

DE 151

**Children's Physical and Emotional Health, School
Health and Education I**

**Maximum Marks: 30
(Internal: 15; External : 15)**

**Student Contact Hours: 50
(Plus practical work during SIP)**

Area of Study: *Practicum*

This course is designed to be one component of a practicum course to be covered in both years of study. It offers the scope to engage critically with areas and concerns related to health of children, school health and physical education. It builds perspectives as well as knowledge and content to feed into pedagogic aspects of health and physical education.

Rationale and Aim

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

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

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

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

Specific Objectives

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

Running Thread of the Course

The most important thread running through the course is the need for the student teacher to understand that health and education are reciprocally linked and she must in various ways engage with the health needs of children. The thread of gaining a holistic understanding of health and seeing it as located in a social reality runs across the course and connects issues like physical health, emotional health and 'health of the school'. A life of health and well-being in a holistic sense is a right of every child. A teacher sensitive to the social context of children can play the crucial role in achieving this right. Theory and practical units are closely knitted together and the idea is a constant process of reflection.

Mode of Transaction

It is envisaged as discussion based lectures and workshops as well as practical work in the form of group work, hands on exercises/activities and assignments. Theory and practicum aspects are knitted together across the units and student teachers are taken through a process of knowledge/perspectives, information and skill building regarding health and well-being with in a broad public health paradigm, where health is viewed as multi dimensional. This practicum course is also partly integrated with the **School Internship programme (SIP)** and certain projects are outlined to be carried out during the internship. **There is an attempt to stress the importance of a reflective journey by the student-teachers to look at their own health and arrive at a holistic understanding of health.** Therefore while transacting the course the faculty is expected

to incorporate a process of 'looking within' for the student teacher to understand concepts with their own lives as an example.

Unit 1: Understanding Health and Well- Being

15 Hrs.

09 Marks (04 External + 05 Internal)

Objectives:

- To build a holistic perspective on health and to locate health and well-being in relation to the social context.
- To understand different domains of health- physical, mental/emotional, social.
- To understand social determinants of health.
- To facilitate the student teachers to undertake a reflective journey to explore different domains of health operating in their own lives.

Aim and Scope of the Unit:

This unit equips the student teachers with a holistic perspective on health and well being and the ability to understand children's health and well-being in relation to the social context. The physical, social, mental/emotional domains of health and the need to see these as integrated is stressed in this unit. It also orients them to the social determinants of health framework and addresses health as linked to social stratification across caste, class and gender. Along with the readings and discussion based methods suggested, it is also recommended that student teachers reflect on their own health and well-being and try and understand different domains of health- physical, emotional/mental and social operating in their lives.

Topics to be covered:

- The meaning of health and well-being
- Critique of biomedical model (germ/disease based) of health and moving towards the social health model.
- Understanding the linkages between poverty, inequality and health
- Web of causation; Social determinants of health- stratification structures, food, livelihood, location, sanitation, access to health services etc.

Essential Readings:

1. Zurbrigg, S., (1984), *Rakku's Story- Structures of Ill Health And Sources of Change*, Centre for Social Action, Bangalore, 19-41, and Chapters 1 and 2. (The story (pg: 19-41) can be read collectively in the classroom. It can also be presented in the form of a role play performed by the student teachers)

Exercise/Assignment¹:

1. Student teachers are asked to write a reflective and analytical piece about their own health and well-being. Exploring physical, emotional, social domains of their own life they arrive at a self assessment of their own health and well-being issues. They are encouraged to draw a diagram of a web showing all the various factors that construct their health (eg: food, social factors, housing, water, access to health services, family/friends and community relations etc.).
2. Students are given an exercise to interview two people from different economic categories, asking them to describe their experience of accessing health care in a situation of illness of any family member.

Unit 2: Understanding Children's Health Needs

15 Hrs. 09 Marks (05 External + 04 Internal)

Objectives:

- To understand children's health concerns
- To introduce the life course approach to health
- To understand the reciprocal linkage between health and education

Aim and Scope of the Unit:

This unit covers the topics - 'life course approach' to understanding health and the reciprocal linkages between health and education. To understand illness/ill-health as a factor in 'disruptions to learning' in terms of absenteeism, irregularity, lack of concentration, and also resulting lack of motivation, psychological impacts of physical illness etc.

This unit looks at building from Unit 1 focusing more on children's health issues. Common health problems during childhood and the issue of hunger and malnutrition (meaning, measures) are covered. Student teachers are also taught about morbidity mapping; using daily observations and maintaining health notes. Methods and value of recording children's health perceptions, self assessment of health are discussed.

Topics to be covered:

- Introduction to the life course approach
- Reciprocal linkage between health and education.

¹ Exercises/Assignments mentioned across units for internal assessment are suggestive in nature.

- Childhood Health Concerns, Hunger and Malnutrition- meaning and measures
Morbidity Mapping- Methods, observation, daily notes
- Methods to understand children's health perceptions and self assessment of health

Essential Readings:

1. Ramachandran, V., Jandhyala, K. and Saihjee A. (2008). Through the Life Cycle of Children: Factors that Facilitate/Impede Successful Primary School Completion in Rama V. Baru (ed.) *School Health Services in India: The Social and Economic Contexts*, New Delhi: Sage Pages marked for reading: pp 8-10 (up to start of section I); 20-26 (Section Title: Going to School: age Group 6-11 years); 31-33 (Section title: Health Nutrition and Education); 42-43 (Section title Role of Community Groups and Listening to Voices of Children)
2. Baru, R. V. (2008). School Health Services in India: An Overview. Chapter 6 in Rama V. Baru (ed.) *School Health Services in India: The Social and Economic Contexts*, New Delhi: Sage publication, pg: 142-145.
3. Ashtekar, S. (2001), Health and Healing: A Manual of Primary Health Care, Orient Longman, Chennai. Chapter 36- Childhood Illnesses (This is a good reading to begin the unit)
4. Deshpande, M., R.V. Baru and M. Nundy, (2009). *Understanding Children's Health Needs and Programme Responsiveness*, Working Paper, New Delhi: USRN-JNU (Relevant Sections for this Unit concerning children's health needs, morbidity mapping, exploring children's perceptions of health etc.)

Advanced readings for faculty:

1. Ben-Shlomo, Y. and Kuh, D. (2002), A Life course approach to chronic disease epidemiology: conceptual models, empirical challenges and interdisciplinary perspectives in *International Journal of Epidemiology*, No. 31, 285 and figure 1 on page 286 to be discussed.

Exercise/Assignment:

Student teachers are asked to undertake a morbidity mapping exercise on each other and keep a diary regarding this for the entire semester. Each one is responsible to track illnesses/morbidities and any health events physical and otherwise of another. (Not in partners). They are to be sensitive to the others health concerns, observe changes and notice when the other is absent and find out what happened etc. They try and present the data analytically, commenting on the kind of health concerns they noted and also categorizing illnesses on the basis of injuries/seasonal/water borne/food related or any other categories.

Unit 3: Health of Children in the Context of School

20 Hrs. 12 Marks (06 External + 06 Internal)

Objectives

- To understand children's health in the context of the school.
- To gain an understanding of the Mid Day Meal and School Health Programmes as well as issues of school infrastructure that are linked to children's health.
- To be able to reflect on programme responsiveness as well as the role a teacher can have.

Aim and Scope:

This unit focuses on children's health in the context of the school and explores the idea of school health bringing together health, nutrition and education.

It is suggested that the topic of health programmes be taught through in a workshop mode with resource persons to be followed by **project work**.

The **workshop** would cover details regarding health programmes operating in the school context- namely the School Health Services (SHS) and the Mid Day Meal Programme (MDM). (Resource persons for the workshop have been suggested in the list provided with this course outline) The focus is to understand rationale and objectives of these programmes and view these basic components as basic rights of the child in school. The idea of classroom hunger is introduced with the MDM programme. The concept of the 'Health of the School' is introduced. Here the health determinants in the school in terms of basic infrastructure are discussed i.e. water, toilets, safe and clean environment, building, play space etc are listed. With the programmes as well as the school's health at every stage the possible **role of the teacher** is discussed. An understanding of the idea of 'the culture of the programme' is introduced to the student teacher. This involves exploring and understanding a programme's intangible and human dimensions along with its tangible components. For e.g. what is the nature of interaction between doctors of the SHS and children/teachers? Are the teachers involved with the distribution of the MDM? Is there any system of distribution and collective eating? Creative Methodologies to capture children's perceptions on health programmes, food, play, work and checklists to measure health of the school are discussed in the class through suitable readings.

Topics to be covered:

- Mid Day Meal Programme: Rationale, Objectives, Components, Functioning, Concept of Classroom Hunger
- School Health Services: Rationale, Objectives, Components, Functioning
- Measuring the 'Health of the School': Issues of Water, sanitation, toilets, playground etc.

- Concept of ‘Culture of the Programmes’
- Role of the teacher and engagement with the programmes
- Capturing children’s perceptions on food, work, play, Mid Day Meal etc

Essential Readings:

1. Deshpande, M., R.V. Baru and M. Nundy, (2009). *Understanding Children’s Health Needs and Programme Responsiveness*, Working Paper, New Delhi: USRN-JNU
2. Midday Meals- A Primer, (2005). *Right to Food Campaign*, Delhi.

Advanced readings for faculty:

1. Dreze, J. and Goyal A., (2003), The Future of Mid-Day Meals, *Economic and Political Weekly*, November 1.

Readings for discussion during workshop/resource material for project work:

1. Deshpande, M. R. Dasgupta, R.V. Baru and A. Mohanty, (2008). The Case for Cooked Meals: Concerned Regarding Proposed Policy Shifts in the Mid-day Meal and ICDS Programs in *Indian Paediatrics*, 445-449 (for classroom group discussion on biscuits/packaged foods versus cooked meals controversy)
2. Dasgupta, R., Baru, R.V. Deshpande, M. and Mohanty, A. (2009). *Location and Deprivation: Towards an Understanding of the Relationship between Area Effects and School Health*, Working Paper, New Delhi: USRN-JNU. (Tables in the paper to be referred for classroom discussion and practical work)
3. *Aao Kadam Uthaein: Ek Sahayak Pustika*, USRN-JNU, New Delhi. (A resource tool/book for schools to address issues of health infrastructure and programmes)

Project Work: (Based on Units 1, 2 and 3)

The practical work is visualized through integration with School Internship Programme² (SIP). This involves discussion, guidance and inputs to undertake these projects before the SIP and is followed by reflective sessions where students share their projects after SIP. These post SIP sessions are to be organized in a workshop mode with a stress on collective reflection and discussion. Given below are some themes/ideas for projects and these topics are allocated across the students. As mentioned above before going for the SIP, sessions are held discussing the idea and rationale behind each theme and learning/developing appropriate research methods and tools. Each student prepares a project plan inclusive of tools before going for the SIP.

² This practical aspect is suggested to be integrated with the framework developed for the School Internship Programme under Objective 1 of Year 1.

Suggested Projects: (Each student teacher is to do any one of the projects from 1-3 and project 4 is compulsory)

1. The exercise undertaken in the School Internship Programme (SIP), of making a profile of a child and understanding his/her social context during the internship needs to also connect to the health of the child and understanding all possible determinants. The student teacher is to observe and find out about the child's health conditions. The child's health profile is to explore the possible health determinants operating in the child's life. Issues of settlement/housing, livelihood of families, poverty and deprivation, food habits, water access and safety etc are explored through observations, informal group discussions and visits to the community. The teacher educator prior to the SIP will guide the student teachers on methods and ethical issues, sensitivity during questioning.
2. Morbidity Mapping Exercise to be conducted. In this the student teacher tracks children's attendance and tries to find out reasons for children's absenteeism. She records illnesses she observes or as reported by children/peers and develops a health report card.
3. The student teacher develops a report card for the 'health of the school'. She surveys parameters like water, toilets, sanitation, building, playground etc during the SIP. The idea is to encourage the student teachers to explore multiple dimensions of each parameter that impacts on children's health in school. For eg: It is not sufficient to just ask if there is toilet. It is important to explore, is it functional? Is it clean? Is there water available for the toilets etc.
4. Compulsory Project: Student teachers are given an assignment to outline the objectives and components of the Mid Day Meal and School Health Programmes and write a reflective piece on the role a teacher can play related to children's health and programme responsiveness in the school context. Student teachers during the SIP are to record observations using tools developed as well as creative methodologies to capture children's perceptions regarding Mid Day Meal to reflect on the health programmes operating in school. The idea is to observe and comment on various aspects of the MDM programme such as quantity, quality, distribution system, 'culture of the programme' and also give legitimacy to children's perceptions on the MDM. For e.g.; What they like, don't like of the MDM, what they eat before school, are they able to study if they are feeling hungry etc. These are explored not through interviews but through creative worksheets which the children fill out. Such methodologies are part of the readings mentioned for Unit III and should be made with the guidance of the teacher educator before SIP.

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

Expertise/ Specialization required to teach the course: Master's or M.Phil degree in Physical Education *or* Master's or M.Phil degree in Public Health/Community Health *or* Social Work *or* a Masters in Sociology/child development/psychology with an understanding of school and public health.