



**Relationship between Health Education and Physical Education: A Diagnostic Study on Global Perspective**

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**Abstract**

The aim of this paper is to make visible the links that exist between the Health and Physical Education. The Health Education and Physical Education Standards and performance indicators represent the essential knowledge and skills students need to be healthy individuals. Every day, students make decisions affecting their health and well-being: what foods to eat; what company to keep; what risks taking; and what to do for physical activity. Through achievement of the Health Education and Physical Education Standards, students learn that their decisions can affect their health and set a pattern for their lives. Health education gives students the knowledge and skills to thrive physically, mentally, emotionally, and socially. It contributes to students' ability to successfully practice behaviors that protect and promote health, and avoid and reduce health risks. Health education helps students to determine personal values and group norms that support healthy behaviors.

**Keywords:** Health Education, Physical Education, Physical activity, Behaviors, Skills, Values

**Introduction**

Health and physical education programs throughout the world are challenged to provide meaningful and relevant learning experiences for children and youth. In the 21st century, learning strategies will be dramatically different, requiring children and youth to gain critical thinking and problem-solving skills; operate with agility and adaptability; effectively analyze

information; communicate in various oral and written forms; reflect greater curiosity, imagination, and innovation in their thinking; and develop healthy active lifestyles (Gut, 2011; Kay & Greenhill, 2011). In the field of physical education and health, students learn about the human body, exercise and nutrition. Graduates may become physical education teachers, personal trainers, health educators or fitness



professionals. Keep reading to explore academic and career options in this field.

### **Good health and nutrition**

Physically and psychosocially healthy children learn well. Healthy development in early childhood, especially during the first three years of life, plays an important role in providing the basis for a healthy life and a successful formal school experience (McCain & Mustard, 1999). Adequate nutrition is critical for normal brain development in the early years, and early detection and intervention for disabilities can give children the best chances for healthy development. Prevention of infection, disease and injury prior to school enrolment are also critical to the early development of a quality learner.

### **Health outcomes**

Educational quality also implies positive outcomes for participants' health. Students should receive services to improve their health, such as treatment for illness and infection and school feeding programmes to improve nutrition, as well as curricular content that increases their knowledge and affects their behaviour related to health and hygiene. General literacy and socialization provided by schools have been shown in

particular to affect women's maternal behaviour and reproductive health (LeVine, 2000).

### **Health and Education**

Certain effects of health and education on development are well established. There may also be synergies between these two, in which case we are likely underestimating their impacts. Understanding the links between health and education is important for social policy as well as academic knowledge. The recent success stories of East and Southeast Asia and Ireland suggest that development requires a combination of factors, such as those listed earlier (Bloom and Canning, 2003). Interactions among the many relevant factors have the potential to set off virtuous development spirals and to halt vicious spirals (Agosin et al., 2006). Understanding how different drivers of development affect one another can translate into better policy. A description of the interactions between education and health may provide a useful model for these other factors.

### **National Organizations for Health Education**

American Public Health Association (APHA) APHA is the main voice for public



health advocacy that is the oldest organization of public health since 1872. The American Public Health Association aims to “protect all Americans and their communities from preventable, serious health threats and strives to assure community-based health promotion and disease preventions.” Any individual can become a member and benefit in online access and monthly printed issues of The Nation’s Health and the American Journal of Public Health.

American School Health Association (ASHA) The American School Health Association was founded in 1972 by a group of physicians that already belonged to the American Public Health Association. This group specializes in school-aged health specifically. Over the years it has snowballed and now includes any person that can be a part of a child’s life, from dentists, to counselors and school nurses. The American School Health Association mission “is to protect and promote the health of children and youth by supporting coordinated school health programs as a foundation for school success.”

### **Health Education Career Opportunities**

The terms Public Health Educator, Community Health Educator or Health Educator are all used interchangeable to describe an individual who plans implements and evaluates health education and promotion programs.

**Health Care Settings:** these include hospitals (for-profit and public), medical care clinics, home health agencies, HMOs and PPOs. Here, a health educator teaches employees how to be healthy. Patient education positions are far and few between because insurance companies do not cover the costs.

**Public Health Agencies:** are official, tax funded, government agencies. They provide police protection, educational systems, as well as clean air and water. Public health departments provide health services and are organized by a city, county, state, or federal government.

**Non Profit Voluntary Health Agencies:** are created by concerned citizens to deal with health needs not met by governmental agencies. Missions include public education, professional education, patient education, research, direct services and support to or for people directly affected by a specific health or medical problem.



Usually funded by such means as private donations, grants, and fund-raisers.

### **Health to Education**

The most persuasive evidence that good health leads to good education has come from randomized studies. These studies examine the effects on school children (absenteeism, test scores) of de-worming programs, iron supplementation, and the provision of school meals in developing countries. In addition to increasing attendance, treatment of health problems may also improve cognition and learning abilities. Nokes and others (1992) test the impact of whipworm infection on the cognitive abilities of 9–12 year-old children in Jamaica. The study includes a treatment group, a group that received a placebo, and a control group of uninfected children. It finds that curing whipworm led to significantly improved scores in short-term and long-term memory tests, and that treated children caught up with uninfected children in these tests after nine weeks. A similar study by Bhargava et al. in Kenya provides further evidence of the effect of health on cognitive development, finding that both height and hemoglobin concentration are significant predictors of

scores on achievement tests (Bhargava et al., 2005).

### **Physical Education conceptual framework**

The word physical education comprises of two words Physical and Education. The plain dictionary meaning of word physical as relating to body characteristics of a person such as physical strength, physical endurance, physical fitness physical appearance or physical health. The word education may mean the systematic instructions or training or preparation for some particular task. The two words combined together stands for the systematic instructions or training related to physical activities or programme of activities necessary for development and maintenance of human body or the development of physical powers or activities for cultivating physical skills.

#### **Aims of physical education as follows:**

- Physical development
- Mental balance
- Emotional adjustment
- Manual training
- Social adaptability

### **International Scene in Research in Physical Education**



Martin (1987) on the investigation of the future of doctorate study in physical education. Specifically investigation for specified time period in the future of physical were the (a) goals of doctoral study (b) areas of concentration (c) the knowledge of the course of the study. A study on critical examination of published sports motivation research 1975-86 was conducted by Warren in 1989 to determine the state of the art motivation and to identify strength and weaknesses in the empirical support for practices in support motivation and to prepare future directions.

### **International Charter of Physical Education and UNESCO 1978**

Physical Education act as well as the provision of resources for the nation and in the construction of evaluation, system in education developments and it promotes the development physical education in a country. Thus, each country should try to set out a framework of action plan for promotion and development of Physical Education Paradoxically. At present compare to earlier years and now we can come across the decline of physical education in education compare to present is one needs to overcome the hurdles and

battles to improve the structure and infrastructure status in around to develop the overall discipline in physical education and sports.

### **Importance of Physical Education**

In daily life, we are facing a lot of troubles and these kinds of problems can be coped with the help of physical activities. Sharma, et.al gives importance of physical education as follows:

Physical activities help in developing various kinds of intellectual qualities inherent in a child. Thus with the help of physical education, it is possible to develop children intellectually. Players learn to work in groups, with utmost co-operation and co-ordination. By participating in physical activities, qualities of group efforts, loyalty to the team and strong ties can be developed in participants. These qualities help in building a good moral character of the individuals.

### **Situation of Physical Education in India**

To provide training to athletes in various games and sports, some special kinds of schemes were introduced by the Government of India. Some other important committees and boards were appointed for promotion of Physical education and sports,



which are as under: • All India Council of Sports (1954) • National Institute of Physical Education renamed as Laxmibai National College of Physical Education, Gwalior (1957) • National Institute of Sports, Patiala (1961) • All India Sports Congress (1962) • National Sports Policy (1980) • Ministry of Sports and Youth Affairs (1982) • National Sports Policy (1984) • National Sports (Development) Bill (2011)

### **Benefits of Physical Education**

**Makes a Person More Active:** It makes a person more active and helps combating ailments associated with laziness or “potato couching.”

**Increased Socialization:** PE teaches students to be more social and also outgoing. This shapes their future life and interaction.

**Talent Discovery:** Instructors or teachers can easily spot talent during the exercises and will guide a pupil to improve the talent.

**Reduces Boredom:** Physical education takes away the boredom of staying in the classroom.

**Goal Setting:** Students will be encouraged to set and aim at meeting their target. Over

time, they become good goal setters and achievers.

### **Conclusion**

The health crisis emboldens us to recommend that education and public health professionals work together with policy makers to optimize the contribution of physical education to health. An excellent start toward achieving these goals would be to implement the U.S. National Physical Activity Plan’s (2010) “education sector” strategies (Seidentop, 2009). These strategies were developed by an interdisciplinary group that included physical education, education, and health professionals. Education and research in Physical education in India is growing at a rapid pace. But when we think little about our standards of education and research at the international level, the outcomes are not satisfactory.. Good education, particularly of mothers, boosts child health, and the effects can last into adulthood. Policies that take advantage of the interactions between health and education should be developed and implemented.



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