CHAPTER V

SUMMARY OF FINDINGS AND CONCLUSION
## CONTENTS

V. SUMMARY OF FINDINGS AND CONCLUSION

<table>
<thead>
<tr>
<th>5:1 Introduction</th>
<th>219</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 Education and Development</td>
<td>220</td>
</tr>
<tr>
<td>3 Need for the Present Study</td>
<td>220</td>
</tr>
<tr>
<td>4 Scope of the Present Study</td>
<td>222</td>
</tr>
<tr>
<td>5:2 Synthesis of Review of Related Literature</td>
<td>223</td>
</tr>
<tr>
<td>5:3:1 Statement of the Problem</td>
<td>225</td>
</tr>
<tr>
<td>2 Operational Definition of the Key Terms</td>
<td>226</td>
</tr>
<tr>
<td>3 Objectives of the Research Study</td>
<td>227</td>
</tr>
<tr>
<td>4 Assumptions</td>
<td>228</td>
</tr>
<tr>
<td>5 Hypotheses</td>
<td>228</td>
</tr>
<tr>
<td>6 Delimitations of the Study</td>
<td>230</td>
</tr>
<tr>
<td>7 Experimentation</td>
<td>230</td>
</tr>
<tr>
<td>8 Experimental Phases</td>
<td>231</td>
</tr>
<tr>
<td>9 Sampling</td>
<td>232</td>
</tr>
<tr>
<td>10 Construction and Validation of Tools</td>
<td>233</td>
</tr>
<tr>
<td>11 Variables of the Study</td>
<td>233</td>
</tr>
<tr>
<td>12 Data Collection</td>
<td>234</td>
</tr>
<tr>
<td>5:4 Scheme of Data Analysis</td>
<td>235</td>
</tr>
<tr>
<td>5:5:1 Findings of the Study</td>
<td>235</td>
</tr>
<tr>
<td>2 Discussion</td>
<td>242</td>
</tr>
<tr>
<td>3 Educational Implications</td>
<td>247</td>
</tr>
<tr>
<td>4 Suggestions for Further Research</td>
<td>251</td>
</tr>
<tr>
<td>5 Conclusion</td>
<td>252</td>
</tr>
</tbody>
</table>
CHAPTER - V

SUMMARY OF FINDINGS AND CONCLUSION

5.1 Introduction

Education for health is a fundamental right of every child. In the declaration signed by heads of State at the world summit for children in 1990, the world's leaders committed themselves to a ten-point programme to protect the rights of the child and improve the children's lives. The ten points include enhancing children's health, promoting optimal growth and development in childhood and strengthening the role of women and respecting the role of the family. Health care of children who constitute about 20 per cent of the total population in any country is the most important aspect of community health (Chadha, 1979). In developing countries about 80 per cent of children now enrol themselves in primary school at the age of 6 to 14 years and 60 per cent complete at least 4 years of schooling (Dhillion et al, 1992). Thus the world's education systems influence millions of children in their formative years.
5:1:2 Education and Development

Education is a process of human empowerment for the achievement of better and higher quality of life (Dave, 1996). The imperative character of education for individual growth and social development is now accepted by every one. Investment in education of youth is considered most vital by all nations. If this is to happen, then it is necessary that a system is built which will help in fostering talented individuals and utilising their potential completely for the economic prosperity of nation. Hence education has to play a crucial role in the programme of national development. Education is provided for bringing out the inherent potentialities in a pupil. It is the process of helping the child to adjust to the changing world.

5:1:3 Need for the present study

Recognising the importance of the school health programme, the National Health Policy (1983) has recommended that "organised school health services integrally linked with the general, preventive and curative services would require to be established within a time-limited programme". The policy further states that health, nutrition and population
education programmes should be implemented in all educational institutions at various levels. This view was also emphasized in the National Policy on Education (1986), recognising the holistic nature of child development, in terms of nutrition, health, social, mental, physical, moral and emotional development.

Children in developing countries are at great risk because they are susceptible to diseases that can be prevented, and they are at risk, because their caretakers frequently the older siblings, lack the knowledge, skills and experience to keep themselves and the younger ones safe and healthy. In recognition of these realities, the school health programme was initiated in many countries. School health education develops desirable knowledge, attitudes, and practices in the context of promotive, preventive, curative, and rehabilitative aspects of health. Health education, therefore must be provided before the onset of the risk behaviour relating to the health need or the problem concerned arises. School-age children are more receptive to new information and are enthusiastic to be assigned new responsibilities. If children are empowered with knowledge, their future is likely to be bright and prosperous. This may
be done through the integration of health education in the existing school curricula at various levels.

5:1:4 Scope of the present study

Inspite of efforts to improve school health, it must be stated that in India, the school health programmes provided are hardly more than a token service because of shortage of resources and insufficient facilities. Teachers' participation in school health is of particular importance in India, because of the limited number of trained personnel for school health. Moreover the existing health staff are providing curative services rather than health promotional activities in schools. To promote health among school children, the teachers can play a useful role, if they are adequately trained in school health education. This study might throw some light on the integration of health promotional components in the existing curricula of teacher education and lead to organizing inservice training for teachers at various levels. In turn these teachers can help the student and the community to acquire health knowledge and inculcate health habits in them, which may in turn help to improve the health of the future generation.
5.2 Synthesis of review of related literature

Rajammal et al, (1975), (1976) and Shukla Bhattarcharya (1987) reported that there was a pertinent need for integrating nutrition education, health education and environmental sanitation in the curriculum at the primary school level. Stuart W. Fors et al, (1989) found that the school based hypertension education for sixth grade students was effective in the improvement of the knowledge and practices of students regarding hypertension.

Beaulah Raju (1970) reported that the teachers were unaware of the desirable health practices of students in schools and found the health status of students deplorable. Sapru and Pandey (1987) stated that India's intensive pilot project on school health services had failed, due to inadequate training of teachers, negligible distribution of relevant health education material and absence of monitoring health education activities.

children were vitamins 'A' and 'B' deficiencies, dental problems, scabies, anaemia, worms and the like.

*Patel and Jeya* (1981) and *Dhanasekaran* (1990) found that the teachers' level of knowledge on the components of health was low. *Mohapatra et al.*, (1985) stated that the teachers role was not recognized properly by teachers and teacher trainees in school health services. *Mc Guffin* (1986) reported that there was no association between knowledge and behaviour of students regarding nutrition. *De Sole and Martel* (1988) and *Freyer* (1991) found that the student knowledge level improved after the intervention of health education programmes.


*Maria Bentley et al.*, (1975), *Saminathan* (1984) and *Murthy et al.*, (1992) in their studies found that the school children were useful in health education programme. Further
the evaluation studies on child-to-child conducted by Lady Irwin College (1988), M.S. University of Baroda (1989) and the Centre for Research and Development (1989) in New Delhi, Gujarat, Rajasthan and Bombay reported that health, hygiene and nutrition practices learned in schools could lead to a significant improvement in the behaviour of school children and also the students transmitted the health messages to their parents.

Most of the studies mentioned above studied one or the other aspect of health promotion only. The curriculum included in the schools was not suitable to the level of rural students studying in primary schools. Moreover, no attempt has been made to study the effectiveness of teachers' intervention strategy in the rural primary schools. Hence the investigator identified this research gap and chose to work on the problem "Effectiveness of teacher intervention strategy in developing school health programme".

5:3:1 Statement of the problem

The NPE (1986) and NHP (1983) have recommended health education at the school level as an area needing utmost care and attention. Research studies conducted in India and abroad clearly indicated that an effective school
health programme was essential to improve the health status of children. In spite of various efforts taken for improving children's health during the formative years through the existing school health programme, the results have not been encouraging. The existing school health programme is a mere token of services rendered by PHC personnel, mostly curative in nature rather than promoting health programmes. Further the students and teachers are not effectively involved in the programme. Hence there is a need to develop and study the effectiveness of school health programme involving teachers and students. So the problem taken up for the investigation is stated as "Effectiveness of teacher intervention strategy in developing school health programme".

5:3:2 Operational definition of the key terms

Effectiveness refers to the enhancement of the level of awareness, that is between pre and post-assessment tests of teachers and students in health promotion.

Intervention strategy, has been used to denote skillful planning and measurement to be effected through the mediation of the teachers in order to communicate health instruction to the students.
Developing here signifies the evolution of health education instruction to a higher level.

School health programme is a process on structuring health education programme to enhance the level of awareness among teachers and students through learning materials on health promotion.

5:3:3 Objectives of the research study

The following objectives are formulated for the present study.

General Objective

To study the effectiveness of teacher intervention strategy in developing school health programme in primary schools.

Specific Objectives

1. To identify the health status of students studying in class IV in rural primary schools.
2. To identify awareness of students studying in class IV regarding health promotion.
3. To identify the training needs of class IV teachers in health promotion.
4. To orient the class IV teachers and students towards health promotion.
5. To devise training programme for teachers on health promotion, and
6. To assess the effectiveness of teacher intervention strategy.

5:3:4 Assumptions
1. The existing school health programme is not effective.
2. Health status and Nutritional status of the primary school students are low.
3. The morbidity pattern among primary school children is same in the entire district.
4. The level of awareness on health promotion among teachers and students is low.
5. The awareness level of students and teachers can be measured.
6. Orientation of teachers and students towards health promotion will enhance the level of awareness, and
7. Improvement in the awareness level of teachers will have an impact on improving students' awareness.

5:3:5 Hypotheses

For the present investigation the following hypotheses have been formulated.
1. The level of awareness of class IV teachers in health promotion is low.
2. There will be a significant improvement in the level of awareness regarding health promotion of class IV primary school teachers in experimental schools after implementing the teacher intervention strategy.
3. The level of awareness of class IV students in health promotion is low in the pre-assessment test.
4. The level of awareness of class IV students in health promotion varies with the sex of the students.
5. The level of awareness of class IV students in health promotion varies with their religion and caste groups.
6. The level of awareness of class IV students in health promotion varies with their parents' educational levels.
7. The level of awareness of class IV students in health promotion varies with their parents' occupation.
8. The level of awareness of class IV students in health promotion varies with their economic status.
9. The level of awareness of class IV students does vary with the number of siblings the students have.
10. There will be a significant improvement in the awareness
of class IV students in health promotion between the pre and post-assessment tests.

5:3:6 Delimitations of the study

The following are the delimitations of the present study.
1. The schools have been selected for the study in Dindigul educational district only.
2. The schools have been selected for the study in one community development block only.
3. Two primary health centres have been selected for the study in Dindigul health unit district only.
4. Two primary health centres have been selected for the study in one community development block only.
5. Teachers who are exclusively teaching in class IV in primary schools are selected.
6. Students who are studying in class IV in rural primary schools only have been selected, and
7. The school health programme is restricted to school health education instruction only in this study.

5:3:7 Experimentation

The present study is an experimental one. For this experimentation one group design (Single group - pre-test
treatment - post-test) was followed. In this study pre-tests were administered to test the level of awareness of health promotion among teachers and students. The homogeneity among students and teachers of experimental and control group schools was maintained on the basis of pre-assessment scores in health promotion tests. Based on the pre-assessment test of teachers, a three day training was conducted on health promotion. Then the teachers oriented their class students towards health promotion. The post-assessment tests were also administered at the end of the three month period of pre-tests for teachers and students. Gain scores compared in pre and post-tests of experimental group students and teachers, were subjected to tests of significance.

5:3:8 Experimental phases

The present study is broadly divided into three phases, namely diagnostic, intervention and assessment phases. During the diagnostic phase the relevant basic data (morbidity) required for the study were collected from the authorities concerned. The pre-assessment tests were conducted for teachers and students to assess the level of awareness on health promotion by using questionnaires. During the intervention phase, a three day training programme was
organised for teachers on health promotion. The learning materials were prepared in the regional language (Tamil). After training, the teachers started taking classes on the selected health promotion topics for a period of three months. The post-assessment tests were conducted for the teachers and students at the end of three months to assess the effectiveness of the intervention.

5:3:9 Sampling:

Among two educational districts in Dindigul District, one educational district was randomly selected. In the selected Dindigul district, out of seven community development blocks one community development block was randomly selected. From this selected block, 2 Primary health centres were selected randomly one for experimental and other for control purpose. From these two Primary Health Centres, six and four primary schools for experimental and control groups respectively were selected randomly. The students studying in class IV (One section only) and teachers of that class were included in the study. The sample of this study consisted of 10 teachers (6 experimental and 4 control) and 305 class IV students (155 experimental and 150 control) only.
5:3:10 Construction and validation of tools

For the present study two questionnaires were formulated for teachers and students, to assess their level of awareness in the following units, namely eye, ear, angular stomatitis, skin, anaemia, headlice and dandruff, environmental sanitation and school health. A pilot study was conducted to 25 class IV teachers and 50 class IV students in a similar population of the sample. The pre-test was also conducted and the questionnaires were finalized. For Pre and Post-assessment tests the same questionnaire was used in each case. The scores were given for each question in the unit and percentages were calculated for each unit. An overall percentage was calculated from the percentage score of each unit for every individual student and teacher. To establish the content validity of the tools used in this study, the opinions of experts in the fields of public health, nursing, nutrition, sanitation, health education and education were sought. The reliability of the tools was established by using test-retest method.

5:3:11 Variables of the study

Since the teachers included for this study are only 10, it was decided not to consider any variables
regarding their performance in pre/post-tests of health promotion. For the students, sex, religion and caste, parental education and occupational status, number of siblings and family income were considered independent variables in relation to their awareness level. The achievement scores of students in pre and post-assessment tests of health promotion were considered dependent variable of the study.

5:3:12 Data collection

The data collection was done personally by the investigator by administering the questionnaire to the teachers and students selected for the study. To ensure reliable data the investigator was present till all the teachers and the students completed the questionnaire. He did not permit them to have discussion or copy from any book. The pre-assessment test questionnaire was administered to 10 teachers and 305 students, whereas the post-assessment test questionnaire was administered only to 6 teachers and 155 students in experimental schools. To assess the nutritional and morbidity conditions of the class IV students selected for the study in both experimental and control schools, a team of experts (Doctor, nurse, nutritionist) visited the
respective schools and screened cases. The height and weight of the students were also measured.

5:4 Scheme of data analysis

The collected data were analysed under three areas, namely descriptive, differential and relational. In the descriptive analysis the demographic and personal characteristics of teachers and students were analysed. After descriptive analysis these data were compared to identify the effect of teachers' intervention strategy in developing school health programme by appropriate statistical techniques. For differential analysis ANOVA and 't' tests for small/very small group were applied. To compare the teachers' level of awareness with students' level of awareness regarding health promotion, the relational analysis was attempted.

5:5:1 Findings of the study

1. About 12 per cent of boys and 18 per cent of girls are below their normal height in their age groups.
2. Regarding weight, 24.5 per cent of boys and 26.5 per cent of girls are below the normal weight for their age groups.
3. The boys are taller and heavier than girls.
4. The nutritional /morbidity problems noticed among students are as follows:

<table>
<thead>
<tr>
<th></th>
<th>Boys %</th>
<th>Girls %</th>
<th>Total %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vitamin &quot;A&quot; deficiency</td>
<td>18.2</td>
<td>16.1</td>
<td>17.1</td>
</tr>
<tr>
<td>Vitamin &quot;B&quot; deficiency</td>
<td>20.3</td>
<td>17.3</td>
<td>18.7</td>
</tr>
<tr>
<td>Anaemia</td>
<td>25.9</td>
<td>28.4</td>
<td>27.2</td>
</tr>
<tr>
<td>Scabies</td>
<td>8.4</td>
<td>8.6</td>
<td>8.5</td>
</tr>
<tr>
<td>Tooth problems</td>
<td>50.3</td>
<td>56.5</td>
<td>53.4</td>
</tr>
</tbody>
</table>

Prevalence in terms of percentage, of tooth problems, scabies and anaemia is more among girls than boys. While the percentage of prevalence of Vitamins 'A' and 'B' deficiencies is more among boys than the girls.

5. The teachers' awareness is low in pre-assessment test regarding health promotion. The mean awareness score of all teachers (10) in pre-assessment test is 34.13 per cent and standard deviation 14.17.

6. Teachers' mean awareness score in percentage in experimental school is 34.05 and in control school it is 34.25 in pre-assessment test regarding health promotion.

7. Eighty per cent of teachers have scored less than 40 per cent marks in pre-assessment test.

8. There is no significant mean difference between experimental and control school teachers in pre-assessment test.
9. There is no significant mean difference between experimental and control school teachers in pre-assessment test among nine different units.

10. The students' awareness is low in pre-assessment test regarding health promotion. The mean awareness score of students in pre-assessment test is 12.66 per cent and standard deviation 8.55.

11. All (305) students have scored less than 40 per cent marks in pre-assessment test.

12. There is no significant mean difference between experimental and control school students in pre-assessment test.

13. There is no significant mean difference between experimental and control school students among eight different units in pre-assessment test.

14. There is no significant mean difference between experimental and control school boys and girls in pre-assessment tests.

15. There is no significant mean difference between experimental and control school boys in pre-assessment test.
16. There is no significant mean difference between experimental and control school girls in pre-assessment test.
17. There is no significant mean difference between experimental and control school boys among eight different units in pre-assessment test.
18. There is no significant mean difference between experimental and control school girls among eight different units in pre-assessment test.
19. There is a significant mean difference among experimental school students in eight different units in pre-assessment test.
20. There is a significant mean difference among control school students in eight different units in pre-assessment test.
21. There is no significant mean difference among different religion and caste groups of students in pre-assessment test.
22. There is no significant mean difference in pre-assessment test of students with respect to their fathers'/mothers' educational levels.
23. There is no significant mean difference in pre-assessment test of students with respect to their fathers'/mothers' occupation.
24. There is no significant mean difference in pre-assessment test of students with respect to their family annual income.
25. There is no significant mean difference in pre-assessment test of student with respect to the number of siblings they have.
26. The mean awareness scores of the teachers in experimental schools in post-assessment test is 80 per cent.
27. Fifty per cent of teachers in experimental schools have scored between 70-80 per cent and another 50 per cent had scored between 80-90 per cent marks in post-assessment test.
28. There is a significant mean difference between pre and post-assessment tests of teachers in experimental schools.
29. There is a significant mean difference between pre and post-assessment tests of teachers in experimental schools among nine different units.
30. Only 21.3 per cent of experimental school students have scored less than 40 per cent marks in post-assessment test.
31. The mean awareness scores of experimental school students in post-assessment test is 52.47 per cent.
32. There is a significant mean difference between pre and post-assessment tests of experimental school students.
33. In experimental school about 70 per cent of student have scored less than 40 per cent marks in pre-assesment test, and only 23.2 per cent of them have scored less than 40 per cent marks in post-assessment test in the unit on eye.

34. In experimental school about 90 per cent of students have scored less than 40 per cent marks in pre-assessment test, and only 32.2 per cent of them have scored less than 40 per cent marks in post-assessment test in the unit on ear.

35. In experimental school about 95 per cent of students have scored less than 40 per cent marks in pre-assessment test, but only 35.5 per cent of them have scored less than 40 per cent marks in post-assessment test in the unit on angular stomatitis.

36. In experimental school about 72 per cent of students have scored less than 40 per cent marks in pre-assessment test, and only 5.8 per cent of them have scored less than 40 per cent marks in post-assessment test in the unit on tooth.

37. In experimental school 81.3 per cent of students have scored less than 40 per cent marks in pre-assessment test, but only 26.5 per cent of them have scored less than 40 per cent marks in post-assessment test in the unit on scabies.
38. All students in experimental school have scored "o" mark in pre-assessment test, only 48.4 per cent of them have scored less than 40 per cent marks in post-assessment test in the unit on anaemia.

39. In experimental school about 72 per cent of students have scored less than 40 per cent marks in pre-assessment test, and only 15.5 per cent of them have scored less than 40 per cent marks in post-assessment test in the unit on head lice and dandruff.

40. In experimental school about 71 per cent of students have scored less than 40 per cent marks in pre-assessment test, and only 7.7 per cent of them have scored less than 40 per cent marks in post-assessment test in the unit on environmental sanitation.

41. There is a significant mean difference among different units in post-assessment test of experimental school students.

42. Only two out of 10 teachers were doing some health promotional activities in their class during pre-assessment test.
43. All six teachers in experimental schools are doing all kinds of health promotional activities during post-assessment test, as mentioned below:
- daily checking the students for personal hygiene
- keeping dust bin inside the classroom
- conducting parents meeting
- keeping the drinking water in pot/vessel covered with a lid
- keeping inside / outside the classroom neat and tidy
- giving health education instruction to the students.

44. There is a significant relation between teachers' post-assessment test scores and students' post-assessment test scores. The correlation coefficient (\( r \)) was found to be 0.829 significant and high.

5:5:2 Discussion

Rajammal et al, (1975) (1976) and Shukla Bhattacharya (1991) reported that there was a need to incorporate nutrition education, health education and environmental sanitation curriculum at the primary school level. In this study the investigator has made an attempt to provide health education, nutrition education and environmental sanitation as topics at the primary school level. It was noticed that there was a significant improvement in the mean scores in the knowledge of students and teachers after the intervention.
Stuart W. Fors et al. (1989) reported that the integrated health curriculum among 6 grade students and parents had brought improvement in knowledge and practices of the students, their parents and the teachers. In this study also the investigator found that there was a significant improvement in the knowledge of students and teachers on health promotion after experimentation.

Beulah Raju (1992) pointed out in her study that the teachers were unaware of desirable health practices for students and the poor health status of students.

In this investigation also the investigator before initiating the intervention, screened the students for health and nutritional status. An attempt was made to expose the students/teachers to preventive measures towards attaining health status.

Betty and Whicker (1975) found the teachers were able to identify and refer more cases to medical opinion and treatment after health education training.

In this investigation also the investigator organised a need based orientation training for teachers and in turn the teachers oriented the students towards the eight
selected health topics. It was found that there was a significant mean difference between pre and post-assessment tests of teachers and students regarding health promotion.

Sapru and Pandey (1987) in their study on evaluation of India's Intensive Pilot project on school health services reported that the training for teachers was not adequate, negligible amount of relevant health education material was distributed and health education activities were not monitored. Whereas in this study the investigator identified the training needs of the teachers in health promotion and proper need based adequate training was conducted for the selected teachers. The appropriate learning materials for teachers and essential educational aids were supplied to the teachers for effective handling of the classes. The investigator personally monitored the entire experimentation and necessary guidance was provided to the teachers.

deficiencies, dental problems, scabies, anaemia, worms and the like among school children.

It was also confirmed in this investigation that the students of Primary Schools had signs of malnutrition, Vitamins `A' and `B' deficiencies, dental problems, scabies, anaemia. The effect of training programme was established and the intervention was found to be useful.

Patel and Jeya (1981) Dhanasekaran (1980) and MC Guffin (1986) in their studies found that the teachers had low awareness of health promotion.

This result of the present study has also confirmed that the teachers' awareness level was low in health promotion, through the pre-assessment test.

Mohapatra et al, (1985) found that the teachers' role in school health services was not properly recognised by the teachers and teacher trainees. This result is supported by the present study's finding namely the teacher does not carry out any meaningful health promotional activity in school health programmes. This finding relates to the pre-assessment test period.
Govindachary (1961) and Ramachandran et al, (1981) in their studies found that the teachers were helpful in school health programmes.

In this investigation also it was found that the teachers willingly participated in the training programme and significantly improved their awareness on health promotion.

Ramachandran et al, (1981) reported that the teachers' knowledge improved significantly after training in health programme. This was also evidenced in the present study, where the teachers' mean scores were significantly higher after the training in health promotion.


In this investigation an attempt was made to orient the students towards health promotion through Teachers' Intervention Strategy (TIS). It was found that the
level of students' awareness of health promotion in eight different health units had significantly improved.

This study was successful in improving the awareness level of teachers and students, relating to health promotion measures.

5.5.3 Educational implications

A nation planning for progress and self sufficiency must make investments in health and education of its children. This investment must be given a top priority while making overall educational plans. Investment in man leads to his total development and progress towards the desired goals. The development of the individual leads to the development of his society and his country. No education, however, can develop an individual socially, intellectually, morally, physically and economically if it is not imparted to sound minds in sound bodies. A sound mind exists in a sound body. If proper and adequate provisions for normal growth and development of children are not provided at the early stages, the children will succumb to abnormalities which may remain with them permanently.

School health services exist primarily and directly to preserve and promote the health of students.
These services are internal and inseparable components of comprehensive School Health Programmes. The main aim of these services are to promote better health and general well-being through improved health practices, and improved health knowledge. Health education is gaining recognition as a subject area in which there is a body of knowledge which must be given to students in such a way that it literally becomes translated into correct attitudes, proper understanding and desirable behaviour. The behaviour then becomes a part of the person and a way of life based on correct information. The contents of health education should be based on the needs and maturity level of the learner.

In most of the countries separate health personnel are appointed to provide school health services, in addition to the existing health care services. Whereas in India, the peripheral health workers are assigned to provide school health services mostly curative services, to the rural school children in addition to their regular health programmes. These services are inadequate to bring out any desirable health practices among school children. The results of the present study revealed that the teachers' and students' levels of awareness regarding health promotion were low. The
health status of the students was also not encouraging. The majority of ailments and deficiency diseases present among school children can be easily prevented.

In such a context, the teacher's active participation is very essential to supplement the existing school health programmes. Teachers occupy a strategic position in the Indian Educational System, and for the success of any educational programme, their active and resourceful support is necessary and it will make easier health promotion among school children. The teachers can play a significant role in health appraisal and health screening and detect early signs and symptoms of diseases, refer such cases to the Primary Health Centres. They can provide health education on various aspects of health to the children. For this purpose, the teachers should be adequately oriented towards health promotional measures, so that they can play a meaningful role in this task.

So there is a need to incorporate health promotional concepts in the teacher educator's curricula at various levels. This will enhance the teacher's level of knowledge on health promotion and ensure their active participation in health promotion among school children. A
suitable in-service training programme may be organized for
the teachers at various levels to update their knowledge and
acquire skills in health promotion. The health education may
be included as a separate subject in the existing school
curricula, so that the students will realize the importance
of health. The teacher's motivation and commitment are
essential for this task. The teachers' incentive schemes may
be designed to promote better participation. The schools with
no ailments/deficiency diseases in students may be identified
and the teachers, the school and the students may be
suitably recognised and sanctioned awards.

These measures will really help to promote health
consciousness among school children, leading to the fullest
development of children's capacities so that they can attain
maximum personal happiness and make the greatest possible
contribution to society.

It is suggested that an early attempt may be made
by the Ministry of Education, Govt. Of India, to work in
close collaboration with the Ministry of Health in drawing
and implementing plans for imparting health education to
children who are physically and mentally prepared for
learning. This will minimize wastage in the implementation of
educational programmes to a great extent. In these days of medical advancement, it would be a crime if these tender saplings are left to be buffeted by an impoverished and disease-ridden environment.

5:5:4 Suggestions for further research

1. A research study may be conducted to develop teacher educator curricula with regard to health promotion among school children at different levels.

2. A research study may be undertaken to study the effectiveness of in-service training on health promotion for teachers working at different levels.

3. A research study on the impact of health intervention strategies among school children may be undertaken.

4. A research study may be carried out to measure the impact of health promotion concepts and their integration in the school curricula at different levels.

5. A research study may be undertaken to study the effectiveness of involving different sectors in promoting health among school children.

6. A research study may be attempted to study the effectiveness of involving teachers, students, parents and the community in health promotion programmes among school children.
Conclusion

In the developing world the school-going children are a privileged group compared to several millions of their cohorts who have either not survived to attend the school or have had no access to school education, due to abject poverty or non-availability of schooling facilities. Survival is the most difficult hurdle to cross for the young child in the developing countries. The rampant incidence of fatal and disabling childhood diseases has resulted in widespread child mortality and morbidity in India. It is now widely acknowledged that positive influences in the early years, when physical and intellectual developments are rapid, can have far-reaching consequences in later adult life.

The National Health Policy (1983) has also emphasised the importance of school health programme by declaring that "organized school health services integrally linked with the general preventive and curative services would require to be established within a time-limited programme". School health is an important part of the health programme as the present-day children are the citizens of tomorrow. The very purpose of education in the school is preparing the child for the future, to be a good learned and healthy citizen.

That preparation would not be complete if the child does not learn to live in a healthy way. A school
health programme provides an opportunity for the child to learn and practise ways of healthful living. In spite of the efforts to improve school health, it must be stated that in India, the school health programmes provided are hardly more than a token service, due to shortage of resources and insufficient facilities. The teacher can supplement this insufficiency in providing health promotion to school children since the teachers occupy a strategic position in the Indian Education System.

The intervention strategy developed during this experimentation helped in improving the levels of awareness of teachers and students regarding health promotion. The health promotional concepts can be included in the teacher educator/school student curricula at various levels. This will help the teachers and students to play significant roles in the promotion of health. The knowledge gained and the health habits and behaviour imbibed by an individual in the early years can alter his adult life and enable him to adopt a healthy life-style in the future as well. Such well-planned health programmes when properly implemented can contribute to achieve the goal for "Health For All by 2000 A.D".