CHAPTER I

INTRODUCTION

1.1 Background of the Problem
1.2 Need and Significance of the Problem
1.3 Statement of the Problem
1.4 Operational Definition of Key terms
1.5 Objectives of the Study
1.6 Hypotheses for the Study
1.7 Methodology in Brief
1.8 Scope of the Study
1.9 Limitations of the Study
1.10 Format of the Report
INTRODUCTION

For the lasting progress of a nation education is the most potent instrument. To add zest to life and to produce vigorous, self-reliant, courageous, and public-spirited citizens we should have a scientifically planned and well-implemented educational programme. To have a sound mind we should have a sound body. To maintain a well-balanced mental and physical health, Government puts forward programmes to promote health education.

1.1 Background of the Problem

As early as 1918, health was listed as the first objective of education and according to WHO it is a state of complete physical, mental and social well being. Health is given priority because it is one of the important components of human capital. From the studies conducted, there are ample evidences to prove that poor health is a risk factor in achieving the maximum potential of a child. It causes wastage and dropout even at the primary school age. The economically backward families are more susceptible to illness, because of the poor nutrition, sanitation and inadequate modern medical facilities. Poor health and poor education hamper the nation’s progress.
Health and Health Education Programmes

“Perfect health is an ideal to be aimed at, even if we can never hope to attain it” (Bond, 1953). The process of persuading people to accept measures that will improve their health and to reject those, which will have an adverse effect, is called ‘health education’. Health education should have an access to as broad a section of the community as possible if it is to be successful to parents, children, adolescents, teachers, employees and employers and indeed, every section of the society (Davies 1979).

Health education helps people make wise and working choices not only about the personal health, but also the quality of life of their community. The International Conference on Public Education in Geneva in 1967 in which the United States and 96 other countries participated, recommended that in the planning of the school programme of each country ‘health education’ should be given a place among its fundamental objectives,’ that it should ‘not only inculcate good habits in pupils' but also teach them ‘respect the health and well being of other people as well as their own,’ and that ‘teachers should be prepared to give health education during their training courses.’

School administrators, teachers and the general public do pay more attention to the concept that the ‘whole child’ goes to school and that it is the task of the educator to develop each student to his
highest potential, physically, emotionally, socially as well as intellectually. The main task of education is leading students to a happier, healthier and more productive life for the present as well as for the future. Thus the primary responsibility for the health of the child is shared by the school and the community. As an educational agency, the school does not have the responsibility for providing medical care but it can encourage the parents to make use of medical or clinical services.

Thus the teacher has to play a major role in implementing the policies and schemes formulated to achieve a breakthrough in the quantitative expansion and qualitative improvement of education; which is highly essential for the national development. In fact the quality of teachers depends upon the training they receive during their pre service teacher training course. In other words the quality of teachers largely depends upon the education programme, selection procedure followed for the admission of trainees, instructional materials and evaluation of their performance. The best and the only way to ensure such quality of education in India is by developing professionalism in teaching.

**Teacher Education**

Teacher education is nothing but a programme of education, research or training of persons for equipping them to teach at pre-primary, secondary, senior secondary stage in schools, nonformal
education, adult education and correspondence education through
distance mode. This is designed to equip the prospective teachers
with insight, knowledge, attitude and skills. It enables teachers to
grasp the underlying principles and critical methods of teaching,
develop a mental culture to appreciate fundamental concepts,
develop their own free judgment and a sense of intellectual
independence (Adaval, 1979). Speaking on teacher education, Kellen
(1950) says, “Teachers are custodians of the nation’s human capital,
the guardian of the nation’s youth, the keepers of the nation’s most
precious treasures and the shapers of the nation’s future”.

In India, the teacher is considered to be the least developed
resource. Restructuring of teacher preparation process is highly
essential for professionalisation and empowerment of the teacher. As
such the teacher educator has to act as a facilitator and mentor in
organisationally focused active learning situation in order to keep
pace with the growing needs of the society. Making teachers
professionally competent and committed to the course is the
responsibility of the teacher education system.

The University Grants Commission Curriculum Development
Center in Education (1989) has prepared a model curriculum for the
Undergraduate and Postgraduate levels to be adopted by all the
Teacher Education institutions in the country. In order to revitalize
the content and practices in Teacher Education, different packages were prepared with ample flexibility considering regional differences.

In the preparation of teachers, the concerned authorities shall try to develop among the student teachers, a sound knowledge of the subjects, effective classroom communication pattern, effective classroom management, technological devices and use of modern instructional strategies.

**Modern Instructional Strategies**

Individualised instruction enables each person to study at his own pace and according to his interests and abilities. “The main goal of individualised instruction is that each child’s learning becomes self initiated and self directed”, (Sharma, 1990). The secondary education commission (1964-66) has also emphasized the importance of individualised instruction. The need for radical changes in educational technology for keeping up with the increasing volume and variety of knowledge are being recognised as an inevitable phenomenon in the changing process of education in India. Learning package is an innovative step towards automation and individualisation of instruction.

**Learning Package**

It is a collection of materials to effect specified learning outcomes with a minimum of teaching contact (Wilkinson, 1970). Learning packages provide opportunities for learning from a
distance’. It permits individual pacing, so that students may learn as quickly or as slowly as they are able to master the material. Components of learning package include materials to be read, looked at like diagrams, pictures, to work with learning activities, and tasks to undertake like assignments and self-test.

Package can be used at any time of the day or night without any interference or interruption in the scheduled activities. According to Dunn & Dunn (1996) “Learning packages are boon to teachers who want to individualise instruction through direct appeal to personal learning styles but who cannot stretch themselves thin enough for a class full of individuals with a variety of needs and problems”. The package can meet the need of learners on several academic levels, like slow learners, who need more time to grasp new materials, average students who prefer working on their own for shorter or longer blocks of time, advanced students who are capable of progressing faster than their peers or any student who wants to learn about a topic, concept, or skill whenever he or she desires and even when the teacher is not available.

1.2 Need and Significance of the Problem

A study of the data, showing the mortality and morbidity rates of all age groups in the country reveal the fact that many deaths and much sickness could be avoided if people have proper awareness of personal and community hygiene. So the need of the hour is health
education. Many studies revealed that it is the lack of proper health awareness which forms the root cause of many communicable and non-communicable diseases.

Health education ensures the preservation and maintenance of health. Many of the health problems like diseases could be greatly reduced by providing the masses of the people with the health knowledge and attitudes which would enable them to live hygienically both individually and socially (Bhatt & Sharma, 1993). A change in the behaviour is necessary to maintain health and avoid illness. Here arises the significance of health education and its practice.

Compared to olden times, in the present education scenario, there is a vast change in the role of both teachers and students. The teacher is no more a knowledge transmitter, but instead he is a facilitator, guide and knowledge navigator. This would require an information base, model of teaching and learning, organisation of knowledge applicable to the design of educational experience and understanding of the needs of the students (Smith, 1995). Students have greater responsibility for their own learning in this environment, as they seek out, find, synthesise and share their knowledge with others.

The Education Commission of India (1964-1966) has emphatically stated, ‘A sound programme of professional education of teachers is essential for the qualitative improvement of education.
Investment in teacher education can yield very rich dividends because the financial resources required are small when measured against the resulting improvements in the education of millions’. The teacher education curriculum should be upgraded considering the changes in the roles of both the teacher and the learner. This necessitates a transformation in the existing teaching learning strategies which are instrumental in enhancing academic productivity and teaching learning effectiveness.

Recent interpretation of constructivism suggest that each learner constructs his or her own schemata, bits of knowledge, explanations or pictures of reality according to the learner’s individual goals, previously existing concepts and new perceptions. Learning from that perspective is much more under the control of the learner. A paradigm shift from teacher-centred instruction to learner-centred instruction is needed to enable students acquire the knowledge and skills sufficient to make them fit in the present era.

In the tight schedule of teacher education curriculum, it is very difficult to introduce a special area of health education for a detailed study. The investigator’s experience as a teacher educator at B.Ed. Degree level convinced her that even if adequate syllabus for different health aspects is included in the curriculum, they are not properly taught or learned by the student teachers. A careful review conducted
by the investigator of the earlier studies indicates that not much has been done in this field.

At this juncture the importance of a learning package is relevant to develop health awareness among student teachers at the secondary level. It made the investigator to prepare a learning package for the same.

1.3 Statement of the Problem

Health education is highly essential for the community and the best and easiest way to educate a community is to educate its future citizens –children. To educate the children, first of all, the teacher should be well versed in the various aspects of health education. It caters the teacher to understand the pupils better.

Envisaging the importance of health education in secondary level teacher education programme, the investigator has designed the present study with an objective of finding out the health awareness of student teachers at secondary level and preparation of a learning package for developing health awareness among them. The study is entitled as

“PREPARATION OF A LEARNING PACKAGE FOR DEVELOPING HEALTH AWARENESS AMONG STUDENT TEACHERS AT SECONDARY LEVEL”.
1.4 Operational Definition of Key terms

The important terms used in the present study are defined below for the sake of clarity:

**Preparation**


**Learning Package**

Learning package is a collection of materials to effect specified learning outcomes with a minimum of teaching contacts (Wilkinson, 1976).

**Developing**

The planned promotion of understanding, participation and support among potential donors (Dictionary of Education, 1997). Here it means enhancement of health awareness.

**Awareness**

A Student’s Dictionary of Psychology (1997) defines awareness as a systematic state of being alert or conscious; cognizant of information received from the immediate environment.

**Health Awareness**

In the present study, health awareness refers to the knowledge or consciousness acquired in the area of maintaining a fit body and mind in relation to people’s daily life.
Student teachers at secondary level

Student teachers at secondary level refer to the students who are undergoing pre-service teacher-training course to become teachers at secondary level. Here the students studying for B.Ed. Degree course in the Colleges of Teacher Education are referred to as student teachers.

1.5 Objectives of the Study

The study has the following objectives in view:

Major objective

To prepare a learning package for developing health awareness among student teachers at secondary level.

Minor objectives

1. To analyse the health education curriculum at the B.Ed. Degree level.
2. To understand the facilities given and the activities conducted in Teacher Education Colleges for developing health awareness among student teachers.
3. To understand the health awareness of student teachers at secondary level.
4. To test the effectiveness of the prepared learning package in developing health awareness among student teachers at secondary level.
5. To compare the effectiveness of the prepared learning package over conventional lecture method with respect to developing health awareness among student teachers at secondary level.

6. To compare the effectiveness of the prepared learning package over conventional lecture method with respect to achievement of student teachers in different aspects of health science.

1.6 Hypotheses for the Study

The hypotheses formulated for the present study are the following:

1. The facilities given and activities conducted in Teacher Education Colleges for developing health awareness are very limited.

2. The student teachers at secondary level have low awareness regarding various health science aspects.

3. The learning package prepared on different health science aspects would be more effective in developing health awareness among student teachers at secondary level.

4. The learning package prepared would be more effective in increasing achievement of student teachers at secondary level with regard to various health science aspects.
1.7 Methodology in Brief

Survey and experimental methods were found to be appropriate for the present study.

Major tools and techniques used for the collection of data are the following:

1. Content Analysis
2. Interview Schedule for teacher educators
3. Interview Schedule for student teachers
4. Health Awareness Test
5. Raven’s Standard Progressive Matrices-A, B, C, D, & E.
6. Prepared Learning Package on Health Education
7. Achievement Test

As a preliminary step the investigator made an attempt to analyse the present secondary level teacher education curriculum with regard to different health education aspects. On analysis of the content, it is observed that the main health science aspects like first aid, communicable diseases, food and nutrition, health and hygiene, health examination and health service, effect of exercise on systems of the body are included in the pedagogical theory of secondary level teacher education curriculum. Based on the findings, a Health Awareness Test was prepared on the main areas of health education included in the B.Ed. curriculum and other socially relevant areas.
Relevant data were collected from the subjects under study, using adequate tools and techniques like Interview Schedule, Standardised Health Awareness Test, Raven’s Progressive Metrices and an Achievement Test on health aspects and issues. The sample of the survey comprised of a total of 21 teacher educators and 1600 students teachers at B.Ed. Degree level selected on the basis of proportionate random sampling technique. Opinion and views of 21 teacher educators and 220 student teachers about the availability of infrastructural facilities and instructional resources related to health education curriculum in Teacher Education Colleges were collected by conducting personal interview with them. A Standardised Health Awareness Test was administered to measure the awareness of student teachers on various health science aspects. The data collected thus were analysed. Based on the findings, a learning package was prepared on health education.

For the experimental study, one teacher education institution was selected. The sample for the experiment comprised of a total of 200 student teachers, 100 in the experimental group and 100 in the control group. The independent variables are the instructional strategies and dependent variables of the study are the achievement and awareness of student teachers. Before starting the experiment, Raven’s Progressive Matrices was administered to the experimental and control groups for understanding their intelligence. An achievement test and an awareness test were administered to student
teachers in the experimental and control groups as initial-tests in the beginning of the experiment. The experimental group was taught using the learning package prepared by the investigator and the student teachers in the control group were taught in the conventional lecture method. At the end of the experiment, the same achievement test and awareness test were administered as post-test.

Appropriate statistical techniques were used for analysing the data for comparing the health awareness and the achievement of experimental and control groups. The major statistical techniques used are ‘t’ test and Analysis of Co-variance.

1.8 Scope of the Study

The present study aims to measure the awareness of student teachers at secondary level regarding the various aspects of health education. The study makes an attempt to identify the facilities given and the activities conducted in Teacher education colleges for developing health awareness and the pressing necessity for enhancing and updating them based on the needs of the present society. It also indicates the views and opinions of teacher educators and student teachers about the various dimensions of health education curriculum. The study also aims to identify the areas where more awareness on health science is to be developed.

The present study makes an attempt to prepare a learning package for developing awareness among student teachers at
secondary level. It is expected that the package prepared would be helpful in developing health awareness and in identifying the health issues and problems now faced by the society. The findings of the study can be much helpful in educational planning and in executing different curricular reforms in the field of pre service teacher education programmes. In short, the results of the study and the package prepared would be of immense help to student teachers and all those who are concerned with community health education programmes.

It is also presumed that the findings of the study will promote the use of innovative instructional strategies. The study highlights that teacher educators and student teachers in teacher education institutions should get proper encouragement, training, and support in mastering and practising them. Thus it enhances their professional development. The study aims to point out that teacher education institutions should adopt innovative strategies and plans to enhance the teaching learning process. The investigator hopes that the study would be helpful to improve the health education curriculum transaction and its evaluation at the secondary teacher education level.

1.9 Limitations of the Study

It is assumed that the procedure adopted for the present study to assess the health awareness level of student teachers at Secondary
level throws sufficient light on the problems which hinder the attainment of objectives aimed by the curriculum setters of B.Ed. Degree Programme.

Despite the genuine attempts made by the investigator to make the study as objective as possible, there may be imperfections galore. A number of limitations have crept in it. They are:

a. The samples selected were only student teachers of Mahatma Gandhi University. More samples from other Universities in Kerala would have produced more generalised results. But the constraints of time and other problems like lack of funds, dearth of studies limited the investigator from conducting such a vast and detailed study.

b. Health education is a wide area of research. However only some common health aspects were selected for detailed study and this was mainly due to the limitation of time.

Despite the above-mentioned limitations, all possible attempts were made to conduct the study as reliable and objective as possible. It is hoped that the results of the present study would help one to reach new frontiers in health education practices.

1.10 Format of the Report

The report is presented in five chapters, the details are as follows:
Chapter I is the introduction, contains all the relevant sections of the introductory chapter.

Chapter II presents the review of related literature and studies pertaining to the area of investigation. An earnest attempt is made to review all the available studies in the area concerned.

Chapter III gives a description of the method of study, the sampling procedure attempted, the instruments with which the data were collected, the procedure employed to collect data and the statistical techniques used in the study. The prepared Learning Package for Health Education is also included at the end of this chapter.

Chapter IV is concerned with the analysis of the data followed by its interpretations. This chapter consists of two parts. First half deals with the survey part of the study and the second half consists of the testing of the effectiveness of the package prepared.

Chapter V summarises the study in retrospect. The implications of the study are discussed and suggestions for further research are also given.