I.1 INTRODUCTION

Today’s children are the future citizens and future leaders of our country. Society’s responsibility is to give appropriate education to the children to make them active and creative force of the society. Role of education is very important, because children’s formation of good habits, attitude, thinking pattern and knowledge are all influenced at different levels of education. Social institutions like home, schools, politics economics etc. contribute a lot to the all-round development of the personality of the child.

It is not the fact that childhood days are free from tension, rather various social changes caused by the kind of unbelievable advancement of science and technology, a revolutionary change in lifestyle compared to earlier days, have put our children in the face of various challenges of the modern times. It is because of these reasons that the need to bring about the necessary changes in the curriculum has become important. For the balanced development children need to go through a series of experiences which are provided to them by offering diversified aspects of a curriculum.

In order to make the children intellectually sound, emotionally balanced, physically fit and socially adjustable, emphasis from the cognitive domain, psychomotor domain and effective domain of educational field are equally important. Educational institutions at different levels should offer various exposures to the children through the curriculum to bring out their latent qualities. Curriculum is a living program of the school. It is neither a body of knowledge or certain
skills only; It is rather a design for a series of experiences through which the society wants the children to go in order to develop certain attitudes, interests, ideas etc. which will build his personality, citizenship and character and an ability to sustain the self, the family and the society.

Curricular experiences have cumulative effect on the children. It is the total experience the child gains in the total situation available in the school. Otherwise personality cannot be developed only by imparting knowledge; citizenship cannot be achieved only through instruction Change in behavior does not come through listening and reading only. These can be developed through classroom instruction; and out of classroom activities, play experiences and playfield behaviors during recess period exchanges, in gathering through outing and excursions, in short, the very living in the school setting.

It is only when one is possessing good health that good behaviors can be adopted. For producing favorable changes in the attitudes and behavioral patterns of students concerning the concept of health school health education programs holds unlimited potential. Today, much importance is paid to the subjects on health education. However, by visiting any of the school one can observe the prevailing condition in which health education occupies a place on the fringe of curriculum as a minor subject.

General apathy towards the health education manifested by the parents and citizens which influences school boards to a considerable extent are found to be main obstacle to the development of school health education. Majority of the parents view or consider school
education primarily for preparing their students for attaining college education, irrespective of the fact whether they belong to any class or creed of the society. Such parents place a higher priority on health of their children. However, such parents view access to quality health care as the fundamental factor in health protection and not the education. In such kind of situations, no need is being felt by school administrators to bring about any kind of change in health educational programs. However, in recent times the concept of health is becoming very popular and majority of people are becoming health conscious, as a result of which number of institutions or organizations providing information or facilities for maintenance of health, has increased in considerable extent.

School health education should be designed in such a way that it becomes the important part of comprehensive and well-articulated informal system of total health education along with programs which are being offered in different situations.

Various school health educational programs are designed to serve the students for their entire life. For instance, by designing and presenting the subject matter in an effective manner, it is possible to give the information relating to various concepts of anatomy and physiology to the students well, though they may have no significant problem with this aspect of their lives at that time. With an extended time frame various useful attitudes and values existing in affective domain can be acquired in educational setting. Students should be provided information in such a way by which they can feel positive about themselves and about their health status. A confidence should be developed among the students regarding their ability to be a force in
the management of their health. This can be assured by recruiting or appointing health educators in the school, as such Personnel possess high level of interest towards the field of health of the students. Quality of health instruction can be enhanced by making use of various instructional materials that can be in the form of text books, pamphlets and films. Well trained teachers possess the quality to bring about the various kinds of improvements in the quality of available materials or resources.

SCHOOL HEALTH SERVICES

School health services in India have a long history. Since independence, a number of committee was set up on topics in relation to school health. In 1961 Rnuka Roy school committee laid the foundation for a comprehensive school health program. Notable in the context of school health are the projects on nutrition, health education and environmental sanitation (NHEES) and the efforts of bodies like National Council of Educational Research and training (NCERT). Both national policies on health (1983) and education (1986) strongly supported school health program, particularly school health education (SHE). Different states have their own schemes.

School health program consists of three related components

(i) School health services, (ii) school environment and (iii) health education.

(i) The school health service comprises immunization, screening, counseling, surveillance service, early detection, treatment, and referral service.
(ii) The school environment includes the school building and its environs, classrooms, lighting and ventilation, furniture, water supply and specially drinking water, meals, waste disposal, abatement of pollution etc. The environment should be health promoting and also serve the educational purpose, so that, appropriate ideas and habits are prompted in the users, as they are greatly influenced by their interactions in the school environment.

It is needless to say that a healthful social environment needs multi–sectoral co-operation. The most important component in the context enumerated benefits of school health program-is a measure of health promotion in the truest and broadest sense in school health education. Health education has been defined as a process of producing desirable changes in health behavior and in the knowledge and attitudes required for such a change.

(iii) School forms an ideal setting for health education in more than one way. The schools are the most fruitful and rewarding venues for health education. As far as curriculum is concerned, it is generally agreed that health education, instead of being a separate subject, should be integrated with other subjects forming a hidden curriculum. Health topics should form part of science, arts, environmental studies and even languages and mathematics. Suitable changes are to be made in the curricula concerned. Health education fits well into the present concept of child- centered and activity-based learning of education. The out of school activity services can also cover health topics. It is desirable that the school health component of routine health services should also be strengthened.
The beginning of the school health service in India dates back to 1909 when for the first time medical examination of school children was carried out in Baroda city. The Bhore committee (1946) reported that school health service was practically non-existent in India and where they existed, they were in an underdeveloped state. In 1953 the secondary education committee emphasized for the need of medical examination of pupils and school feeding program.

In 1960 the government of India constituted a school health committee to assess the standard of health and nutrition of school children and suggested ways and means to improve them. The committee submitted its report in 1961 containing many useful recommendations. During five years plan many state governments provided school health and school feeding programs to the students.

A discussion of health service must be based on the health problems of the school-going children, the culture of the community and available resources in terms of money, materials, manpower and other factors. Where health problems of school children vary from place to place, service carried out in India indicates that the main emphasis will fall on the categories of malnutrition including vitamin deficiencies, infectious diseases, intestinal parasites, disease of skin, eye, ear, and dental carries.

The objectives of school health programs may be as follows:

1. Promotion of positive health

2. Prevention of diseases; vaccination against six killer diseases—TB, Polio, Tetanus, Diphtheria, Whooping Cough, and measles
3. Early diagnosis, treatment, and follow-up of defects.


5. Preservation of healthful environment.

Some aspects of school health services may be as follows:

1. Health appraisal of the school children and school personnel.

2. Remedial measures and follow-ups.


4. Healthful school environment.

5. Nutritional service.

6. First-Aid and emergency care.

7. Mental Health.

8. Dental health.


11. Education of physically challenged students.

12. Proper maintenance and use of school health records.

Health has been a concern of people from the earliest time in personal life, school life and social life and from the beginning, so to say even before the days of the great emperors of Greece and Rome, human beings have sought to protect their health. From days unnumbered, they have shown efforts to control diseases, improve environment and protect food and water supply to remain healthy. In a ward, health has occupied a formidable position in the personal, civil
and national life of man and without it man becomes useless to himself and burden to others. As a matter of fact, health is the man’s most valuable possession, because it influences almost all activities of man and it is the solid foundation on which man’s happiness rests. It holds a predominant position in our national, personal and civic life.

The word “Health”, now-a-days, is used in a broader sense and it does not only mean physical fitness and absence of illness. Good health takes into account the physical, mental, social, emotional and spiritual well-being of a person.

CONCEPT OF HEALTH

“Every child deserves a healthy future.”

According to English term “Health is the state of being hale and sound in body, mind or soul, especially from physical disease or pain”. “Health”, according to World health Organization, “is a state of complete physical, mental and social well-being, not merely the absence of disease or infirmity”. It includes normal functioning of all parts of human organism resulting in physical strength and vigor, mental stability and satisfactory adjustment to environment and life.

In modern age school is considered to be not only the center for intellectual development of a child, but also a training ground for all round development of the child. The aim and objective of education is the total development of the whole person physically, intellectually, emotionally and socially and also the fulfillment of person’ potential. Therefore, along with the scheme of the intellectual development modern educationists have recommended to make provisions for
‘Health education’, ‘work Education’ ‘Moral Education’ and so on in the Curriculum of the secondary stage of education of West Bengal. It is being thought that the knowledge of Health Education and Health Care Management for the students are related to each other and this understanding of relationship is very important in the process of total development of a child to utilize full potentialities to contribute to the well being of the community and the nation, because a healthy mind resides in a healthy body. In this regard what the curriculum designers at secondary stage of education said is appropriate and to the point,

“Every student of the school requires to be trained in sound health at school and home. The education of the school should be practical, so that, he may not only appreciate the value of health education, but also learn the ways in which he can effectively maintain and improve his health”

Thus, the responsibility and functions rendered by the school health service to ensure health care have been gaining importance day by day. It is important that teachers, parents and the school management must be aware of the effectiveness of health care of the students for development of the whole person and also recognize the functions clearly. The minimum essentials of satisfactory health care service in a school should include:-

I. Health examination of pupils.
II. Correction of defects and habits.
III. Protection measures against diseases.
IV. First-Aid-service.
V. Dental care.

VI. Health examination of teachers and staff.

VII. Provision for hygienic school environment and cleanliness

VIII. Sanitation and guarantee for supply of pure water for drinking and hand washing.

IX. Knowledge of safety measures in crisis and disaster.

X. Formation of healthy attitude to keep fit.

XI. Providing facilities for participation in sports and games and recreational activities.

XII. Provision for healthful school environment etc.

In addition, to ensure good health, planning of daily schedule and wise choice of home work, proper arrangement of furniture and also provision for proper ventilation, heating and lighting in all classrooms for comfortable and efficient work, are also the essential ingredients of health care management in schools.

Management of health care and health education in Madhyamik schools in West Bengal is generally managed by the classroom teachers, but in fact, effective health care of the students does not always depend on the activity of the teachers in the classroom situation and certain phases of the health care activities are exclusively the concern and responsibility of the administrative and management authority of the school. Therefore, the management as well as the academic body the school must include the health care programs and health education as an essential part of the school curriculum along
with other curricular subjects like language study, science and social science subjects etc.

To have an idea of good health we must examine the three aspects of health—Physical, mental and social.

**A. PHYSICAL HEALTH**

A person is physically healthy if he or she looks alert and responsive and also is one who-

1. Is energetic
2. Has good posture
3. Weighs normal for age and height
4. Has all body organs functioning normally
5. Has a clear and clean skin
6. Has bright eyes
7. Has good textured and shining hair
8. Has a clean breath
9. Has a good appetite
10. Gets sound sleep

**B. MENTAL HEALTH**

A person may be called mentally fit when he has

i. Control on emotions

ii. Sensitive to the needs of others

iii. Confident in one’s own abilities
iv. Freedom from unnecessary tensions, anxieties and worries

‘A person is mentally healthy if he or she is relaxed and free from any worries.’

C. SOCIAL HEALTH

‘A person may be called socially fit if he or she can move in the society confidently with others and has the ability to

i. Get along with others in the society

ii. Show pleasant manners

iii. Help others

iv. Fulfills responsibility towards others

These three aspects of health as mentioned are interrelated. Any change in any one aspect of health that is physical, or mental or social may have effect on the other aspects also. All three aspects are interrelated and to be called healthy one must have good health in all the three aspects.

HEALTH CARE AND HEALTH EDUCATION IN SECONDARY SCHOOLS

Physical health is the pre-requisite of all education. The key international health organizations have identified schools as institutions which potentially play an important role in influencing the present and future health behaviors and lifestyle of young people. The school is where the children spend a large proportion of their waking life, including the developmental years in which health risk behaviors
are often adopted as life time habits. Schools are recognized places of learning with existing structures and systems that provide opportunities for the integration of new knowledge and skills into the regular curriculum in a way which is both acceptable and cost-effective.

Further, it has been recognized that the informal or hidden curriculum of a school can significantly influence the students’ attitudes and behaviours. The message conveyed in the classroom can be reinforced or completely undermined by what occurs outside the classroom. Schools have the potentials for access to nearly the entire population of young people, including minority and disadvantageous groups. Teachers can be perceived as the role models for students and are central to a school’s functioning. Finally, schools also provide a valuable link with parents and community. Involvement of parents, caregivers and local community members can act as a strong reinforcement and support for strategies implemented or to be implemented in schools. Schools are, thus, an ideal setting for health promotion.

The “Better society” and the “Good Life’ has challenged the humans for thousand years. Along with the family, the church and the temple and the community in general, schools have continuously sought to help people live better individually and in groups. Although there have been shifts in philosophy from time to time, the ultimate purpose of the schools has remained constant. The schools have always been concerned with helping the boys and girls to live a better life. Teachers with the help of the parents, family members, and the community, must aid students to learn how to live in and make adjustment to the society in which they live in. Health is the basis to
the basis. Without good health, pupils will have difficulties to read, write and perform the necessary activities for learning.

A Multiphasic and differential program of health is needed to be adequately cared for the variety of students and health and safety problems found in schools. The school health program should be such that the school procedures and activities be designed to protect and promote the well-being of students and school personnel. This program must include ‘Health instruction, Health service, Healthful School Living and co-ordination ‘The instructional component should be both formal and informal in nature for both parents and students. The formal component includes a program of planned activities and attempts to develop attitudes and practices of healthful living that will enable children to reach high levels of wellness. The formal program is one that is planned, sequential and includes all grades in a school or school district. It is now considered to be comprehensive school health education program. It should be based on sound principles of curriculum development and include all subject areas necessary to satisfy students’ health needs and interests

1. The health service should attempt to identify the pupils with problems and provide counseling and guidance to obtain corrections where possible and to make adjustment in school programs where necessary. It also includes food service and health service to the school personnel and maintenance of the emotional climate in the school.
2. Policies and procedures to prevent the spread of communicable diseases and to take care of children, who may be injured or become ill while at schools, need to be established.

3. The school environment should be a healthful and safe one, will be staffers by well-adjusted employees and offer atmosphere friendliness and comfort conducive to learning. It relates to those activities that provide a safe and healthful school atmosphere in the form of physical plant, lighting, heating, ventilation etc.

4. There must be an environment of co-ordination, because no program in this nature functions effectively without co-ordination. Coordination refers to those activities usually carried out by a school administrator in cooperation with school and/or community, health committees or councils. They include the administration and supervision of the school health program with specific responsibilities, to integrate the various phases with health instruction, to develop curriculum, to provide in-service teacher and staff training, to prepare policies and procedures to communicate with community agencies and organizations and to perform many tasks.

**SCHOOL HEALTH**

The health of the children and their learning are reciprocally related. Young people must be healthy to obtain optimal benefit from their school experience. Educational experiences must be provided that will enable pupils to live in a healthful manner.
Students who are frequently absent because of illness due to a wide variety of health problems emotionally disturbed, malnourished or undernourished, are always tired, are simply not able to learn efficiently and effectively even with the best teaching. The American Academy of Pediatrics identifies factors that contribute to underachievement in pupils. These are chronic and frequently recurring physical problems, specific sensory defects like defects in hearing, vision and speech, neurologic; neuromuscular problems (brain defects, epilepsy); psychological problems (passive-aggressive behavior, fears anxieties); and mental problems.

Although the parents have the primary responsibility for the health of their children, schools must offer supportive and complementary programs to help counsel pupils and parents. The role of the school is primarily to educate. Schools are expected to provide education to help students live in and adjust to the society. Since society places high value on human life and health, schools have a responsibility and an opportunity to help, protect and promote the health of pupils and to aid in the prevention of ill health.

GOOD HEALTH FOR PUPILS

The health program seeks to protect and improve the children’s health. The achievement of this goal mandates that the teachers and school personnel understand the concept of school health, the factors that influence pupil’s health, and how to tell if pupils are healthy.
WHAT IS HEALTH?

Health includes multiplicity of phenomena and can neither be simply nor easily defined. Comprehension of variety of components that comprise health is essential to understanding its nature and its importance in the health program.

Health is a condition of the organism that may be represented on a continuum from so-called good health to bad health, or from “wellness” to “illness” with many variations in between. People desire to find themselves at the positive end of health scale and not at the negative end.

Factors of health

1. Health is personal:— Each person is born with a specific constitution or physical body that is provided through the genetic structure inherited from parents. Individuals are different in many ways—number of arms, legs, eyes, size, shape, color of skin and eyes. Some children may be tall obese, have only kidney have allergies, or perhaps minimal brain damage. Some pupils have susceptibilities to certain diseases and conditions. Thus health is individual and variable in nature.

2. Health is a frequently changing phenomenon:— it is the result of the interaction of the individual with many factors and experiences in the environment.

3. Health is dependent on self actualization:— It necessitates internalization by the individual. Each person must take a decision whether or not to promote and preserve his or her health.
4. Health is a means to an end: Health is necessary for effective learning and living. A child with poor health may have difficulty in learning to read, doing arithmetic, or speaking and may have trouble later in life, such as when trying to obtain a job.

**Health is a complex phenomenon**

Health is a composition of Psychological, sociological, and spiritual interrelation. These components have special significance in helping students make intelligent decisions. These components must have greater consideration in teaching to achieve more effective health education.

Students need to understand the structure and function of the human organism and the nature of good health and ill health and diseases and conditions. The emotional and physical needs are reciprocally related to people-friends, relatives, and others and to the environment found in the social arena. These interrelating factors influence the structure and function of the human body. Unfortunately, these components are not often stressed in health instruction.

**FACTORS INFLUENCING THE PUPIL’S HEALTH**

A child’s health is determined by three factors: heredity, environment and behavior. Each boy and a girl, as an individual personality, is a product of these fundamental factors.
HEREDITY

People differ in many ways. Some are tall and slender, others are short and stocky. Some are just plain big, others are tiny and the rest are distributed in between. Some are fair skinned with blue eyes; others are olive skinned with brown eyes. Some have blond hair, some brown, some black, and a few red. Differences in their facial features are rapidly apparent, even to the casual observer. As a teacher one can find that some learn quickly, others slowly; some show rapid rate of physical growth while others lag behind, at least temporarily. Some learn motor skills easily and quickly; others seem never able to quite “get the hang of it when a physical skill is taught”. All these are evidence of biological traits transmitted to the children from the parents. All these are the miracles of heredity.

It is heredity that establishes a child’s health endowment fund. What is passed on to the child by the genes and their constituent deoxyribonucleic (DNA) and ribonucleic acid (RNA) molecules from the parents, grandparents, and more distant ancestors has much to do with the child’s capacity for good health. Heredity also plays a part in the predisposition to some mental disorders, infectious diseases, diabetes, hemophilia, and chronic conditions such as cancer, heart disease, and anemia.

ENVIRONMENT

Environment has a direct bearing on the health of the pupils. Boys and the girls must interact with and adjust to an environment that is physiological, biological, and social. Physical factors, such as
weather and climate, housing, soil water and food supply, medicine, radiation, clean or polluted air, recreational facilities, school building, and sites, and many more physical things around us can affect health for better or worse. Biological influences include germs, plants, animals, and other people. These too may be helpful or harmful to health. For example, a pupil may catch a cold from a parent. At the same time that parent provides shelter, food, clothing, medicine, and other necessities that serve to maintain and improve the child’s health.

BEHAVIOR AND LIFE STYLE

To a far greater extent than either heredity or environment behavior or life style, is generally the most influential factor in pupil-health behavior is the result of the interaction of the psychological, social, and spiritual factors.

An effective health instruction program can guide pupils towards life-styles that will enable them to live in a beautiful manner.

SCHOOL BUILDING

Some specific physical components of healthful living include site and building construction, internal organization, such as thermal control, lighting, water supply, food services, school bus safety, and fire prevention and protection. The mere construction of a new building is no assurance that it contributes favorably to the educational experience of the child.

The selection of a site involves such considerations as follows:
Accessibility of local traffic
Distance from busy or noisy streets
Adequate space (Playground, athletic field)
Freedom from unnecessary hazards
Adequate drainage
Aesthetic landscaping
Adequate pupil population within a limited radius (often considered one-half mile or less in large cities)

HEALTHFUL SCHOOL LIVING

Healthful school living implies a joint responsibility among all persons who come into contact with the school. This would extend to those responsible for developing the physical plant (The Board of Education and the architect), school administrator, students, parents, custodian, and all ancillary staff.

Probably the most critical role in terms of healthful living falls on the Board of education. This agency would decide if, when and where a school will be built or if all the facilities conducive to healthful leaving is available.

The school administrators have the major responsibility directing and controlling the daily operation of the school. They must be informed of the needed changes in the physical plant that affect the overall quality of education. School population increases or decreases deterioration of facilities, and other changes must be reported by the
school personnel to the superintendent, who then must relay this with proposals for action to the board of education.

The teachers are on the fringe line. They must make the administrators aware of any special need they require to be fulfilled. The teacher can instill a sense of “ownership” of this school into students through the regular instructional programme. By keeping the custodial staff informed of the needed repairs and the administrators award any special need, the teacher can contribute positively to the overall environment of the school.

HEALTH APPRAISALS

Health appraisals refer to a series of procedures to assess or determine the health status of the children through the use of teacher observation, screening tests, health histories or inventories, dental inspections medical examination, and psychological tests. They are dependent on the cooperation of parents, teachers, physicians, dentists, health educators nurses, and psychologists in the school program. The nature and frequency of appraisals may vary from school to school.

SCHOOL HEALTH AND NEED FOR PREVENTION

Prevention has multiple meanings. Literally, to prevent is to keep something from happening. Prevention includes the protection and promotion of health. It includes primary, secondary, and tertiary aspects. Schools generally provide primary and secondary preventive assistance.
Primary prevention refers to action taken to interfere with something happening or procedure to stop something before it starts. Specifically it is an attempt through education and other procedures to help students refrain from the use of or reduce the misuse of drugs, obtain immunizations and generally make intelligent decisions in regard to their health. This type of prevention may take place in schools or in the community. Within the school the education may be formal or informal in nature and may be provided for students, parents, school personnel and others.

Secondary prevention relates to procedures taken after an illness or abnormal conditions has occurred, so that it does not get worse or become more advanced. It includes early detection conditions and the use of follow-up procedures to obtain the necessary treatment or adjustment.

Tertiary prevention is an extension of secondary prevention in which action is taken to interrupt the development of more serious conditions. It refers to treatment and rehabilitation services rendered by physicians, psychiatrists, and other professional to save lives, restore pupils to high levels of wellness, and prevent serious personality damage. This service is generally not a function of schools and usually takes place outside the school setting. For example, a child with diabetes, epilepsy, heart disease or hyper kinesis is in need of medical assistance.

Communication between the school, parents and the physicians is needed for appropriate adjustment to be made in the school setting.
ROLE OF SCHOOL IN PREVENTION

The role of the school in preventive is recognized in the total school health program. Schools have a legal and moral responsibility to provide a safe sanitary and healthful environment for pupils and school personnel. An atmosphere conducive to learning is one that is friendly and comfortable, offers a curriculum that motivates and meets the needs of students, minimises stress situation, and includes well-adjusted, competent teachers.

The central purpose of school health program is to help children learn to be responsible for their own health. Students should be able to acquire scientific understandings and attitudes through the health instruction program that will enable them to act intelligently. The health habits established in these formative years influence the quality of life that emerges in adulthood. Young people in the schools can be exposed to many useful health experiences and activities, since they legally must attend the school for nearly 06 hours daily and 180 days to 200 days yearly.

Children attend school with a variety of illness and conditions, such as communicable diseases, speech impediments, and dental problems that are in need of identification and/or possible correction. The school health services program should provide nurses, physicians, dentists and other professionals who can assist with these problems to protect other students. They also can counsel and guide pupils and parents and recommend adjustments in school programs for more effective learning.
Health education and health care, in principle and action, is an integral part of the total educational programs of the school. Its aims and objectives are in harmony with the broader aims and objectives of education. The development of child-centered curricula the use of teaching units and emphasis on school-community relationship help developing the health education, health care and health care management in the secondary schools.

Thus, it is clear that health education greatly helps the educational process in influencing the behaviour patterns of the pupils. The ‘Health Side’ of health education prepares the students physically to face the hardships of the educational process, while it’s ‘Education Side’ provides a basis, on which the whole educational setup can be built up very effectively.

In a word, it can be said that the goal of health education, health care and its management in a school is to give the pupils the tools with which their potential energies and physical, mental, emotional and social effectiveness can be fully utilized.

School based nutrition education can improve dietary practices that affect young person’s health, growth and intellectual development. Even moderate under nutrition can have lasting effects on children's cognitive development and school performances. Chronically undernourished, they have difficulty in resisting infection and therefore infect other children to become sick, to miss school, and to fall behind the class; they are irritable and have difficulty concentrating which can interfere with learning.
Skipping breakfast can adversely affect children's performance in problem solving tasks. A study of low income elementary school students indicated that those who participated in the school breakfast program had greater improvements in standardized test scores and reduced rates of absence and tardiness than did children who qualified for the program but did not participate.

Overweight and obesity are increasing among children and adolescents. The prevalence of overweight among youths in the age group of 6-17 years has more than doubled in post 30 years. Obesity in young person is related to elevated blood cholesterol levels and high blood pressure and some very obese youths suffer from immediate health problems like respiratory disorders, orthopedic conditions and hyperinsulinmia. Further, obese children and adolescents are often excluded from peer groups and discriminated against by adults, experience Psychological stress and have a poor body image and low self esteem. Increased physical activity and appropriate calorie intake are recommended for preventing and reducing obesity.

AIMS AND OBJECTIVES OF HEALTH EDUCATION IN SECONDARY STAGE

The followings are the main aims and objectives of health education in secondary schools in schools:-

i. To provide information about health and hygiene.

ii. To maintain norms of good health.

iii. To take precautionary preventive measures.
iv. To take curative measures.

v. To develop and promote mental and emotional health.

vi. To develop a sense of civic responsibility among people.

vii. To make the pupils understand the elementary structure and functioning of the human body and the stages of human development.

viii. To help students to understand the importance of nutritious diet for physical and mental development.

ix. To help the students know how they can save themselves from accidents and from the carriers of diseases, like flies, mosquitoes, rats, dirt, discharge as well as polluted air, water and food.

x. To help students understand the relationship between health education and physical education.

Health education forms the essential part of a child’s total education. In fact, all aspects of health education should be carried on at all stages of educational process according to the age and maturity of the pupils. The principles and components of programs, the important ways and means through which health education can be imparted in secondary schools, are as follows:

i. **Healthy school policy**

It includes strategies which addresses the development of and/or implementation in schools of written policies which have a positive impact on the all sectors of school community (e.g. non-smoking
policy, policy concerning protective clothing, policies of cleanliness etc.

ii. Supportive healthful environment

It includes neat, attractive and well maintained school building and class-rooms, equipment and playground as well as the sympathetic and affectionate school teacher to inculcate healthful living in the school environment. It also includes strategies which focus on the improvement of a school’s physical and social conditions (e.g. Smoke free school, tree planting programs, supervision of school function, mechanisms for communication and relationships between members of the school community)

iii. Systematic Health Instruction

Direct health instruction should be provided in schools through subjects like hygiene, physiology, general science, physical education home science, social studies and languages that enable the students to understand the structures and functions of human body, realize the need for keeping physically fit, take precautionary and remedial measures in case of illness and disease and feel the importance of physical exercise, games and sports and nutritional value of food.

Printed materials

iv. Books, booklets, charts and posters, pamphlets, leaflets etc. also serve a lot as an effective means for health education. Pupils can be motivated to prepare charts and posters about food, exercise, disease and their prevention, sleep etc.
v. **Health club**

Every school should organize a health club as self organizing unit. Through this health club students can be associated with the health information and activities of the school. This club in co-operation with the school may organize debates symposiums, discussions, seminars plays and dramas on matters relating to health to inculcate health awareness amongst the students.

vi. **Observation of Health weeks and world health days**

Health awareness week may be observed in the school and different health relating days like world health days etc. maybe also observed in the school. One week may be set apart each year for promotion of health propaganda. During this week school and other personal cleanliness campaign may be undertaken by the students under the guidance of their teachers. Special lectures on health sanitation and hygiene should be organized in this week.

vii. **School community action**

It includes strategies of enabling equitable participation and empowerment of all sectors of school community in decision making and implementation of programs. In these programs the parents should participate in the negotiation of health curriculum and its implementation.

viii. **Developing personal skills**

It refers to the policies for the improvement of knowledge, attitudes and skills which promote an autonomous and healthy lifestyle. It includes health education curriculum packages on relevant health
issues, social influences and resistance skills training, self-esteem and communication skills training, opportunities for teachers to attend training and/or courses on health issues etc.

I.2 Statement of the problem

In the present study an honest attempt has been made to make an assessment of how the health care services from the part of the teaching and non-teaching staff and the administrative and management levels in the schools is being followed up to ensure the healthy way of living in secondary schools of West Bengal.

In the light of the above the purpose of the study was set to ascertain:

i) How health care services are arranged, organized and managed for the students of the secondary schools of West Bengal.

ii) To suggest measures which the school authorities can take up to improve the services within the limitations of the respective schools.

I.3 Delimitation

i) The study was delimited to the secondary schools located at both urban and rural areas of different Districts of West Bengal.

ii) The study was further confined to at least five secondary schools of each District.
I.4 Limitation

i) Each Head of the institution was oriented with the purpose of the study and the procedure of giving responses against the questionnaire but the researcher had no control over the sincerity with which the Head of the institution or his nominee made the responses.

ii) The investigator could not make physical verification of the information provided by the Head of the institution in respect of the infrastructural facilities, arrangement of health care services etc.

iii) The researcher did not apply any motivational technique to influence the Head of the institution in making the responses through the questionnaire.

I.5 Hypothesis

On the basis of the exchange of views with some Heads of the secondary schools and also the self-experience as the Head of a Higher Secondary School, it was hypothesized that the average picture of the health care services in respect of their arrangement, organization and management in the secondary schools located at both urban and rural areas under different districts of West Bengal will not fulfill the standard norms.
I.6 Significance of the study

i) The study will provide a picture and knowledge about the present state of health care management existing in the secondary schools of West Bengal.

ii) The results of the study will help the teachers and the management of the secondary schools of West Bengal to take effective measures to improve the system within the limitations of the schools in order to ensure healthy loving of the students in the school and through the school students the health of the community and the nation.

iii) The study will help to arouse health care awareness among the students, teachers, parents and the guardians.

iv) The investigation of the present state of affairs regarding health care management in secondary schools of West Bengal will provide input to the Department of Health, Govt. of West Bengal as well as the Department of Education Govt. of West Bengal to evaluate the existing situation so that effective measures can be taken to help the schools to improve the system of health care management.

v) The study will help the students, teachers, parents and the guardians to develop a right and positive attitude and habits towards following some important principles for promotion, improvement and maintenance of good health.
**Structure of the Thesis**

The Thesis has been presented in the following chapters:

Chapter-I: This chapter introduces the overall idea about different concepts like physical fitness, attitude of students, teachers and other staff towards health, wellbeing and fitness, role of nutrition to maintain health, effect of pollution and environment, importance of sports and physical activities, role of counseling, infrastructural facilities, regular medical checkup etc. which have a profound effect on students’ health at secondary stage of education. This apart, this chapter includes the aim and objectives of the study, hypothesis, limitations and delimitations and finally the contribution of the study for the benefit of the society.

Chapter-II: This is the chapter where the scholar has reviewed and cited literatures, previous studies from different sources related to the present study. The studies which the scholar could trace out have been presented in different sections.

Chapter-III: In this chapter is discussed the outlines of the methodology and procedures adopted for selection of subjects and collection of data.

Chapter-IV: This chapter describes and makes statistical analysis of data to interpret the results and also discuss the findings of the study in the light of the previous studies already undertaken by other researchers.

Chapter-V: This is the last chapter of the thesis which presents the conclusions of the study arrived at from the investigation within
certain limitations. Here some recommendations have been suggested for the future studies which may be taken up by other researchers.

Appendices include the information regarding the proforma used for collection of data.

Reference of books, journals, periodicals, unpublished literatures and others are given at the end of the thesis.

Definition and explanation of terms:

**ATTITUDE:**

Allport (1991) defined attitude as “A mental and neural state of readiness, organized through experience, exerting a directive or dynamic influence upon the individual’s response to all objects and situations with which it is related”.

According to Woodworth (1940) “An attitude is a set of disposition (readiness, inclination tendency) to act toward an object according to its characteristics so far we are acquainted with them”.

**PHYSICAL FITNESS**

Howley and Franks (1997) defined physical fitness as “A physical state of wellbeing that allows people to perform daily activities with vigour, reduce risk of health problems related to lack of exercise and provide a fitness base for participation in variety of physical activities”.

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Clarks defines physical fitness as “the ability to carry out daily task with alertness without undue fatigue and having ample energy to enjoy leisure time pursuit and to meet unforeseen emergencies.”

**PHYSICAL EDUCATION**

According to J.P.Thomas “Physical education is education through physical activities for the development of total personality of the child and its fulfillment and perfection in body, mind and spirit”. J.F.Williams defined “physical education is the sum of man’s physical activities selected as to kind and conducted as to outcomes.”

According to C.A.Bucher “Physical education, an integral part of total education process, is a field of endeavour that has as its aim the improvement of human performance through the medium of physical activities that have been selected with a view to realizing this outcome”

**Health**

J.F. Williams defined “Health is that quality of life that enables an individual to live most and serve best”.

World Health Organisation defined “Health is a state of complete physical, mental and social wellbeing and merely an absence of disease or infirmity.”

Recently the above definition of health has been amplified by WHO and it has been added,” attainment of a level of health that will enable every individual to lead a socially and economically productive life’.