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Skill Based Health Education : The Need Of Time

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INTRODUCTION :-

Skills-based health education is good quality education per se and good quality health education in particular. It relies on relevant and effective content and participatory or interactive teaching and learning methods. When planning skills-based health education, it is important to consider first the goals and objectives, then the content and methods. The goals of skills-based health education describe in general terms a health or related social issue to be influenced in some particular way. The objectives describe in specific terms the behavior or conditions that, if positively influenced, will have a significant impact and the goals. Many factors influence behavior and conditions, skills-based health education is one of them.

The content of skills-based health education is a clear delineation of specific knowledge, attitudes, and skills, including life skills, that young people will be helped to acquire so they might adopt behaviors or create the conditions described in the objectives. Once the content is delineated, methods are chosen that are most suitable to the content. A wide range of teaching and learning methods can and should be used in enabling students to acquire knowledge, attitudes, and skills.

OBJECTIVE OF THE STUDY :-

- 1) To study for creating Healthy School Environment.
- 2) To study Skills-Based Hygiene Education
- 3) To Study Oral Health Training
- 4) To Study Health Education in India
- 5) To suggesting measures and effective implementation

Creating Healthy School Environment :- Schools are special environments that, exist for the purpose of teaching and learning. Schools are environments that, house sensitive segments of the population. Schools are high activity environments that need constant attention in the form of cleaning, maintenance and repair. When essential environmental management and hygiene does not occur in the highly active school environment, we find deteriorated are quality accompanied by health complaints.

Deteriorated conditions in schools need not exist and are preventable. Environmental quality and risk are managed to an acceptable level indoors by source and activity management, ventilation, cleaning, maintenance, and restoration. Environmental quality of a school is a matter of "willingness to pay" for the management necessary to keep the school environment healthy.

There is growing evidence that, when a school building is in disrepair, teaching and student achievement suffers, the school environment works against the educational process. Public school systems too often elect to postpone repairs and delay construction of new facilities to divert money during periods of financial austerity. Making cuts in roof repair, maintenance, and cleaning is mistakenly considered less devastating than slashing academic programmes. The consequences of choosing to defer school maintenance include premature building deterioration, poor indoor air, increased repair and replacement costs and reduced operating efficiency of equipment. The price tag of deferring school maintenance has two very big and unacceptable costs. First, the health effect and



poor educational performance cost. Second, the cost of accelerated damages and premature replacement of the school facility itself.

Skills-Based Hygiene Education :- School sanitation and hygiene education programmes concentrate on the school environment, the water and sanitation facilities in this environment and hygiene education in the formal or non-formal curriculum. School sanitation and hygiene education deals with the total package of sanitary conditions and facilities available in and around the school compound, promoting hygienic conditions at the school and fostering practices of school staff and children that help to prevent water and sanitation related diseases.

The introduction of life skills-based hygiene education in school sanitation and hygiene education programmes implemented by UNICEF to the implementation of the FRESH framework. FRESH stands for focusing Resources for Effective School Health. The initiative is supported by cooperating United Nation agencies such as WHO, UNICEF, UNESCO and the World Bank, donor agencies such as USAID and DFID, international organizations such as Education International and the private sector. FRESH is a framework for developing an effective health component in education plans, and can be linked to the broader effort to achieve more child friendly schools.

FRESH advocates that the following four core components are implemented as one package in all schools across the world :-

- 1) Introduction of school health policies from national to community level
- 2) Establishment, proper functioning and upkeep of safe drinking water and sanitation facilities within school premises, as a first step towards a safe and healthy environment.
- 3) Introduction of life skills – based health and hygiene education.
- 4) Establishment and proper functioning of health and nutrition services in schools.

These components should be supported be supported and implemented through effective partnerships among students, families, teachers, health workers and communities; and among education, health and other relevant sectors.

Oral Health Training :- Oral Health enables an individual to speak, eat and socialize without active disease, discomfort or embarrassment. Oral Health is fundamental to general health and well being, significantly impacting on quality of life. It can affect general health conditions. Oral Health means more than health teeth. The health of the gums, oral soft tissues, chewing muscles, the palate, tongue, lips and salivary glands are also significant.

Children who suffer from poor oral health are 12 times more likely to have more restricted-activity days including missing school than those who do not. More than 50 million hours annually are lost from school due to oral diseases. While tooth decay (dental caries) and gum disease are among the most prevalent or widespread conditions in human populations, other conditions such as trauma of teeth and jaws, dental erosion, development enamel defects and oral cancer are also important. Premature loss of the permanent (adult) teeth, impacting on an individuals appearance. Importantly, tooth loss can affect children's nutritional intake and, consequently, their growth and development.

Poor oral hygiene causes gum disease and, together with dietary sugars, dental decay. Both conditions may lead to pain, discomfort and tooth loss. Tooth loss, as a result of untreated dental disease and trauma, may have a profound impact on quality of life, as well as on growth and development.

Health Education in India :- Health Education in India has a long history however its formal integrator into health services is less than fifty years old. In the Government, Central Health Education Bureau (CHEB) is the apex institution for health education in India. The Bureau was set up in 1956. The Bureau has seven technical namely,

- 1) Training,
- 2) Media,
- 3) Editorial,



- 4) Health and education services,
- 5) Research and evaluation,
- 6) Field study and demonstration centre, and
- 7) School health education division.

The Bureau conducts a one year Postgraduate Diploma in Health Education (DHE).

The training division conducts in-service training to various categories of personnel in health and related fields. The trainees include medical and non-medical personnel deputed to the Bureau for training in health education. The media division organizes exhibitions on various health topics and celebrations of important days such as World Health Day, No Tobacco Day, and World AIDS Day. It also organizes exhibitions on various occasions at the request of the Ministry of Health and Family Welfare, voluntary organizations and other Government Department.

Method and Materials for Health Education :-

A variety of educational methods, including lectures, debates, discussions, experiments, hands on activities, audio-visual aids, and role-plays are effective tools for environmental health education. These methods should be designed to increase knowledge, build positive attitudes and values, dispel myths, increase skills and provide support for a healthy lifestyle. Methods should be selected on the basis of lesson objective. For example, a lecture is an effective way to increase knowledge but is less effective in influencing beliefs than discussions or debates. In educating students about the physical environment, practical information that will enable students to reduce their exposure to unhealthy environments and create safe and supportive environments should be emphasized.

1) Training teachers to implement Health Education :-

Teachers need to receive training and information to incorporate effectively issues related to health and the environment in their subject area. Teachers could be provided with information about basic relationship between the environment and health, and with learning materials to make the content interesting to their students. They could also be instructed on how to generate a feeling of responsibility toward the environment. Teachers primarily responsible for health and science education could receive training in implementing a curriculum targeted at health issues related to the physical environment of the school and local community. This training could be continuous and address content and teaching strategies.

All teachers should serve as role models for students by demonstrating responsible classroom management practices. They should be encouraged to keep their classrooms healthy by providing adequate ventilation, cleaning them with non-toxic cleaning products, minimizing / eliminating mould growth, disposing waste properly, and recycling classroom materials.

2) The Student's Role in Health Education :-

One effective way for students to learn about their environment is for them to become active participants in environment health education. The child-to-child approach, developed at the Institute of Child Health and Education, University of London is based on the observation that, children play a central role in the care of their younger siblings and that traditional knowledge and health practices of villages are passed on from parent to child and from child to child. In the child to child model there are four fundamental ways children can serve as health agents for their communities.

- Older children can help younger ones. Children can be taught how to teach their younger siblings to manage their own health.
- Children can learn from others of the same age by doing small projects together.
- Children can pass on health messages that, they have learned to the larger community.
- Children can cooperate to create health actions with their communities.

The child-to-child approach is an effective approach to teaching because.

- It links what children learn with what they do;
- It links what children do in class what they do in the home;



➤The activities are not taught in one lesson and then forgotten; they are learned and developed over a long period of time.

Conclusion :-

Nutrition is an input to and foundation for health and development. Better nutrition means stronger immune system, less illness and better health. Healthy children learn better. Healthy people are stronger. More productive and more able to create opportunities to gradually break the cycle of both poverty and hunger in a sustainable way. Better nutrition is a prime entry point to ending poverty and milestone to achieving better quality of life. Freedom from hunger and malnutrition is a basic human right and its alleviation is a fundamental prerequisite for human and national development. Food nourishes the body and gives us energy to get through each day. Healthy eating is fundamental to good health and is a key element in healthy human development, from the prenatal and early childhood years. Healthy eating is equally important in reducing the risk of many chronic diseases.

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