

(109) Children's Physical and Emotional Health and Yoga Education -I

Maximum Marks: 100

External: 35

Internal: 15

Practicum Total Marks: 50

External: 30

Internal: 15

Area of Study: Theory and Practicum

Design of the Course

This course is designed to be one component of a practicum course to be covered in both years of study. It offers the scope to engage critically with systems and practices related to health of children and school health. Two sets of practicum are provided for the first and the second year of study. The rationale, aim objectives of this practicum presented below refers to both practicum courses.

Rationale and Aim

The relationship between education and health forms the core *rationale* behind this course. While the role of education on health has been widely acknowledged, the impact of health on education is often not recognized adequately. This course unfolds the reciprocal relationship between health and education. Health is a necessary condition for learning apart from being a basic right of every child. Enrolment, retention, concentration and learning outcomes in the classroom have a strong linkage with a child's physical and emotional health.

A holistic understanding of health implies a perspective on health that is not merely freedom from germs and disease but an understanding of the social, economic, mental/emotional and physical aspects of health. It becomes essential for the teacher to locate the social determinants of health and to root any health communication/education in the socio-economic and cultural context of the child. This forms an essential foundational and theoretical component of the course. This approach will lead away from the „hygiene-education focus of health education which stresses behavioural changes and puts the responsibility of health on the child. Instead, the course aims to equip the teacher with a perspective that helps both the teacher and the children understand health issues as determined by socio-economic contexts. This will enable them to move beyond a solely behavioural change model to an approach that seeks to address larger health determinants. This is not to deny the importance of healthy habits but it is important to recognize that to tell a child to „bathe every day or „eat nutritious foods is not sufficient. The teacher will have to locate health messages and ideas in the lived reality of the children they teach so as to meaningfully engage with the issue.

It is important to see the role of the teacher as one that includes within it the perspective of a health worker. This does not in any way mean an additional workload. However we see this as inherent in her work itself. Here there is a clear overlap of ideas with the course on Child Studies. Understanding a child necessarily includes understanding the health of the child within a social context. A course on health lends a natural opportunity for teachers to understand children in their life context and increases sensitivity to the children and their socio-economic background. It is possible to address issues of teacher attitudes, engagement and willingness to accept diversity in their classroom. This is likely to help teachers move towards a broad vision of inclusive education through an understanding of health and well-being in the broadest sense. Instead of speaking of teacher attitudes alone, the course gives student-teachers a chance to understand unequal and multiple kinds of childhood that children experience.

Specific Objectives

1. To build a holistic understanding of the concept of health and well-being and understand children's health needs using a social determinants framework.
2. To understand the reciprocal relationship between health and education and understand the role of the teacher and possible ways of engaging with health concerns.
3. To examine specific programmes related to children's health operating in schools.
4. To build knowledge and skills on teaching health and physical education and integration of their themes with other curricula areas of teacher education and school subjects.
5. To link theoretical and conceptual learning with actual school/classroom realities through practical work.

Running Thread of the Course

The most important thread running through the course is the need for the student teacher to understand that health and education are reciprocally linked and she must in various ways engage with the health needs of children. The thread of gaining a holistic understanding of health and seeing it as located in a social reality runs across the course and connects issues like physical health, emotional health and „health of the school. A life of health and well-being in a holistic sense is a right of every child. A teacher sensitive to the social context of children can play the crucial role in achieving this right. Theory and practical units are closely knitted together and the idea is a constant process of reflection.

Units of Study: The sections on Units of Study include ideas on the mode of transacting each course as the courses have inbuilt theoretical study as well as practical work.

Unit – I : Understanding Health and Well – being

1. Concept of Health, Need and Importance.
2. Relationship between Health & Education.
3. Children's personal cleanliness(Skin, Hair, Hands, Feet, Nails,Teeth,Ears,Nose)
4. Nutritional requirement of children 6-14 years (Balanced Diet)
5. Awareness regarding drug abuse

Unit – II : Morning Assembly Activities

1. National Flag: Importance, Significance and precautions while hoisting the National flag.
2. National Anthem: Meaning, Importance and precautions while reciting.
3. Types of formation, P.T. exercises, drill and marching.

Unit – III :School Health Programmes

1. Mid-day Meal (Aim & Objectives, Components and Functioning)
2. Heat, light, shadows (Plants and trees), safe drinking water, sanitation, toilet facilities in the school.
3. Safety education in schools especially on play grounds.
4. Morbidity Mapping and safety measure to prevent communicable diseases.

Unit – IV : Minor Games and Athletics

1. Minor games:- meaning, importance and principles for conducting (Dodge ball, Hopping Lion, Touch and Come back, Thief and Police man, Pick the handkerchief, Tug of war, keep the ball up, Fire on the mountain, Rope skipping, kho-kho)
2. Basic Knowledge about Athletic Track and its Track & Field events.
3. Participation in Races, Jump & Throws, Starts, Starts from different positions, standing broad Jumps, standing vertical jumps, Frog Jumps, Medicine ball throws, tennis ball throws, hand ball throws, shuttle run, Zig Zag run.

Unit – V : Introduction to Yoga

1. Meaning of Yoga, Importance, Scope, Misconceptions, modern trends and development in the field of yoga, Importance of yoga in school curriculum.
2. Stages of Yoga/ Ashtanga Yoga (Yama, Niyama, Asana, Pranayama, Pratyahara, Dharana, Dhayana and Samadhi).
3. Role of Yoga in Psychological preparation of children as an athlete.

Unit – VI : Asanas

1. Principles of Yoga asanas.
2. Meditative asanas:- Sukhasana, Padmasana, Vajrasana.
3. Cultural or Corrective asanas:-Tadasana, Halasana, Bhujangasana, Sarvangasana, Salabhasana, Dhanurasana, Chakrasana, Paschimottanasana.
4. Relaxative asanas:- Shavasana, Makarasana.
5. Importance of Yoga asanas for balanced posture and to overcome postural deformities.

PRACTICALS:

- Performing asanas: *Tadasana, Vrikshasana, Utkatasana, Vajrasana, Swastikasana, Ardhapadmasana, Makarasana, Pawanmuktasana, Shavasana*
- *Survey about mid day meal in a school*
- *Project regarding physical and emotional health of the children.*
- *Preparation of play grounds in DIET*
- *Morning Assembly, drills and exercises*
- *Athletics events*

* This practical aspect is suggested to be integrated with the framework developed for the School Internship Programme under Objective 1 of Year 1.

Practical Work is based on Units 1, 2 and 3 before school internship and after school internship through Projects. The practical work is visualized through integration with School Internship Programme (SIP). This involves discussion, guidance and inputs to undertake these projects before the SIP and is followed by reflective sessions where students share their projects after SIP. These post SIP sessions are to be organized in a workshop mode with a stress on collective reflection and discussion. Given below are some themes/ideas for projects and these topics are allocated across the students. As mentioned above before going for the SIP, sessions are held discussing the idea and rationale behind each theme and learning/developing appropriate research methods and tools. Each student prepares a project plan inclusive of tools before going for the SIP.

Suggested Project Topics/Themes

1. The exercise undertaken in the School Internship Programme (SIP), of making a profile of a child and understanding his/her social context during the internship needs to also connect to the health of the child and understanding all possible determinants. The student teacher is to observe and find out about the child's health conditions. The Child's health profile is to explore the possible health determinants operating in the Child's life. Issues of settlement/housing, livelihood of families, poverty and deprivation, food habits, water access and safety etc are explored through observations, informal group discussions and visits to the community. The teacher educator prior to the SIP will guide the student teachers on methods and ethical issues, sensitivity during questioning.
2. Morbidity Mapping Exercise to be conducted. In this the student teacher tracks children's attendance and tries to find out reasons for children's absenteeism. She records illnesses she observes or as reported by children/peers and develops a health report card. The student teacher develops a report card for the „health of the school. She surveys parameters like water, toilets, sanitation, building, playground etc during the SIP. The idea is to encourage the student teachers to explore multiple dimensions of each parameter that impacts on children's health in school. For eg: It is not sufficient to just ask if there is toilet. It is important to explore, is it functional? Is it clean? Is there water available for the toilets etc.
4. Student teachers record observations using tools developed as well as creative methodologies to capture children's perceptions regarding Mid Day Meal to reflect on the health programmes operating in school. The idea is to observe and comment on various aspects of the MDM programme such as quantity, quality, distribution system, culture of the programme and also give legitimacy to children's perceptions on the MDM. For e.g.; What they like, don't like of the MDM, what they eat before school, are they able to study if they are feeling hungry etc. These are explored not through interviews but through creative worksheets which the children fill out. Such methodologies are part of the readings mentioned for Unit III and should be made with the guidance of the teacher educator before SIP.

Practical Work can be divided across groups of students and must be followed by each group sharing with the larger class of ETE teachers. This sharing should be facilitated by the faculty to reflect on health observations, methods used, findings and a discussion on the culture of programmes, possible action a teacher can take etc. The idea of the project is not to just collect a lot of information on health aspects but to begin a process of exploration and inculcate sensitivity towards health and its linkage with learning processes.

Essential Readings

Reference Books

1. A text books of Health and Physical Education by Punjab School Education Board from 6th to 10th standard.
2. Track and Field's Events by George Emmanuel published by City George Olickal, Mariadom Kadaplamattom, Kottayam, Kerala.
3. Yogasanas:- A Teacher's guide NCERT (1983) New Delhi.
4. Dr.H.R. Nagendra Pranayama the art and science Pub: Vivekananda Kendra Yoga Prakashana, Bangalore, India.

5. Techniques of Yoga and Kriya Published by: Bihar School of Yoga, Munger, Bihar.
6. Essentials of physical Education Published by Kalyani Publishers 1/1 Rajinder Nagar, Ludhiana, Punjab.
7. AP Text Book of Health, Physical Education & Sports for class +1,+2 (2010-11) by AP Publishers, Jalandhar, Punjab.
8. Mid-day Meals:- A Primer (2005) Right to Food Campaign Delhi.

Readings for Discussion

1. Ashtekar, S. (2001), Health and Healing: A Manual of Primary Health Care, *Chapter 36- Childhood Illnesses*, Chennai: Orient Longman.
2. Deshpande, M. R. Dasgupta, R.V. Baru and A. Mohanty, (2008). The Case for Cooked Meals: Concerned Regarding Proposed Policy Shifts in the Mid-day Meal and ICDS Programs in *Indian Paediatrics*, 445-449
3. Dasgupta, R., Baru, R.V. Deshpande, M. and Mohanty, A. (2009). *Location and Deprivation: Towards an Understanding of the Relationship between Area Effects and School Health*, Working Paper, New Delhi: USRN-JNU.
4. Samson, M., Noronha, C., and De, A., (2005). Towards more benefit from Delhi's Mid-Day Meal Scheme; in Rama V. Baru (ed.) *School Health Services in India: The Social and Economic Contexts*, New Delhi: Sage.
5. Zurbrigg, S., (1984), *Rakku's Story- Structures of Ill Health And Sources of Change*, Centre for Social Action, Bangalore, 19-41, and Chapters 1 and 2.

Advanced Readings for Faculty:

1. Ben-Shlomo, Y. and Kuh, D. (2002), A Life course approach to chronic disease epidemiology: conceptual models, empirical challenges and interdisciplinary perspectives in *International Journal of Epidemiology*, No. 31, 285 and figure 1 on page 286 to be discussed.
2. Dreze, J. and Goyal A., (2003), The Future of Mid-Day Meals, *Economic and Political Weekly*, November 1.
3. Frost, J. Wortham S.C; Riefel, R.S, (2005), *Play and Child Development*, Prentice Hall.
4. Jones, L. (1994), *The Social Context of Health and Health Work*, McMillan Press. Chapter 1, pp. 1-6, 11-17, 18-20, 32-36.