

# Health Promotion in Schools through Educational Activities

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## Abstract

*Education is the key to awareness generation among people about various issues including health. The most crucial role that education, particularly school education, is expected to play in this context is to provide information and develop positive attitude among learners towards health related issues and influence their value orientation in respect of these issues so that they take informed and rational decisions for observing better quality of life. In this context, school education, especially Health and Physical Education occupies a central position by making students not only aware—but also in attitude formation and skill development among learners towards holistic health including reproductive and sexual health. Given the multidimensional nature of health, many opportunities for cross-curricular learning are provided through subjects like sciences, social sciences, and activities such as National Service Scheme, Bharat Scouts and Guides and various programmes like National Population Education Project (NPEP,) Adolescence Education Programme (AEP), and Comprehensive School Health Programme (CSHP).*

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## Introduction

Health and physical well-being, especially of children and youth, has been one of the important concerns of all societies. Since health, nutrition and education are important for overall development of children and youth, these have been considered one of the

core curricular concerns of school education in India since long. The importance of educational inputs in this context has been realised not only as a means to ensure sound health, physical fitness and well-being of students but also as a significant concern to be made an integral part of

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education. It is pertinent to note that there is a reciprocal relationship between health, nutrition and education, especially when it comes to children. Studies have shown that poor health and nutritional status of children has been a critical barrier to attendance and educational attainment and therefore, plays a crucial role in enrolment, retention, and completion of school education.

### **Health Needs of Children**

A review of surveys and studies conducted on the state of health indicates that health needs of children continue to demand interventions. It is well acknowledged that health is a multidimensional concept and is shaped by biological, physical, psychological, mental, social, economic, cultural and political factors. Access to basic needs like food, safe water supply, housing, sanitation and health services influences the health status of a population and this is reflected through mortality and nutritional indicators. The major cause of mortality and morbidity among children even now are a group of disease conditions like diarrhoea, pneumonia and fevers that are related to poor living conditions and lack of access to basic needs (IIPS: 2000).

Under-nutrition and communicable diseases have been a major problem among majority of school going children. NFHS-3 data indicates that obesity is also emerging as a problem at least in some of the States. The age specific data on major causes of mortality shows that low birth-weight, respiratory infections

and anaemia are the major causes of mortality for the under-five age group. Respiratory infections and anaemia become the major causes for the age group 5-14. Respiratory infections, especially tuberculosis, becomes the major cause of mortality for females after the age of 15 (Gopalan & Shiva, 2000; p.162).

There is also a growing realisation that the health needs of adolescents, particularly their reproductive and sexual health needs require to be addressed urgently. Since these needs are predominantly related to sexuality, which is culturally a very sensitive area, these are not addressed appropriately.

Findings from the National Family Health Survey 3 (NFHS 3, 2005-06) also show that young people are poorly informed on issues related to HIV prevention. Only 28% of young women and 54% of young men in the age group of 15-24 had comprehensive knowledge about HIV/AIDS. This is worrisome in the light of the fact that over 35% of all reported AIDS cases in India occur among young people in the age group of 15-24 years and more than 50% of the new HIV infections also occur among young people (NACO, 2005).

Substance abuse among young people is also a matter of concern. Findings from NFHS-3 show that in the age group of 15-24, 40% young men and 5% young women had used tobacco, while 20% of young men and 1% of young women had consumed alcohol.

Although young people are considered healthy, findings from NFHS

3 indicate that a proportion of young people suffer from anaemia (56% of females and 25% of males in the 15-24 age group) that can adversely affect their physical growth, cognitive development, performance in school and at work, as well as reproduction. The findings from NFHS-3 do not indicate progressive gender role attitudes; 53% women and 56% men in the 15-24 age group felt that wife beating is justified under specific circumstances.

Sexual harassment in public spaces, institutions of education, in and around home and at the workplace is also a well established fact. Child abuse, bullying and ragging are also common and more so among boys.

Adolescent children, therefore, are in urgent need to be empowered by acquiring authentic knowledge about their specific concerns, inculcating rational attitude and developing life skills in order to manage peer pressure, avoid risky behaviour and practice responsible behaviour. In recent times, a great deal of importance has been given to adolescent health in school curricula, but it is yet to be properly institutionalised.

During the last two decades several National Health Programmes like the Reproductive and Child Health, HIV/AIDS, Tuberculosis and Mental Health have been emphasising health education and children are viewed as a potential 'target group' for preventive and promotive activities. The concern with this approach is that the focus is on giving information and each of these

programmes is independent of the other. This creates demands on the teachers and children to deal with each of these concerns and they are not integrated into the existing curriculum. It is suggested that the curriculum on Health and Physical Education must identify major communicable and non-communicable diseases for which health information be provided at the appropriate developmental level of the child.

Various programmes and activities are undertaken for the promotion of health of children through education. Let us discuss these one by one.

### **National Policy on Education**

National Policy on Education 1986, as revised in 1992, recognises the holistic nature of child development, viz., nutrition, health and social, mental, physical, moral and emotional development. The policy emphasises that Early Childhood Care and Education (ECCE) needs to receive a high priority and be suitably integrated with the Integrated Child Development Services programme, wherever possible. Day-care centres will be provided as a support service for universalisation of primary education, to enable girls engaged in taking care of siblings to attend school and as a support service for working women belonging to poorer sections (5.2).

Health planning and health service management should optimally interlock with the education and training of appropriate categories of health manpower through health-related

vocational courses. Health education at the primary and middle levels will ensure the commitment of the individual to family and community health, and lead to health-related vocational courses at the +2 stage of higher secondary education. (5.18)

### **What National Curriculum Framework Says**

The National Curriculum Frameworks developed since 1975 at regular intervals have responded to the health needs of school going children. The *National Curriculum Framework (1975)* developed in the context of the *Policy Resolution on Education 1968*, *National Curriculum Framework (1988)* developed as a follow-up of the *National Policy on Education, 1986* and *National Curriculum Framework for School Education (2000)*, while delineating the details of the curricular area of Health and Physical Education also recommended that medical inspection be made compulsory at each school stage with follow up in cases where deficiencies are noticed. The recent *National Curriculum Framework 2005* provides a holistic definition of health within which physical education and yoga contribute to the physical, social, emotional and mental development of the child. It recommends that the midday meal programme and medical check-ups be made a part of the curriculum (NCERT Position Paper 2006).

National Curriculum Framework, (NCF) 2005 recognised that the 'pre

condition for all development is healthy physical growth of all children. This requires that the basic needs in terms of adequate nutrition, physical exercises and other psycho-social needs are addressed. Participation of all children in free play, informal and formal games, yoga and sports activities is essential for their physical and psycho-social development. The range of abilities as a result of games, sports and yoga will improve stamina, fine and gross motor skills and dexterity, self-awareness and control, and coordination in team games. Simple adaptation of playgrounds, equipment and rules can make activities and games accessible to all children in the school. Children can achieve high levels of excellence in sports, athletics, gymnastics, yoga and performing arts such as dance. When the emphasis shifts from enjoyment to achievement, such training can make demands of discipline and practice that can create stress at this stage. Whereas all students must be involved in health and physical education activities, those who choose to excel in games and sports need to be provided adequate opportunities.

### **Health and Physical Education as a Subject Area**

The curriculum and syllabus for this subject has to adopt a 'need based' approach to a child's development. This is the framework that will guide the inclusion of physical, psycho-social and mental aspects that need to be

addressed at different levels of schooling. A basic understanding of the concerns need to be delineated but this subject has an applied dimension that needs strengthening through experiential learning, acquiring skills to recognise and cope with demands, expectations and responsibilities of daily living, the collective responsibilities for health and community living also need to be emphasised. *National Curriculum Framework 2005* emphasises that :

- recognising this subject as a core subject, Health and Physical Education must continue to be a compulsory subject from the primary to the secondary stages, and as an optional subject at higher secondary stage. However, it needs to be given equal status with other subjects, a status that is not being given at present.
- the ‘need based approach’ could guide the dimensions of physical, psycho-social and mental aspects that need to be included at different levels of schooling. A basic understanding of the concerns is necessary, but the more important dimension is that of experience and development of health, skills and physical well being through practical engagements with play, exercises, sports, and practices of personal and community hygiene.
- it should be possible to organise the utilisation of the school space at the block level at least, for a special sports programme both before

school hours and after school hours to enable children with special talent for sports to go there for special training, and during vacation time. It should also be possible to develop these sports facilities so that many more children can avail of these for leisure time sports activities and engage in team games such as basketball, throwball, volleyball, and local forms of sports.

- it should be given equal status with other subjects and the essential physical space and equipment need to be available in every school. Doctors and medical personnel should visit schools regularly.
- school health programme must be an integral part of Health and Physical Education.
- growing realisation of adolescents’ health needs in an age appropriate context and specific intervention in adolescents’ reproductive and sexual health concerns.

Provide children opportunities to construct knowledge and acquire Life Skills under Health and Physical Education, the following broad themes are identified :

- We and our environment
- Human body; physical fitness and health
- Food and nutrition
- Social health and relationships with others
- Safety and security
- Consumer health; vocational and leadership aspects.

Table 1  
**Status of Health and Physical Education in States/ UTs**

Status	Name of States/UTs		
	Primary	Upper Primary	Secondary
Compulsory	A&N Islands, A P,, Arunachal Pradesh, Assam, Bihar, Chandigarh, Dadra & Nagar Haveli, Daman & Diu, Gujarat, Haryana, Himachal Pradesh, J & K, Jharkhand, Karnataka, Kerala, Manipur, Lakshadweep, Maharashtra, Meghalaya, Mizoram, Nagaland, Orissa, Pondicherry, Punjab, Rajasthan, Sikkim, Tamilnadu, Uttar Pradesh, Tripura, Uttrakhand, West Bengal (31)	A&N Islands, A P, Arunachal Pradesh, J & K, Assam, Bihar, Chandigarh, Chhattisgarh, Dadra & Nagar Haveli, Daman & Diu, Gujarat, Haryana, Jharkhand, Karnataka, Kerala, Lakshadweep, Maharashtra, Manipur, Mizoram, Nagaland, Orissa, Pondicherry, Punjab, Rajasthan, Sikkim, Tamilnadu, Tripura, Uttrakhand, West Bengal (30)	A&N Islands, Andhra Pradesh, Arunachal Pradesh, Assam, Bihar, Chhattisgarh, Jammu & Kashmir, Jharkhand, Kerala, Lakshadweep, Maharashtra, Manipur, Mizoram, Nagaland, Orissa, Pondicherry, Punjab, Rajasthan, Sikkim, Tamilnadu, Tripura, Uttaranchal, Uttar Pradesh (23)
Optional	Chhattisgarh, Delhi, Goa, Madhya Pradesh	Delhi, Goa, Madhya Pradesh	Dadra & Nagar Haveli, Delhi, Goa, Gujarat, M.P, Haryana, W.B.

**Source :** A study conducted by Department of Teacher Education and Extension, NCERT, 2004

The analysis of status of Health and Physical Education in states / UTs has been shown above. It is a compulsory area in majority of states/ UTs.

### Other Projects

#### Components of School Health Programme

- School health and hygiene services
- Preventive and curative health services: routine medical checkup by specialists
- Hygienic environment in and around school: personal hygiene and hygienic environment

- School Midday Meals (MDM) Programme
- Coverage be extended up to Upper Primary Stages
- Yoga, physical activities and sports and games
- Teacher preparation

#### Health Related Content is an Integral Part of School Textbooks

Given the interdisciplinary nature of the area there is a need for cross curricular planning and need to be integrated with science, social sciences, language and other relevant subjects from the primary to senior secondary levels addressing

both the theoretical and applied dimensions.

“As stated in the position paper, given the multi casual understanding of health, many of the health education concepts are dealt by various subjects in the school curriculum that includes environmental studies, social science, science, physical education, yoga and population education. It also needs to be treated according to the developmental needs and intellectual ability at different

levels of schooling. For example, at the primary level the focus is more on individual and environmental hygiene whereas at the secondary and higher secondary stage diseases and even reproductive health has been discussed.”

An analysis of textbooks of NCERT (2011) shows content related to health has been integrated in different subject areas as shown in the tables given below. NCERT textbooks are also used in many states/ UTs.

Table 2

**Analysis of NCERT textbooks from Health Education point of view**

**Primary Stage**

<i>Class/ Subject</i>	<i>Chapter Title</i>	<i>Contents</i>
IV EVS	Nandita in Mumbai	Problems of overcrowded city like Mumbai; lack of space, scarcity of water and other basic amenities due to unplanned migration.
	Too Much Water, Too Little Water	This lesson throws light on the problems of dirty and unclean water and its impact on health. People get sick with diarrhoea, and vomiting. Need for making water clean and drinkable.
V EVS	From Testing to Digesting	This story introduces children to the importance of balanced diet and impact of non-nutritious foods and snacks like pizzas, burgers, chips and soft drinks and their effects on health (including illustration) also in text questions on hunger and food storage. (Pages 31-33)

**Upper Primary**

VII Social and Political Life-II,	Role of the Government in Health	Meaning of health care, health care in India. Cost of cure shown through cartoon and picture. Public and private health care services. According to UNICEF, more than two million children die every year in India from preventable infections. Health care and equality: adequate facility of health care to all. Health care in India. Comparative situation of health facilities and health problems. What can be done? – It is clear that most people of India do not get quality healthcare services. Role of government in providing information of good healthcare services to the poor and the disadvantaged.
VIII	Public Facilities	Public Facilities: Like water, healthcare and sanitation are necessary for human beings (with illustration.)(Page-109)

**Secondary**

IX Economics	Food Security in India	Large sections of people suffer from food and nutrition insecurity in India. A large proportion of pregnant and nursing mothers and children under the age of 5 years constitute an important segment of the food insecure population. According to the National Health and Family Survey 1998-99, the number of such women and children is approximately 11 crore. National Food for Work programme. Boxes, tables and graphs showing poverty, typical hunger, production of food grains, features of PDS and central food grains stock and minimum buffer norm.
IX Geography	Population	Population growth and processes of population change: Population growth, processes of population change/growth, birth rate, death rate, age composition, sex ratio, literacy rates, occupational structure, health, adolescent population, National Population Policy, NPP 2000 and adolescents.
X Science	Lesson- 8 How Do Organisms Reproduce? (Pages 127-141)	Reproduction in human beings. Male reproductive system, female reproductive system, If egg is not fertilised, the thick and spongy layer of the uterus breaks as blood and mucous, which is called menstruation. Reproductive Health-Educating the children about sex organs and sexual acts, awareness about STDs, HIV-AIDS, precautions to be taken, use of condom, copper-T, contraceptives, surgical method, female-male sex ratio must be maintained; because of reckless female foeticide, child sex ratio is declining at an alarming rate in some sections of our society, although prenatal sex determination has been prohibited by law. Reproduction - process by which organisms increase their population. Birth and death in a given population determine its size. Expanding population makes it harder to improve everybody's standard of living. However, if inequality in society is the main reason for poor standards of living for many people, the size of the population is relatively unimportant.

**Higher Secondary**

XI Economics	Indian Economy on the Eve of Independence	Stage of demographic transition. Stages of various social developments. Indicators-literacy both male and female. Public health factors- IMR, Life expectancy etc. (Page-9-10)
	Human capital formation in India	Sources of human capital: Health is also considered as an important input for the development. Relationship of human capital and economic growth. Education and health indicators of development. Human capital and human development
	Infrastructure	Definition of health. State of health infrastructure. Indicators of health, infrastructure, indicators of health in India in comparison with other countries, maternal health is cause for concern.



XII Biology	Reproductive Health (Pages 57-66)	<p>Concept of reproductive health, problems and strategy. Clarifying myths and misconceptions about sex related aspects, adolescence and related changes, safe sexual practices, STDs, AIDS, help adolescents to lead a healthy life.</p> <p>Counselling and creating awareness about available birth control options, care of pregnant women, post-natal care of the mother and child, importance of breast feeding, social evils like sex abuse and sex related crimes. STDs. Pelvic Inflammatory Diseases (PIDs), still birth, infertility, use of condoms, precautions to avoid contracting STDs, birth control, IMR /MMR, Contraceptive measures (all types), Slogan, "Hum Do Humare Do". Side effects of (oral) contraceptives. STDs, STIs, HIV and AIDS, cure and prevention.</p>
XII Biology	Human Health and Disease	<p>AIDS, cause, transmission, prevention, high risk group, stigma associated with AIDS ("Don't die of ignorance"), prevention of AIDS, role of NGO and NACO. Role of WHO. Making blood safe from HIV, need for disposable syringes in public/private hospitals and clinics, free distribution of condoms, controlling drug abuse, advocating safe sex, regular health check ups, Drugs and Adolescence. Alcohol abuse and its effects. Adolescents attracted towards it. Addiction and dependence. Prevention and control of drug abuse—How to avoid peer pressure, education and counselling, parental help and medical help.</p>
XII Psychology	Human Development	<p>Definition and challenges of adolescence. Primary and secondary sexual characteristics. Menarche, physical changes during adolescence, psychological - interests in opposite sex, body image, role of parents, peers, and society, lack of adequate knowledge about sex and sexuality, about the risk of AIDS, and other STDs. Sexual identity, sexual orientation and guides to sexual behaviour.</p> <p>Delinquency, substance abuse and its effects. Eating disorder: Anorexia nervosa. Risk of STD and AIDS.</p>
	Meeting Life Challenges	<p>Effects of Stress on psychological functioning and health: Emotional, psychological cognitive and behavioural effects, Stress and health, and immune system: Coping with stress. - HIV, the virus causing AIDS Life Style: - Promoting positive health and well- being:</p> <p>Life skills: - Assertiveness, time management, rational thinking, improving relationship, self care, overcoming bad habits, diet, exercise, positive health, positive attitude/ thinking, social support.</p>

	Psychological Disorders	Substance use disorders, Substance dependence, Alcohol abuse and dependence, Effects of Alcohol:-some facts in box 4.3. Commonly abused substances, and dependence.
	Psychology and Life	Human influence on the environment, noise pollution, crowding and natural disaster. Measures for mental health. WHO definition of health. Traditional cultures about health, harmonious balance of various elements in the body for health, WHO report about diseases like HIV/AIDS, TB, Malaria, respiratory infections, and nutritional deficiencies. Behavioural risk factors- drug abuse, and unsafe sexual behaviour, incidence of coronary heart disease (CHD), cancer, and HIV/AIDS, Social and cultural factors and gender roles greatly influence health behaviour in Indian society, medical advice by or for a female is often delayed because of reasons- less valued, or the shame associated with the disease. Need for diet and physical exercise.
XII Economic	Human Development	Concept of Human Development - social, economic, environmental and quality of life. Human development in India. Indicators of healthy life, and social empowerment. Human development index in India.
XII Indian Society	The Demographic Structure of the Indian Society	The birth rate, death rate, fertility rate, infant mortality rate, maternal mortality rate, sex ratio, age structure of the population and dependency ratio. Size and growth of India's population. Table and graph showing population of India and its growth during the 20 <sup>th</sup> century. The global influenza pandemic of 1918-1919. Improvements in medical cures for these diseases. Programmes for mass vaccination. Efforts to improve sanitation helped to control epidemics. National socio demographic goals for 2010.

### **Comprehensive School Health Programme**

However, with a view to supporting the process of actualisation of the efforts through school curriculum and responding to those health needs that cannot be covered through curricular interventions alone, a need is strongly felt to plan and implement a **Comprehensive School Health Programme** addressed to the following four categories of health needs of children.

- a. Medical check ups of children, their treatment and follow up;
- b. Tackling under-nutrition and malnutrition among children;
- c. Promotion of the state of health and physical well-being of children through physical and yoga activities, sports and games and maintenance of personal as well as community hygiene; and
- d. Strengthening of the area of Health and Physical Education in school curriculum and teacher education.

The following may be considered for their inclusion as major components of the Programme:

### ***School Health and Hygiene Services***

*It may include*

- (i) Prevention and Curative Health Services: (a) a routine medical check-up of all school students and also medical examination by specialists like physicians, paediatricians, ENT, ophthalmologists, dentists, pathologists; (b) necessary follow up treatment and supplementary nourishment, where necessary;
- (ii) Creating and Maintaining Hygienic Environment in and around the School:
  - (a) Promoting personal hygiene among children; (b) maintaining sanitation and hygienic environment in the school as well as the community;

### ***School Mid-Day Meal Programme***

The existing National Programme of Nutritional Support to upper Primary Education may be reinforced to ensure universal coverage.

### ***Teacher Preparation***

There is a need for training and orientation of teachers: (a) to organise yoga and physical and sports related activities, (b) to assist in the medical check-up of school students and the follow up, including the maintenance of records of their health, (c) to ensure personal hygiene among children and cleanliness and sanitation in schools and the community.

### **National Population Education Project**

Under National Population Education Project (NPEP) a number of activities are organised. The objective of NPEP is to develop understanding of the criticality of essential conditions of population stabilisation for achieving better quality of life for present and future generations and therefore, it also aims at making children understand the crucial aspect of not only population growth and structure but also about health and education as key determinant for population change. There are six major themes of population education (NCERT 2009 Source Book on Population Education). These are as follows:

- Population and sustainable development
- Gender equity for empowerment of women
- Adolescent reproductive and sexual health (Adolescence Education)
- Family; social, cultural factors and quality of life
- Health and education key determinant of population change
- Population distribution, urbanisation and migration.

Two of the above themes of population education focus on reproductive health. The content covered under these themes is as follows.

### **Health and Education: key Determinants of Population Change**

Under this theme the children are made aware of concept of health, determinants and indicator of health and various policies and programmes undertaken by the Government to improve health,

not only physical but also social and mental health. It covers :

- Health, Morbidity and Mortality: Interrelationship between health, morbidity and mortality, population change and quality of life.
- Child Survival: Linkages between child survival and timing, spacing, number of births and reproductive health of mothers.
- Health of Women and Safe Motherhood: Health of women as a key factor for the quality of life in family and society.

#### **Adolescent reproductive and sexual health (Adolescence Education)**

This includes –

- Process of Growing Up: Physical change and development during adolescence; Socio-cultural development; Gender Roles.
- HIV/AIDS: Basic information on HIV/AIDS; prevention and control; care for the affected.
- Drug Abuse: Causes of drug abuse; drug addiction; drug dependence, effects of drug abuse; prevention and responsibility.

Education is considered one of the key determinants influencing the health of the population and thereby determining the population change. L. Summers in an essay (1994) who summarised national case studies from different developing countries, states that infant mortality is higher if the mother is illiterate and decreases with increase in mother's education.

Thus education helps in achieving better health, reducing fertility and thereby helps in population stabilisation.

#### **Adolescence Education Programme**

NCERT is also implementing AEP as a part of NPEP as well as under UNFPA funding. Under this project it is universally accepted that the health needs, and particularly the Adolescents Reproductive And Sexual Health (ARSH) needs of adolescents, continue to be ignored and neglected. As they stand at the threshold of adulthood, they need authentic knowledge that helps them understand the process of growing up with particular reference to their reproductive and sexual health needs.

By developing a critical understanding, they have to be well equipped to cope with the problems which they confront. They need guidance and independence simultaneously, education as well as opportunities to explore life for themselves in order to attain the level of maturity required to make responsible and informed decisions.

The overall objective of Adolescence Education is to provide adolescents with accurate, age appropriate and culturally relevant information to promote healthy attitudes and develop skills to enable them to respond to real-life situations effectively.

The Adolescence Education Programme (AEP) was launched by Ministry of Human Resource Development (MHRD), Government of India in 2005, as a follow up of the decisions of the Inter-Ministerial Group. This Program has two major facets: (i) AEP being implemented in States and Union Territories through SCERTs/ State Boards with support of SACS; and

(ii) AEP supported by United Nations Population Fund (UNFPA), being implemented by national agencies Central Board of Secondary Education (CBSE), Kendriya Vidyalaya Sangathan (KVS), Navodaya Vidyalaya Samiti (NVS), National Institute of Open Schooling (NIOS) and Council of Boards of School Education in India (COBSE). National Council of Educational Research and Training (NCERT) is the coordinating agency on behalf of MHRD. The ultimate goal of the Programme is to empower adolescent learners to have knowledge of their needs and concerns related to the period of adolescence and develop in them life skills that will enable them to practise informed and responsible behaviour.

In view of the above, the following strategies are adopted to facilitate the institutionalisation of this curricular area in the content and process of school education and teacher education:

### **Awareness Building**

The first and foremost step is to create a favourable environment for accepting the need to impart adolescence education in schools. Past experience has indicated that in most cases, the resistance to adolescence education has been because of the lack of proper appreciation of the needs of adolescents in the changing context and also of this educational area. This requires organisation of awareness building activities with a wide variety of stakeholders, including, policy framers, opinion leaders, media persons, curriculum developers, teacher educators, teachers and parents.

### **Integration in the School Curriculum**

Adolescence education can be effectively provided only when its elements are integrated in the school curriculum. Effort has been made to facilitate effective integration of adolescence education in the content and process of school education.

### **Use of Activities to Promote the Objectives of Adolescence Education**

The integration of elements of adolescence education in syllabi and textbooks may have to wait till they are revised in due course of time. There is also an overall paucity of teachers and specifically trained teachers in the education departments. Therefore, the teaching learning process may be initiated forthwith by utilising curricular modalities with life skills focussed activities like Question-Box, Group Discussion, Value Clarification, Role Play, Case Study, Painting/Poster Competition, Essay Competition and Quiz Contest. These prove very effective in not only providing accurate and adequate information to learners but also inculcating in them positive attitude and creating an enabling environment and more importantly developing the ability to apply the needed life skills (NCERT 2011).

These activities initiated from schools to districts to states and national level are National Painting Competition, held in 1984 on the theme: "India in 2000 AD", National Essay Competition, organised in 1986, National Population Education Quiz Competition held in 1989-90, National

Competition on Role Play was organised for Class IX students of all government schools of 30 States/UTs. Role play was focused on three broad areas of adolescence education which covered four major themes. The competition was held at four levels (school, block, district, state) by states/UTs and regional and national level competition was organised by NPEP, NCERT. It covered schools in 257 districts during 2009-10 and in 344 districts during 2010-11. The remote rural areas and schools in slums from urban areas participated in the National Role Play Competition.

### Summary

As a part of school education, component of health has been integrated in different subject areas as well as Health and Physical Education has been recommended as a compulsory subject up to Secondary and optional at Higher

Secondary stage. The need of the hour is to promote health – physical, mental, emotional, and social by putting them into experiential learning situations and providing real life experiences enhancing skills for psycho social competencies at different stages of child development and this can be possible if there is a adequate teacher preparedness which need to be addressed through the pre service and in service training programmes at all levels. Much has been done at the policy and programme level, what is required is the strong implementation at all levels. The involvement of Non-governmental Organisations (NGOs) and Self-Help Groups (SHGs) along with government efforts in the implementation of the components like School Health and Hygiene Services, School Mid-Day Meals Programme, Yoga, Physical Activities and Sports and Games, and also Teacher Preparation may be considered for coverage.

### REFERENCES

- GOPALAN, S. and M. SHIVA, Ed. 2000. *National Profile on Women, Health and Development: Country Profile-India*, New Delhi, VHAI and WHO.
- Government of India, Ministry of Health. 1946. *Report of Health Survey and Development Committee*, Vol. II, Delhi.
- Government of India, Ministry of Health and Family Planning. 1961. *Report of School Health Committee, Part-I*, New Delhi.
- IIPS and ORC Macro. 2000. *National Family Health Survey (NFHS-2), 1998-99: India*, IIPS, Mumbai.
- NCERT. 1975. *The Curriculum for the Ten Year School: A Framework*, New Delhi, NCERT.
- \_\_\_\_\_. 1988. *National Curriculum for Primary and Secondary Education: A Framework (Revised Version)*, New Delhi, NCERT.
- \_\_\_\_\_. 2000. *National Curriculum Framework for School Education*, New Delhi, NCERT.
- \_\_\_\_\_. 2005. *National Curriculum Framework 2005*, New Delhi, NCERT.
- \_\_\_\_\_. 2008. *Position Paper National Focus Group on Health and Physical Education*, New Delhi.

- \_\_\_\_\_. 2011. *Population Education Elements in School Curriculum: A Report of Content Analysis of NCERT Textbooks* (mimeographed);, NCERT, New Delhi
- \_\_\_\_\_. 2011. *Source Material on Population Education: A Training Material* (mimeographed): NCERT, New Delhi.
- \_\_\_\_\_. 2011. *Training and Resource Material on Adolescence Education*, NCERT, New Delhi.
- RANA, K. and S. DAS. 2004. "Primary Education in Jharkhand", *Economic and Political Weekly*, Vol. XXXIX, pp. 1171-1178.
- UN System in India. 2006. *Adolescents in India: A Profile*, New Delhi, UN System in India.
- Websites & URL : [www.education.nic.in](http://www.education.nic.in) and [www.icrw.org](http://www.icrw.org)
- <http://www.ncert.nic.in/programmes/aep/pdfs/MODULE%201%20ADOLESCENCE%20EDUCATION%20IN%20INDIA.pdf>