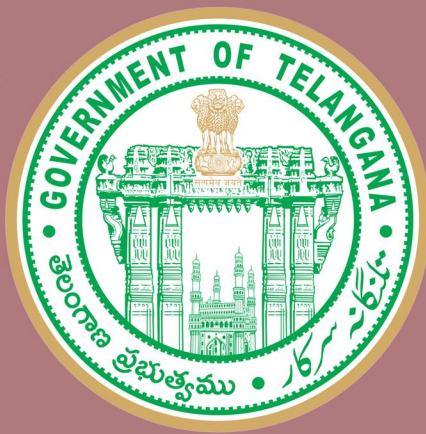


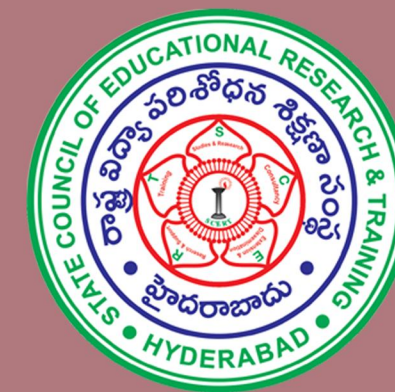
**State Curriculum Framework-2011**

**Position Paper  
on**

**Health & Physical Education**



**School Education Department  
Telangana, Hyderabad.**



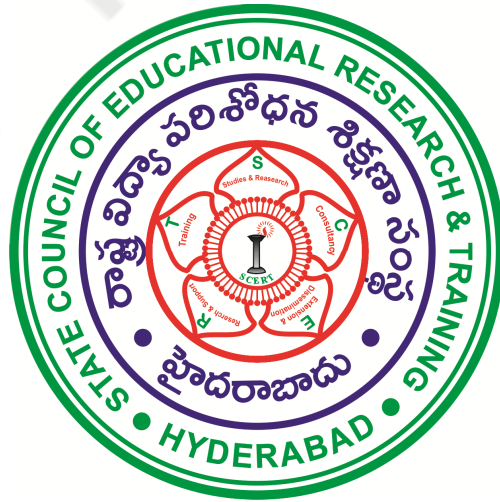
**State Council of Educational Research & Training,  
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# State Curriculum Framework-2011

*Position Paper*

*on*

**Health & Physical Education**



**State Council of Educational Research & Training,  
Telangana, Hyderabad.**

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Telangana, Hyderabad.

## **Vision of the State**

*The vision of the State is that ALL children should receive high quality education and become responsible citizens with an acute sense of the other. They should be aware of their environment and think about it critically. They should listen carefully and speak fearlessly. They should be able to understand what they hear and read; but they should also be able to question it. Teachers should promote these skills, provide meaningful teaching learning processes in natural and friendly environment that enable children to express themselves freely and ask questions. Teachers are collaborative learners and reflective practitioners. Parents and community should have a sense of ownership and participate in the life of the school. In a world which is becoming increasingly instrumental, materialistic and competitive, school should become a space for reflection, cooperation and promotion of human and ethical values.*

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## *Executive Summary*

This position paper focuses on health and physical education. It also analyses the present status of implementation of health and physical education and suggests strategies for effective implementation. This discussion focuses on health education, physical education including yoga, games and sports and their place in the school curriculum and practices. Children's health is an important concern for all societies since it contributes to their overall development. Health is not just an aim of life; it is the means of life. Health, nutrition and education are important for the overall development of the child and these three inputs need to be addressed in a comprehensive manner. The practice of Physical Education activities in school is expected to lead to sound health among the children. Health is not merely the absence of disease but includes parameters such as access to basic needs like food, safe water supply, housing, sanitation, and health services. Health is a multidimensional concept because it is shaped by biological, social, economic and cultural factors. Health education is the sum of all experiences which favorably influence habits, attitudes and knowledge relating to individual, community and social health. Health education in school includes healthful school living, health instruction, and health service.

The school years are a formative period in the lifespan of a human being. It provides an ideal setting for improving the knowledge, self esteem, life skills and behavior. In addition, schools can also provide an opportunity for introducing health related information to the children. School health has been recognized as a significant public health tool for several decades.

Physical Education is the cultivation of the powers and capabilities of the student as it will enable him to maintain his bodily condition in the best working order, while providing at the same time for the greater efficiency of his intellectual and spiritual life. Physical education including Yoga, games and sports aims at developing an all round personality of the child. It contributes not only to the physical development of the child but have positive impact on psycho-social and mental development as well. **Sports are not only essential but also indispensable for an all-round development of the youngsters.** Physical education plays a critical role in educating the whole student.

The benefits of physical education can affect both academic learning and physical activity patterns of students. The healthy, physically active student is more likely to be academically motivated, alert, and successful. In the preschool and primary years, active play may be positively related to motor abilities and cognitive development.

We should not forget children with disability while thinking of physical education; they need physical exercise and sports as much as others. Every possible effort should be made to organize events in all possible formats. There should be events in which they would participate with other children while there will also be events exclusively organized for children with disability. The point is that cultural and sports dimensions are as important for them as they are for other children. Physical activity has a positive impact on cognitive ability, tobacco use, insomnia, depression and anxiety.

In order to transact the curriculum effectively it is essential to ensure that the minimum essential physical space and material equipments are available in every school, and that the doctors and medical personnel visit the school regularly. Teacher preparation for this area needs well-planned and concerted efforts. This subject area, consisting of health education, physical education including yoga must be suitably integrated with the elementary and secondary pre-service teacher education courses. Therefore it is recommended that this area must be a compulsory subject up to the tenth class and be treated on par with the core subjects so that students wishing to opt for it can do so in lieu of one of the five subjects for the board exams at the end of Class X.

Physical education including yoga, games and sports should be given appropriate place in the school timetable. It should become an integral part of school processes. Health Education of children is a combined responsibility of home, community and the school. Health Education in the school should form a part of the mainstream programmes of the school contributing to the development of a right attitude among children towards health and inculcation of good health habits in them.

Teacher preparation at different levels is mandatory and refresher courses must be made available for in service teachers at least once in five years for their professional growth with appropriate incentives. Resource material should be made available to the pre-service and in-service teachers to enhance their knowledge of the subject. As already pointed out, specially trained tutors practicing Yoga would be required for the yoga classes. The evaluation for this area has been divided into theory and practical with 70 percent for the former and 30 percent for the latter. The Committee has reviewed this and was of the opinion that this needs to be changed, since the health aspect needs continuous and qualitative assessments. This area must be a compulsory subject up to the tenth class and be treated on par with the core subjects so that students wishing to opt for it can do so in lieu of one of the five subjects for the board exams at the end of Class X. At the plus two level, it may be offered as an elective subject. The nomenclature for the subject shall be “Health and Physical Education” across the different levels of schooling.



## Chapter I

### HEALTH EDUCATION AND PHYSICAL EDUCATION

#### 1.0 Introduction

“We are guilty of many errors and many faults but our worst crime is abandoning the children, neglecting the fountain of life. Many of the things we need can wait. The child cannot. Right now is the time his bones are being formed, his blood is being made, and his senses are being developed. To him we cannot answer 'Tomorrow.' His name is 'Today.’” (Gabriela Mistral, Chilean poet, 1889-1957). This implies that the early period where the child is developing into a young person is essentially critical. The precondition for all development is healthy physical growth of all children. This requires that the basic needs in terms of adequate nutrition, physical exercise and other psycho-social needs are addressed. Participation of all children in free play, informal and formal games, and sports activities is essential for their physical and psycho-social development.

#### 1.1 Health and health Education

Health is important for the physical development of any individual. Health is a multidimensional concept because it is shaped by biological, social, economic and cultural factors. Health is not merely the absence of disease but is influenced and shaped by the access to basic needs like food; safe water supply, housing, sanitation and health services. Health, according to the World Health Organization of the United Nations, ‘is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity’. Being healthy does not simply mean the ability to lead a socially and economically productive life. In modern times, it has also to be viewed from spiritual, emotional, vocational, philosophical, cultural, environmental, educational, nutritional, curative and preventive dimensions also.

##### **Concept of Well-being**

The WHO definition of health introduces the concept of "well-being". The question then arises: What is meant by well-being? As a matter of fact, there is no satisfactory definition of the term "well-being".

##### ***Standard of Living***

The term 'standard of living' refers to the usual scale of our expenditure, the goods we consume and the services we enjoy. It includes the levels of education, employment status, food, clothes, house, amusement and comforts of modern living.

### ***Level of Living***

The parallel term for standard of living used in United Nation's documents is 'level of living'. It consists of nine components: 1. health, 2. food consumption, 3. education, 4. occupation and working conditions 5. housing, 6. social security, 7. clothing, 8. recreation and 9. leisure and human rights. These objective characteristics are believed to influence human well-being. It is considered that health is the most important component of the level of living, because its impairment always means impairment of certain level of living.

### ***Quality of life***

A recent definition of quality of life is as follows: "A composite measure of physical, mental and social well-being as perceived by each individual or by a group of individuals - that is to say, happiness, satisfaction and gratification as it is experienced in such life concerns as health, marriage, family work, financial situation, educational opportunities, self-esteem, creativity, belongingness, and trust in others".

#### **1.2 What is Health Education?**

- Health education is a social science that draws from the biological, environmental, psychological, physical and medical sciences to promote health and prevent disease, disability and premature death through education-driven voluntary behaviour change activities.
- Health education is the development of individual, group, institutional, community and systemic strategies to improve health, knowledge, attitudes, skills and behaviour.
- The purpose of health education is to positively influence the health behavior of individuals and communities as well as the living and working conditions that influence their health.

#### **1.3 Why is Health Education Important?**

- Health education improves the health status of individuals, families, communities, states and the nation.
- Health education enhances the quality of everyone's life.
- Health education reduces premature deaths.

- By focusing on prevention, health education reduces the expenditure (both financial and human) that individuals, employers, families, insurance companies, medical facilities, communities, the state and the nation would spend on medical treatment.

India has registered some progress in improving life expectancy at birth and in reducing Infant and Maternal Mortality Rates (IMR and MMR) over the last few decades. These achievements are to a great extent attributable to our efforts in creating a public health infrastructure and improving access to primary health care. But given the present IMR and MMR rates and the rather slow progress in recent years, much more needs to be done.

Children's health is an important concern for all societies since it contributes to their overall development. Health, nutrition and education are important for the overall development of the child and these three inputs need to be addressed in a comprehensive manner. There are social, cultural, and economic and lifestyle factors like income, poverty, employment, occupation, social support, the type of work etc. affecting health. Amongst all factors, lifestyle factors can be properly managed through education.

Health education is the sum of all experiences which favorably influence habits, attitudes and knowledge relating to individual, community and social health. Health education in school includes healthful school living and health instruction, and health service. All these are given and practiced in the course of school experiences. If the health is a state of complete physical, mental and social well-being of an individual, education makes it possible. Therefore health and education are the integral part for the overall development of the child.

### **Sex and Sexuality issues**

There is also a growing realization that the health needs of 11 to 14 years adolescents, particularly their reproductive and sexual health needs, require to be addressed. Since these needs predominantly relate to sex and sexuality, which is culturally a very sensitive area, they are denied any discussion of these topics. There is a need to provide children accurate and authentic information and help them to construct knowledge and acquire life skills, so that they cope up with the concerns related to the process of growing up, counter stress and strains and cope with examination and other kinds of stress.

The school years are a formative period in the lifespan of a human being. It provides an ideal setting for improving the knowledge, self esteem, life skills and behavior. In addition, schools can also provide an opportunity for introducing health related information to the children. It is thought that by coordinating education and health services and promoting healthy environment, schools would become one of the most efficient means of improving the health status of the community.

Over the past 70 years school health programmes have evolved from a narrow concept of medical examination of children to comprehensive health care of children. Universally three areas are recognized to be its integral components – health services, health education and a healthy environment. Several models of school health have been successfully tried by various agencies. Most of such programmes have found children to be effective ambassadors and change agents for their peers and communities.

School health has been recognized as a significant public health tool for several decades. Yet, it has never been given due importance in health care planning. Most of the government runs school health programmes do not practically go beyond annual or bi-annual checkups. Education departments consider school health activities as impediment in their curricular activities. However, school health can help children to achieve their full physical and mental potential, complete schooling, find jobs and become socially and economically responsible adults. They will be much more receptive to the health education and facilitate community health.

#### **1.4 Physical education**

One essential part of being healthy is being physically agile and fit to the best of one's capability. Physical Education is the cultivation of the powers and capabilities of the student as it will enable him to maintain his bodily condition in the best working order, while providing at the same time for the greater efficiency of his intellectual and spiritual life.

Physical education including Yoga, games and sports aims at developing an all round personality of the child. It contributes not only to the physical development of the child but have positive impact on psycho- social and mental development as well. Playing games and sports have positive impact on individual self esteem, promotes better interaction among children, imparts values of cooperation, sharing and to deal with victory and defeat. It also contributes to flexibility and muscular fitness and corrects postural defects among school children. Yoga is a form of life. To practice yoga it requires lot of conditions, like different food habits, sitting postures should be

different etc., Yoga is a form of discipline. It may not be practiced in its true spirit in the schools; it demands a teacher who not only knows yoga but also practices yoga. In this paper, whenever we talk of physical activity and sports, it subsumes Yoga.

Participation in games and sports gives lot of joy and active engagement of mind and body. Sports are necessary for developing a healthy and strong body. Body is a means and a very essential means of living. If the body is weak and unhealthy it is not possible to live a happy and useful life. Besides promoting health and strength, sports strengthen the students' power of endurance and develop in them a spirit of co-operation and brotherhood. They promote discipline, sense of fair play and team spirit. Young boys and girls are trained to accept defeat with a smile and preserve humility even in victory. Sports are the greatest and the healthiest means of refreshment and recreation. They fill the students with new vigour, vitality and enthusiasm, which will help them to concentrate more on their studies. ***In short, sports are not only essential but also indispensable for an all-round development of the youngsters.***

Physical education plays a critical role in educating the whole student. Research supports the importance of movement in educating both mind and body. Physical education contributes directly to development of physical competence and fitness. It also helps students to make informed choices and understand the value of leading a physically active lifestyle.

The benefits of physical education can affect both academic learning and physical activity patterns of students. The healthy, physically active student is more likely to be academically motivated, alert, and successful. In the preschool and primary years, active play may be positively related to motor abilities and cognitive development.

As children grow older and enter adolescence, physical activity may enhance the development of a positive self-concept as well as the ability to pursue intellectual, social and emotional challenges. Throughout the school years, quality physical education can promote social, cooperative and problem solving competencies. Quality physical education programs in our nation's schools are essential in developing motor skills, physical fitness and understanding of concepts that foster lifelong healthy lifestyles.

We should not forget children with disability while thinking of physical education; they need physical exercise and sports as much as others. Every possible effort should be made to organize events in all possible formats. There would be events in which they would participate with other children while there will also be events exclusively organized for children with disability. The point is that cultural and sports dimensions are as important for them as for other children.

## **1.5 Benefits of Physical Education**

### ***a) Physical Benefits***

Physical education is unique to the school curriculum as the only program that provides students with opportunities to learn motor skills, develop fitness and gain understanding about physical activity. Physical benefits gained from physical activity include: disease prevention, safety and injury avoidance, decreased morbidity and premature mortality, and increased mental health. The physical education program is the place where students learn about all of the benefits gained from being physically active as well as the skills and knowledge to incorporate safe, satisfying physical activity into their lives.

### ***b) Cognitive Benefits***

Children learn through a variety of modalities (e.g., visual, auditory, tactile, physical). Teaching academic concepts through the physical modality may nurture children's kinesthetic intelligence.

Academic constructs have greater meaning for children when they are taught across the three realms of learning, including the cognitive, affective and psychomotor domains. Greater depth and relevance can be achieved when the subject matter constructs are related to each domain of learning. Research has demonstrated that children engaged in daily physical education show superior motor fitness, academic performance, and attitude towards school versus their counterparts who did not participate in daily physical education. Physical education experiences also offer a unique opportunity for problem solving, self-expression, socialization, and conflict resolution.

### ***c) Affective Benefits***

Physical competence builds self-esteem. Quality physical education programs enhance the development of both competence and confidence in performing motor skills. Attitudes, habits, and perceptions are critical prerequisites for persistent participation in physical activity. Appropriate levels of health-related fitness enhance feelings of well being and efficacy.

### ***d) Physical Activity Improves the Quality of Life***

Regular physical activity improves functional status and limits disability during the middle and later adult years. Physical activity contributes to quality of life, psychological health, and the ability to meet physical work demands. Physical education can serve as a vehicle for helping students to develop the knowledge, attitudes, motor skills, behavioral skills, and confidence needed to adopt and maintain physically active lifestyles. The outcomes of a quality physical education program include the development of students' physical competence, health-related fitness, self-esteem, and overall enjoyment of physical activity. These outcomes enable students to make informed decisions and choices about leading a physically active lifestyle.

In early years children derive pleasure from sensations and consequences of movement and they experience challenge and joy as they sense a growing competence in their movement ability. Evidence suggests that the level of participation, the degree of skill, and the number of activities mastered as a child directly influences the extent to which children will continue to participate in physical activity as an adult.

### **1.6 Relation between Health and physical Education**

The mind and the body are not two separate entities. Health is "Soundness of body and mind". Development of physically, mentally, emotionally and socially fit citizens is possible through the medium of physical activities such as playing games, sports and other activities which involves joy and physical labour. These activities develop stamina, fine and gross motor skills and dexterities, self awareness and control and coordination in team games. Therefore health and physical education are the two fundamental issues of the child development.

### **1.7 How it relates to education?**

To address issues related to health and physical education in the process of education, first let us examine present conditions. Recently studies on school children Curriculum have shown that they are prone to regular illness due to malnutrition and communicable diseases. Any survey of statistical data reveals that society today and specifically the youth are facing an onset of early diseases related to habits acquired during childhood; they often have a profound impact on their later life. Obesity at childhood is an epidemic which is also the result of a decline in regular physical activity. Many of the present health problems, consequently, cannot be controlled

without the individual understanding these problems and assuming personal responsibility for preventing or correcting them.

It is largely a matter of personal living – diet, cleanliness, sleep, rest, safety, exercise, recreation, emotional health, family health and the use of health services. Physically active and educated children are more likely to thrive academically and socially. Through effective health and physical education, children learn how to incorporate safe and healthy activities into their lives. Physical activity has a positive impact on cognitive ability. Learning becomes a joyful activity. But because of over-emphasis on academic aspects in the school timetable the place for physical education activities such as games and sports disappeared. Prolonged school hours made the child sit at one place and listen to the teacher. This hampering of their physical development also affects their health. It is leading to depression, anxiety, fear and also emotionally imbalanced personalities. If the process of education does not relate physical and health components, the goal of education for the overall development the child is not fulfilled.



## Chapter II

### Health and Physical Education in Andhra Pradesh

We need to examine the status of Health and Physical Education in Andhra Pradesh to design proper health and physical education programmes in the curriculum.

#### 2.0 Curriculum and Text Books

Since independence health education and physical education were included in the curriculum separately as non-scholastic subjects. Based on NPE – 1986 a very good syllabus was prepared in Health Education and Physical Education. Text books based on the syllabus were not developed. But some aspects of health education were dealt in Environmental Studies (mainly personal hygiene – primary level), General Science (vaccination, care of sense organs – upper primary level) and Biology (nutrition, malnutrition and diseases – secondary level).

The recommendations of Bhore Committee to School health service was not taken into consideration in Government run institutions of Andhra Pradesh. But some private institutions have catered to the health needs of the school children.

It is noteworthy that Nilofer Hospital in Hyderabad, and Nandi Foundation, an NGO, are striving for the health of school students within their limits.

#### 2.1 Place in School time table

From classes I to X, periods were allotted to these subjects in the timetable. But these periods were taken away by the teachers handling scholastic subjects. Many of the schools do not have Physical Education Teachers (PETs). Wherever PETs are there the teacher pupil ratio is more than 1: 200. School health coordinators, guidance counselor posts are not sanctioned to the schools. Besides this the teachers who are interested in the subject do not find adequate facilities in the schools.

“Healthful school living” has become a dream to our children in schools. They are so much pressurized in scholastic subjects, that the psycho-social aspects of their personality are hindered. The officials are very much interested in scores of the students rather than their personality.

#### 2.2 Nutrition component through Mid-Day-Meal (MDM) Programme

Mid-day meals in all the Government and Aided Elementary Schools are being implemented to meet the nutritional needs of students. MDM is provided up to Class X students. This is the unique feature of the state. This has got a positive impact in enrolment, retention and also performance of the student (S.C.E.R.T., A.P. Study, 2006)

#### 2.3 Jawahar Bala Arogya Raksha (JBAR): A School Health Programme

Andhra Pradesh School Education Department in consultation with the Health & Medical Department designed a school health programme called Jawahar Bala Arogya Raksha (which is also called the Child Holistic Improvement Programme, **CHIP**). It was launched on 14th November, 2010. Its aim is to promote good health amongst school children. It focuses on prevention of illness, promote health and well being of school children. It also awakens the health consciousness in the children leading to provision of healthful environment. *The details of this programme are appended.*

### **Components of JBAR**

Drawing from the National Rural Health Mission (NRHM) Guidelines for School Health, CHIP will have the following components of health service provision:

- Basic health screening for all school-age children and referral for children requiring specialist care
- Immunization for children ages 5, 10 and 15 years
- Micronutrient (Vitamin A & Iron Folic Acid) management
- Bi-annual de-worming for all school-age children
- Health education that will enable schools to become institutions for health promotion
- Capacity building of teachers and involved health personnel
- Strengthening of the Mid Day Meal services.
- National Cadet Corps Scouts & Guides are noticed in some high schools. The interventions like Talented Offerings for Programmes in the Sciences (TOPS) programme in Medak district and Panchyat Youth Krida Association (PYKA) are limited in their scope. Very few teachers are aware of PYKA and other associations related to Games and Sports.

### **2.4 Adolescence Education Programme in Schools**

Adolescence Education Programme was introduced as AIDS Prevention Education Programme on 1st of December, 2002 which marks the World AIDS Day in all the Secondary Schools in the State. Initially this programme was taken up by Andhra Pradesh State AIDS Control Society (APSACS) Health Department, UNICEF and Department of School Education. Teachers and paramedical officers were trained by experts on growing up, HIV / AIDS and life skills. These trained teachers and paramedical officers were formed into teams and each team comprising one teacher and one paramedical officer conducted the programme for 9th & 10th class students in ten schools. This programme was conducted in the year 2003 also but it was conducted only by the teachers. Two teachers were selected ( one male and one

female ) from each High school (male teachers for boys and female teacher for girls) and they conducted the programme for 9th & 10th class students in the neighboring school and it was continued in the same way in the year 2004-05.

In the year 2005-06 this programme was named as Adolescence Education programme and was handed over to the Education Department with SCERT as the nodal agency. As per G.O. Ms. No.22 State Core Committee was formed at the State Level with Principal Secretary, School Education, Government of Andhra Pradesh as the chairperson. Adolescence Education Cell in SCERT with the guidance of Director, SCERT and with the co-ordination of APSACS is organizing State Level Trainings Nodal teacher trainings and 16 hour school sessions in the State. This programme is to help inculcating the life skills and to overcome the myths and misconception of Reproductive Health among the students.

Adolescent education mainly focused on the Life skills and gave training to the teachers on these issues. Students were also sensitized to these issues and life skills.

### **What are Life Skills?**

Life skills are those abilities we need to bring in changes in our behavior with a view to solving our challenges efficiently.

Life skills are the abilities necessary for people who want to lead a healthy life, physically, psychologically and emotionally.

According to the explanation provided by UNICEF, UNESCO and WORLD HEALTH ORGANISATION, there are ten life skills that are essential for leading healthy life.

- Self-awareness
- Decision making
- Creative thinking
- Critical thinking
- Problem Solving
- Mutual relationship between people
- Making effective communication
- Empathy
- Coping emotions and feelings
- Negotiation

## Chapter III

### HEALTH AND PHYSICAL EDUCATION – CURRICULUM

#### 3.0 Need of Health & Physical Education in School Curriculum

Recently studies on school children have shown that they are prone to regular illness due to malnutrition and communicable diseases. Any survey of statistical data reveals that society today in general and the youth in particular are facing an onset of early diseases related to habits acquired during childhood. Obesity at childhood (urban areas) is an epidemic which is also the result of a decline in regular physical activity.

Many of the present health problems, consequently, cannot be controlled without the individual understanding these problems and assuming personal responsibility for preventing or correcting them. It is largely a matter of personal living – diet, cleanliness, sleep, rest, safety, exercise, recreation, emotional health, family health and the use of health services.

Physically active and educated children are more likely to thrive academically and socially. Children who spent time in physical education in place of a classroom activity performed no worse academically than students not enrolled in physical education. Through effective health and physical education, children learn how to incorporate safe and healthy activities into their lives. Physical activity has a positive impact on cognitive ability, tobacco use, insomnia, depression and anxiety.

Schools serve as an excellent venue to provide students with the opportunity for daily physical activity, to teach the importance of health and physical activity for health and to build skills that support active lifestyles. Unfortunately, most children get little or no time for regular physical activity while in school.

Budgetary constraints and increasing pressure to improve standardized test scores have caused school officials to question the value of physical education and other physical activity programs. This has led to a substantial reduction in the time available for physical education, and in some cases, school-based physical activity programmes have been completely eliminated.

The educational outcomes of health and physical education like other areas of education, should be grouped into four specific qualities namely health and physical

vitality knowledge, positive attitude towards good health and physical vitality positive health practices and effective and appropriate health skills.

Schools can best contribute to the realistic objectives for fitness and vitality by:

- teaching the skills of attaining and maintaining fitness.
- facilitating the development of concepts of fitness.
- teaching recreational “emotional-release’ skills.
- logical thinking and research support the concept that “early learning” is superior to late learning.

### **3.1 Curriculum Design**

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

**Therefore it is recommended that this area must be a compulsory subject upto the tenth class and be treated on par with the core subjects so that students wishing to opt for it can do so in lieu of one of the five subjects for the board exams at the end of Class X.**

Games and sports should be given appropriate place in the school timetable. Resources and services presently available may be used at its optimum level to

organize games and sports and at school level. It should become an integral part of school processes.

The principles guiding this subject area are premised on the understanding that an individual, family and the community influence individual health through systematic and coordinated efforts of a number of inputs. Health Education of children is therefore a combined responsibility of home, community and the school. Health Education in the school should form a part of the routine life of the school contributing to the development of a right attitude among children towards health and inculcation of good health habits in them. The programme should include activities suggested under school health practice as regular part of school activities and life. The objectives and syllabi should reflect the four major themes.

They include:

1. Personal health, physical and psycho-social development
2. Movement concepts and motor skills
3. Relationships with significant others
4. Healthy communities and environments

### **3.2 Pre-requisites for Curriculum Transaction**

There are infrastructural, human resource and teacher preparation inputs that are required for curriculum transaction of the subject “Health Education and Physical Education”. Midday meals within the subject curriculum would mean that adequate physical infrastructure and human resources for cooking and distribution of meals to children. Theory that is taught in other subjects must be reinforced through experiential learning and Health and hygiene education must be treated as an applied area also.

In view of the paucity of resources to buy equipment and also build specialized facilities like swimming pools or football fields it is expected that there would be a pooling and sharing of facilities within a specified geographical area. The facilities managed by government, private and other agencies needs to be shared in order to avoid unnecessary expenditure. Examples of such sharing are available for review and consideration. Open spaces and community centers in rural and urban areas

should be adequately maintained and can be used for health and physical education programmes.

The number of teachers should be proportionate to the number of students and these teachers should be fully at par with other regular subject teachers. Efforts must be made to involve and utilise the services of other teachers who have interest, aptitude and expertise in this subject. In addition to this, parents, alumni, local sports veterans, recognised NGOs having the required expertise and trained medical practitioners are needed to strengthen the human resources. Teacher preparation at different levels is mandatory and refresher courses must be made available for in service teachers at least once in five years for their professional growth with appropriate incentives. Resource material should be made available to the pre-service and in-service teachers to enhance their knowledge of the subject. If any employed teacher has achievements in any game and sport or train students who become state and national athletes they should be duly recognised and offered incentives or rewards.

As already pointed out, specially trained tutors practicing Yoga would be required for the yoga classes.

### **3.3 Evaluation**

The evaluation for this area has been divided into theory and practicals with 70 percent for the former and 30 percent for the latter. The Committee reviewed this and was of the opinion that this needs to be changed. What needs to be identified is the minimum information that a child must have in this area and whether the testing be just based on a written examination or could there be other ways in which the child's knowledge be evaluated. How will co-curricular learning be evaluated? While the skill based component of physical education and yoga could be tested, the health aspect needs continuous and qualitative assessments.

## Chapter IV

### RECOMMENDATIONS

- This area must be a compulsory subject up to the tenth class and be treated on par with the core subjects so that students wishing to opt for it can do so in lieu of one of the five subjects for the board exams at the end of Class X. At the plus two level, it may be offered as an elective subject. The nomenclature for the subject shall be “Health and Physical Education” across the different levels of schooling.
- The major components that have to be included in the school health programme include medical care, hygienic, school environment, school lunch, health and physical education. The School Health Programme has to be a coordinated effort between the education and health departments with the latter providing preventive, curative and promotive services at all levels of schooling.
- The components of the school health programme must be an integral part of ‘Health and Physical Education’. In fact health and nutrition programmes should form the basis for health and nutrition education rather than just focusing on ‘creating awareness’ in children about what they should eat, especially when a large percentage of children do not have access to adequate food. Therefore the mid day meal programme must become a part of the curriculum of this subject along with regular medical check ups and follow up.
- The education department must coordinate efforts with the health department and where the public health services are weak alternative strategies like involving local NGOs and practitioners must be explored.
- For health, and physical education including yoga there needs to be minimum of outdoor and indoor facilities coupled with proper ventilation and sanitation in the class room and school premises at the primary and secondary levels
- Given the interdisciplinary nature of the area there is a need for cross curricular planning and need to be integrated with science, social science, language and other relevant subjects from the primary to senior secondary levels addressing both the theoretical and applied dimensions.



- Science subjects must integrate the health dimensions for topics that are related to health issues.
- There is a need to review the curriculum, syllabus and pedagogy of the teacher's training programme for health, physical education including yoga offered by different colleges, institutions and deemed universities in this area within the conceptual framework
- The group strongly recommends that the curricular area must guide the scope and determine the appropriateness of the design, materials and pedagogy that are prescribed by health programmes as interventions in the school curriculum. This is critical because several of these programmes are tied to external funding and decisions are made at the central and state levels.
- Develop and implement the Health & Physical Education Curriculum that adheres to national and state standards for health and physical vitality based on Child Rights to play, Right to participate, NCF – 2005, RTE – 2009.
- Personnel from School Education department, Health & Medical department and Sports authority of A.P. should be involved in designing the Curriculum.
- The major areas that should be focused in the curriculum include Health Care and Hygiene, Nutrition, Medical check-ups, physical activities, yoga, games, sports and creation of healthy environment.
  - i) At Primary level – Healthy habits, prevention of diseases, simple exercises, local games.
  - ii) At Upper Primary level – Health & Hygiene, Exercises, games, sports and physical exercises including yoga.
  - iii) At Secondary level – Reproductive health, HIV/AIDS, Calisthenics, games and sports (individual and team)
    - Regular periods should be allotted in the time table and adequate facilities including materials, personnel should be provided for its effective implementation in the school (see that lady PET is appointed in Girls school; at least one lady PET in Co-education school).
    - Students should not be allowed to opt out of physical education to prepare for other classes or standardized tests.

- Playground plays a prominent role in organizing some activities of physical education. Every school should have a playground. The recognition of the schools without play ground should be cancelled.
- PYKA funds should be mobilized to organize training, games and sports events.
  - JBAR – programme should be implemented in the right perspective besides encouraging NGOs in this direction.
  - A Cell should be established in SCERT – A.P., to look after the Health and Physical Education.
  - Health clubs should be started in the schools and various activities related to health should be organized like community health programme, immunization, etc.
  - There should be a focus on malnutrition of children especially in rural areas and we need to provide for supplementary diet/ nutrients.
  - At least two games and sports activities should be made compulsory in all schools every day.
  - Efforts need to be made for awareness among the parents/community on the health, hygiene and nutrition issues through demonstrations and films at school point.
  - The role of the headmaster as a leader shall be the key in visioning and implementing health and physical education activities.

### Historical Review

Central Advisory Board in 1944 has put forward a framework for school health services in the Report on Post-War Educational Development in India. This report recommended that school health service should be under the administrative control of the education department.

The Bhore Committee 1946 has spelt out the needs, importance and duties of a school health service which it has recommended for school health programme. According to the Committee, the duties of a school service are :-

1. Health Measures – preventive and curative which include:
  - (a) the detection and treatment of defects and
    - (b) the creation and maintenance of a hygienic environment in and around the school.
  1. Measures for promoting positive health which should include:
    - (a) the provision of supplementary food to improve the nutritional state of the child.
    - (b) physical culture through games, sports and gymnastic exercises and through corporate recreational activities.
    - (c) health education through formal instruction and practice of the hygienic mode of life.

In 1958, the school health division was established in the Ministry of Health Welfare in order to strengthen health education programmes for young people.

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.

In mid 1995, the Government of India launched a new Centrally Sponsored Scheme, the National Programme of Nutritional support to Primary Education. Under this programme, cooked Mid-Day Meals were to be introduced to all Government and Government Aided Primary Schools across States. Even after this states did not implement this programme but following the Supreme Court's Judgement of 28th November, 2001 direction to all State Governments to introduce mid-day meals in primary school within six months is a step towards dealing with hunger in classrooms.

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 behavior among children. The policy suggests that school health programme 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' behavior. 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 Curriculum 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 education. It advocates a holistic definition of health within which physical education contribute to the physical, social, emotional and mental development of a child. Under nutrition 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 checkups be made as part of the curriculum and education about health be provided which address the age specific concerns at different stages of development.

## *Appendix – II*

### **Guidelines for Planning Curriculum and Syllabi**

The guidelines for planning the curriculum and syllabi for health and physical education are given below.

#### **Objectives**

##### **a) Overall Objective**

To provide the required theoretical and practical inputs in order to provide an integrated and holistic understanding of health, disease and physical fitness among children at the primary, secondary and senior secondary levels.

##### **b) Specific Objectives**

1. To help children learn and become aware of health – the different ways in which it is defined, to develop a positive attitude towards health, as individuals and be collectively responsible to achieve it.
2. To provide the requisite services through the school health and nutritional programmes for improving the health status of children
3. To help children become aware of appropriate health needs at particular age(s) through information and communication. To encourage them to learn desired skills and form right habits about food, exercise, sleep, rest and relaxation in their everyday life.
4. To help children know and accept individual and collective responsibility for healthy living at home, school and in the community.
5. To help children to be acquainted with nutritional requirements, personal and environmental hygiene, sanitation, pollution, common diseases as well as measures for their prevention and control.
6. To help children know their status of health, identify health problems and be informed for taking appropriate remedial measures.

7. To create awareness among children about rules of safety in appropriate hazardous situations to avoid accidents and injuries. To acquaint them with first-aid measures about common sickness and injuries.
8. To help children learn correct postural habits in standing, walking, running, sitting and other basic movements so as to avoid postural defects and physical deformities.
9. To help children improve their neuromuscular coordination through participation in a variety of physical activities contributing to their overall fitness so that they live well and work better.
10. To help children understand the process of growing up during adolescence, HIV/AIDS and Drug abuse. To provide skills for dealing with psycho-social issues in the school, home and the community. To help children grow as responsible citizens by inculcating in them certain social and moral values through games, sports, N.C.C., Red Cross, Scouts & Guides, etc.

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