक दृष्टिकोण, मानववाद और ज्ञानार्जन तथा सुधार की भावना का विकास करे;
- ( झ ) सार्वजनिक संपत्ति को सुरक्षित रखे और हिंसा से दूर रहे;
- ( ञ ) व्यक्तिगत और सामूहिक गतिविधियों के सभी क्षेत्रों में उत्कर्ष की ओर बढ़ने का सतत प्रयास करे जिससे राष्ट्र निरंतर बढ़ते हुए प्रयत्न और उपलब्धि की नई उंचाइयों को छू ले।

# THE CONSTITUTION OF INDIA

## PREAMBLE

**WE, THE PEOPLE OF INDIA**, having solemnly resolved to constitute India into a **SOVEREIGN SOCIALIST SECULAR DEMOCRATIC REPUBLIC** and to secure to all its citizens :

**JUSTICE**, social, economic and political;

**LIBERTY** of thought, expression, belief, faith and worship;

**EQUALITY** of status and of opportunity; and to promote among them all

**FRATERNITY** assuring the dignity of the individual and the <sup>2</sup> [unity and integrity of the Nation];

**IN OUR CONSTITUENT ASSEMBLY** this twenty-sixth day of November, 1949, do **HEREBY TO OURSELVES THIS CONSTITUTION.**

1. Subs, by the Constitution (Forty-Second Amendment) Act. 1976, sec. 2, for "Sovereign Democratic Republic (w.e.f. 3.1.1977)
2. Subs, by the Constitution (Forty-Second Amendment) Act. 1976, sec. 2, for "unity of the Nation (w.e.f. 3.1.1977)

# THE CONSTITUTION OF INDIA

## Chapter IV A

### Fundamental Duties

#### ARTICLE 51A

#### **Fundamental Duties - It shall be the duty of every citizen of India-**

- (a) to abide by the Constitution and respect its ideals and institutions, the National Flag and the National Anthem;
- (b) to cherish and follow the noble ideals which inspired our national struggle for freedom;
- (c) to uphold and protect the sovereignty, unity and integrity of India;
- (d) to defend the country and render national service when called upon to do so;
- (e) To promote harmony and the spirit of common brotherhood amongst all the people of India transcending religious, linguistic and regional or sectional diversities; to renounce practices derogatory to the dignity of women;
- (f) to value and preserve the rich heritage of our composite culture;
- (g) to protect and improve the natural environment including forests, lakes, rivers, wild life and to have compassion for living creatures;
- (h) to develop the scientific temper, humanism and the spirit of inquiry and reform;
- (i) to safeguard public property and to abjure violence;
- (j) to strive towards excellence in all spheres of individual and collective activity so that the nation constantly rises to higher levels of endeavour and achievement.

# *Content Page*

Page No.

## About the Comprehensive School Health Manuals

1. Introduction to School Health	1-19
2. Improving School Performance through Health Promotion	20-25
3. Health Promotion in School	26-33
4. School Health & Wellness Clubs	58-68
5. Health Care In The School Health Checkup, Health Care & First Aid	69-86
6. Guidelines for Facilitators / Teachers Peer Educators	87-93
7. Assessment and Evaluation	94-100
7. Appendix	101-102
11. Circullar - 9	103-107
12. Circular - 29	108-110
13 Circular - 17	111-112
14. Global School Health Survey	113-131

## *About The Comprehensive School Health Manuals*

The Comprehensive School Health Manuals address a basic gap in schooling that has crept in over the years. This is largely to do with the aspect of school health which has somehow been relegated to sporadic health check-ups or in some cases a few hours of health instruction in the curriculum. It is imperative that something is done urgently to take up the issue of holistic health in school going children which includes physical, mental, emotional and psychological health. The School Health Policy and presently the Manual proposes to view health holistically, utilize all educational opportunities for health promotion including formal and informal approaches in curriculum pedagogy. Providing a safe school environment, an activity oriented health education curriculum to avoid health-related risk behavior, ensuring physical fitness activities and sports, providing nutritious snacks in the school canteen, ensuring access to primary health care services and integrated family and community activities and a staff health promotion policy are some of the expectations that a school should fulfill as was advised earlier in a circular issued to all schools regarding setting up of Health Clubs.

There are four Manuals in this package. The first Manual-Vol I is addressed to all stakeholders concerned with school health.

A health promoting school strives to provide a healthy environment conducive to school health, education and school health services along with school/community projects and outreach opportunities for physical education and recreation, social support and mental health promotion.

School Health Clubs can become the focal point of school health promotion which would encompass the entire school environment and become a school campus activity. A checklist for a Health Promoting School is included so that schools can monitor their own School Health Plan. The responsibilities of the



Administrators, Principals, Teachers, Counselors and Community leaders are also spelt out. Monitoring, Evaluation and Sustainability of the Health Plan in each school is extremely essential. Fact Sheets regarding a Health Promoting School, focusing resources on Effective School Health and Improving School Performance through health promotion are other areas of concern.

The other three Manuals are activity based manuals for teachers. Vol II is Teachers Activity Manual which consist of activities for Primary Level (Classes I-V), Vol III is Teacher's Manual for Upper Primary Level (Classes VI-VIII) and Vol IV is Teachers' Manual for Secondary and Senior Secondary Level (Classes IX-XII). The activities revolve around six different themes - **Knowing your Body, Food and Nutrition, Personal and Environmental Hygiene, Physical Fitness, Being Responsible and Safe and Behaviour and Life Skills**. The objectives of the modules and activities is to focus on the different aspects of growth and age appropriate development of the child.

*Knowing Your Body Activities* will take the child from knowing its body parts and their functions to self awareness. Appreciation of the importance of each body part to heightened understanding of the need for correct information regarding growing up processes will help in creating a well balanced individual.

*Food And Nutrition Activities* focus on the effect of the right food and nutrition intake to generate positive energy and influence learning capacity. Geographical location alter or modify nutritional intake. Food can effect energy levels, concentration and learning.

*Personal And Environmental Hygiene Activities* emphasize on the need to ensure that children follow clean and regular habits regarding bath, bowel movement, sleep, oral hygiene, nails and hair. Once personal hygiene becomes a part of the regular system the child will look forward to having a cleaner environment.

*Physical Fitness Activities* will help children to maintain fitness, strengthen cardiovascular and respiratory system, keep bones and muscles strong, ease depression, manage pain and stress and above all make one feel alive, vibrant and energetic.

*Being Safe And Responsible Activities* help learners to understand the consequences of risk taking behavior and creating a safe environment for themselves and others. This would lead to a better quality of personal life and would enhance positive behaviour towards self and environment. Security and an environment that is physically and emotionally safe is the need of the hour and equipping a child to handle situations that are age appropriate is the task of the school, family and community.

*Behaviour And Life Skills Section* focuses on bringing about an awareness and in-depth understanding of behavioural issues revolving around a child which will certainly influence his or her academic performance and social development. The module is an attempt to forge clarity for the teachers to facilitate the child's learning progress. The objective of the activities is to highlight self management and coping skills within the child which will help him or her emerge as an individual who will be well equipped to handle related issues.

The Manuals are holistic in their approach since they deal with not only physical health but also mental, social emotional and spiritual well being. Their uniqueness lies in their participative and interactive approach. The activities mentioned can be easily incorporated in the classroom transaction, keeping in mind that hands on learning is internalized faster than conventional learning. It is also recommended that teachers may modify or customize the activities according to their social, cultural and demographic needs.

The CBSE has also undertaken a Global School Health Survey across different types of schools in various parts of the country. This is to collect data on health behaviours and protective factors that affect the immediate and long term health status of young children. The results from the survey will help in policy formulation at the local and national level. The feedback once analyzed will also help to further enhance understanding of health protective factors.

The activities for teachers in each Section are suggestive and it is earnestly hoped that they will carry on the spirit of each section through curriculum plus intervention strategies within the school. The activities are learner centred and will help to empower them to construct knowledge for themselves in a classroom or out of the class setting.

The future of young India is being shaped in the schools and it is imperative that all of us take a proactive role in ensuring that healthy and balanced young minds leave school and forge ahead confidently.

We wish teachers will find the Manuals useful and enrich them further with their wisdom and experience. It is an investment that each teacher, principal and parent must make to generate and augment creative and protective capacity of young people. This will go a long way in creating a sustainable social, healthy and peaceful society.

**VINEET JOSHI**  
**SECRETARY**

# 1. Introduction to School Health

## Rationale

For most children, 'going to school' is a historic milestone in their lives. It is a place that plays one of the most important roles in their physical, mental and emotional development. Schools are settings where children learn, where character is moulded, where values are inculcated and where the future citizens of the world are groomed to face life's challenges.

Schools are a strategic means of providing children with educational qualifications that will enable them to find employment and status in life. Schools can be dynamic settings for promoting health, for enabling children to grow and mature into healthy adults, yet the potential of the school to enhance health is often underutilized. 'School Health' has largely remained confined to medical check-ups of children and / or some hours of health instruction in the curriculum.

Today, schools present an extraordinary opportunity to help millions of young people acquire health supportive knowledge, values, attitudes and behaviour patterns. The students can serve as a means of promoting health of other children, their families and community members. Health is a multidimensional concept and is shaped by biological, physical, psychological, social, economic, cultural and political factors. There is a growing recognition that the health and psychosocial well-being of children and youth is of fundamental value and that the school setting can provide a strategic means of improving children's health, self-esteem, Life Skills and behaviour.

There are various initiatives in school health at present, but most of them are topic based and age group specific and often rely on the initiative of the individual school or an agency. The comprehensiveness and sustainability in these initiatives are not clearly laid out.

The need of the time is a Comprehensive School Health Policy integrated within the educational system at the National and State levels. This will harmonize the effective partnership of health and education sectors to facilitate the holistic approach to child and adolescent development in schools.

## Historical Review

It has long been recognized that schools provide the most appropriate setting for both health services and health education for children and young persons. Globally, 'school health' has been an important initiative for several decades, comprising largely of school health services and school health education.

In 1960, the Government of India set up a Committee on School Health (**Renuka Ray Committee**) which recommended that "*Health education should be included as part of general education in the primary, middle and secondary schools.*" The report of the Renuka Ray Committee (1961) provided guidelines and recommendations for both the content and the appropriate transaction of health education at various stages of schooling. In the wake of the **National Policy on Education (1986, Revised 1992)** and the **National Health Policy 1983**, steps were initiated to look at school health education in a more comprehensive manner. The **National Health Policy, 2002** envisages giving priority to school health programmes which aim at preventive-health education, providing regular health check-ups, and promotion of health-seeking behaviour among children. The policy suggests that school health programmes can gainfully adopt specially designed modules in order to disseminate information relating to 'health' and 'family life'. This is expected to be the most cost-effective intervention as it improves the level of awareness, not only of the extended family, but the future generation as well. The noteworthy initiatives under this 2002 policy were setting up a well-dispersed network of comprehensive primary health care services linked with extension and health education. It is widely accepted that school students are the most impressionable targets for imparting information relating to the basic principles of preventive health care. The policy attempted to target this group to improve the general level of awareness with regard to 'health promoting' behaviour. The girl child in the rural belt needs to be targeted right from school level. The policy recognized that the overall well-being of the citizen depended on the synergistic functioning of the various sectors in the society. The health status of the citizens would, inter alia, be dependent on adequate nutrition, safe drinking water, basic sanitation, a clean environment and primary education, especially for the girl child.

The National Curricular Framework 2005 by NCERT has categorically stated that health is a critical input for the overall development of the child and it influences significantly enrolment, retention and completion of school. It advocates a holistic definition of health within which physical education and yoga contribute to the physical, social, emotional and mental development of a child. Undernutrition and communicable diseases are the major health problems faced by majority of children in this country from

pre-primary through to the higher secondary school stage. Thus there is a need to address this aspect at all levels of schooling with special attention to vulnerable social groups and girl children. It has proposed that the mid-day meal programme and medical check ups be made a part of the curriculum and education about health be provided which address the age specific concerns at different stages of development.

## *Introduction to a Comprehensive School Health Program*

The idea of a Comprehensive School Health programme, conceived in the 1940's, included the following major components viz. medical care, hygienic school environment and nutritious school lunch and health and Physical Education. These components are important for the overall development of the child and hence need to be included as a part of the curriculum. The more recent addition to the curriculum is yoga. The entire group must be taken together as a comprehensive health and Physical Education curriculum, rather than the fragmentary approach current in schools today. As a core part of the curriculum, time allocated for games and for yoga must not be cut down or taken away under any circumstances.

Given the interdisciplinary nature of health, there are many opportunities for cross curricular learning and integration. Activities such as the National Service Scheme, Bharat Scouts and Guides and the National Cadet Corps, are some such areas. The Sciences provide opportunities to learn about physiology, health and disease and the inter-dependence between various living organisms and the physical habitat. Social Science could provide insights into communities, health as well as understanding the spread, control and cure of infectious diseases, from socio-economic and global perspectives. This subject lends itself to applied learning and innovative approaches can be adopted for transacting the curriculum. The importance of this subject to the overall development needs to be reinforced at the policy level with the health department, administrators, other subject teachers in schools, the health department, parents and children. Recognizing health and Physical Education as core and compulsory, ensuring that adequate equipment for sports and yoga instructors are available, and that doctors and medical personnel visit schools regularly, are some of the steps that can be taken. Further this subject could be offered as an elective at the +2 level.

The '*need based approach*' could guide the dimensions of physical, psycho-social and mental aspects that need to be included at different levels at schooling. A basic understanding of the concern is necessary, but a more important dimension is that of experience and development of health or skills and physique through practical engagements with play, exercises, sports and practices of personal and community hygiene. Collective and individual responsibilities for health and community living need to be emphasized. Several national health programmes like the Reproductive and Child

Health, HIV AIDS, tuberculosis and Mental Health have been targeting children as a focus with prevention in view. These demands on children need to be integrated into existing curricular activities rather than adding on.

Yoga could be introduced from the primary level onwards in informal ways, but formal introduction of Asanas and Dhyana should begin only from class VI onwards. Even health and hygiene education must rely on the practical and experiential dimensions of children's lives. There can be more emphasis on the inclusion of sports and games from the local area. Indigenous knowledge in this area must be reflected at the local level.

***Policies make a difference.*** Appropriate and effective school health policies can have an impact on health behaviors, short-term health outputs, learning/academic achievement and social development. There is a need to develop a uniform, effective code of practice for school administrators and educators undertaking health promotion in schools.

## *Comprehensive School Health Policy*

***The WHO defines a health promoting school as one that is constantly strengthening its capacity as a healthy setting for living, learning and working. It focuses on creating health and preventing important causes of death, disease and disability by helping school children, staff, family and community to care for themselves, take informed decisions over circumstances that affect their health and create conditions that are conducive to health.***

School health education is comprehensive and meaningful when it;

- views health holistically, addressing the inter-relatedness of health problems and the factors that influence health within the context of the human and material environment and other conditions of life.
- utilizes all educational opportunities for health: formal and informal, standard and innovative approaches in curriculum and pedagogy.
- strives to harmonize health messages from various sources that influence students, including messages from the media, advertising, the community, health and development systems, family and peers and the school.
- empowers children and youth, as well as their families to act for healthy living and to promote conditions supportive of health.

## *Who is the School Health Policy for?*

This policy is for the *Central Board of Secondary Education* and its affiliated schools and educational organizations. The policy will provide useful information to the community

sector and other organizations that also have an interest in engaging in school based health initiatives.

## *What Does This School Health Policy Aim To Do?*

### **The policy aims to:**

- provide an effective guide for school administrators/educators to assist them in developing Health Promoting Schools.
- ensure that school health programmes are based on formally assessed and evidence based practice.
- advocate the value of a comprehensive and planned approach to school health through education sector.
- encourage partnerships for school health promotion with key stakeholders, viz students, parents, health professionals, teachers and counselors.

*The overall objective of the Policy is to equip the educational sector to develop Health Promoting Schools.*

## *Components of the Policy*

### **The eight components of the Comprehensive School Health Policy are:**

1. *A school environment that is safe; that is physically, socially, and psychologically healthy; and that promotes health-enhancing behaviors;*
2. *A sequential Health Education curriculum taught daily in every grade, pre-kindergarten through twelfth, that is designed to motivate and help students maintain and improve their health, prevent disease, and avoid health-related risk behaviors and that is taught by well-prepared and well-supported teachers;*
3. *A sequential Physical Education curriculum taught daily in every grade, pre-kindergarten through twelfth, that involves moderate to vigorous physical activity; that teaches knowledge, motor skills, and positive attitudes; that promotes activities and sports that all students enjoy and can pursue throughout their lives; that is taught by well-prepared and well-supported staff; and that is co-ordinated with the comprehensive school health education curriculum;*
4. *A nutrition services program that includes a food service program and employs well-prepared staff who efficiently serve appealing choices of nutritious foods; a sequential program of nutrition instruction that is integrated within the comprehensive school health education curriculum and co-ordinated with the food*



service program; and a school environment that encourages students to make healthy food choices;

5. *A School Health Services Program* that is designed to ensure access or referral to primary health care services; foster appropriate use of health care services; prevent and control communicable disease and other health problems; provide emergency care for illness or injury; and is provided for by well-qualified and well-supported health professionals;
6. *A Counseling, Psychological, and Social Services Program* that is designed to ensure access or referral to assessments, interventions, and other services for student's mental, emotional, and social health and whose services are provided for by well-qualified and well-supported professionals;
7. *Integrated Family and Community Involvement activities* that are designed to engage families as active participants in their children's education; that support the ability of families to support children's school achievement; and that encourage collaboration with community resources and services to respond more effectively to the health-related needs of students; and
8. *A Staff Health Promotion Policy* that provides opportunities for school staff to improve their health status through activities such as health assessments, health education and health-related fitness activities.

## *How to Implement The Policy?*

<i>Key Messages for Plan of Action</i>	
<i>Strategy for action at national, state, district and community level</i>	<ol style="list-style-type: none"><li><i>A. Form interfaces / Action Groups</i></li><li><i>B. Review current situation for School Health Promotion</i></li><li><i>C. Plan and Implement School Health Policy</i></li><li><i>D. Monitor and evaluate activities</i></li><li><i>E. Share experiences / lessons with others</i></li></ol>

The school administration should provide the lead for health promotion as a major initiative and should include all the stakeholders including parents, teachers, students and the community.

The *Global School Health Survey* aims at providing the profile of the students as Baseline in the following areas;

<ul style="list-style-type: none"><li>• Respondent demographic</li><li>• Hygiene</li><li>• Clean drinking water</li><li>• Protective factors</li><li>• Tobacco use and smoking</li><li>• Sleep patterns</li></ul>	<ul style="list-style-type: none"><li>• Dietary behaviours</li><li>• Personal health</li><li>• Physical activity</li><li>• HIV Infection or AIDS Awareness</li><li>• Alcohol and Drugs</li><li>• Leisure Activities</li></ul>
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The Central Board of Secondary Education is involved with a Comprehensive School Health Programme and has collaborated with WHO on a Global School Health Survey. A total of 75 schools under various categories were selected under this scheme by WHO on a random sampling basis.

The Survey was conducted through a questionnaire which had various components related to physical growth, drinking and eating habits, personal health, safety concerns, feelings and emotions, substance abuse, physical fitness and personal experience.

The school administration can then take up various initiatives as per the Health Promotion Manual specifically designed for the three major age groups, classes 1-5, 6-8 and 9-12. The checklist can be used to understand the current status and to guide the activities. A *School Health Club* can be formed and can become the focal point of school health promotion. In addition to specific class room based activities and revising school health curriculum, the health promotion programme should encompass the entire school environment and should become a school campus activity. The health promotion programmes should inspire and motivate the teachers, students and parents and should be conceived in a participatory manner. The school should also strive to provide healthy living habits through a conducive environment. The health promotion initiatives can be assessed and based on a scoring system and the school can be declared as a Health Promoting School.

Once the school achieves the status of a Health Promoting School, it should strive to maintain and excel in its initiatives and should become a model for other schools.

## Checklist for Situation Analysis of School Health

- What is the status of health education activities in the classroom, school and community?
- Does the school have a clear policy on health promotion, jointly prepared by staff and parents?
- Is health taught effectively across the curriculum? In particular, are the following topics covered
  - ❖ environment health
  - ❖ *personal health*
  - ❖ *safety and accident prevention*
  - ❖ *drug abuse*
  - ❖ *physical education*
  - ❖ *emotional health*
- Are the health topics taught at school based on the needs in the community?
- Are teaching methods learner-centred using the environment as well as the school?
- Are educational materials including visual aids and books available and are they based on health topics?
- Are the water and sanitation facilities adequate, clean and well maintained?
- Is there at least one teacher in the school trained to give first aid, detect simple health problems and refer children to health services?
- Is there an effective and committed school health committee?
- Are parents involved in health promotion activities in the school?
- Are there well developed links with the community and local health workers?
- Do policy makers within health, education and other services provide support to school health promotion?

## Responsibilities of The School

### **Responsibilities of Administrators / Principals:**

The Administrators/School principals shall be responsible for:

- Preparing a Comprehensive School Health Plan using eight elements of the co-ordinated School Health Program with input from students and their families;

- Ensuring that the various components of the School Health Program are integrated within the basic operations of the school, are efficiently managed, reinforce one another, and present consistent messages for student learning;
- Developing procedures to ensure compliance with School Health Policies;
- Supervising implementation of School Health Policies and procedures;
- Negotiating provisions for mutually beneficial collaborative arrangements with other agencies, organizations, and businesses in the community; and
- Reporting on program implementation, results, and means for improvement (to whom and how) regularly.

## *Responsibilities of the School Health Co-ordinator / Teachers / Counsellor*

***Each school shall appoint/designate a school health co-ordinator to assist in the implementation and co-ordination of school health policies and programs by:***

- Ensuring that the instruction and services provided through various components of the School Health Programme are mutually reinforcing and present consistent messages;
- Facilitating collaboration among School Health Programme personnel and between them and other school staff;
- Assisting the administrator/school principal and other administrative staff with the integration, management, and supervision of the School Health Program;
- Providing or arranging for necessary technical assistance;
- Identifying necessary resources;
- Facilitating collaboration between the school and other agencies and organizations in the community who have an interest in the health and well-being of children and their families; and
- Conducting evaluation activities that assess the implementation and results of the School Health Program, as well as assisting with reporting evaluation results.

## Monitoring And Evaluation

Obtaining baseline data on the health of the children, the quality of school health services, the environment of the school and health knowledge, skills and practices of students are essential for evaluating the effectiveness of a planned intervention.

The nature and quality of School Health Education Programmes should be evaluated by the extent to which they achieve:

- a) Instruction intended to motivate health maintenance and promote wellness and not merely the prevention of disease or disability.
- b) Activities designed to develop decision-making competencies related to health and health behaviour.
- c) A planned, sequential pre-school to end-of-school curriculum based on student needs and current and emerging health concepts and societal issues.

The content and terminology of the training curriculum for both students and teachers need to be made region-specific and resource-sensitive. Attractive and interesting communication methods should be used.

### Strategies in Schools to promote healthy habits :

To be effective, strategies need to be individualized, made context specific, sensitive, within a broad framework using modern day marketing techniques and strategies.

- The mobilization of local resources
- Ownership of the programme by the school
- Training of teachers and health workers
- Participation by parents and the community
- The shared involvement of Government and NGOs from health education and other community services



*The main resource comes from teachers, children and parents. There is no school, however poor, that lacks the resource of children.*

# Promoting School Health

## A Health Promoting School:

- Fosters health and learning with all the measures at its disposal.
- Engages health and education officials, teachers, all students, parents, health providers and community leaders in efforts to make the school a healthy place.
- Strives to provide a healthy environment, school health education and school health services along with school/community projects and outreach, health promotion programmes for staff, nutrition and food safety programmes, opportunities for physical education and recreation, and programmes for counselling, social support and mental health promotion.
- Implements policies and practices that respect an individual's well being and dignity, provide multiple opportunities for success and acknowledge good efforts and intentions as well as personal achievements.
- Strives to improve the health of school personnel, families and community members as well as pupils; and works with community leaders to help them understand how the community contributes to or undermines health and education.

## A Health Promoting School focuses on:

- Caring for oneself and others
- Making healthy decisions and taking control over life's circumstances
- Creating conditions that are conducive to health (through policies, services, physical / social conditions)
- Building capacities for peace, shelter, education, food, income, a stable ecosystem, equity, social justice and sustainable development.
- Preventing leading causes of death, disease and disability: tobacco use, HIV/AIDS/STDs, sedentary lifestyle, drugs and alcohol, violence and injuries, unhealthy nutrition.
- Influencing health-related behaviours: knowledge, beliefs, skills, attitudes, values and support.

## *Why should we become a Health Promoting School ?*

The Health Promoting School's framework or model provides the most effective way that schools can promote health and well being for all members of the school communities: students, teachers, parents and the local communities around it. It's a global movement with a local focus.

The model recognises the importance of the participation and consultation of all stakeholders in a school community. Priority is given to the specific health issues and needs of the school. There is an inbuilt reflection and evaluation process to effectively review and align programs within the setting of the school.

A Health Promoting School encourages planning and co-ordinated action and use of resources rather than a reactive response to crises. It involves curriculum planning, whole school organisational alignment and partnerships with people and agencies to support programs and projects.

## *When can we call ourselves a Health Promoting School ?*

A Health Promoting School is on a continuous and deepening journey. When a school has formed a representative committee, surveyed the school communities to clarify the needs and established an implementation plan with a time line for action, then it could be said to be a Health Promoting School.

One off projects can initiate the process of becoming a Health Promoting School but one off projects do not make a school health promoting.

One or two people in a school community may get things started but forming a committee, setting up structures for communication and procedures, writing policies and implementing them are important parts of the process towards becoming a Health Promoting School. Internal partnerships become crucial for integrating the health promoting school framework into school culture. Even if the enthusiastic energy of one or two goes then the framework for health promotion is better able to continue and be taken up by others.

## *Why are partnerships so important in Health Promoting Schools ?*

The important feature of Health Promoting School is shared responsibility: the whole school needs to work in a collaborative way to implement projects and programs. Internal partnerships become crucial again. Teachers, Parents and students need to communicate, reach across and support the school. Health agencies can provide support for school program where it is required, delivering their support in relevant and effective ways.

There are numerous community health issues that loom large: mental health increasing weight and physical inactivity, sun protection and risks of skin cancer, drug and alcohol abuse, bullying and violence etc. A planned and co-ordinated approach to tackling any of these is crucial. Resources need to be better designed and utilised, funds must be targeted and spent effectively. Projects and programs need to be co-ordinated, linked or joined together. An issue can galvanise a team into action but instead of being in a reactive mode, a planned and co-ordinated co-ordination approach is far better. You could say that the Health Promoting School approach is an organisational tool.

### *How can we encourage parents/guardians to get involved in our School Health Programmes?*

Being a Health Promoting School is a great way to involve parents with the school community. Requests for support for tailored programs that fit with a bigger plan or goal can be drawn for parents. Whereas some may not come to a meeting, they may be happy to help set up a vegetable patch or talk to adolescents. Parents/ guardians do like to be consulted and participate in a vision of the school community when the health and well being of their children is concerned. The activities such as writing a policy or volunteering on a project can provide an opportunity for parent participation.

Communication through newsletters, noticeboards and displays, information at PTM's (Parents Teacher Meetings) and conferences can help keep parents/guardians in touch.

### *How can we involve students in shaping our School Health Programmes?*

Student Representative Council and Student Health Committees are excellent teams who can help survey students about their health concerns and needs. Teachers, parents/guardians and students may have very different ideas about what is the most important health issue to address and the way that health activities are implemented. Consultation and the resulting discussions create the best foundation for student engagement, ownership of the process and student participation in the health issues relevant to their lives.

### *Which organisations in the local community can help with our health programmes and plan?*

Through the links to local health promotion sites you can find contacts to a wide range of



organisations and agencies that support School Health Programs. The Health Promotion Schools Officers can help too with contact information if you don't know where to start .

*How can we get funding to support new ideas and initiatives?*

Depending on your project, funding through partnerships with community organisations and businesses can be a source of support. Staying in touch with information through the networks can keep you abreast of current funding opportunities.

## *Implementation of School Health Programmes*

The three main areas of a **Health Promoting School** are :

- The Curriculum
- The School Ethos (Physical and Social Environment)
- School-based health programmes can be **Environment-Centred** or **Child-Centred**.

### *1. Environment-Centred Approaches*

In this approach, the aim is to improve the educational climate of the school and to provide opportunities for child to utilize the School Health Programme. The positive mental health atmosphere includes the amount of time spent in school, the structuring of playground activities, the physical infrastructure of the school and the classroom decoration.

*What kind of programmes can the school conduct?*

- a Programmes/workshops can be organized to enhance the ability of administrators, teachers and support staff to deal with specific areas of emotional or behavioural disturbances that they encounter.
- b Programmes for improving teachers' capacity to understand how to make use of other agencies providing mental health services for children.
- c National campaigns to reduce the incidents of certain mental health damaging behaviours e.g., bullying, ragging, corporal punishment etc.

d Improvement in the school's social environment can be brought about by encouraging parent participation through parent programmes in support of school activities.

e A multidisciplinary mental health team can be established in the school to provide consultation in the management of student behaviour problems.

f The mental health team can include representatives from the governing body, teachers, support staff and parents. The governing body can identify problems and opportunities within the school.

g The school mental health team can monitor and evaluate the outcome and provide feedback so that appropriate modifications can be made to the programme.

h School can be the centre for community enhancement projects including programmes to improve physical and emotional health. They can serve as training centres for parenting skills where parents learn more about child development and parent effectiveness skills and receive support to enhance feelings of self worth and competence.

Such a programme provides a co-ordinated, collaborative effort to improve communication, understanding and respect between staff, students and parents. This provides a sense of direction and ownership of the programme.

## *2. Child - Centred Approach*

Child-centred approach includes individual mental health consultations and specific problem-focused interventions as well as more general classroom programmes to improve coping skills, social support and esteem.

*What kind of programmes can the school conduct?*

a A particular child who exhibits difficult behaviour can be referred to the school counsellor or mental health professionals.



- b The counselor is involved in giving recommendations to the parents, the teachers and in some cases referral for treatment outside the school.
- c Maladjustment can be prevented by locating children *at-risk* and involving them in an intensive goal-directed intervention that should include close contact with special educators, nodal teachers, counsellors and peer mentors.
- d The use of parents as teacher's aides can be a helpful learning experience for the parents, the teacher and the child. Working in the classroom provides parents with perspective of their child as they observe other children and talk with other parents and the teacher.
- e Early intervention programmes with high risk behaviours such as aggressiveness, smoking, excessive shyness, worsening of interpersonal relationships, poor school attendance, declining academic performances, irritable and fluctuating moods and changes in peer groups can prevent serious consequences.
- f School can also use screening tools for identification of psycho-social problems and mental disorders. This can help the schools in determining if children have (or are at risk of having ) significant mental health problems. Although, there is a danger of *labelling* and stigma nevertheless the instruments can be very useful in planning management strategies.
- g School based Health Centres located within the school have an important role in supporting better health care for children and adolescents. The mental health services in these school-based health clinics can provide screening, counselling for common adolescent concerns, information about substance abuse, HIV / AIDS, reproductive health, depression, stress, anxiety, etc. Because these clinics are located within the daily environment of the children mostly youth, they offer particular benefit to young people who might not otherwise receive assistance.

## *Steps In Setting Up School Health Programme*

### *Step 1: Establishment of a Team*

Planning for a Comprehensive School Mental Health Programme begins with the collaboration of school personnel, family members, community members, health professionals and students who come together to create an environment that is productive, positive and supportive.

### *Step 2: Assessment of School and Community Environment*

Basic information regarding regional demographics, health risks and resources should be available for the team to consider. When possible, an assessment focusing on community

strengths and available resources, as well as needs should be done to provide the planning team with the information they need to develop objectives.

### *Step 3: Development of a Plan*

Once the need and potential for a mental health programme are assessed and most suitable elements of the model framework are chosen after discussions with parents, educators, student community members and mental health professionals, the next task is to develop a specific plan of action including clearly stated objectives, assignment of responsibilities, a time-line and a co-ordinating mechanism with an outside agency.

### *Step 4: Monitoring and Evaluation*

Obtaining baseline data on the physical and emotional health of children, the quality of school health services, the environment of the school and the health knowledge, skills and practices of students are all essential for evaluating the effectiveness of a planned intervention.

One approach to measuring outcomes which may be particularly useful for school-based health programmes utilizes goal attainment changes as the unit of measurement. Initially the team of school professionals, students, parents and community members meet with professionals, skilled in outcome research, to define how successful outcome will be defined in a way that can be measured reliably. The evaluation process is then planned, implemented and the outcome data analyzed and disseminated. The initial planning team meets again and discusses whether or not the goals were met and makes appropriate modifications.

### *Health Intervention is Accepted and Most Effective if :-*

- It is part of the general educational system.
- Implemented through Health Care in the school.
- Supported and developed by families and parent groups.
- Brought in and through the support of school counsellors and / teachers who recognize that poor social functioning interferes with learning.
- Brought in through School management or which recognizes that schools are a good setting to foster overall health and wellness among school going children.

## *Canteens Carry a Health Responsibility : Creative Canteens*

Canteens in the schools should not be treated as commercial outlets. The schools carry a social responsibility towards inculcating healthy eating behaviors. They are used as places to motivate children to consume healthy and hygienic food. When a child sees other children consume foods with healthy components, their food choices get reinforced and also transmitted to the family back home.



### *Quality control measures to be observed in the school canteen:*

- **Stringent hygiene** regulations to be strictly implemented in the canteen and serving area.
- **Quality of fats/oils used for cooking to be monitored.** Foods containing fatty acids to be banned or moderated.
- **Strict control to prevent carryover of the left over food** (healthy foods have a shorter shelf life-especially when the outside temperature is high).
- Use of whole grains and pulses should be encouraged wherever possible.
- Seasonal cheap and uncut fruits and locally available nuts/fruit seeds.
- Ban on use of preservative, colours and additives in the food preparation.
- **Sale/serving of junk food like burgers, chowmein, chips, carbonated cold drinks to be banned in schools and colleges.**
- Introduce freshly made vegetable pulao, idli-dosa, rajma-rice, dal-rice, milk, fresh lime juice, juices etc. in the canteen menu.

- Attractive pictorial stickers which communicate nutritional messages can be put in sections which sell nutritious foods. Healthy attractive posters in the canteen can reinforce the nutrition related messages.

## *A Health Promoting School*

Health is the responsibility of all. The lesson and experiences gained as children stay with us throughout life. So there is a need to develop a uniform effective code for school administrators and educationists to promote health in schools. This will harmonize the effective partnership of health and education sectors to facilitate a holistic approach to children and adolescent development in schools.

Many of today's and tomorrow's leading causes of death and disease can be significantly reduced by preventing behaviour that is initiated during youth, through education, understanding and motivation and fostered by social and political conditions.

**A Health Promoting School** is a setting where education and health programmes create a health promoting environment which in turn promotes learning. It constantly strengthens its capacity as a healthy setting for learning and preparing for life.

## *A School fostering health:*

- Fosters health and learning with all the measures at its disposal.
- Engages health and education officials, teachers, teachers' unions, parents, health providers and community leaders in efforts to make schools a healthy place.
- Strives to provide a healthy environment, school health education health services along with school/community projects and outdoor promotion programmes for staff, nutrition and food, safety opportunities for Physical Education and recreation and programmes for counselling, social support and mental health promotion.
- Implements policies and practices that respect an individual's welfare, dignity, provide multiple opportunities for success and acknowledge intentions as well as personal achievements.
- Strives to improve the health of school personnel, pupils as well as families and works with community leaders to understand how the community contributes or undermines education.
- Cares for oneself and others.
- Makes healthy decisions and takes control over life's circumstances.
- Creates conditions that are conducive to health.

## 2. Improving School Performance through Health Promotion

### Health-Promoting Schools (HPS) Fact Sheet

A health-promoting school uses its full organization potential to promote health among students, staff, families and community members.

#### **A Health Promoting School:**

#### **1. Engages health and education officials, teachers, students, parents and community leaders in an effort to promote health with:**

- Families and community groups involved in the school
- Community services, business and organizations linked to the school
- School/community projects
- Health promotion for school staff

#### **2. Strives to provide a safe, healthy environment, including:**

- Clean water and sufficient sanitation facilities
- Freedom from abuse and violence
- A climate of care, trust and respect
- Social support and mental health promotion
- Safe school grounds
- Opportunities for physical education and recreation

#### **3. Provides skill-based health education with:**

- Curricula that improve students' understanding of factors that influence health and enable them to make healthy choices and adopt healthy behaviours throughout their lives
- Curricula that include critical health skills, a focus on promoting health and well-being as well as preventing important health problems and information and activities appropriate to children's intellectual and emotional abilities
- Training and education for teachers and parents

#### **4. Provides access to health services with:**

- Services (early screening, diagnosis, monitoring growth and development, vaccination, selected medications) that may be most efficiently provided in the school setting depending on school resources and mandates

- Link-ups with local health agencies that can provide services
- Nutrition and food safety programmes

#### 5. Implements health-promoting policies, such as:

- An overall policy supported by school administration and management as well as teaching practices that help create a healthy psychosocial environment for the students and staff
- Policies on equal treatment for all students
- Policies on drug and alcohol abuse, first aid and violence that help prevent or reduce physical, social and emotional problems

#### 6. Strives to improve the health of the community by:

- Focusing on Community Health concerns
- Participating in Community Health Projects





# Fostering Health And Wellness



## Health and Wellness

- Emergency services
- Teacher Health care
- Health and Wellness Clubs
- Health checks, screening
- Health cards for students
- Counselling services
- Canteens as socially responsible outlets
- Physical Activity



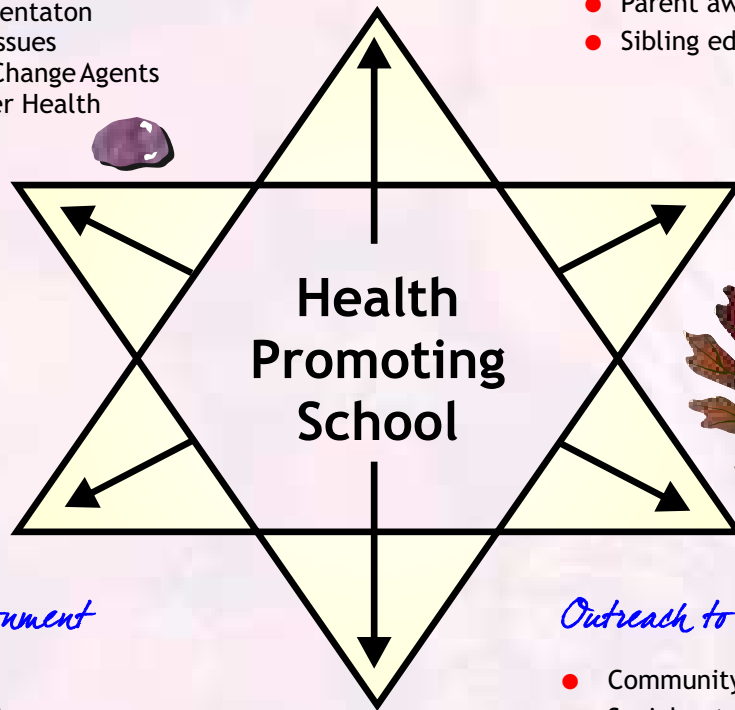
## Health Education

- Balanced program 1-12
- Health knowledge, attitudes, skills
- Life Skills orientaton
- Adolescent issues
- Students as Change Agents
- Creating Peer Health Educators



## Outreach to Family

- Parent's involvement
- Parent communication
- Parent awareness
- Sibling education



## Health Environment

- Organisation
- School buildings
- Clean water supply
- Behaviour policies
- Emotional environment
- Teacher attitudes
- School cleaning
- Grounds and gardens
- Clean latrines



## Administrative Support and Policy Formulation

- Equity
- Resourcing
- Discipline
- Health Promotion
- Preventive Healthcare
- Canteens - Socially Responsible Outlets

## Outreach to Community

- Community education
- Social networking
- Inter-agency Co-ordination and Support (ICAS)
- Close links with Community programs
- Environmental issues
- Social issues
- Culture issues



# *Focusing Resources on Effective School Health*

Much of tomorrow's diseases can be prevented by fostering health in Schools today

## *Fact Sheet*

### *School Health Policies:*

Health policies in schools ensure conditions that promote the overall health such as skills based health education and the provision of appropriate health services, a safe and secure physical environment and a positive psychological environment, preventing abuse of students, physical harassment and bullying. School health policies will help promote inclusion and equity in the school environment. The policies are best developed if all the levels, be it state, national or school are actively involved in it.

### *Skill-Based Health Education:*

This approach focuses on the development of knowledge, attitudes, values and Life Skills which are needed to make and act on the most appropriate and positive health-related decisions. Health in this context extends beyond physical health and includes psycho-social and environmental health issues. Changes in social and behavioral factors have given greater prominence to such health related issues such as HIV/AIDS, injuries, violence, tobacco and substance abuse. The development of attitudes related to gender equity and respect between girls and boys, and the development of specific skills such as dealing with peer pressure are central to effective skills based health education and positive psycho-social environment building. When individuals have such skills they are more likely to adopt and sustain a healthy lifestyle during schooling and for the rest of their lives.

### *School Based Health and Nutrition Services:*

Schools can effectively deliver some health and nutritional services provided that the services are simple, safe and familiar and address problems that are prevalent and recognized as important within the community. For example, micronutrient deficiencies and worm infections may be effectively dealt by sporadic (six-monthly or annual) oral treatment eg. by changing the timing of meals, or providing a snack to address short term hunger during school- an important constraint on learning which can contribute to better school performance. The school can carry proper health check ups and deal with the health problems faced by the students.

### *Provision of safe water and sanitation:*

Hygiene education is meaningless without clean water and adequate sanitation facilities. It is a realistic goal in most countries to ensure that all schools have access to clean water and sanitation. By providing these facilities, schools can reinforce the health and hygiene messages, and act as an example to both students and the wider community. This in turn can lead to a demand for similar issues such as gender access and privacy. Separate facilities for girls, particularly adolescent girls are an important contributing factor to reduce dropout rate. Sound maintenance policies will help ensure the continuing safe use of these facilities. This is the first step towards creating a healthy school environment.

### *Supporting Activities:*

The following activities provide the context in which the basic components can be implemented.

- Effective partnerships between teachers and health workers and between the education and health sectors
- Effective community partnerships
- Pupil awareness and participation

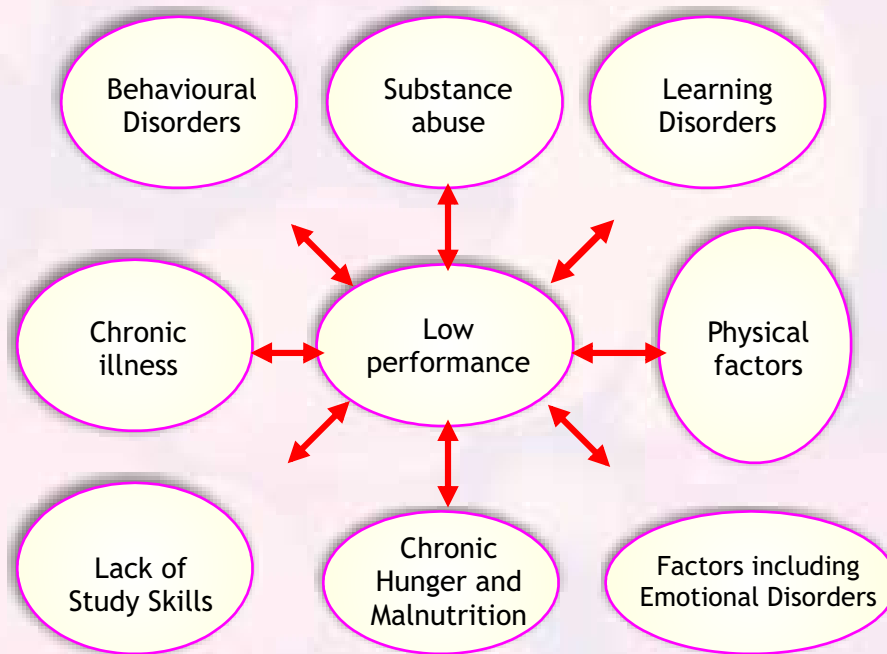
### *Improving School Performance Through Health Promotion:*

Children cannot learn effectively until they are in good health. Similarly, it is not possible to acquire good health without good education. Thus it is in the interest of school to make best efforts to help the students acquire good health and improve it. In order to impart good health, we need to know the various causes of low performance of a student and how a school can help a child to improve his/her performance.

### *Causes of low performance of students are many and varied:*

Physical and emotional disorders are the commonest causes of low performance of students. They can be greatly reduced by physical exercise and regular health care services.

A combination of a good physical fitness programme with a healthy lifestyle programme has been recommended by the experts. A research study has demonstrated a correlation in levels of hunger, poverty, nutrition and academic performance. It has been found that chronically under-nourished children achieve lower scores on standardized achievement tests, especially language ability tests.



Research has shown that physically fit middle school students score higher grades and exhibit higher levels of self esteem than non fit students.

Malnutrition / chronic hunger, use of drugs, alcohol and tobacco have negative consequences in terms of school performance. All these factors can make learning and concentration more difficult.

There are certain factors such as learning disorders or behavioural disorders which need appropriate diagnosis by a health professional. If detected at the right time and at the right age, they can be addressed and remedial action taken to ensure improved performance in school.

*H. Gardner* in delineating his theory of multiple intelligence has identified seven types of intelligence : Linguistic, Logical-Mathematical, Spatial, Musical, Kineasthetic, Interpersonal, and Intra-personal. It is important to use varied learning strategies to ensure a broad based approach to intelligence to better school performance in both the scholastic and co-scholastic domain.

Empirical evidence based on research work undertaken in several countries shows that increased sports activity behavioural results in better academic performance besides leading to a significant reduction in crime, growth in leadership and team spirit and greater social inclusiveness and cohesion.



### 3. Health Promotion in Schools

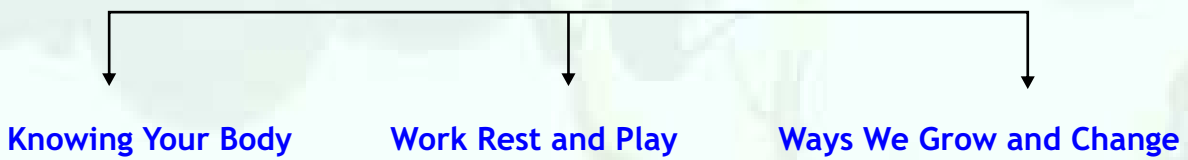
A holistic curriculum which focuses on health and wellness among children in schools needs to address the areas of physical, emotional, social, intellectual and spiritual well being among them. Any survey of statistical data reveals that society today and specifically the youth are facing an onset of early diseases related to lifestyle. Behaviour patterns and dietary habits acquired during childhood often have a profound impact on their later life. The curriculum is, for the sake of convenience, divided into following six areas and themes which can help the school to improve its performance. They are merely suggestive in nature and teachers are encouraged to use these themes and the ideas provided under them as take off points for further reference. Each theme has been sub divided into further sub-themes which should form a part of the co-curricular or curriculum plus activities being organised in the area of Physical and Health Education in Schools.



The following six areas and themes can help the school to improve its performance in its objective of becoming a Health Promoting School.



# 1. Knowing Your Body



## Knowing Your Body:

- Structure, function, care of body
- Concepts of health such as:
  - ⇒ Physical
  - ⇒ Mental / Intellectual
  - ⇒ Social
  - ⇒ Emotional
  - ⇒ Spiritual Health
- Importance and value of health



## Ways We Grow and Change:

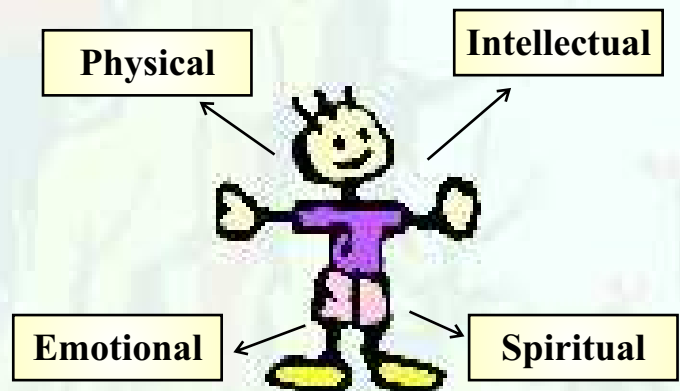
- Growth and development
- Stages of life
- Childhood
- Puberty
- Adolescence
- Adulthood
- Old age



It is important to have accurate information and knowledge about growth and development which occurs in the human body with time. Our body changes from a small baby to an adult size. These changes do not happen suddenly but follow a gradual pattern. At the time of adolescence and puberty our body undergoes rapid spurts of growth.

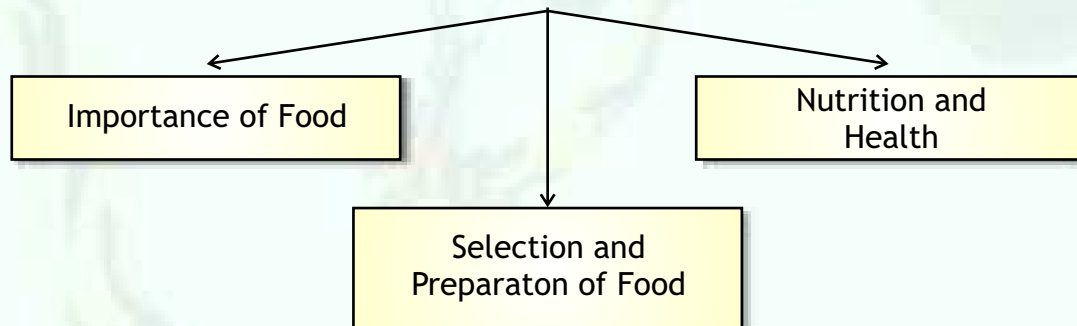
## Work Rest and Play

- Physical exercise
- Sleep and rest
- Balancing work and leisure
- Stress and sickness



## 2. Food and Nutrition

Experts suggest that healthy eating is necessary for optimal brain development and functioning. Food intake can affect energy levels, concentration and learning.



### Importance of Food

- Food groups, food pyramid and food production
- Processed food, artificial food, fresh food (kitchen garden, school garden)
- food quality, food conservation, nutritive value
- Food adulteration

### Selection and Preparation of Food

- Eating a wide variety of food
- Balanced diet
- Food preferences
- Safe food preparation and storage
- Fast food/ junk food
- Food hygiene
- Food requirement for different age groups
- Food preparation for maximum nutrition

### Nutrition and Health

- Good eating habits
- Nutritional energy and growth
- Malnutrition
- Food borne illnesses
- Emotions, moods and foods





**Table 1: A Daily Food Guide For Students**

Food Group	Food Stuff
<b>1) Body building food group</b> <ul style="list-style-type: none"> <li>• milk and milk products</li> <li>• meat and eggs</li> </ul>	<ul style="list-style-type: none"> <li>★ full cream, curd, milk powder, ice cream etc.</li> </ul>
<b>2) Preventive fruits and vegetable group</b> <ul style="list-style-type: none"> <li>• yellow and orange fruits and green leafy vegetables</li> <li>• Vitamin - C food groups bottle gourd, tomato etc.</li> </ul>	<ul style="list-style-type: none"> <li>★ all green leafy vegetables: cabbage, upper layer of onion, carrot, orange, mango, papaya,</li> <li>★ Citrus fruits like amla, lemon guava, orange, grapes, vegetables</li> </ul>
<b>3) Other fruits and vegetables</b>	<ul style="list-style-type: none"> <li>★ brinjal, beans, potato, cucumber, banana, melon, apple etc.</li> </ul>
<b>4) Cereals</b>	<ul style="list-style-type: none"> <li>★ wheat, rice, millets, ragi, corns, etc.</li> </ul>
<b>5) Fats and oils</b>	<ul style="list-style-type: none"> <li>★ all the oils like groundnut, mustard, til, sunflower, corn, soya, pure ghee, butter vanaspati oil etc...</li> </ul>
<b>6) Sugar and gur</b>	<ul style="list-style-type: none"> <li>★ all sugar</li> </ul>



## Table 2: Different Stages, Different Needs

As we grow and change, our activities change, the rate and type of growth in our body is undergoing changes and consequently our food requirement changes.

Food requirements for each stage (listed in grams)

Food Items	Infancy	Early Childhood	Later Childhood	Adolescence	Adulthood
Cereals	175	270	350	400	480
Pulses	35	35	40	45	48
Greens	40	50	50	50	70
Vegetables	20	30	40	50	70
Dairy products	300	250	250	250	175
Oil fat	15	25	35	35	30
Sugar	30	45	45	40	28

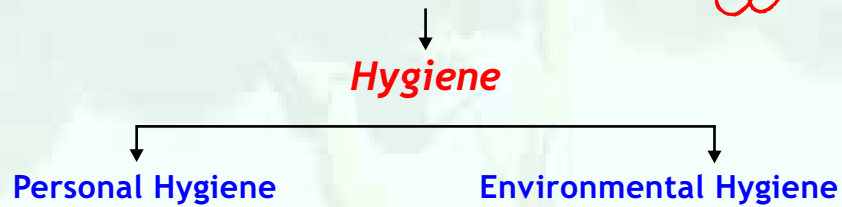
### *Balanced Diet*

The diet which contains different types of food in enough quantities and proportions so that the need for energy, proteins, vitamins, minerals, fats, carbohydrates and other nutrients in adequate amount is met for maintaining health, vitality and general well being and makes a small provision for extra nutrients to withstand short duration of leanness.

### *Good Eating Habits*

- Chew the food properly.
- Milk and other liquids should never be taken in one gulp. They should be swallowed slowly.
- Wash the hands before and after the meal.
- Rest after meals helps in digestion and also to avoid abdominal discomfort.
- Healthy methods of cooking i.e. roasting, stewing, parboiling, baking to be practiced.
- Brush the teeth before and after meals.
- The nutritive value of the food can be enhanced by using techniques such as combination of food stuff.
- Peeling vegetable long before can cause loss of nutritive value and color change which can lead to contamination.
- Too much washing of rice or vegetables removes the nutrients.

### 3. Personal And Environmental Hygiene

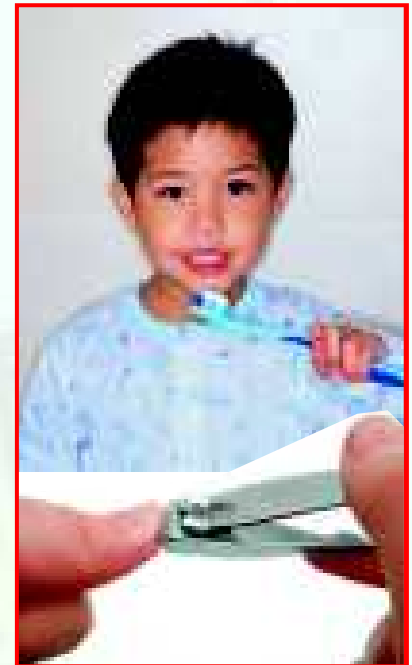


#### *Personal Hygiene:*

Personal hygiene is the science of preserving and promoting health mainly through the active efforts of the individual.

Personal well-being depends on physical environment facilities like ventilation, lighting etc. It also includes cleanliness and clothing.

- Myself and others
- Personal health care, personal hygiene
- Self maintenance
- Habit formation
- Individual differences



#### *How to Maintain Personal Hygiene ?*

It is important to keep our body clean because bacteria thrive in dirt and cause disease. Habits of cleanliness should be developed from early childhood.

The following are important:

- To have a bath daily
- To wash hands properly before and after taking food
- To brush the teeth daily in the morning and night
- To cut nails regularly
- To wear clean clothes
- To wear comfortable foot wear



## *Environmental Hygiene:*

Health and hygiene in the family and community need to be focused upon :-

- In the domestic environment
- In the school environment
- In factors affecting wellness
- In being aware about sources of disease (communicable and non-communicable)
- It's our responsibility to keep our surroundings clean.

## *Keeping School Clean*

- Do not spit on the walls or on the roads.
- Throw garbage and waste paper in the dustbins (many things can be recycled).
- Keep the fields clean.
- Keep your class and surroundings clean.

## *Prevention of Infections by Immunization*

Children can be protected from infections and diseases by immunization.

<b>Common preventable diseases:</b>	Personal cleanliness will help to prevent infection and diseases such as:
<ul style="list-style-type: none"><li>★ Small pox</li><li>★ Cholera</li><li>★ Typhoid</li><li>★ Polio</li></ul>	<ul style="list-style-type: none"><li>★ Skin infections</li><li>★ Eye infections</li><li>★ Ear infections</li><li>★ Head lice</li><li>★ Worm infestation</li><li>★ Diarrhoea</li></ul>

Do a field project in groups. Visit the nearest slum and conduct a survey among families who have immunized their children.



## 4. Physical Fitness

The benefits of sport and other form of physical activity on health reduce the risk of cardiovascular diseases, strokes, diabetes and obesity which is a serious concern even among school going children. Physical fitness is the capacity to carry out various forms of physical activities without being unduly tired and includes qualities important to the individual's health and well-being.

The Comprehensive National Sports Policy 2007 aims at building on previous sports policies with a view the accomplishing the unfinished agenda and addressing the emerging challenges of India in the 21<sup>st</sup> century most particularly the national goal of emerging as a global, yet inclusive economic power in the near future. The 2007 Policy fully recognizes the contribution of Physical Education and sport to personal development, especially youth development, community development, health and well-being education, economic development and entertainment and in the promotion of international peace and brotherhood, which is the spirit of Olympism. It therefore, recognises the need for sport to permeate all sections of society and become a way of life.

(Draft Policy 2007, Sport Bureau,  
Ministry of Youth Affairs and Sport, GOI)

### *Physical Activity in Schools*

- Every school should have a playground. School should be penalised if adequate play ground space is not available.
- Minimum of five periods a week for physical activity need to be made mandatory.
- Traditional games like Kho-Kho, Kabbadi, Dances, Yoga and Aerobics must be promoted in school.
- Mass PTs should be encouraged in schools.
- 'Sports week' can be conducted twice a year. **More emphasis should be given on being physically active and enjoyment of physical activity rather than just winning competitions and excelling.**
- Ensure safe cycling and walking pathways to school.

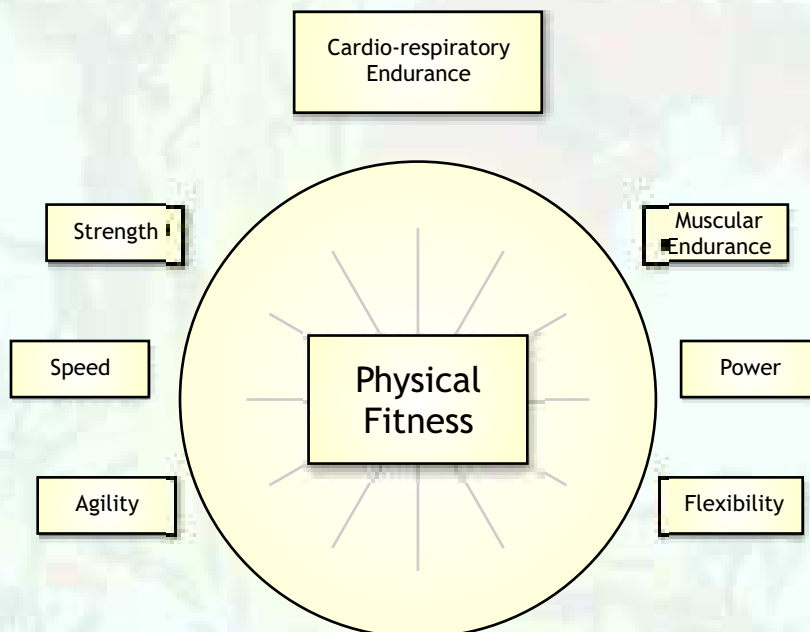


- **Dance is a wonderful form of physical activity and is also a great stress reliever.** India has a rich cultural tradition of classical and folk dances unique to each state and region. Dances of India both classical and folk forms need to be introduced with increased vigour in the schools. These need to be group and class activities in schools, where children dance and enjoy rather than few students taking part in the functions.



- It has been seen that the **quality of the physical activity instructor has a direct correlation to the amount of physical activity happening in any school.**

Sport, games and physical fitness have been a vital component of our civilization, as is evident from the existence of the highly evolved system of yoga and a vast range of highly developed indigenous games, including martial arts. Sport and Physical Education offered by a school can help to build personal attributes that are important for holistic development.



- |                               |                                       |
|-------------------------------|---------------------------------------|
| • Self esteem                 | • Health and wellness                 |
| • Appropriate behaviour       | • Appreciation of ethics and fairplay |
| • Interpersonal relationships | • Intra-personal relationships        |
| • Coping with stress          | • Coping with emotions                |

The United Nations General Assembly celebrated 2005 as the "Year of Sport and Physical Education" thereby emphasizing the need to integrate sport and physical education into the overall development agenda. This initiative highlighted sports as:

- (i) being integral to quality Education with mandatory Physical Education as a necessary pre-requisite to foster education, health and personality development;
- (ii) improving the health standards of people;
- (iii) achieving sustainable development through inclusive growth; and
- (iv) building lasting peace.

### *Cardio-respiratory Endurance:*

This quality enables a person to continue engaging in reasonably vigorous physical activities for extended periods of time.

### *Muscular Endurance:*

This quality enables a person to sustain localized muscle group activities for extended periods of time.

### *Strength:*

Strength is the amount of muscular force one is capable of exerting in a single muscular contraction.

### *Speed:*

Speed is the ability to make rapid movements of the same type in the shortest possible time.

### *Agility:*

Ability of human body to change direction quickly and effectively.

### *Flexibility:*

It's the ability of muscle to perform movements with large amplitude. It also refers to the functional capacity of joints to move through normal range of motions.



## Principles of Physical Fitness:

- **Regularity:** Regular Physical Activity is required for an individual to develop and maintain fitness.
- **Progression:** The dosage of exercise should be progressively increased to guarantee the improvement of physical fitness level of an individual.
- **Total body involvement:** The exercise programme should be designed in such a way that it should exercise every part of the body to ensure proportionate body development.
- **Specificity:** The nature and the type of exercise programme should be specific to the component of physical fitness to be developed.
- **Warming up:** Before starting an exercise programme a brief session of warming up is recommended.
- **Cooling down:** Just as the body needs warming up, it also needs gradual cooling down after the exercise.
- **Rest and sleep:** Adequate amount of rest and sleep are vital for regular participation in a fitness programme.

## Aerobic Training

If done regularly contributes to development of cardio-respiratory endurance. The term aerobic literally means 'with oxygen'. During aerobic training a continuous supply of oxygen by the body is maintained in order to burn carbohydrates and fats for production of energy for these activities. Various activities such as jogging, cycling, calisthenics and rhythmic exercises can be taken up.



## Participation in Games and Sports

Regular participation in indoor and outdoor games and sports provides sufficient exercise to the human body. There are some games which are more vigorous than the others. Participation in vigorous activities can bring about significant improvement in physical fitness of an individual and to maintain physical fitness some sort of regular participation in games and sports is desirable for a change.

*"Our effort is to see that sports becomes a means for shaping the character of our youth. Through sport they must learn to excel as individuals. They must also learn to play together as a team. We must see that sports are for sports sake and not for winning or losing. Our endeavour should be to build healthy bodies through sports and make ourselves fitness conscious"*

*Prime Minister Rajiv Gandhi, Children's Day, 14 November, 1985*



## *Physical Education Program at Primary level*

<b>Class - I</b>	<b>Class - II</b>	<b>Class - III - V</b>
<ul style="list-style-type: none"> <li>❖ Walking forward and in sideways direction and changing direction in response to a signal.</li> <li>❖ Formation of different shapes &amp; response to signal.</li> <li>❖ Walking forward and sideways on a bench.</li> <li>❖ Toss and catch the ball before it bounces.</li> <li>❖ Running on the spot.</li> <li>❖ Jump a swinging rope held by others.</li> <li>❖ Walk and run using a mature motor pattern.</li> <li>❖ Split jumping.</li> </ul>	<ul style="list-style-type: none"> <li>❖ Travel in backward direction and quickly and safely without falling.</li> <li>❖ Jump and land using a combination of one and two feet take-offs and landings.</li> <li>❖ Throw a ball hard demonstrating an overhand technique, a side orientation and opposition.</li> <li>❖ Catch a gently thrown ball using properly positioned hands.</li> <li>❖ Use at least one body part to strike a ball toward a target.</li> <li>❖ Repeatedly jump a self-turned rope.</li> <li>❖ Demonstrate skills of chasing, fleeing and dodging to avoid or catch others.</li> <li>❖ Balance, demonstrating stillness, in symmetrical and asymmetrical shapes on a variety of body parts.</li> </ul>	<ul style="list-style-type: none"> <li>❖ While traveling, avoid or catch an individual or object.</li> <li>❖ Hand/foot dribble a ball and maintain control while traveling by self and within a group</li> <li>❖ Without hesitating, travel into and out of a rope turned by others.</li> <li>❖ Strike a softly thrown, lightweight ball back to a partner using a variety of body parts and combinations of body parts (e.g. the bump volley in volley ball, the thigh in soccer, etc.)</li> <li>❖ Consistently strike a softly thrown ball with a bat or paddle demonstrating an appropriate grip, side to target and swing plane.</li> <li>❖ Throw, catch and kick using mature motor patterns, and toward a target.</li> </ul>

# Physical Education Program at Primary level

Class - I	Class - II	Class - III - V
<ul style="list-style-type: none"> <li>❖ Distinguish between straight, curved and zig-zag pathways while traveling in various ways.</li> <li>❖ Place a variety of body parts or an object into high, middle and low levels.</li> <li>❖ Balance an object on various body parts.</li> <li>❖ Share guidelines and methods for safe use of equipment.</li> <li>❖ Share feelings that come from participation in physical activities.</li> <li>❖ Enjoy participation alone and with others.</li> <li>❖ Eye Exercises.</li> <li>❖ Breathing Exercise in and out.</li> <li>❖ Padmasan.</li> <li>❖ Tadasan.</li> <li>❖ Beginning of water skills-enter/exit from the pool.</li> <li>❖ Dip your face and blow bubbles.</li> <li>❖ Kick stationary ball</li> </ul>	<ul style="list-style-type: none"> <li>❖ Roll a ball under hand to a target.</li> <li>❖ Kick a stationary ball to a target.</li> <li>❖ Kick a moving ball.</li> <li>❖ Move each joint completely.</li> <li>❖ Manage body weight.</li> <li>❖ Importance of safety while participating in physical activity.</li> <li>❖ Be considerate of others in physical activity.</li> <li>❖ Introduce glide, front and back float, flitter kick, free-style strokes.</li> <li>❖ Vajrasan.</li> <li>❖ Game of kick ball.</li> <li>❖ Introduce feeling of success, failures and challenges.</li> </ul>	<ul style="list-style-type: none"> <li>❖ Jump and land for height.</li> <li>❖ Standing broad jump.</li> <li>❖ Run and take off.</li> <li>❖ Run and jump a hurdle.</li> <li>❖ Complete warm up schedule.</li> <li>❖ Marching.</li> <li>❖ Changing body movement with Music.</li> <li>❖ Halasan.</li> <li>❖ Suryanamaskar.</li> <li>❖ Different types of relays.</li> <li>❖ Game of leg cricket.</li> <li>❖ Game of hockey.</li> <li>❖ Introduce to rules of games and life.</li> <li>❖ Introduce survival skill in, on and around water.</li> <li>❖ Celebrate personal success and achievements of others.</li> </ul>

## Advisory To Schools

- Each Physical Education class should be of at least 40-45 minutes duration
- Each class should have at least 90-100 minutes of Physical Education programme each week.
- Each Physical Education period shall be supervised by at least two teachers (i.e., one P.E.T. and an assistant P.E.T.)
- Physical Education teachers should assess their students both objectively and subjectively.
- The Assessment of students should be in relation to their class at the Primary Level.
- The teachers shall try to inculcate the values of respect, caring, honesty and responsibility in the students.
- Physical Education Teachers should actively participate in the activity being taught to their students.
- The Schools are advised to keep a qualified doctor, nurse and a clinical psychologist on full time basis.
- A five point scale is recommended for indicating the achievements in the following order.

### Assessment of the Students may be done under these parameters

---

- Participates in vigorous physical activity
  - Shows responsible personal/social behaviour
  - Values physical activity for health, enjoyment, expression and discipline
  - Competency in motor skills
  - Understanding of tactics and strategies
  - Achieves desired level of physical fitness
- 

THE FIVE POINT SCALE - INDICATORS	
O	Excellent (OUTSTANDING)
A+	Very Good
A	Good
B+	Average
B	Satisfactory

## CBSE Inter School Sports & Games Competitions 1996-2007

### Origin

In order to supplement the academic efforts put in by the CBSE for the promotion of Physical Education a need was being felt for quite some time that the class room teaching in Physical Education could be appropriately utilized on the play fields.

### Structure

For operational efficiency and functional convenience, all the independent category of schools affiliated to the Board, numbering nearly 5500 and located all over the country and in the Gulf has been divided into 22 small Clusters and 06 Zones.

### Strengths

- Nearly 5500 Schools
- Approx. 01 Crore Students
- Approx. 80000 participants
- Approx. 30000 Technical officials and observers
- Approx. 7500 Non technical officials
- Approx. 4500 Contingent officials

### "Determine Strive Achieve"

07 COUNTRIES

- Bahrain • Kuwait • Oman • Qatar • Saudi Arabia • UAE • India

### Growth

- The CBSE Inter School Sports and Games competition was introduced in the year 1996 with just one discipline i.e. Athletics.
- Presently the competitions are being organized in as many as 15 disciplines.
- The CBSE Sport Competitions today are the most organized sporting event in the country at school level.

### THE DISCIPLINES, AGE GROUPS & LEVEL OF COMPETITION :

S. No.	Discipline	In the Age Groups Under	Level of Competition
1.	Swimming	12,14,16, & 19 years	Zone & National
2.	Chess	14, & 19 years	Zone & National
3.	Judo	14 & 19 years	Zone & National
4.	Skating	08,10,12,14,16 & 19 years	Zone & National
5.	Kho-Kho	19 years	Cluster & National

6.	Handball	14 & 19 years	Zone & National
7.	Hockey	14 & 19 years	Zone & National
8.	Football	19 years	Zone & National
9.	Basketball	19 years	Cluster & National
10.	Badminton	14, 16 & 19 years	Cluster & National
11.	Tennis	14 & 19 years	Zone & National
12.	Table-Tennis	14, 16 & 19 years	Cluster & National
13.	Volleyball	19 years	Cluster & National
14.	Athletics	14, 16 & 19 years	Cluster & National
15.	Taekwondo	14 & 19 years	Zone & National

### Results

- The performance of CBSE Inter School Sport & Games Competition in Athletics & Swimming are at par with the National Standards.
- Many Chess, Badminton, Table Tennis and Tennis players are ranking players in India.
- Many Basketball, Hockey, Skating and Volleyball players have represented India.

### Awards

- The Board has introduced the annual *Physical Education Teacher's Award* in the year 2005 that is given to the teacher for contribution in the promotion of Physical Education & Sport at school level.
- In the year 2005-2006, the *Chacha Nehru Sport Scholarship* has been introduced by the Board for the outstanding talent performance during the CBSE Inter School Sports & Games Competitions.

### Future

- The CBSE envisages this activity for the school going children as very important segment of personality development and career building besides the essential ingredient in achieving health and fitness objectives.
- The Board is hopeful that with recognition of CBSE Inter School Sports & Games Programme the performance will further improve which will help the country identify young talent.

### Why should Every Parent, Teacher and Coach Encourage Children to Participate in Sports?

1. Sports are fun.
2. Participation in sports gives a child a higher level of self-esteem and a more positive outlook on life.
3. Children who participate in sports experience lower levels of depression.



4. Children who participate in sports have more positive body image and experience higher states of psychological well-being than those who do not play sports.
5. It teaches the child teamwork, goal-setting and the pursuit of excellence.
6. Adults that were active in sports and recreational activities feel greater confidence in their physical and social selves than those who were sedentary as kids.
7. Sports help develop leadership skills.
8. Children learn how to deal with failures and how it feels to be successful.
9. Sports can teach us to take appropriate risks and to be aggressive when needed.
10. Sports foster bonding friendships.
11. Children improve their skills.
12. Children who participate in sports perform routine physical activity that keeps them healthy.
13. Regular physical activity among children reduces risk of obesity.
14. Children who exercise weigh less; have lower levels of blood sugar, cholesterol and triglycerides, as well as lower blood pressure, than do non-exercising children.
15. Weight-bearing exercise can help prevent osteoporosis.
16. Studies have shown that exercise reduces many health risks.
17. The athletic child is less likely to get involved into anti-social activities.
18. Children who exercise report being happier, have more energy and feel they are in excellent health more often than non-exercising children. They also miss fewer days of work.
19. Regular exercise improves the overall quality of life.
20. Children learn and understand the sport all while they are having **FUN!!**



## 5. Being Safe and Responsible

Helping learners understand the consequences of risk taking behavior and the means of facilitating a safe living environment for themselves and others.



### *Understanding Safety*

- Concepts of accident, challenge and risk taking behavior which is accident-prone.
- Hazards, causal factors, environmental factors, loss of control management.
- Accidents, attitudes and human behavior, senses and fear
- Play safe, protective behavior

### *Creating Safe Environment*

#### **At home:**

- Handling and lifting household items
- Fires and cooking
- Handling electricity
- Storage of poisons
- Dangerous rooms, various types of housing

#### **At school:**

- Child's responsibility at school
- Teacher's responsibility
- Excursions

#### **In the workplace: risk control management**

- Working with machines
- In factory, on the building site
- In the field

### *Safety In The Community*

- Safety from fire through fire fighters
- Safety on and in the water
- Use of protective devices like helmets, seatbelts and protective clothing
- Preventive measures against violence
- Safety while playing



- Everyone should be well aware of the traffic rules and road signs
- Pedestrian safety to cross the road very carefully and patiently, use zebra crossing when available
- Everyone should learn to handle emergency situations



### *Coping With Emergency*

- One should stay calm and patient and take appropriate action.
- Should be aware about how to handle traumatic conditions.
- Should have a sound knowledge about first aid which would help them to deal with burns, sprains, cuts, snake and animal bites.
- Disaster management should be introduced in its practical aspect. Schools should practice drills at regular intervals.

### *Accidents*

In spite of all the safety measures accidents are very common.

- \* Accident is an unexpected event, which interrupts normal procedure and may lead to injury or be fatal. Each day more people die in road accidents. Accidents can be prevented.
- \* Accidents may have an adverse effect on the physical as well as emotional well being of a person for a long time.
- \* Accidents may occur:-
  - On the road: crossing, narrow streets, driving, cycling, walking
  - At home: tools/gas stove/electrical devices/floor/medicines
  - At the school: sports/class rooms/play ground/stairs
  - At the picnic: water/poisonous plants and animals



### *Why Do Accidents Occur?*

**Bad environment-** which includes badly maintained roads, poorly maintained vehicles and bad planning.

**Bad behaviour-** which includes carelessness, haste, ignorance, taking risks and lack of knowledge.





## *How To Prevent Accidents?*

Accidents can be prevented if everyone keeps the following things in mind:

- ABC of safety-always be careful.
- Avoid playing with fire.
- Take care while working with tools.
- Always form a queue.
- Drive slowly on road.
- It is better to be late than never arrive .
- Cross the road properly.
- Do not tease animals.
- Safe use of fire at home.
- Arrange all the school sports material into two piles depending on whether they are safe or unsafe to play with.
- Handle the electric cord properly, never use the electrical appliance with wet hands or without footwear, store the electrical appliance in a safe place.
- The best way to reduce injuries is by wearing protective devices.



**Note:** When we walk or drive on the road there are some spots, which can be dangerous, like the turns, the crossing, the broken footpaths, electricity poles and the telephones lines.

## 6. Behaviour And Life Skills

Life skills are abilities for adaptive and positive behaviour that enable individuals to deal effectively with the demands and challenges of everyday life. They are abilities that facilitate the physical, mental and emotional well-being of an individual (WHO).

Life skills that we might assess through the Performance Appraisal Card on a five point grading scale are given below:

Thinking Skills	Social Skills
<ul style="list-style-type: none"><li>• Self Awareness</li><li>• Creative Thinking</li><li>• Critical Thinking</li><li>• Problem Solving</li><li>• Decision Making</li></ul>	<ul style="list-style-type: none"><li>• Communication</li><li>• Interpersonal Skills</li><li>• Coping with Stress</li><li>• Dealing with Emotions</li><li>• Empathy</li></ul>

### Concept of Life Skills

In recent years, the concept of Life Skills has become popular, particularly in the context of adolescent health. WHO, while initiating Life-Skills education, conceptualised Life Skills as psycho-social competence. Psycho-social competence is an individual's ability to maintain a state of mental well-being and to demonstrate this through adaptive and positive behaviour while interacting with others and with his/her culture and environment. Adaptive means that a person is flexible in approach and is able to adjust to different circumstances. Positive behaviour means that a person is forward-looking and that even in difficult situations he/she can find a ray of hope and find solutions to problems.

### Key Life Skills

Life Skills include psycho-social competencies and interpersonal skills that help people to make informed decisions, solve problems, think critically and creatively, communicate effectively, build healthy relationships, empathise with others, and manage their lives in a healthy and productive manner. Essentially, there are two kinds of skills—those related to thinking called **Thinking Skills** and those related to dealing with others called **Social Skills**. While Thinking Skills relate to reflection at a personal level, **Social Skills** relate to interpersonal skills and do not necessarily depend on logical thinking. It is the combination of these two types of skills that are needed for learning assertive behaviour and negotiating effectively. Negotiation may be seen as a skill not only in making rational decisions but also in being able to make others agree with one's point of view. To do that,

it is important to first come to terms with oneself. Thus, Self-Management is an important skill calling for managing and coping with one's feelings, emotions, and stress and resisting peer and family pressure. Young people as advocates need both thinking and social skills for consensus building and for advocacy on issues of concern.

1 Self-awareness	2 Empathy
3 Critical thinking	4 Creative thinking
5 Decision making	6 Problem Solving
7 Effective communication	8 Interpersonal relationships
9 Coping with stress	10 Dealing with emotions

**The Ten core Life Skills as described by WHO are:**

**Self-awareness** means the recognition of 'self' and of our character, our strengths and weaknesses, our likes and dislikes. Developing self-awareness can help us in recognising when we are stressed or feel under pressure. It is often a pre-requisite to effective communication and interpersonal relations as well as for developing empathy for others.

**Empathy** is the ability to understand what life is like for another person, even in a situation with which we may not be familiar. Empathy can help to accept others who may be very different from us. This can improve social interactions, especially in situations of ethnic or cultural diversity. Empathy can also encourage the adoption of a nurturing attitude towards people in need of care and assistance or tolerance and understanding, as in the case of people with mental disorders, who may be stigmatised and ostracised by the very people on whom they depend for support.



**Critical thinking** is the ability to analyse information and experiences in an objective manner. It can contribute to healthy living by helping us in recognising and assessing the factors that influence attitudes and behaviour, such as values, peer pressure, and the media.

**Creative thinking** is a novel way of seeing and doing things. It consists of four components – fluency (generating new ideas), flexibility (shifting perspective easily), originality (conceiving something new), and elaboration (building on other ideas).

**Decision making** helps us to deal constructively with important issues in our lives and take appropriate action. This can have consequences for healthy living. It teaches us how to be proactive in making decisions about our life in relation to a healthy assessment of the different options available and in determining what effects these different decisions are likely to have.

**Problem Solving** helps us to deal constructively with problems in our lives. Significant problems that are left unresolved can cause mental stress and give rise to accompanying physical strain.

**Interpersonal Relationship Skills** help us to relate in positive ways with the people with whom we interact. This means being able to maintain friendly relations with family, friends and colleagues, which can be of great importance to our mental and social well-being as well as an important source of social support. **Interpersonal Relationship Skills** also mean being able to end relationships constructively without bitterness and anger.

**Effective communication** means that we are able to express ourselves both verbally and non-verbally, in ways that are appropriate to our cultures and situations. This means being able to express our opinions and desires, and also our needs and fears. It means being able to ask for advice and help in times of need.

**Coping with stress** means recognising the sources of stress in our lives, recognising how stress affects us and acting in ways that help us control these levels of stress by changing our environment or lifestyle and by learning how to relax.

**Dealing with Emotions** means recognising our emotions as well as those of others, being aware of how emotions influence behaviour, and being



able to respond to emotions appropriately. Intense emotions like anger or sadness can have an effect on our health if we do not respond appropriately.

## *Integration of Life Skills*

The process of categorising the various **Life Skills** may inadvertently suggest distinctions among them. However, many Life Skills are inter-related and several of them can be taught together in a learning activity.

Syllabus processes involved with planning lessons should establish a practice ground for learners to employ skills in everyday living that enables them to deal effectively with the demands and challenges which may confront them. Such adaptive and positive behaviour is needed in receiving health promoting messages, in developing values and in solving health problems at their level of understanding.

The methodology involved in the **Life Skills** processes include the following:

### *Communicating:*

The skill of clear, effective verbal and non-verbal self-expression and listening in culturally appropriate manner.

### *Critical Thinking:*

The skills to analyse information in an objective way to challenge cultural and other norms.

### *Decision Making:*

The skill needed to internalize knowledge, identify options, select appropriate responses (even under pressure) in order to take clear-headed, unbiased and constructive action in any given situation.

### *Problem Solving:*

The skill involved in clearly identifying, analysing and describing a problem.

### *Analysing:*

The skill to examine critically and to determine the essential features of a situation or matter so that clear exposition and understanding is resolved.

### *Co-operating:*

The skill of working or acting together or jointly to meet a situation or solve a problem.

### *Planning:*

The skill of organizing, arranging and designing a scheme of action to undertake a project or solve a problem.

### *Personal Choice:*

At some point of time the learner is going to make a personal decision at the level of thought, attitude, claimed point of view or course of action, regarding their lifestyle and health. There is a need to ensure that she/ he makes an informed choice.

### *Coping with Emotions:*

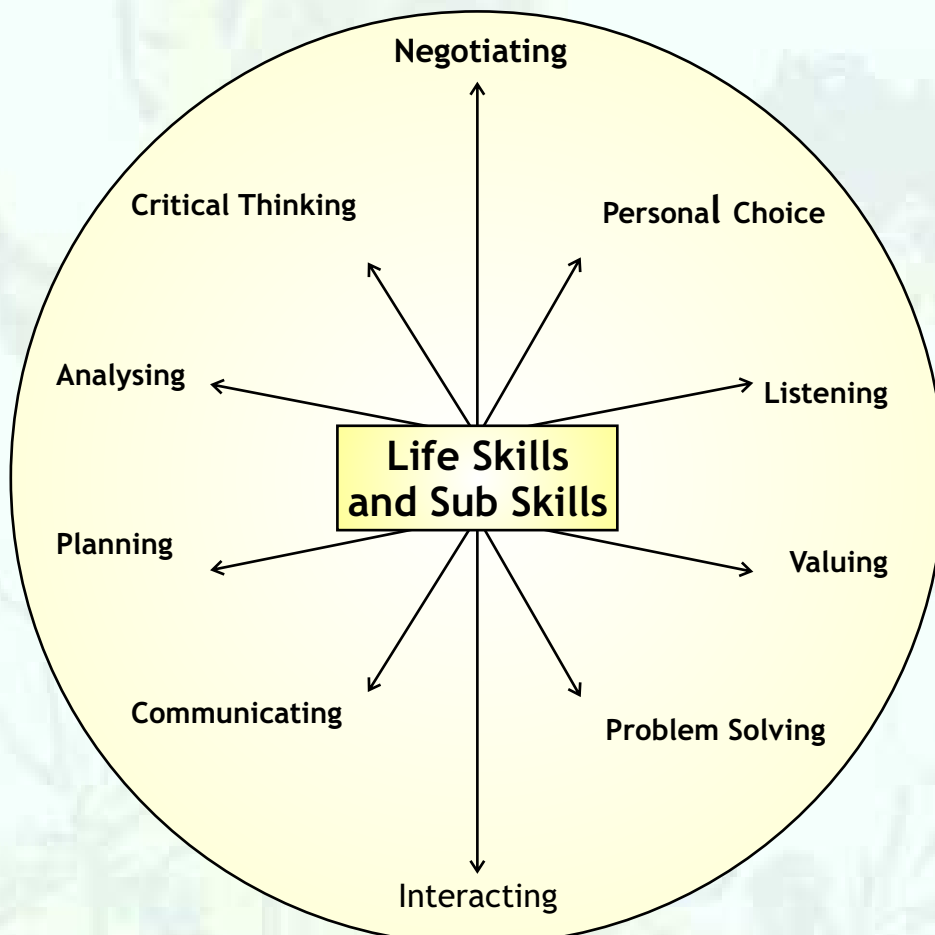
It involves recognizing and dealing appropriately with emotions within ourselves and others.

### *Coping with Stress:*

The learner should be able to handle stress of various types that arise in life.

## *A Health Education Life Skills Framework*

After identifying the six broad areas which can help the school to improve its performance it is necessary that they should follow a strategy to present a simple health concept, which is important for the child in the class, in the school and in the community. It must be relevant to learner needs and should involve the learner in a practical way.



**The following points should be taken care of while framing a methodology for students:**

- Based on meeting with the Student Representative attempt a real health need analysis of the school. Students benefit most if the work is interesting . It must be relevant and impact the real world they live in.
- Involve participation in planning for the student's growth for future life.
- Give opportunity to discover learning through investigation and experimentation. It should involve active participation of each student. It should give the student things to do and create a health practice ground.
- Permit sharing of ideas through discussion, communication techniques, group activities and writing.
- Involve creative, child-centered activities.
- Be simple, utilize a simple concept and reinforce it in a number of ways.
- Use a variety of methods and strategies to more effectively communicate the message to the students.
- Convey the health message that is important.
- Use methods which are the part of the learning process involved and which in themselves teach and reinforce living skills.

*Encourage the student to take the health message to the family.*



# Learning Activities

## Interactive Activities

- group work
- peer teaching
- discussions
- games
- dance
- playground
- debates
- excursions
- school visits
- role plays
- drama games
- communications
- games (e.g. conflict resolution, assertiveness, negotiation)
- meetings
- play
- recreation and outdoor adventure pursuits

## Creative Activities

- play / street theatre
- improvisations
- collages
- pictures
- poems
- simulation games
- mimes
- dance
- gymnastics, sequencing games
- diagrams
- problem solving
- surveys

## LEARNING to LEARN

## Learning To Appreciate Activities

- reviews
- reports
- group work
- sensory experience (e.g. tasting, listening)
- literature
- rating scales
- self-assessment
- peer assessment
- values clarification
- media analysis
- interviews
- surveys
- experiments
- diaries
- observation of performance (e.g. ideas, audience)

## Decision Making Activities

- moral dilemmas
- open-ended stories
- discussions
- question-answer values-continuums
- obstacle courses
- team strategy planning
- problem solving
- hypotheticals
- skills/practices
- group and pair work
- action plan
- flow chart
- timelines
- research
- situation analysis
- plays
- trial and error
- values clarification
- conflict resolution



## *Healthy Environment in the School*

Attention must be paid to the ethos of the school. The climate or the atmosphere of the school is the web of interacting components including the physical, emotional and social environment, cultural values, procedures and policies and positive outreach to home and community. All these have an important bearing on the learning behavior and health of children and teachers.

### *A Child Friendly School means:*

- **Quality learning:**  
healthy, well nourished, ready to learn and supported by the family and community.
- **Quality content:**  
curricula and materials for literacy, numeracy, knowledge, attitudes and skills for life.
- **Quality teaching learning processes:**  
child centered, skill based approaches and technology.
- **Quality learning environments:**  
policy and practices, facilities(class room, water sanitation) services (safety physical and psycho-social health).
- **Quality outcomes:**  
knowledge, attitudes and skills, suitable assessment at classroom and end of the year examination levels.

## *Characteristics of Quality Learning Environment*

*The term environment includes*

### *1) Physical environment*

- The establishment and development of a school building and surroundings to make them health promoting and visually attractive is essential.
- Classrooms of proper size with glare free black boards fitted at the eye level of the students. Furniture should be suited to height of students and conducive to comfort and good posture, good lighting and ventilation.
- Library with quiet reading space with good light and ventilation.
- Auditorium, assembly hall(s), gymnasium all free from hazardous fixtures and with adequate light and ventilation.
- Stairways not too steep and wide fitted with two railings at appropriate heights for tall and short students with adequate light.
- Facility for safe drinking water (tested by appropriate authority) with adequate number of water taps or drinking fountains and facility for washing hands.

- Separate sanitary urinals and toilets in adequate numbers for boys and girls with proper ventilation and lighting.
- Canteen and eating places with hygienic arrangement for preparation, storage and serving of food including facilities for dish-washing and disposal of waste and garbage.
- Proper health unit with medical examination and isolation facilities.
- Sanitary swimming pool with separate shower rooms for boys and girls duly approved by licensing authorities.
- School garden with adequate watering arrangements.
- Proper sewage, drainage and garbage disposal arrangements.
- School buses and drivers, or any other school transport authority or department of education keeping in view the safety of students.
- Hazard free play area and play equipment.
- Fire extinguishers and facilities for quick evacuation of school building in case of fire and exit doors opening toward outside.
- Aesthetic decors inside school premises, classrooms, library, auditorium, assembly halls, gymnasium, canteen, medical unit and corridors.
- Dustbins at appropriate places.
- Healthy teachers and other school personnel including food handlers in school canteen or cafeteria.



## 2) Emotional environment

It includes stress management, encouragement to work towards goals, a spirit of non-violence and the creation of learning situations in and out of the class room which will enable the students to analyze situations critically, solve problems, make decisions and to learn from consequences of their actions.

An atmosphere of love, care and concern, of tolerance towards one another is important and development of responsibility among children is essential so that the students have a real investment in actions and behavior in the school.

An outlook of positive encouragement should extend to every classroom with each pupil being viewed as a valid and valued member of the school community. Emotional environment can be created through :

- Group activities which promote togetherness, friendliness, mutual understanding, consideration of others and a sense of belonging.
- Feeling of concern, caring, closeness, trust and confidentiality.
- Being just and fair in dealings, respect for feelings and emotional outburst of companions.
- Tolerance about the shortcomings of friends.
- Opportunities to taste success and enjoy the fruits of success.
- Mentally healthy teachers.

Public policy which sees the school as a center of nation's development and resources is accordingly essential. More importantly a community which sees its children as responsible agents for change has a potential for a healthy future.

## 3) Tobacco-free environment

The adolescents of today grow up in an environment that surrounds them with mixed messages about smoking, substance abuse , use of alcohol, etc. The onset of the use of tobacco, alcohol and other drugs generally occurs during adolescence. Many teenagers



experiment with these substances and then use them to the point that their behaviour interferes with school, family, social relationships and general productivity. Tobacco and alcohol are the most common drugs used by young people.

Use of tobacco in any form including passive smoking causes several diseases. Prominent among these diseases are:

- ☞ Cancers of different parts and organs of body especially oral cancer (cancer of mouth and throat).
- ☞ Respiratory diseases like pneumonia and emphysema.
- ☞ High blood pressure.
- ☞ Heart diseases.
- ☞ Low birth weight children born to smoking mothers.
- ☞ Infections of lower respiratory tract in children under 18 months of age born to parents who smoked.

To smoke or not to smoke is an important personal decision an individual has to take. However, to enable him to take this decision he or she has to convince himself or herself about the scientific knowledge produced by research about the harmful effects of tobacco on health and strategies that have been successfully tried (i) to reduce the risk of tobacco, if he or she must continue to use it or (ii) how to stop the use of tobacco products.

Children need to make use of various methods/techniques to avoid the use of tobacco/alcohol:

- ☞ Delay Techniques - Don't take any decisions until you have had time to think it over.
- ☞ Negotiation Technique - Try to find a decision you think is acceptable to both the parties.
- ☞ Refusal Techniques - 'No, thank you' technique gives a reason to ensure one can walk away, avoid the situation, cold shoulder, change the subject, humour, state a health problem or reverse the pressure.



## 4. School Health & Wellness Clubs

### *Comprehensive School Health Programme and Creating Health Clubs in the school.*

Childhood and adolescence form the most joyful period of an individual's life. They are times of immense creative energy, self-discovery and exploration of the world. They can also be fraught with feelings of isolation, loneliness and confusion. They can be due to various factors relating to the physical, social, emotional, mental and spiritual well being of the younger generation. Schools, families and communities need to play a positive and responsible role in bringing up young children in a healthy environment which would enable each one to maximize their potential. School life is filled with many opportunities for health promotion and teaching. Throughout the day children are exposed to many situations which influence their thoughts, feelings and habits. By careful planning, various activities can be included to promote health in the school. One of the activities which may be successful is creation of a **Health and Wellness Club**.

Schools can be dynamic settings for promoting health, for enabling children to grow and mature into healthy adults. Yet the potential of the school to enhance health is often underutilized. *School Health has largely remained* confined to medial check-ups of children or some hours of health instruction in the curriculum. There is a growing recognition that the health and psycho-social well-being of children and youth is of fundamental value and the schools can provide a strategic means of improving children's health, self-esteem, life skills and behaviour. Although schools have undertaken many initiatives in promoting school health, the comprehensiveness and sustainability in these initiatives is not clearly laid out. The need of the hour is a comprehensive school health policy integrated within the school system.

### *Need For Creating Health and Wellness Clubs in Schools*

Healthy living in case of school children is the prime concern of all stakeholders including principals, parents, teachers and the community. To achieve this objective collective responsibility needs to be assumed. An important dimension is that of experience and development of health skills and physique through practical engagements with play, exercises, sports and practices of personal and community hygiene.

**Health and Wellness Clubs** in Schools focus on the overall well being comprising emotional, social and mental health of the child. It acts as the enabling and organizational point for conducting activities related to various dimensions of health and wellness. A **Health Card** needs to be created for students which would form a continuous part of their growth and development. This could form an effective monitoring and feedback system for the overall health of a child during schooling.

## *Constitution of a Health Club*

- Principal as Convener.
- Counselor / Psychologist / P. T Teacher / Nodal Teacher as Secretary.
- Student representatives (one boy and one girl from each level).
- Identified teachers from each level.
- Parent for each level (preferably a doctor).



## *Responsibilities of the Health Club*

- As an organizer of all health relevant activities (at least 8-10 activities in the year at each level).
- As a Resource Centre for the overall well being of students.
- To screen, diagnose and impart health counselling services to the students.

## *Objectives of the Health Club*

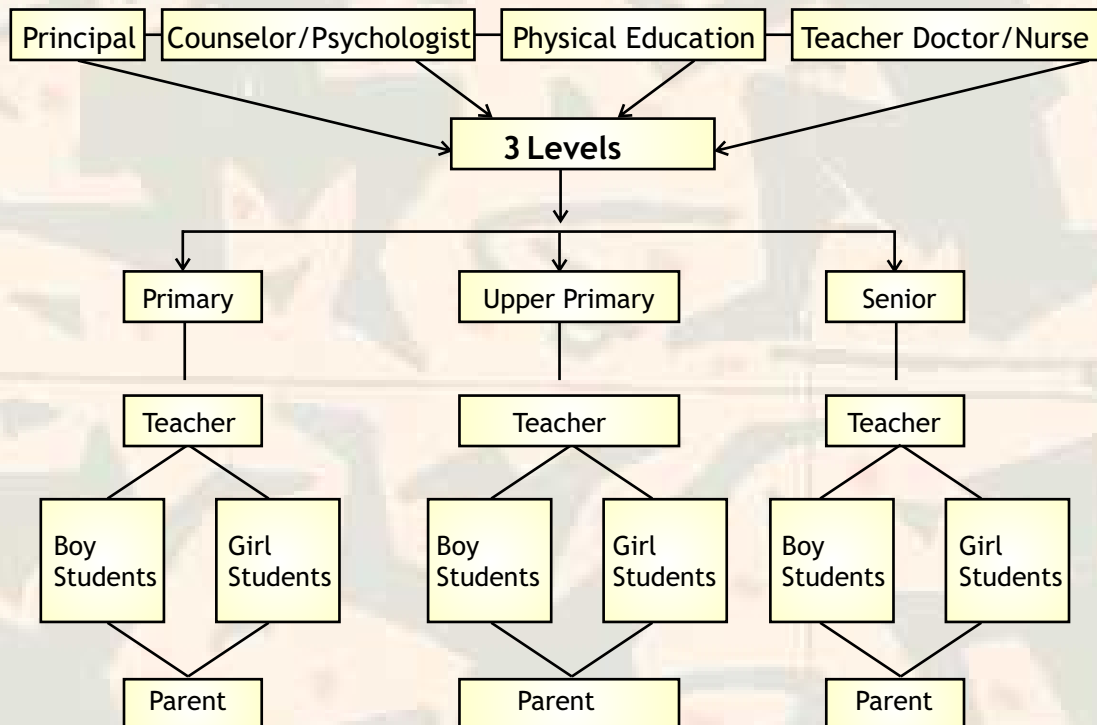
- To create Health Cards for each student.
- To create a health newspaper at least twice a year/poster competition related to health issues.
- To conduct surveys on health related concerns.
- To organize *health walks* as part of social campaigns.
- To organize health fairs and immunization projects.
- To tap the local resources in the community to arrange health talks.
- To render service in any area affected by a disaster or a calamity.
- To create health help-line within the school to de-stress, cope with emotional and social behaviour and to clarify misconceptions regarding sexual and reproductive health.

- To teach the students techniques of yoga and meditation from an early age .
- To inculcate in the students healthy and positive ways of living.
- To teach health songs on various health topics.
- Celebration of important days (*World Health Day-April 7*).
- Creating awareness regarding *World No Tobacco Day (May 31)*, *World AIDS Day (December 1)* etc.

### *School Health Clubs can also help to :*

- The Principal may be the patron of the Club. The Counselor/Psychologist, Trained Physical Education teacher and Doctor/Nurse may be sponsors of the club.
- The Principal may nominate 3 teachers as co-sponsors of the club. They can be chosen from 3 levels (Primary, Upper Primary and Senior).
- 2 students from each level can also be nominated and a parent from each level can be included in the Club.

### *Formation of a School Health Club*



## *Working Pattern of the Health Club*

- Activities of the Club may be carried out through educational and recreational means.
- A group system is desirable in order to arrange the Health Club activities according to the needs, interests and understanding of the children.
- With the close co-operation of the patron and co-sponsors and the sponsor, activities can be conducted. In order to maintain sound communication a staff meeting can be conducted before the commencement of the activities. The course and mode of action of the Club should be discussed.
- Meeting of the Club may take place before school, or after school in a special Club period during the day.

## *Activities of the Club*

- Health themes from Health Education classes may serve as topics of action by the Club.
- Children can be taught health songs on various health topics.
- Health films can be shown at meetings.
- A health library/health corner can be developed along the following lines:
  - Schools can subscribe to health magazines, pamphlets, booklets, posters and other publications published by the public health government, WHO, UNICEF, etc.
  - These materials can find permanent display place in the school library.
  - Periodical displays of health information on bulletin boards can be undertaken on a regular basis. These should be changed regularly.
- Many celebrations can be organized and celebrated such as *World Health Day* (April 7), *World No Tobacco Day* (May 31), *World AIDS Day* (December 1), etc which can be included in the school calendar.
- Health excursions can be arranged.
- Health talks can be arranged in the Morning assembly.
- Immunization projects can be organized.
- Screening activities can be undertaken such as vision screening, screening for nutrition deficiency disease, skin problems, dental problems etc.
- Weekend tours of health related faculties may be organized.
- Action through parent organizations; for protected water supply etc. can be initiated.
- Combined activities with School Health Committee can be organized with teachers and parents .



- Partial portion Quiz programmes on various aspects of health can be organized.
- Health fair or Health Weeks can also be carried out by the members of the Club.
- Conducting plays, role-plays, and dramas can be very effective ways of reinforcing the ideas of health.
- The Club members may plan the situation and then children can act out the dialogue and responses that seem natural for the situation.
- *Puppet Shows:* The puppet play has attracted the attention and interest of children and adults through the ages. A simple appropriate stage may be constructed using timber or curtains. The Club members can initiate a script that may increase student's interest in written expression. Simple experiments may be devised by the Club members so that concepts such as nutrition, environmental health may be well understood by the students.



## Suggested Activities for Promoting Health and Wellness in Schools

	I - V	VI - VIII	IX - XII
<p><i>Module 1:</i> <i>Knowing Your Body</i></p>	<ul style="list-style-type: none"> <li>• Yoga and meditation</li> <li>• Drawing a picture of oneself</li> <li>• Pasting a photograph</li> <li>• Palm Printing / foot printing</li> <li>• Rythmic Exercises</li> <li>• Poem / Rhymes / Recitation</li> <li>• Role Play on Body Parts</li> <li>• Matching of Flash Cards</li> <li>• Self awareness / diary</li> <li>• Sensitivity based Theater</li> <li>• Check up by doctors/ dentists</li> <li>• Health Card</li> <li>• Counseling</li> <li>• Ten Sentences on Oneself Physical/ Social/Society</li> <li>• Likes and dislikes</li> <li>• My list of favourites</li> <li>• Any other ...</li> </ul>	<ul style="list-style-type: none"> <li>• Yoga and meditation</li> <li>• Assembly themes</li> <li>• Tapping resources from neighbourhood / community for health, hygiene and personality</li> <li>• Introspection diary</li> <li>• Survey of eating joints for their nutritive content</li> <li>• Health Card</li> <li>• Any other ...</li> </ul>	<ul style="list-style-type: none"> <li>• Yoga and meditation</li> <li>• Health Mela</li> <li>• Health Newsletter</li> <li>• Class Boards Decoration</li> <li>• House Boards Decoration</li> <li>• Creating recipes</li> <li>• Effective use of Home Science labortary</li> <li>• Health Card</li> <li>• Correct information on health and personal hygiene</li> <li>• Knowledge about body processes in girls and boys.</li> <li>• Any other ...</li> </ul>



	I - V	VI - VIII	IX - XII
<i>Module 2: Food and Nutrition</i>	<ul style="list-style-type: none"> <li>• Collection of pictures of nutritive/junk food</li> <li>• Class party and discussion on food items</li> <li>• Dietary charts for the week</li> <li>• Jigsaw puzzle presentation</li> <li>• Four corners</li> <li>• Power point presentations</li> <li>• Mandatory to bring one nutritive item</li> <li>• Research on balanced food items</li> <li>• Mothers' recipe book</li> <li>• Any other...</li> </ul>	<ul style="list-style-type: none"> <li>• Nutritive Recipe competition</li> <li>• Orientation program for parents and students on good food habits</li> <li>• A PMI (plus, minus and interesting) on generally observed health problems</li> <li>• Survey based on balanced diet of different regions / communities</li> <li>• Any other...</li> </ul>	<ul style="list-style-type: none"> <li>• Extempore</li> <li>• Debate</li> <li>• Slogan writing</li> <li>• Theatre</li> <li>• Collège making</li> <li>• Panel Discussion</li> <li>• Any other...</li> </ul>



	I - IV	VI - VIII	IX - XII
<p><i>Module 3</i></p> <p><i>Personal</i></p> <p><i>and</i></p> <p><i>Environmental</i></p> <p><i>Hygiene</i></p>	<ul style="list-style-type: none"> <li>• Tick mark on self check-list</li> <li>• Presentation</li> <li>• Value based assemblies</li> <li>• Shramdaan (cleaning up of your class at the end of the day)</li> <li>• Picking up wrappers/ foils etc after the break</li> <li>• Creating Shramdaan Clubs</li> <li>• Green Brigade clubs</li> <li>• Posters</li> <li>• Outdoor excursions (Speed, stamina, strength)</li> <li>• Any other ...</li> </ul>	<ul style="list-style-type: none"> <li>• Board Displays</li> <li>• Research Projects</li> <li>• Skits</li> <li>• Eco-Clubs</li> <li>• Celebrating Environment Friendly Days</li> <li>• Preparing Recycled Paper</li> <li>• Visiting a Heritage Site</li> <li>• Any other ...</li> </ul>	<ul style="list-style-type: none"> <li>• Resource persons from NGO's</li> <li>• Panel Discussion</li> <li>• Planting Saplings and trees</li> <li>• Eco-Clubs</li> <li>• Rain Water Harvesting</li> <li>• No Polybag Zone</li> <li>• Adopting a National Heritage Spot</li> <li>• Any other ...</li> </ul>

## *Keeping Surroundings Clean*



	I - IV	VI - VIII	IX - XII
<p><i>Module 4</i></p> <p><i>Physical Fitness</i></p>	<ul style="list-style-type: none"> <li>• Warming up exercises before the beginning of each Physical Education period</li> <li>• Pranayam</li> <li>• Yoga</li> <li>• Physical Education periods a must for all schools/all classes</li> <li>• Drills/aerobics followed by presentations at the end of every month</li> <li>• Skill based programmes-camps</li> <li>• <del>March/run for health</del></li> </ul>	<ul style="list-style-type: none"> <li>• Competitive Sports</li> <li>• Team building adventure treks</li> <li>• Leadership camps</li> <li>• Health Walks social issues</li> <li>• Swimming</li> <li>• Any other ...</li> </ul>	<ul style="list-style-type: none"> <li>• Inter House Competitions based on Aerobics / Yoga / Gymnastics</li> <li>• Team building</li> <li>• Leadership Camps</li> <li>• Running for a Cause</li> <li>• Any other ...</li> </ul>



Get Set GO!



Yoga for all!



	I - IV	VI - VIII	IX - XII
<p><i>Module 5</i></p> <p><i>Being Responsible and Safe</i></p>	<ul style="list-style-type: none"> <li>• Extempore dialogue delivery</li> <li>• Ground rules preparation in classes</li> <li>• Safety activities- sports field/ activity period (to be made by students)</li> <li>• Traveling independently (phone numbers/ residential numbers)</li> <li>• Learning to communicate problems</li> <li>• Campaigns</li> <li>• Vigilance committee</li> <li>• Evacuation drills</li> </ul>	<ul style="list-style-type: none"> <li>• Transport Drill</li> <li>• Sports Day</li> <li>• First Aid</li> <li>• Showing movies on fire safety drill</li> <li>• Bravery Award</li> <li>• Research based projects</li> <li>• Health education issues related to gender sensitivity</li> <li>• Any other ...</li> </ul>	<ul style="list-style-type: none"> <li>• Fire Brigade Demonstration</li> <li>• Disaster Management</li> <li>• Self defence techniques</li> <li>• Traffic rules</li> <li>• Theatre</li> <li>• Visit to Rehabilitation Centre</li> <li>• Sensitization Programs on Substance Abuse</li> <li>• Interpersonal relationships</li> <li>• Parental Awareness sessions</li> <li>• Laboratory Safety drill</li> </ul>



	I - V	VI - VIII	IX - XII
<i>Module 6 Behaviour and Life Skills</i>	<ul style="list-style-type: none"> <li>• Consequence games</li> <li>• Learning to say "NO"</li> <li>• Think pair/share</li> <li>• Handling peer pressure</li> <li>• Identification of good touch and bad touch</li> <li>• Any other ...</li> </ul>	<ul style="list-style-type: none"> <li>• Learning to say 'no'</li> <li>• Mentoring</li> <li>• Interactive Bulletin Board</li> <li>• Quiz Contest</li> <li>• Poster making / Painting Competition</li> <li>• Group Games on Adolescent issues</li> <li>• Any other ...</li> </ul>	<ul style="list-style-type: none"> <li>• Handling Peer Pressure</li> <li>• Question Box Activity</li> <li>• Situation Analysis and Case Studies on sensitive issues</li> <li>• Peace March to mark a social event or issue</li> <li>• Panel Discussion with Eminent Psychologists</li> <li>• Guest Speakers Ask the expert (Doctor)</li> <li>• Visit to a Rehabilitation Centre</li> <li>• Any other ...</li> </ul>



## 5. Health Care In The School

### Health Checkup, Health Card & First Aid

#### School Health Checkups

- Schools need to take precautionary measures to prevent health hazards in the school premises. The school authorities have to monitor health with both curative and preventive measures.
- Schools must appoint a qualified and certified medical practitioner to attend medical calls in the school premises round the clock.
- The school doctor should be available almost round the clock on all days of the academic year.
- He / she must be responsible for running the hospital and medical services in the campus, deciding on consultants, advising principal, staff and students on health matters, imparting first-aid training to the students and staff, looking after preventive aspects of health and advising them on preventive aspects of various diseases and conditions.
- The school doctor, school hospital and outside consultants play a preventive role in maintaining health in the school.
- School clinics should have a compounder or a nursing assistant and cleaning staff to run the clinic. The school doctor should check the students and write the prescription. The nurse should give the medicine to the ailing student according to prescription. The prescription must be kept in Student medical file after it is served.
- The school doctor should take into account the history and examine the child to reach a provisional diagnosis. This can be confirmed by investigations and second opinion if required.
- The school doctor after reaching a provisional diagnosis must write the treatment which can be modified after investigations if required.
- Every day treatment should be reviewed after checking the child's condition and progress.
- Expiry date of all medicines oral or injectable should always be checked before administering.
- Sufficient care must be taken to check cross infection in the clinic.
- A few medicines could be stored in the clinic, rest must be procured when required.
- The medical history of every child should be on hand. This medical history should have two sections. One section is to be answered by the parents and other section to be answered by the family physician. This questionnaire must contain information about the student and his/her family health.



- Standing instructions in the written mode to be given to games in charge, catering managers and other persons concerned about a child with chronic illnesses like asthma or epilepsy by the school doctor or nurse.

## *How To Do An Overall General External Examination:*

**Importance:** Doing a general medical examination to assess a child's health is not difficult. It is a very simple and routine procedure and gives a good and general idea about the child's health based on which you can definitely conclude whether a child is healthy or not.

### **1. Observe (from head to toe as the child enters the medical room)**

### **2. Conduct a general medical examination (step by step)**

- (a) Walk (normal/limps)
- (b) Overall appearance (tidy/untidy)
- (c) Scalp/hair (healthy/unhealthy)
- (d) Nails (smooth or rough)
- (e) Expression (Smiling or sad)
- (f) Eyes (bright or dull)
- (g) Nose and ear (discharge from nose or not)
- (h) Deformity (ear/cleft/lips/shape of hands or legs)
- (i) Vaccination (BCG scar indicates that child may have taken all vaccines)



### **3. Ask questions**

- (a) Has the child passed worms in stools?
- (b) Is the child presently suffering from any complaints viz. fever, diarrhoea, cough, earache, headache, severe pain in any part of the body?
- (c) Is the child taking any treatment?
- (d) Does the child have any history of Epilepsy, TB, or health disorders?

Inference and action to be taken only after completing general and medical examination. The doctor will be able to conclude whether the child is healthy or not. If the child is found to be unhealthy or suffering from any problem and needs treatment, he/she may be referred to a hospital or an expert.

## *Recording Weight Correctly:*

**Importance:** Measuring a child's weight is one of the earliest ways of monitoring her/his growth and development. Weight depends on age and height of a child. Hence there will be differences in weights of children. Recording a child's weight regularly and serially is more important than a single reading alone.

Improper weight for age is a cause for concern and it indicates that a child may not be healthy.

### **Procedure:**

- Set the weighing machine at zero.
- Make the child stand on the machine with both feet on either side of the dial.
- Record the weight.

**Do's/ Don't while taking weight:** Ensure correctness by removing the parallax. Ensure that scale is set at zero every time before weighing each child. Weigh with only light wear.

**Inference:** Check whether it is within the acceptable normal limit or it is less than or more than normal. If less or more refer to expert.



## *Recording Height Correctly:*

**Importance:** Measuring a child's height regularly is one very important assessment. It is an indicator showing that she/he is growing normally and is healthy. Improper height for age is a cause for concern and it indicates that child may not be healthy. Inadequate gain in height is also a cause for concern.

### **Procedure:**

- Make the child stand against a vertical scale (fixed on stand/pasted on wall).
- Child should stand comfortably with heels, buttocks, shoulders and head touching the wall and the feet parallel.
- Mark the height point of the head on the wall.
- Measure.
- Record the height.



### **Do's / Don'ts while taking height:**

- a steel measuring tape or special graph scale to be used
- never use a tailor's tape.

**Inference:** Generally there is an increase in height between 2cm every year. If height does not increase serially refer the child to an expert.

### *How to look for anemia? (eyes, tongue, palms)*

**Importance:** Haemoglobin has a very important function of carrying oxygen to all the parts of the body including brain where it is vital for all higher functions like concentration, memory and the like. Anaemia can also be corrected.

**Procedure:** As the child is sitting, compare the color of his/her eyes, tongue and palms with surrounding colors.

**Inference:** if a child has inadequate haemoglobin (less red blood) or is suffering from anaemia (pale tongue, lips and palms), she/he requires to be treated with iron supplements.

### *Routine Dental Check Up:*

**Importance:** Routine dental check up involves observing the mouth, gums and teeth.

#### **Procedure:**

- Ask the child to open the mouth.
- Notice the smell (if there is foul smell, the child needs referral).
- Look for gums.
- Normal/swollen, red, pus etc.
- Observe arrangement of teeth.
- Look for teeth (glazed or unglazed /dull/ /color/ tarter deposits and stains.
- Look for cavities.



## *Visual Activity and Color Vision examination:*

**Importance:** Any child having visual defects mainly has problems related to color blindness (unable to see red or green) or night blindness. This will hamper the child's learning and performance.

### **Procedure:**

- Visual activity is measured.
- Each eye is treated separately.
- Color blindness can be assessed .
- Ask whether she/he can see properly at a height.

**Inference:** Child with normal vision must be able to read the seventh line easily (6/6). She/he must be able to distinguish colors.

**For Testing Near Vision:** The chart is held at a distance of 40cm from the person and she is asked to read or identify the letter/symbols in ascending or descending order. The rest of the procedures are the same as for the distance vision examination.

## *Examination for hearing:*

**Importance:** Normal hearing is absolutely essential for a child to be able to learn. Minor hearing problems if undetected will not only result in poor academic performance but risk the child in being labelled as abnormal in a variety of ways.

### **Procedure:**

- Strike gently the tuning fork on the palm.
- When it produces vibration, take it near to the ear of the person.
- The child is asked if he/she can hear the sound produced by the vibrating fork.
- If he/she assures that he/she can hear, tell him/ her to speak. Stop as soon as the sound stops.
- Immediately put the tuning fork at the back of the ear and ask the same question.

**Inference:** If he/she answers that he/she cannot hear the fork refer the child to an expert.



# School Health Record

There are two formats given here regarding a format of Health Cards. The first one is in the form of a child's Health History which the school may take at the time of admission so that the School has a record of the child's Health status. This is merely suggestive.

The second format is more general and needs to be periodically updated to keep a record of the continuous format Health status of the child through school. At no stage should the school consider any external Examination or referral without taking the parents into confidence. Establishing good health practices is essential but keeping the parents aware and informed and taking their consent and approval at every step in even more so. For each parent the health of the child is of paramount importance and their support will be assured

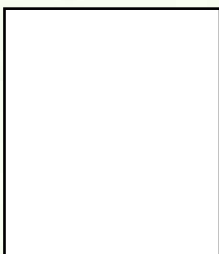
## **SCHOOL HEALTH RECORD**

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### **General Information**

Name: .....	Admission No:.....
Date of Birth: .....	Father's/Guardian's Name & Address:
	_____
	_____
	_____
	Phone No. Office: .....
	Resi:..... Mobile: .....

**Note :** The schools before implementing the Health Cards may consult a local Registered Medical Practitioner.

**BOTH SIDES OF THIS FORM TO BE SUBMITTED AT THE TIME OF ADMISSION**

Name of the Student ..... M/F ..... Class.....  
 Date of Birth ..... Blood Group .....

Father's Name ..... Mother's Name .....

**VACCINATIONS**

Immunization	Age Recommended	Due Date	Date
BCG	0-1 Month		
Hepatitis B	At Birth		
	1 Month		
	6 Month		
DPT	2 Months		
	3 Months		
	4 Months		
HB	2 Months		
	3 Months		
	4 Months		
Oral Polio	At Births		
	1 Months		
	2 Months		
	3 Months		
	4 Months		
Measles	9 Months		
MVR	16 Months		
DPT+OPV+HIB	18 Months		
Typhoid	2 Years		
Hepatitis A (2 Doses)	2 Years		
Chicken Pox	After age 1 year		
DT - OPA	4 <sup>1/2</sup> Year		

**BOOSTER DOSES**

Typhoid (every 3 years)			
TT (every 5 years)			
Other Vaccines			

Signature of Father ..... Signature of Mother .....

## **HEALTH HISTORY**

ALLERGY TO ANY FOOD, ADHESIVE TAPE, BEE STING

Allergy	What Happened	How Severe	Medication Taken at the Time of Allergy

• Does the child have any problem during physical activity .....

Signature of Father ..... Signature of Mother .....

### **To be certified by a Registered Medical Practitioner**

Date of physical examination ..... Height ..... Weight .....

B.P. .... Pulse ..... Vision L ..... R .....

Squint ..... Conjunctiva ..... Cornea ..... Ear L ..... R .....

Clinical Examination	Normal	Recommendation
Head/Neck		
Abdomen		
Surgery		
Serious Illness		
Nails		
Skin		

Summary of Current health condition, \_\_\_\_\_

• Fit to Participate in age specific physical activity \_\_\_\_\_

• Fit to participate in age specific physical activity with precaution \_\_\_\_\_

• Should not participate in competitive sport \_\_\_\_\_

Signature of Doctor .....

Name of the Doctor .....

.....													
General Appearance													
Weight Kg.    Actual Percentile													
Height Cms    Actual Percentile													
Eye Vision    R.E.													
L.E.													
Squint													
Conjunctiva													
Cornea													
Ears :                   R.L.													
External Ear													
Middle Ear													
ORAL CAVITY													
GUMS													
Colour													
Teeth Occlusion													
Caries													
TONSILS													
Lymph Nodes													
Pulse													
B.P.													
Nails													
Skin													
Muscle, Skeletal System													
Knee/Flat Feet/Lordosis/ Kyphosis													
Systemic Examination													



# School Health Card - II

The Major Parameters On Which The Annual Medical Checkups Done Are:

Dental \_\_\_\_\_

Eyes \_\_\_\_\_

General Cleanliness \_\_\_\_\_

Systemic Examination \_\_\_\_\_

Name: \_\_\_\_\_ Class \_\_\_\_\_

Age \_\_\_\_\_ Sex \_\_\_\_\_

Address: \_\_\_\_\_

Phone No: \_\_\_\_\_

Blood Group: \_\_\_\_\_

Allergy (if any): \_\_\_\_\_

Date of Examination: \_\_\_\_\_

Past/Family History: \_\_\_\_\_

## GENERAL:

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Nails: \_\_\_\_\_

Hair: \_\_\_\_\_

Skin: \_\_\_\_\_

Anemia: (Mild , Moderate, Severe or Absent) \_\_\_\_\_

Ear: \_\_\_\_\_

Nose: \_\_\_\_\_

Throat: \_\_\_\_\_

Neck: \_\_\_\_\_

## DENTAL EXAMINATION:

i. Extra-oral \_\_\_\_\_

ii. Intra-oral

a) Tooth cavity \_\_\_\_\_ b) Plaque \_\_\_\_\_

c) Gum inflammation \_\_\_\_\_ d) Stains \_\_\_\_\_

e) Tarter \_\_\_\_\_ f) Bad breath \_\_\_\_\_

g) Gum bleeding \_\_\_\_\_ h) Soft tissue \_\_\_\_\_

**SYSTEMIC EXAMINATION**

Respiratory System: \_\_\_\_\_

Cardio vascular system \_\_\_\_\_

Abdomen: \_\_\_\_\_

Nervous System: \_\_\_\_\_

Eyes : \_\_\_\_\_

Right \_\_\_\_\_ Left \_\_\_\_\_

Important findings: \_\_\_\_\_

Remarks: \_\_\_\_\_

Medical officer's name and signature \_\_\_\_\_

Follow up : \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature : \_\_\_\_\_ Date : \_\_\_\_\_

Designation : \_\_\_\_\_ Place : \_\_\_\_\_

Name: \_\_\_\_\_

\_\_\_\_\_

# First Aid

## Objectives:

- ❖ to restore and maintain vital functions. The ABC of basic life support (Open airway, Breathing and circulation) should be always the first priority.
- ❖ to prevent injury and further deterioration.
- ❖ to ensure that the victim is as comfortable as possible.

## Providing First Aid

First aid should be provided in the following order:

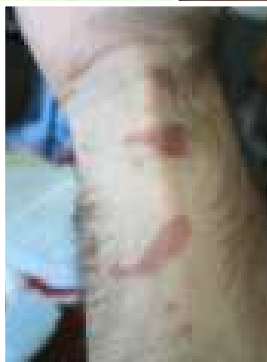
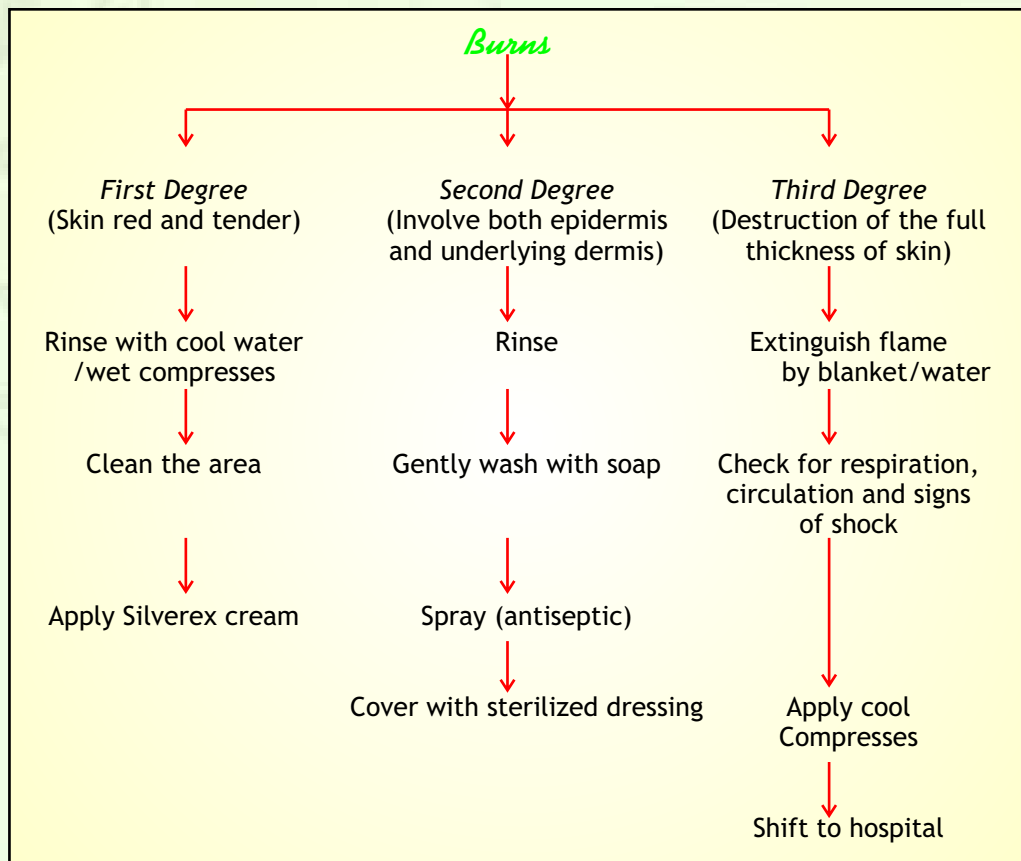
- ❖ *First:* Access victim for signs of life. For an adult if signs of life are absent, call for help
- ❖ *Second:* Restore respiration if breathing has stopped
- ❖ *Third:* Restore heart action if there is no discernible heartbeat or pulse
- ❖ *Fourth:* Stop bleeding
- ❖ *Fifth:* Treat for shock

## Making a First Aid Kit:

- ❖ First aid box
- ❖ Triangular bandages - 3 to 5
- ❖ Conforming bandages, 10cm and 15 cm - 2 each
- ❖ Crepe bandage 7.5 cm - 2
- ❖ Tape 2.5 cm - 1 roll
- ❖ Absorbent gauze—(small roll)
- ❖ Sterile dressings—(selection)
- ❖ Cotton wool( 50 gm)
- ❖ Antihistamine (for bee stings)
- ❖ Antiseptic solution (50 ml)
- ❖ Antiseptic wipes - 4
- ❖ Scissors - 1
- ❖ Safety pins - 12
- ❖ Tongue Depressor - 4
- ❖ Latex Gloves - 2 pairs
- ❖ Clinical Thermometer - 1
- ❖ Pen torch - 1
- ❖ Skin ointment for pain relief
- ❖ Ear drops
- ❖ Gum Paint



## Common First Aid Procedures:



*Animal bite*

↓  
Wash the wound with soap and water

↓  
Apply antiseptic and hydrogen peroxide  
+antibiotic cream

↓  
See Physician



*Fainting*

↓  
Lay the person  
(on his back with head lower than heart and legs)

↓  
Loosen clothing



*Check for breathing*



Raise the legs higher than head to promote the flow of blood to the heart and brain

*Heat Exhaustion*



Move (to cool/shady/air-conditioned place)



Loosen clothing



Apply cool wet compresses to head and torso



Administer fluids



*Heat Stroke*



Move to shady, Air-Conditioned areas



Loosen clothing



Spray cool water



### *Fracture*

Check the ABC'S (Airway, Breathing, Circulation)

Place a sterile dressing over wound

Immobilize the part which is fractured



### *Head Injuries*

Check pulse and respiration

Check for signs of brain or neck injury

Control bleeding by placing clean gauze over the injury

Take the person to doctor



### *Nose Bleeding*



To sit with head slightly forward



Press the nostrils together



Maintain pressure (5 to 10 minutes)



### *Sprains*



Rest



Apply ice pack



Compression (with an elastic bandage)



Elevation (use pillow or sling)



Note: if bleeding continues, insert a twist of sterile gauze





### *Choking*

Stand behind the victim

Make a fist placed above the navel

Put your other hand on the top of your fist and give quick upward thrust

Start CPR



### *Convulsion*

When seizure begins protect the person from injury

Ease the person to the ground and cushion the head to prevent from banging on the floor

Put a mouth- piece on the tongue to prevent the rolling of tongue

After the seizure roll the victim on to one side

Do not restrain the person any more than necessary

Take the person to doctor for evaluation

## 6. Guidelines for Facilitators / Teachers / Peer Educators

The purpose of the section is to provide background information for the trainer / teacher. It describes the basic principles and practices of organizing and implementing training course and is common to all the activities.

**The trainers / teachers are suggested to have a group of 45-50 participants/students for each activity.** The activities are suitable for Life Skills enhancement of school going children.

At the beginning of any activity with a new group of people it is necessary to spend some time on helping that group to begin to develop its own identity - its “*Life*”. This can be done by the trainer taking participants through a series of activities given below.

### *Ice Breakers*

Activities known as the ice breakers are used at the beginning of an activity as part of the climate building process and to help participants get to know each other. Several activities are specifically designed to enable group members to get to know each other's names.

The purpose of an energizer is to allow participants to get a ‘*feel*’ of the activity - if the energy levels are low - after a meal break for example - then a physical activity can help to lend some motivation to a group. Alternatively, some activities can serve the opposite purpose - *to calm down* the atmosphere after a difficult period or heated debate. Some energizers can also be used as strategies for dividing participants into small groups.

All the activities described here belong to the *low risk* category. This means that they should not cause any group member undue embarrassment, stress or discomfort by requiring them to reveal too much of a personal nature.

### *Ice Breaking Activities*

- 1. Name Graffiti :** Invite the participants to sit in a circle and place a large piece of flipchart paper in the centre of the circle. Ask each participant, in turn to sign their name on the paper, and to make a brief statement about their name.
- 2. Reasons Why I Can't Come to School Today?** Ask participants to conduct a round, which you initiate e.g., *Reasons why I can't come to school today*. The reasons for not

attending school must begin with the same letter of the alphabet as the person's name, e.g., *My name is Shilpa and I can't come to school today because I am sick.*

**3. Pyramids:** Ask the participants to stand up to pick a partner. Encourage them to find someone who they don't know very well and not to wait until they are picked, but to be *proactive* about choosing. When the partnerships have been formed, ask them to sit down together and then spend one minute to find one thing that they have in common. After the minute is up, ask them to stay with their partner and to find another couple, thus making a foursome and to find one thing in common. The task is then repeated, this time with the foursomes making groups of eight. Ask each group to disclose their *commonality* at the end of exercise.

**4. Clustering:** The purpose of this activity is to find all the people in the room who fit a particular description. Ask the participants to stand up and to move around the room, identifying others who fit a range of categories, which you describe. The following are suggestions:

- All those who share the same birthday month...
- All those who share the same birth sign...
- All those who share birth in same part of the country...
- All those who share the same favourite food...
- All those who share the same favourite holiday place...

**5. Accumulative Nature Game:** Ask the participants to sit in a circle and start off by introducing yourself. The person on your left should then give your name, e.g....*and I am ...* and then the next person gives the first two followed by their name e.g.... *And I am....* and then the next person gives the first two followed by their own name and so on around the circle, each person adding their name to the list.

**6. Human Scavenger Hunt**

#### Instructions

- Give the participants a Human



**Scavenger Hunt Handout** that you have prepared in advance (see sample list below). It should include at least 10 statements about things people may have done or experienced in their lives.

- Ask them to roam around the room and find as many other participants as possible to whom the listed things apply; they should write each person's name on the line next to something that applies to him or her.
- After 10 minutes, ask the participants to sit down again.
- Ask participants to introduce themselves in turn, mentioning the listed item for which they found the most participants, and share interesting things they learned about another member of the group.

### *Human Scavenger Hunt: Find Someone Who:*

- has an older sister \_\_\_\_\_
- has not watched TV in the last month \_\_\_\_\_
- has a birthday in the same month as you \_\_\_\_\_
- wants to be older \_\_\_\_\_
- takes a bus to school \_\_\_\_\_
- has more than six siblings \_\_\_\_\_
- is learning another language \_\_\_\_\_
- was born in another city or village \_\_\_\_\_
- has a grandparent living at home \_\_\_\_\_
- has planted a tree \_\_\_\_\_
- is the youngest child in his/her family \_\_\_\_\_
- recently read a good book \_\_\_\_\_
- knows how to ride a bicycle \_\_\_\_\_
- has travelled to another city or province \_\_\_\_\_

### *Energizing Activities*

1. **Shoes:** Encourage participants to stand still or sit down if they get too tired. Ask all participants to stand up and find a space to move about and explain that they will do the actions associated with different kinds of shoes and demonstrate each one.

- *Walking shoes* (walking)
- *Running shoes* (running)
- *Ballet shoes* (dancing)
- *Hiking shoes* (raise legs as if climbing)
- *High heeled shoes* (walking on tip toe)
- *Pair of shoes* (find a partner and hold hands)
- *Worn out shoes* (flop into a chair or on to the floor and relax)

Call out the names of the shoes, and ask participants to make the appropriate actions following the lead of the trainer.

2. **Changing Places :** Ask the participant to sit in a circle and ask the trainer to stand in the middle. Ask all the participants to move places "if...Shout out an instruction, for example, "*change places if you are wearing trousers...wearing spectacles...have long hair...etc.* While the participants are changing places, move to find a chair for yourself, which means that someone else will be in the middle and will have to find a chair. Continue until everyone is tired.

### *Group Dividing Activities*

If participants are asked to form small groups of their choice, they may often choose to work with friends and group cohesion may come in the way of serious work. You can ensure that this does not happen by using some of the following activities:

- Count participants off in twos.....
- Line up participants according to birth month, initials, signs of the zodiac etc...
- Line up participants to find someone who, e.g., has the same height or clothes...
- Ask participants to choose a partner or to work with someone they have not worked with before...
- Distribute cards at random, which are to be matched up in order to find a partner, e.g, famous couples, matching shapes, letters, or cut up old greeting cards and ask participants to find the piece that completes the pictures...
- Ask the participants to move around the room until you call out the number you want in a group...



## Managing Small Group Work

It is often difficult to make an accurate assessment of how long different groups will take to complete a group activity - there will always be quick learners! You may have to issue quite a lot of encouraging statements to hurry along the slower groups, and offer time limits, e.g., *one minute left*.

Taking feedback from a larger number of groups can be a time consuming exercise.

However, it is important to acknowledge the contribution to the activity made by all the groups. You can cut down on time by:

- Asking written feedback (usually on larger *posters* of paper) to be displayed around the room and for all the participants to look at each other's efforts.
- Making sure that, after the first group's feedback, subsequent groups only add issues and comments, which haven't been raised previously.

## Setting ground rules:

Ground rules are the operational guidelines for the participants' and the trainer's behaviour during the activity and encourage co-operation and collaboration, and contribute towards the learning climate. Explain the rationale for establishing ground rules to the group.

## Strategies for Establishing Ground Rules:

Display a list of pre-prepared ground rules on the board/OHP and ask for comments and clarification. Ask participants to add to the list. The following is a list of suggestions for Ground Rules.

- Be punctual
- Listen
- Tolerate
- Respect each other's views
- No sarcasm
- Be positive
- No negative comments to individuals
- The participants need to know that you, as trainers, have the power to make decisions about when a discussion has lost immediate relevance and the time has come to move on. They also need to be reassured that you will be available to deal with any individual issues of concern.

## Conducting the Activities:

- ℞ Use open-ended questions.
- ℞ Use positive language and statements and then ask participants for their contribution

- R Value all the contributions you receive from the participants.
- R Be willing to quote your own opinions if you are asked and to offer personal self-disclosure if necessary. Admit any mistakes you make.
- R Allow the participants to have time to reflect.
- R Ensure that you make eye contact with the people that you talk to and use their names.
- R Be ready to challenge a view presented by a participant if you feel it is appropriate.
- R Intervene in a firm, yet sensitive fashion, if a discussion is being taken over by one or two powerful personalities or is *losing its way*.
- R Think about how and when to intervene during a group activity. It is very important to set time limits.

### *Finishing An Activity*

Some of the questions given below can be used for processing and winding up an activity:

**WHAT?** - How did I feel about this, what did I learn about my own behavior?

**SO WHAT?** How can I implement this learning in other areas of my life?

### *Conducting Empowerment sessions by Peers*

It is always more useful to initiate peer educators (preferably in pairs) to peer teach other students. They can come together to develop skills through activities suggested in the other Manuals. They can use the following set of debriefing questions to focus on better empowerment skills.

### *Co-peer Educator Daily Debriefing Questions*

To improve presentations during a Peer Educator to-peer session, one can discuss the following questions during daily debriefing sessions at the end of each day.

1. How well did we meet the goals of our workshop sessions today?
2. What did we do today that was not effective?
3. What did we do today that was effective?
4. How well did we handle problems that arose during the workshop today?
5. How well are we working together as co-trainers? Is there anything that we need to improve?
6. Is there any feedback we would like for the session the next day?

## *The Experiential Learning Cycle In A Workshop*

### **Direct experience** (exercise or activity)

(Trainer / Peer Educator introduces the activity and explains how to do it)

Trainees / Other peers participate in :

- brainstorming
- role-play
- small-group discussion
- story-telling
- case study
- games
- drawing pictures

### **Application:** next steps

(Trainer / Peer Educator gives suggestions)

### **Trainee / Other peers discuss:**

- how the knowledge can be useful in their lives
- how to overcome difficulties in using knowledge
- plan follow-up to use the knowledge
- story-telling
- case study
- games
- drawing pictures

### **Reflection: thoughts/feelings**

(Trainer / Peer Educator guides discussion)

Trainee / Other peers

- answer questions
- share reactions to activity
- identify key results

### **Generalization: Lessons Learned**

Trainer / Peer Educator gives information; draws out similarities and differences, summarizes)

Trainees Other peers participate in:

- presenting their exercise results
- summarizing key points
- drawing general conclusions



**Evaluation can also be conducted on a verbal level as part of the closing activity. A Written Feedback is however preferential.**



# 7. Assessment and Evaluation

## Functions of Assessment

- Too much focus on **Assessment and Evaluation** rather than on the understanding and application skills inherent in the course of study should be avoided. Stress must be placed on acquiring health skills for entire life. However the following are purposes for which assessment may be considered.
- **Teaching:** Students and teachers may gain greater understanding of the substance of the program when the results of test and assignments are reported to them.
- **Communication:** Students tend to organise their study around the demands of assignments and assessment requirements. Thus assessment helps them to understand the objectives of the course and the standards expected.
- **Grading:** To determine whether a student has achieved a satisfactory standard or may count the course towards some level of award.
- **Evaluation:** Assessment can provide the student with information on personal level of attainment and the teacher with indication of success and suitability of methods, resources and effectiveness of teaching.
- **Clarification:** Allow students to clarify and refine their understanding of attitudes and values of themselves and others.

**Skills Attainment:** To demonstrate whether a student has attained the necessary practical skills required in a particular area.

- **Prediction:** The readiness of the student to proceed to the next unit of work or course may be determined by appropriate assessment procedures.

## Who Should Be Assessed?

When considering the evaluation necessary it is important to consider the need in varying circumstances to assess all students, selection groups, individual students, the teaching, the course, organisation and administration.

## Who Should Assess?

At varying times, students should be encouraged to self-assess, groups of students may undertake peer assessment. The whole class may assess a piece of work, the teacher may assess in varying ways a teacher from another group.

## Frequency of Assessment

Assessment may profitably occur in varying ways as process assessment during the course of the program or as outcome evaluation at the completion, at the end or during each lesson, during a workshop or tutorial, at the end of a unit of work, at the end of each term, at the conclusion of the year's work at graduation.

## Examinations

Examinations in this syllabus are required and are to be used in assessment of progress. Care should be taken in development of examination papers to ensure that there is an array of question types (as indicated as follows) and that the examinations are valid in that they test the subject matter taught but also allow for some deductive reasoning in solving problems posed.

Further, as the health work covered is very practical in nature, at least 30% of marks should be allocated for practical work carried out in the home, school or community. This may be done as a project task undertaken by an individual or small group in which a final report is written by each student, individually covering:



1. Clear statement of the problem;
2. Aims of the project;
3. Methods undertaken to achieve aims;
4. Problems which were encountered;
5. Conclusion.



## Sources of Evidence

When considering objectives which encompass health knowledge, attitudes and skills, assessment procedures must include a variety of approaches, including;

- individual as well as group assignments and reports
  - essays, children's writing
  - observation and analysis of behaviour, in classroom, school, community
  - records of staff meetings
  - changes in maintenance of school facilities
  - critical incidents, reports, journals, diaries, reports
  - judgement against standards
  - interviews, discussions, meetings, surveys, reports from parents
  - restricted response questionnaires, rating scales
  - free response questionnaires, interviews, feedback sheets
  - teachers' subjective judgement
  - already available information
- **Indicators of Impact** may be varied in a course involving health and living skills. They may include:
- improvement in personal hygiene,
  - better home sanitation,
  - improvement in institutional health and hygiene practices,
  - evidence of better, cleaner maintenance of school toilets,
  - increase in confidence,
  - greater flexibility,
  - increased care for the well-being of the other,
  - increase in ability to cope with problems and difficulties,
  - increase in decision -making opportunities and responsibilities,
  - improvement in communication, research, oral/written work, presentation,
  - improved responses to quizzes, tests, examinations on knowledge,
  - practical ability improved in health situations,
  - accepting and respecting each other's opinions,
  - increase in team-work and group decision-making,
  - challenge in stereotype and prejudice,
  - easy reorganisation of classroom for active, participatory teaching/learning,
  - more experiential, practical teaching/learning strategies,
  - reduction in incidents of transferable disease,

- low morbidity,
- better immunisation cover,
- less home, school, street, recreation and workplace accidents,
- better cooking and food preservation practices,
- decrease in corporal punishment, abuse and exploitation,
- greater rewarding and appreciation of children,
- better communication between home and school,
- more responsibility and decision-making opportunities for students,
- equal treatment for all children, for boys and girls, for children with special needs.

**Assessment and evaluation** should thus be one means of seeking a better learning and teaching environment and thus improved personal and group health.

### **Assessment and Evaluation**

#### **Some Examples of methods of assessment**

#### **Tests**

Tests are often used to evaluate knowledge, which may be a starting point for change in thinking, attitudes and behaviour. It is difficult to devise valid, reliable tests and it is often desirable to use a variety of types.

#### **Some Sample tests.**

##### **1. Short answer**

(a) What are three ways in which infectious diseases may spread?

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(b) Why is safe waste disposal so important for health?

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(c) Describe how you may assist your little sister or brother to play more safely.

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(d) Your friend had a bicycle accident. What would you do to help?

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## 2. True or False

1. Are the following statements true or false:

- a) Hepatitis B is a form of STD. \_\_\_\_\_
- b) Smoking can produce cancer of the lips. \_\_\_\_\_
- c) Noise pollution can cause deafness. \_\_\_\_\_
- d) The joint at the elbow is ball-and-socket joint. \_\_\_\_\_
- e) Myopia sufferers are unable to distinguish distant objects clearly. \_\_\_\_\_

2. If we cut down forests we risk ending up with: (tick the correct answers)

- a) no ground cover, \_\_\_\_\_
- b) eroded land, \_\_\_\_\_
- e) cleaner water, \_\_\_\_\_
- d) more soil, \_\_\_\_\_
- e) less oxygen being produced, \_\_\_\_\_

## 3. Sickness may be transmitted at home by (tick the correct answer)

- (a) keeping food covered,
- (b) washing hands before eating,
- (c) eliminating places where mosquitoes breed,
- (d) keeping water uncovered,
- (e) not using a toilet

## 4. Draw a line to join each disease with the correct route of transmission.

<i>Disease</i>	<i>Route of transmission</i>
Influenza	air
AIDS	lack of hygiene
Gastroenteritis	animal bites
Malaria	mosquitoes
Tetanus	blood products

## 5. Essays

a) Write an essay on 'How can we create our home vegetable garden'.

## 6. Attitude scales

Complete the following by putting a mark on the line to indicate your preference

a) By smoking I am placing my health at risk.

1 \_\_\_\_\_ 3 \_\_\_\_\_ 5

Strongly

Strongly

agree

disagree

(b) To maintain fitness, both sensible exercise and balanced diet are necessary.

1 \_\_\_\_\_ 3 \_\_\_\_\_ 5

strongly

strongly

agree

disagree

(c) I would dislike having someone in my class with a deadly disease.

1 \_\_\_\_\_ 3 \_\_\_\_\_ 5

strongly

strongly

agree

disagree

## 7. Interviews

### A. With students:

- What has the Health Program taught you about family relationships?
- Without writing your name, discuss the best thing about this program.

### B. With parents:

- What does your son/daughter feel about the lesson on drugs?
- What areas do you think need more emphasis?

## 8. Surveys

Anonymous collection of information about behaviour and behaviour change

- How has this program affected your behaviour at home and at school?
- What are the important things which you learnt from this program?

## 9. Feedback sheets

Immediate response to a lesson or a workshop may be obtained by using the feedback sheet.

a) In this workshop

I felt \_\_\_\_\_

I learned \_\_\_\_\_

I liked \_\_\_\_\_

**This lesson was** 😊 😐 😞

( Circle the most appropriate face.)

### 10. Pre-existing data

- a) Data that may be useful for planning units / lessons or for extension study is often available from census figures, surveys carried out by various agencies, magazines or newspaper reports.

### 11. Practical exercises

- a. Young children may be asked to walk or ride a bicycle over a set course to determine ability to follow safety rules and road laws.
- b. A class group are asked to arrange a debate on a controversial topic which has arisen in the class. The ability to organise, to listen to opposing viewpoints without prejudice, to argue a viewpoint which they don't necessarily support may all be indicators of lesson success.
- c. Young children may be asked to draw a scene from their 'healthy home'.

# Appendix

## WEBSITES

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Adolescent and Youth Reproductive Health in India, Status, Policies, Programs and Issues, [http://www.policyproject.com/pubs/countryreports/ARH\\_India.pdf](http://www.policyproject.com/pubs/countryreports/ARH_India.pdf)

Approach to Adolescents: UNESCO's Objective, [www.un.org.in/jinit/unesco.pdf](http://www.un.org.in/jinit/unesco.pdf)

Culture and Adolescent Development, [www.ac.wvu.edu](http://www.ac.wvu.edu)

Future of Mid-day Meals, [www.hinduonnet.com](http://www.hinduonnet.com)

Health Needs of Adolescents in India, [www.icrw.org](http://www.icrw.org)

History of Games and Sports in India, [www.indianmirror.com](http://www.indianmirror.com)

J. Niti, Teens, [www.boloji.com](http://www.boloji.com)

Joseph Ammo, The World According to Adolescents, [www.hsph.harvard.edu](http://www.hsph.harvard.edu)

Kumar Anant, 'Poverty and Adolescent Girl Health', [www.bihartimes.com](http://www.bihartimes.com)

National School Health Strategies and Mega Country Health Promotion Network, [www2.edcorg/hhd/who/ind\\_natlstrat.htm](http://www2.edcorg/hhd/who/ind_natlstrat.htm)

Parents and Children, [www.arogya.com](http://www.arogya.com)

Patel, Andrews et al, 'Gender, Sexual Abuse and Risk Behaviors in Adolescent: A Cross-Sectional Survey in Schools in Goa, India, [www.who.int](http://www.who.int)

PH@ a Glance: Adolescent Nutrition, [wbln0018.worldbank.org](http://wbln0018.worldbank.org)

Physical Education, Yoga and Health Education, <http://diet.pon.nic.in>

Problems of Adolescent Learners, [www.ncert.nic.in](http://www.ncert.nic.in)

Scheme for Promotion of Yoga in Schools, [www.education.nic.in](http://www.education.nic.in)

Seth Mridula, *Building life skills for better health-the Rajasthan experience*. Delhi, UNFPA <http://www.unfpa.in>

Sex and the Adolescent, [www.webhealthcentre.com](http://www.webhealthcentre.com)

Sex Education and Children, [www.indianparenting.com](http://www.indianparenting.com)

Sex, Studies or Strife? What to Integrate in Adolescent Health Services, [www.ncbi.nlm.nih](http://www.ncbi.nlm.nih).

Sexual Behavior among Adolescents in Delhi, India: Opportunities Despite Parental Control, [www.iussp.org/Bangkok2002/s30 Mehra.pdf](http://www.iussp.org/Bangkok2002/s30%20Mehra.pdf)



Six Billion and Beyond, [www.pbds.org](http://www.pbds.org)

Yoga in Kerala government, [www.kerala.gov.in/dept\\_generaleducation](http://www.kerala.gov.in/dept_generaleducation)

Youth, Gender, Well-being and Society, [www.icrw.org](http://www.icrw.org)

<http://www.wedu.ewc>

[www.unu.edu/unupress/food/unupress.htm](http://www.unu.edu/unupress/food/unupress.htm)

Food & Nutrition Board

<http://www.rxpgnews.com/food&nutrition/indexshtml>