



Children's Physical and Emotional Health,
School Health and Education-1

Mita Deshpande (JNU, New Delhi)

Workshop with DIET Faculty,
SCERT, Haryana
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Children's Physical and Emotional Health, School Health and Education I

- Critical Opportunity
- Based on the National Curriculum Framework (NCF)
- Ground Study and Felt Needs of Teachers, Children
- Health and education-reciprocal relationship
- Health and well being- holistic understanding
- Long term view- meaningful for children, teachers and teacher educators
- Key role for health and physical education teachers
- Empowering for teachers
- Empowering in the long term for the subject and teachers of physical education and health.

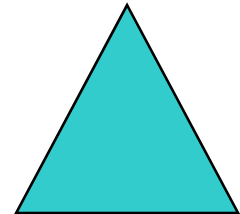


Discussion on Conceptual Issues
that form the
Foundation/rationale of the course



Discussion

- What is health? Well-being?
- Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity
- Poverty and Health, Inequality and Health
- Caste- Gender and Health
- Health- physical, social, mental/emotional aspects
- Web of causation
- Host- germ- environment





Health ←-----→ Education

- Education has a role to play in health-widely recognised
- Impact of health/ill-health on education?
- Health is a necessary condition for learning apart from being a basic right of every child.
- Enrolment
- Attendance, transition, completion and learning outcomes



Through the Life Cycle of children: Factors that Facilitate/Impede Successful Primary School Completion

V. Ramachandran et.al

- Barrier or Facilitator (Snakes and Ladders)
- Chronic illness, malnutrition, childhood disability- direct impediment to participation in school
- Capacity for processing, structuring, classifying information, ability to ask and answer appropriate questions, short term memory, levels of alertness and concentration –adversely affected by health and nutritional deficits.



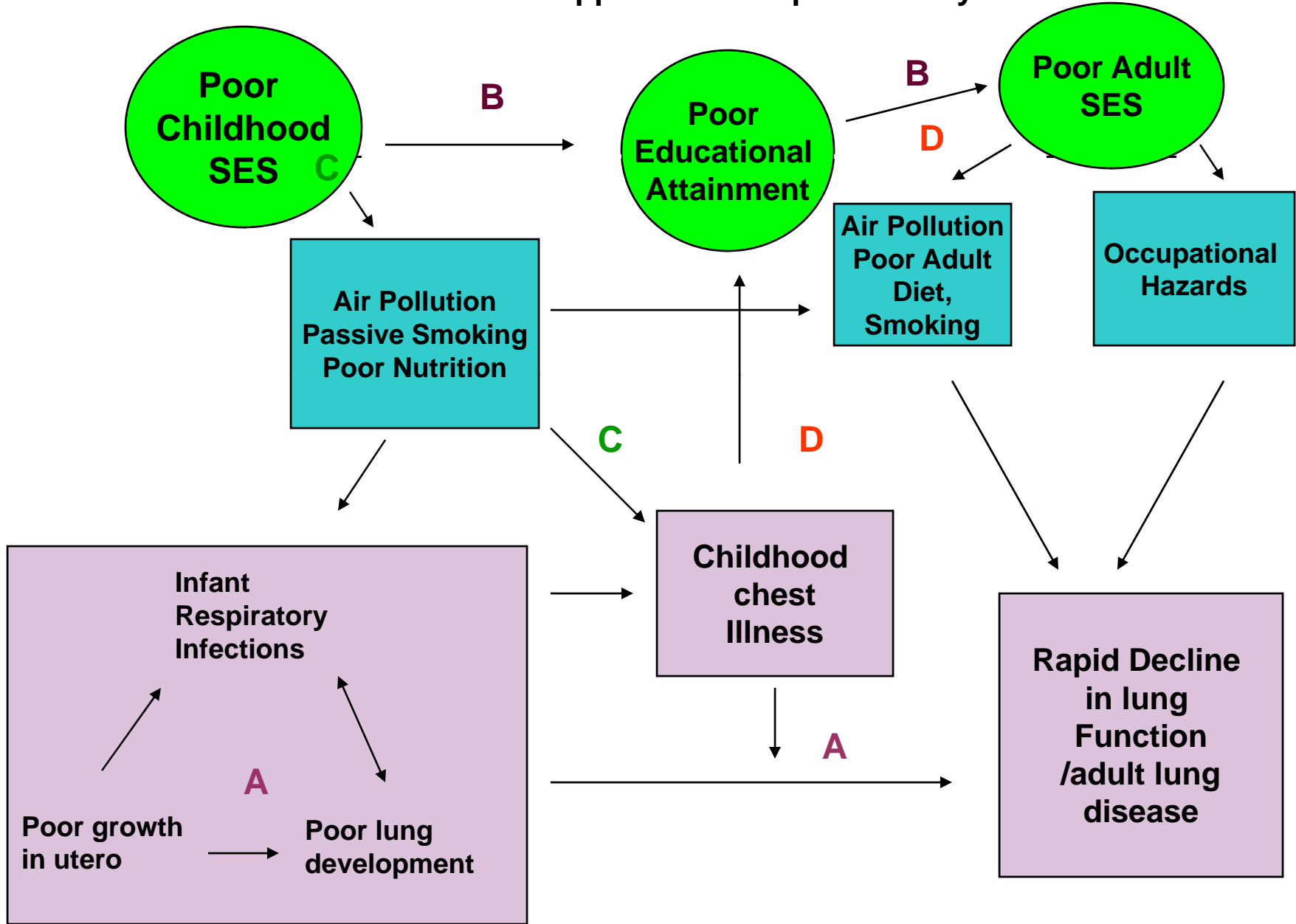
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- Malnutrition even in a mild form can dull motivation and curiosity, reduce the child's exploratory play and interaction with care givers thus restricting the child's psychosocial development.
 - Inadequate nutrition- short term hunger/classroom hunger (Dreze and Goyal) affects ability to learn and retain new concepts.



Life Course Approach: *Jeevan Pravah Drishtikon*

- To understand the long term effects on chronic disease risk of physical and social exposures at gestation, childhood, adolescence, young adult life and late adulthood.

Life Course Approach: Multiple Pathways





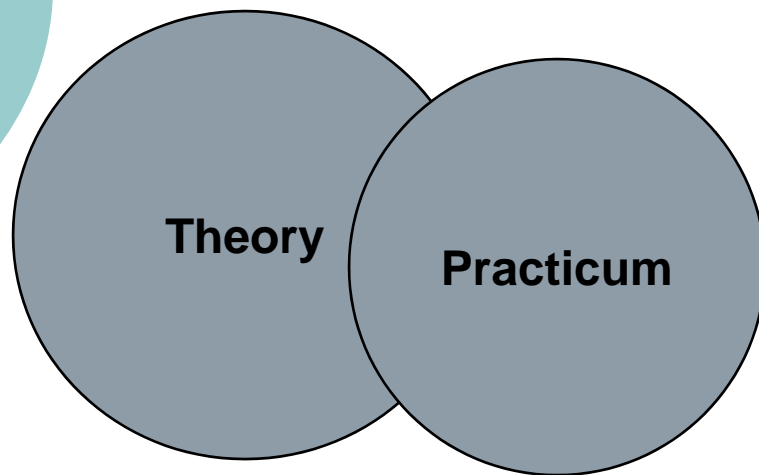
Children's Physical and Emotional Health, School Health and Education- I

Course Features

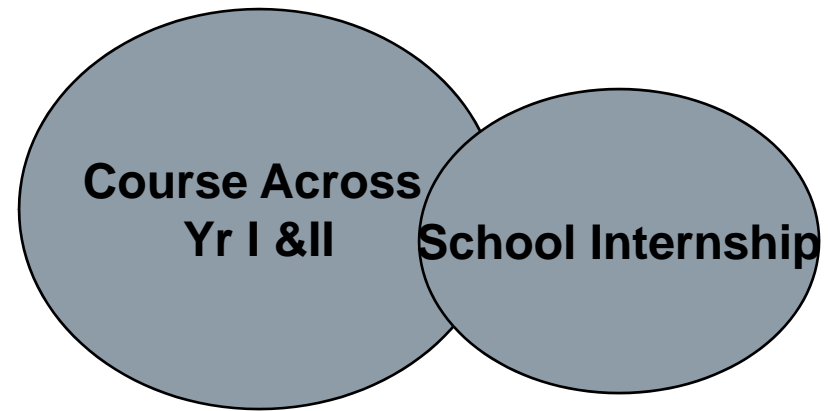
- Year I- Maximum Marks: 30 (Internal- 15; External- 15)
- Student Contact Hours: 50
- Mode of Transaction: Discussion based lectures, workshops as well as practical work in the form of group work, hands on exercises/activities and assignments.
- Course focuses on building perspectives, information and skills regarding children's health and well-being.



Structural Aspects



Theory and Practical Units
are knitted together



Course integrates some practical work
with the School Internship Programme (SIP)



Rationale

- The reciprocal relationship between education and health forms the core rationale. (therefore engagement with health is essential and critical for education)
- Understanding children's health needs across domains- physical, social, emotional.
- Student teacher will understand children's health and health communication in socio-economic and cultural context and be equipped with perspectives, sensitivities and skills to engage with health concerns.



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- Teacher's role has inherent in it the role of a health worker
 - Sensitive to child's context; impacts attitudes to inclusion
 - Public Health imagination in education is empowering for teachers and gives them a voice for dissent/raising issues.
 - Process of reflection on health and well-being of the teacher herself.



Specific Objectives

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



Running Thread of the Course

- Need for the student teacher to understand that health and education are reciprocally linked.
- Engagement by teachers 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.



- **Unit 1: Understanding Health and Well- Being**
- **15 Hrs. 09 Marks (04 External + 05 Internal)**
- The meaning of health and well-being
- Biomedical versus social health models
- Understanding the linkages between poverty, inequality and health
- Social determinants of health- stratification structures, food, livelihood, location, sanitation, access to health services etc.

- **Unit 2: Understanding Children's Health Needs**
- **15 Hrs. 09 Marks (05 External + 04 Internal)**
- Reciprocal Linkage between Health and Education
- Life Course Approach
- Childhood Health Concerns, Hunger and Malnutrition- meaning and measures and country/state data
- Morbidity Mapping- Methods, observation, daily notes
- Methods to understand children's health perceptions and self assessment of health

- **Unit 3: Health of Children in the Context of School**
- **20 Hrs. 12 Marks (06 External + 06 Internal)**
- Mid Day Meal and School Health Programme: Rationale, Objectives, Components, Functioning,
- Measuring the 'Health of the School': Issues of Water, sanitation, toilets etc.
- Role of the teacher and engagement with the programmes
- Capturing children's perceptions on food, work, play, Mid Day Meal etc



Course Outline

○ Year I

- Understanding Health and Well-Being
- Understanding Children's Health Needs
- Health of Children in the Context of School

○ Year II

- Developing a critical perspective towards health education and Building knowledge and skills for health education
- Understanding emotional health needs, diversity and inclusion
- Yoga education
- Topics in Physical Education: physical fitness, tournaments and selected sports and athletics activities



Unit 1: Understanding Health and Well- Being

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



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- 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:

- 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/Assignment

- 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.).
- 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

- Objectives:
- To understand children's health concerns and also methods to understand these in the school context.
- To introduce the life course approach to health
- To understand the reciprocal linkage between health and education



Topics to be covered:

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

- 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)
- 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.
- 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)
- Deshpande, M., R.V. Baru and M. Nundy, (2009). *Understanding Children's Health Needs and Programme Responsiveness*, Working Paper, New Delhi: USRN-JNU



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

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.



Topics to be covered:


Workshop Mode

- 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:

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



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

- 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)
- *Aao Kadam Uthaein: Ek Sahayak Pustika*, USRN-JNU, New Delhi. (A resource tool/book for schools to address issues of health infrastructure and programmes)
- 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)



Project Work:

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.



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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.

	Sanga Vihar	Chanda Hola	Mehrauli Dargah	Devli Gaon	Ambedkar Nagar	R.K. Puram	Kusumpur Pahari
Toilets							
As per norms?	1	2	1	1	1	1	1
Separate for boys and girls	2	2	2	2	2	2	2
Water supply in toilets	1	2	1	1	2	2	2
Cleanliness	1	2	2	1	2	2	1
Functional or not	1	2	2	1	2	2	2
Latrine Locked? Access	1	2	2	1	2	2	2
SUB TOTAL FOR TOILETS	7	12	10	7	11	11	10



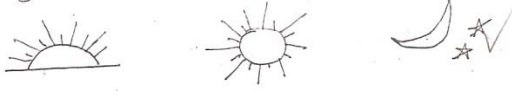
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4. **Compulsory Project:** Student teachers are given an assignment to outline the objectives and components of the Mid Day Meal and School Health Programmes and write a reflective piece on the role a teacher can play related to children's health and 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.

1. नाम : आरती
2. कक्षा - VH
3. मेरे दोस्त - पूजा
4. मैं स्कूल आता हूँ क्योंकि पढ़ने आता हूँ

5. मैं बैंगन खाना खिलना पसन्द करता हूँ।

6. मुझे समोसा और आम और केल सब खाना पसन्द है।

7. मुझे ज्यादा भूख कब लगती है -



8. मुझे स्कूल का खाना कैसा लगता है -



9. स्कूल में सबसे ज्यादा पसन्द खाना -
राजमा - चावल

नहीं पसन्द असु पुरी

10. स्कूल आने से पहले मैं चाय पीते
खता हूँ।

11. स्कूल से जाने के बाद मैं शेड़ी सबजी

12. स्कूल में मेरा पेट भरता है किना ?



13. मेरा स्वास्थ्य कैसा है



14. मुझे दमकाँ पुगर

बिमारी होती है,

15. घर में शर्करा ज्यादा खिमार
होते हैं,

16. बिमार होने पर हम डॉक्टर की पास जाते हैं डॉक्टर

17. मैं स्कूल पसन्द करता हूँ क्योंकि सोना

18. स्कूल में पानी नहीं है

अच्छा नहीं लगता,

नाम सुषमा कुमारी
कक्षा ४ अ

जेद्दा लगाता



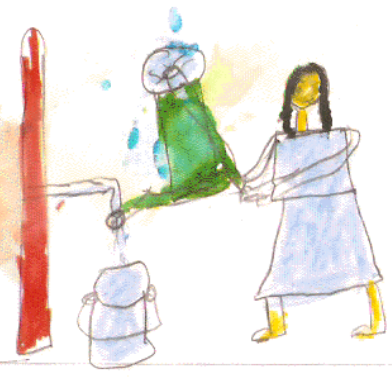
इथ लाता



वर्तम घेता



पात्री भरता









Findings from School Health Study

Morbidities/Illness Conditions

- Based on School Health Programme Records, Teacher Interviews and Children's worksheets
- More than 75% avg. children checked had some illness/morbidity. Vertical programmes within SHS so some problems may go undetected.
- Illness conditions (SH records): Eye related- vit A deficiency, xerosis, bitots spots, defective vision
Anemia- girls and boys
dental caries, worms, Upper respiratory infections

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- Many conditions detected had no referral- eg. burns, cardiac problems, hearing and speech problems, eye conditions etc.
 - Morbidities high but referral and follow up low
 - Nutrition related morbidities- Anemia, Vitamin A def (Can this feed into MDM?)
 - Teachers Reports: malnutrition, 'sust', skin conditions, stomach related and seasonal illnesses- flu etc.

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- Children's perceptions: health: good, ok or bad- we find that self assessment avg across schools would be 'ok'
 - Illnesses reported: coughs, fevers, headaches, stomach ache, uli-dast, weakness, leg ache
 - Specific: asthma, chest pain, 'man accha nahi lagta' etc.



Disabilities- Emotional

- Identified more by teachers than in School Health Records
- Issue of how to handle children who may be suffering from emotional and mental health issues
- Can the SHS address these- The need for a Counselor/Psychologist/Special Educator

School Infrastructure Issues

1	2	3	4	5	6	7
<ul style="list-style-type: none">○ Toilet○ Water○ Playground	<ul style="list-style-type: none">○ Water○ Monkeys○ Playground	<ul style="list-style-type: none">○ Toilets-○ Water	<ul style="list-style-type: none">○ Boundary Wall○ Playground	<ul style="list-style-type: none">○ Toilet cleanliness	<ul style="list-style-type: none">○ Teacher's posts vacant○ Waterlogging○ Toilet○ Building○ Playground	<ul style="list-style-type: none">○ Toilet cleanliness○ Playground safety



Mid Day Meal

- Children's Perceptions:
- Issue of Hunger- majority across schools come with only tea and fen/rusk
- Stomach full, half, less than half
- Foods liked- fruits, vegetables, nutritious meal items



Children's Perceptions

○ Items liked

- Poori alu
- Chole chawal
- Rajma Chawal

○ Items Disliked

- Peele chawal
- Hard poori
- Ghuti hui or smell in rice
- Halwa

School Health Services

Structure/Admin Issues

- Marginal neglected position
- Staff Shortages
- Model
- Transport
- Link with Education department and MDM

Culture of Programme

- School Prog. Relationship
- Attitude of Doctors and PHN's
- Teachers Role
- Fear and Trust

Contents

- Conceptualization
- Vertical, Narrow
- Health education
- Health records and Card
- Malnutrition
- Emotional Well-being
- Disabilities

Access and Referral

- Zonal clinics Use low
- Referral linkages Weak
- Gaps- emotional and physical disabilities
- Addictions
- Child Abuse and Violence
- First Aid and emergency Responsiveness



Culture of the Programme

- **Relationships**
- **Attitudes**
- **Values**
- **What is the role of the Teacher?**
- **-in School Health**
- **-in Mid Day Meal**



What can a teacher do...

- Understanding Health and Well-Being
- Finding out why a child is absent
- Tracking illnesses, malnutrition-keeping a record
- Talking about health in class, with other subjects, relating to child's life
- Being involved with Sch Health staff, checking attitudes, discrimination
- Follow up



What can a teacher do...

- Checking the mid day meal- quantity, quality
- Where do the children sit? Where do they eat? Who distributes? How is the distribution?
- Do the teachers eat with children?
- Chance to bridge social gaps
- Cleanliness, hygiene- by action and example















What can a teacher do...

- School's Health Report Card
- Water?
- Toilets?
- Playground?
- Building?
- Infrastructure



What can a teacher do...

- How are we relating to Children?
- Punishment?
- Mita.deshpande@gmail.com
- 09873217771
- www.eledu.net