

“Impact Of Health Programme In Educational Institutions”

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ABSTRACT

Children are future for making healthy society. In this global world, healthy mind is necessary for development and construct a techno innovative society. Basically children from educational institutions are learning various prospective in healthy manner. For healthy mind and of nutritious food, consultants of health institutions are necessary. Better health institution can say how children can make their mind innovative. Deficiencies of nutritious food due to poverty in rural areas are very common. The role of health organizations are to identify such children in educational institutions and provide them health tips by organizing different awareness programs in the educational institutions. The Indian Cancer Society, the Indian Diabetes Association, and the Indian Heart Association believe that quality health education programs delivered in the nation's schools can improve the well-being and health of children and youth. In India, chronic diseases are the leading causes of morbidity and mortality; however, engaging in healthy behaviors, such as participating in physical activity, eating healthy, and avoiding tobacco use,

has been linked to prevention of chronic disease. Research studies provide evidence that promoting and establishing healthy behaviors for younger people and children who are habituated in various addictions due to influence of hazardous circumstances in rural areas are more effective, and often easier, than efforts to change unhealthy behaviors already established in adult populations. School health education programs through health institutions can reduce health risk behaviors such as tobacco use, poor nutrition, lack of physical activity, drug and alcohol use, as well as actions that increase stress, and risk of injury, and violence. Because these behaviors are amenable to change, quality school health education taught by trained and certified health educators provides the best opportunity to promote positive health behavior among children and adolescents.

This paper emphasized on impact of health institutions for educational development and the constitutional provisions for health institutions in educational institutions.

Key Words- Health Institution, Educational Institution, Nutrition, Healthy, Innovative

INTRODUCTION

Children are future for making healthy society. In this global world, healthy mind is necessary for development and construct a techno innovative society. Basically children from educational institutions are learning various prospective in healthy manner. For healthy mind and of nutritious food, consultants of health institutions are necessary. Better health institution can say how children can make their mind innovative. Deficiencies of nutritious food due to poverty in rural areas are very common. The role of health organizations are to identify such children in educational institutions and provide them health tips by organizing different awareness programs in the educational institutions. Introducing health education in school curricular is a positive path towards children for better knowledge because; it builds students' knowledge, skills, and positive attitudes about health. Health education teaches about physical, mental, emotional and social health. It motivates students to improve and maintain their health, prevent disease, and reduce risky behaviors.¹

¹ Available at- https://www.education.nh.gov/instruction/school_health/health_coord_education.htm

School health education programs through health institutions can reduce health risk behaviors such as tobacco use, poor nutrition, lack of physical activity, drug and alcohol use, as well as actions that increase stress, and risk of injury, and violence. Because these behaviors are amenable to change, quality school health education taught by trained and certified health educators provides the best opportunity to promote positive health behavior among children and adolescents.² Health education curricula helps to student learn skills as they will use to make healthy choices throughout their lifetime.³ Effective curricula result in positive changes in behavior that lower student risks around: alcohol, tobacco, and other drugs, injury prevention, mental and emotional health, nutrition, physical activity, prevention of diseases and sexuality and family life. Health education promotes learning in other subjects.⁴

Health education programs organized by health institutions of India or out of country such as WHO, UNESCO, NGOS etc. are most effective. The schools can provide basic information about implementing healthy decisions if students are learn about health education. But health organizer should be a co-educator, particularly in those areas where family values are especially important—for example, sexuality, AIDS prevention, and tobacco, alcohol, and other drug use. Many parents feel ill-equipped to talk to their child about puberty, reproduction, sex, and sexually transmitted diseases. But health organizer needs to recognize just how important their role is. With sexual topics—as well as with many other areas of health—institutions can build on the general information taught at school and, in a dialogue with their youngster.⁵

Education seminars and education support groups for parents on issues of health and parenting may be part of the health promotion program at the school.⁶ Many parents find it valuable to discuss mutual problems and share solutions with other parents. Although some parents have difficulty attending evening meetings, school districts are finding other ways to reach out to parents—for instance, through educational TV broadcasts with call-in capacities, Saturday morning breakfast meetings, and activities for parents and children together, organized to promote good health.⁷ In addition to providing education at home on health matters, become an

² Available at- <https://swflparentchild.com/parenting/an-ounce-of-prevention/>

³ Available at- <http://centralcityhealth.org/education/>

⁴ http://education.nh.gov/instruction/school_health/health_coord_education.htm, retrieved on 11-12-2015

⁵ Available at-<http://tomorrowpioneers.com/workshop.htm>

⁶ <https://www.healthychildren.org/English/ages-stages/gradeschool/school/Pages/Teaching-Health-Education-in-School.aspx>, retrived on 11-12-2015

⁷ Available at-<https://www.healthychildren.org/English/>

advocate in the school district for appropriate classroom education about puberty, reproduction, AIDS, alcohol and other substance abuse, and other relevant issues. The content of health education programs is often decided at the community level, so make the voice heard.

As important as the content of a health curriculum may be, other factors are powerful in shaping your child's attitudes toward his well-being. Examine whether other aspects of the school day reinforce what the youngster is being taught in the classroom. For example, the school cafeteria serving low-fat meals that support the good nutritional decisions encouraged and the a strong physical education program that emphasizes the value of fitness and offers each child thirty minutes of vigorous activity at least three times a week. The school district support staff-wellness programs so that teachers can be actively involved in maintaining their own health and thus be more excited about conveying health information to their students.⁸

The roles of health institutions are not only to check the health of individuals of school children but most duty is to create innovative thinking on their mind for propagating their thinking in national integration. Visiting village to village and organizing different valuable awareness programme for making good physique by taking nutrias food with consultant of doctors whenever they suffer any dieses will helpful to the society as well as nations. However, many parents are keenly interested in the basic academic education of their youngsters—reading, writing, and arithmetic—but are not nearly as conscientious in finding out about the other learning that goes on in the classroom. A comprehensive health education program is an important part of the curriculum in most school districts. Starting in kindergarten and continuing through high school, it provides an introduction to the human body and to factors that prevent illness and promote or damage health.

IMPACT OF HEALTH INSTITUTIONS:-

Human rights are moral principles that describe certain standards of human behavior and are regularly protected as legal rights in national and international law. They are commonly understood as inalienable fundamental rights to which a person is inherently entitled simply because she or he is human being in several spheres, one of the important but often overlooked of such spheres is with respect to health. According to universal declaration of human rights,

⁸ ibid

1948- everyone has the right to a standard of living adequate for the health and well- being of himself and of his family including food, clothing, housing and medical care and necessary social services, and right in security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his control.⁹

Human right to health means that everyone has the right to the higher attainable standard of physical and mental health, through access to medical services, sanitation, adequate food, decent housing, healthy working conditions and a clean environment. The human right to health care means that hospitals, clinics, medicines and doctor's services must be accessible, available and good quality for everyone on an equitable basis.

Over time the need to deliver health care services to the population has been recognized by policy makers. The Alma Ata Declaration in 1978 expressed the need for urgent action by all governments, all health and development workers and the world community to protect and promote the health of all people. The millennium Declaration Goals also emphasized on specific aspects of health, maternal and child health. Despite the reorganization of health as an inalienable right and the need to ensure this right through the extension of public health care services, in several Afro-Asian countries the health status remains a major challenge before the government. At the star of this century, India was one of these countries with low public expenditure on health- GDP ratio, high out of pocket expenditure, high maternal, child and infant mortality rates and other poor indicators of health care.

Recognizing the challenge, in 2005, the government of India had introduced the National Rural Health Mission (NRHM) as a flagship scheme of the Ministry of Health and Family Welfare, the objective of this scheme was to carry out necessary architectural correction in the basic health care delivery system to improve the availability of and access to quality health care by people, especially for those residing in rural areas, the poor, women and children.¹⁰ The overhauling and redesigning of the health system for efficient delivery of health care services requires availability of ready and accurate micro-level data to indicate gaps in the existing system and indentifying remedial actions. At the same time understanding the synergy between delivery of services, cost involved in provision of public health care services, expenditure and pattern of utilization among

⁹ Article 25, Universal Declaration Of Human Rights, UN, 1948

¹⁰ Government of India, 2005

various sections of population, including vulnerable sections of the society are important issues for policy makers. A continuous flow of high quality information on inputs, outputs and outcome indicators facilitates monitoring of the NRHM to ensure that it results in efficient service delivery, community ownership and protects human rights in health which is called for an efficient health management information system (HMIS).¹¹

In spite of this important initiative by GOI, the HMIS remains unutilized by the district and state administration for monitoring the health sector and planning remedial intervention to improve delivery of critical Maternal and Child Health and other health services. The HMIS provides information on service delivery relating to maternal and child health care utilization Ante Natal Care (ANC), Post Natal Care (PNC), immunization, Janani Surakshya Yojana (JSY) registration and beneficiary and delivery details. Facilities also report on laboratory testing for disease like HIV, STI/RTI, TB and cataract operation under Blindness Control Program. These data are available on a monthly basis. In addition, the HMIS provides data on physical infrastructure and financial performance on a quarterly and annual basis, respectively. Data provided by the HMIS is consolidated at the block level by the block programme managers and forwarded to the district. District hospitals forward data directly to the district programme manager. District wise data is forwarded to the state health mission and then to the MoHFW.

The definition of health education in school has evolved much throughout the 21st century.¹² In general, it is regarded as classroom teaching on the subject of health/hygiene in a k-12 setting. The major trend regarding changing definitions of school health education surrounds the ever increasing notion that school education influences adult behavior. In the 70's health education was viewed mostly as a means of communicating healthy medical practices to those who should be practicing them; "Health education attempts to close the gap between what is known about optimum health practice and that which is actually practiced.

In the 80's definitions began to incorporate the understanding that education is a means of empowerment for the individual, allowing the individual to make educated health decisions.

¹¹ The HMIS web portal launched by the MoHFW on 21st October, 2008 was a bold and innovative step in this direction. The objective of the HMIS portal was to capture public health data from both public and private institutions in rural and urban areas across the country. The portal was envisaged as a single window for all public health data for the MoHFW.

¹² Griffiths, W. "Health Education Definitions, Problems, and Philosophies." Health Education Monographs, 1972, 31, 12-14.,

Health education then became “the process of assisting individuals... to make informed decisions about matters affecting their personal health and the health of others.”¹³ This definition also spawned during the year of the first national-scale investigation of health education in schools, which eventually led to a much more aggressive approach to educating the nation’s youth on matters of health. Today school health education is seen as a ‘comprehensive health curricula.’ It is a blend of community, schools, and patient care practice; “Health education covers the continuum from disease prevention and promotion of optimal health to the detection of illness to treatment, rehabilitation, and long-term care.”¹⁴ This concept is recently prescribed in current scientific literature as ‘health promotion’, a phrase that is used interchangeably with health education.

Health education, for many professionals, is currently of peripheral concern. Health education is not a “subject”, it is more a “moving field”, that resists any attempts at top-down knowledge transmission. Jean-Louis Martinant described this type of education as a “non-disciplinary educational form”. Such forms of education are based on a provisional notion of citizenship and not on a body of academic knowledge. This means that it operates in a context of uncertainty, which is usual in the public health field but not in the education system, as the latter is based on reference to a clearly defined body of knowledge. Health education puts the individual at the centre of the debate, whereas most disciplines were built up with an eye to the universal rather than the individual. In any case, there is no unambiguous corpus of knowledge and methods, the transmission of which would be sufficient to transform a teacher, principal, nurse, doctor, social worker into a health educator.¹⁵

As emphasized in the 1998 circular,¹⁶ continuing training is “always based on the fact that health education, and more broadly educational action, is global in scope.” Training cannot overlook this complexity, and must take it into account. Health education is therefore not a new entity in

¹³ National Task Force on the Preparation and Practice of Health Educators. A Framework for the Development of Competency-Based Curricula. New York: national Task Force, Inc., 1985

¹⁴ Glanz, Karen, Barbara K. Rimer, and Frances Marcus Lewis. Health Behavior and Health Education: Theory, Research, and Practice. San Francisco: Jossey-Bass, 2002.

¹⁵ Jourdan D. Health education in schools. The challenge of teacher training Saint-Denis : Inpes, coll. Santé en action, 2011 : 144 p. ISBN 978-2-9161-9231-4

¹⁶ *ibid*

itself; rather, it is a “non-disciplinary educational form” for which it is currently difficult to find a place in the curriculum.¹⁷

A comprehensive, quality school health education program should use the National Health Education Standards to guide curriculum development.¹⁸ The health institutions should focus on increasing functional health knowledge and identifying key skills that is applicable to all aspects of healthy living.¹⁹ These skills include identifying the influence of family, peers, culture, media, and technology on health behavior; knowing how to access and use valid health information; and using communication, decision-making, goal-setting, and advocacy skills to engage in health enhancing behaviors. The effectiveness and quality of health education programs organized by health institutions have been linked to adequate instructional time devoted to health education in the classroom.²⁰

The role of health institutions are to create health literacy in different educational institutions because of the health literacy is the capacity of individuals to obtain, interpret, and understand basic health information and services in ways which are health enhancing. The development of health literacy is essential for students to adopt and maintain healthy behaviors and have improved quality of life.²¹ A 2004 report by the Institute of Medicine on health literacy states that “the most effective means to improve health literacy is to ensure that education about health is part of the curriculum at all levels of education.”²²

According to WHO, Adequate instructional time is necessary for students to learn essential health education knowledge and skills that are developmentally appropriate and build from year to year. The Joint Committee on National Health Education Standards recommends that students in Pre-K to Slandered and receive a minimum of 40 hours and students in standard 3 to 12

¹⁷ ibid

¹⁸ Article on Health Education in Schools – The Importance of Establishing Healthy Behaviors in our Nation’s Youth, Joint Committee on National Health Standards. National Health Education Standards: Achieving Excellence. Retrieved on 11-12-2015.

¹⁹ Available at-<http://www.cancer.org/acs/groups/content>

²⁰ ibid

²¹ Joint Committee on National Health Education Standards. (1995). *Achieving health literacy: An investment in the future*. Atlanta.

²² Allensworth D, Wyche J, Lawson E, Nicholson L eds. Committee on Comprehensive School Health Programs, Division of Health Science Policy, Institute of Medicine. Defining a comprehensive school health program: An interim statement; 1995. National Academy Press: Washington, D.C.

receive 80 hours of Instruction in health education per academic year.²³ In the WHO's Information Series on School Health, a decade of evaluation research indicates three important findings regarding quality School health education programs.²⁴ Health education through health educational institutions concentrates on developing health-related skills and imparting health-related knowledge and attitudes is more likely to help youth practice health enhancing behaviors. Skill development by health educational institutions is more likely to result in the desired healthy behavior when practicing the skill is tied to the content of a specific health behavior or health decision. The most effective method of skill development is learning by doing – involving students in active, participatory experience encouraged by health organizations in educational institutions.

CONSTITUTIONAL PROVISIONS-

Article 21 of Indian Constitution guaranties to the individual her/his life which or personal liberty except by a procedure established by law. Article 21 says “No person shall be deprived of his life or personal liberty except according to procedure established by law”. The Supreme Court has widely interpreted this fundamental right and has included in Article 21 the right to live with dignity and “all the necessities of life such as adequate nutrition, clothing.” It has also held that act which affects the dignity of an individual will also violate her/his right to life. In the case of *Bandhua Mukti Morcha v. Union of India*²⁵, the Supreme Court held that the Right to life includes the right to live with dignity. In the case of *Mohini Jain v. State of Karnatak*²⁶ Supreme Court declared that dignity of life comes from the education and in the case of *Unnikrishnan v State of Andrapradesh*²⁷ Supreme Court held that education should be free and compulsory for every child above 6 years and below 14 years.

²³ Article on Health Education in Schools – The Importance of Establishing Healthy Behaviors in our Nation's Youth by the American Cancer Society, the American Diabetes Association, and the American Heart Association on Health Education. Retrieved on 11-12-2015

²⁴ World Health Organization. Information series on school health: Skills for health; 2003. Retrieved on 12-12-2015 from http://www.who.int/school_youth_health/media/en/sch_skills4health_03.pdf.

²⁵ AIR 1984 SCR (2)67

²⁶ AIR 1992 SCR(3)658

²⁷ AIR 1993 SCR(1) 594

The recognition that the right to health is essential for human existence and is, therefore, an integral part of the Right to Life, is laid out clearly in *Consumer Education and Resource Centre v. Union of India*.²⁸ It also held in the same judgment that humane working conditions and health services and medical care are an essential part of Article 21.

Further in, *State of Punjab and Others v. Mohinder Singh*²⁹ “It is now a settled law that right to health is integral to right to life. Government has a constitutional obligation to provide health facilities.” Apart from recognizing the fundamental right to health as an integral part of the Right to Life, there is sufficient case law both from the Supreme and High Courts that lays down the obligation of the State to provide medical health services. This has been explicitly held with regard to the provision of emergency medical treatment in *Parmanand Katara Vs Union of India*.³⁰ It was held that “Every doctor whether at a government hospital or otherwise has the professional obligation to extend his services with due expertise for protecting life”.

Under Part IV of the Constitution outlining the Directive Principles of State Policy, there are a number of tacit references to the health development of the people. The contents of the Directive Principles which indicate the concern and the commitment of the Indian Constitution for social welfare and equality do provide a definite direction for the policy making in the country.³¹ Article 38 of Indian constitution under the Directive Principles refers to the state requiring to secure a social order for the promotion of welfare of the people.

Article-41 of DPSP directs to provide the public health and medical care-preventives as well as curative and promotional services in the field of health. Article 42 of the Directive Principles, there is a reference to the provision for just and human conditions of work and maternity relief. Due to a number of factors – historical, socio-economic, genetic etc., all the citizens do not have the same level of nutritional status and hence, health status. It is observed that the children of the socio-economically deprived communities are highly prone to disease on account of the poor

²⁸ AIR 1995 SC 636

²⁹ AIR 1997 SC 1225

³⁰ AIR 1989 SC 2039

³¹ Prof. K. Raghavendra Rao and Prof. P.R. Panchamukhi, *Health And The Indian Constitution, A General overview of the implications of liberalization for the education sector* CMDR Monograph Series No. - 7 Centre for Multi-Disciplinary Development Research. Pp-6-7

nutrition intake. Article 47 says that the state shall record the raising of the level of nutrition and standard of living of its people and the improvement of public health as one of its primary duties. It is, in this context that the state is required to take steps to bring about 'Prohibition' of the consumption except for medical purposes of intoxicating drinks and of drugs, excessive doses of which are injurious to health.

From various cases and judgment of Supreme Court, suggested that there should health camp for weak and sick people who are deprived from the health consultancy. The role of health organizations are to support and implement the health provisions enumerated in the Indian constitution. Educational institutions are more effective towards the weaker sections for creating awareness about health knowledge and protect the child because child is innocence in the society. if we educate them on health tips and advise them for taking nutritious food for development of mind and physical strength then our society will be healthy without deficiency any vulnerable dresses.

CONCLUSION

The Concept of health is to cover all needs for all living entities. It seems the health institutions are exhibited its appreciation of such a comprehensive perception of health for all. It is true that as in the case of universal elementary education, there is no stipulation of the time period so far as demand of the goal of health for all is concerned. The roles of health institutions are to create educate manner of sounding where all the children should get equal facilities for health education. Though constitutional provisions are present for functioning health education by the states and other health organizations but serious matter is most of the children in India from infancy to 18 years are dying unnaturally due to deficiency of nutritious food and proper health treatment. Hence for better impact, government should empower to health institutions and introduce health education as compulsory for all in their curricular and parliament should amendment as Right to Health is a Fundamental Right.