

Health Knowledge during Students' In-school Years

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Abstract

Health education means helping to change people's behaviour so as to make their health better. It is an essential component of any programme to improve the health of a community. It has a major role in promoting good health practices such as sanitation, pure drinking water, good hygiene, breast feeding, infant weaning and oral rehydration. School age is the period of active growth and care. It is manifested in many ways physical, mental and emotional aspects of human beings which has chance to attach some infectious disease. The growing children should know about hygiene activities, because they should lead a good healthy life. Schools are the plants of a nation. Therefore the progress of the community and the welfare of the country largely depend on the successes of the school education. To realize this lofty objective of national progress, the central and the state government spend huge sums of money. To provide universal health education to the millions of children in this country the school is the health centre.

Key Words: Health- Primary health centre- Tamilnadu- Five years plan- School-Universal.

Health education means helping to change people's behaviour so as to make their health better. It is an essential component of any programme to improve the health of a community. It has a major role in promoting good health practices such as sanitation, pure drinking water, good hygiene, breast feeding, infant weaning and oral rehydration. Second the use of preventive services such as immunization, screening, anti – natal and child health clinics. Thirdly the recognition of early symptoms of disease and promoting early referral. Fourthly community support for primary health care and control measures. Health education is the sum total of all experiences that favourably influence knowledge, attitudes and practices of

personal and community health in Tamilnadu. It is a process by which persons become aware of their health needs, their own initiative, of established practices to meet these needs. Health education is also concerned with changes in knowledge, feeling and behaviour of people.

The aim of health education is to help people to achieve health by their own actions and efforts. Therefore it begins with the interest of people in improving their standards and conditions of living and aim of developing a sense of responsibility for their own health improvement as individuals, as members of families and communities or members of the Tamilnadu. Health education aims at

increasing scientific knowledge about health, developing apt feelings towards health and establishing sound health practices. The changes occurring in themselves and those affecting their relationship to their neighbours are born of conscious inherent efforts and are therefore of abiding value. Health education should ensure a greater fulfilment of inherent powers of the body, mind and intellect. Health education is not merely actual instruction about health, but embraces many situations at home, school and community life which provide suitable opportunities for deriving home maxims of moral and healthy living and conduct. People must co – operate and share in the planning as well as in the implementation of health programmes.

“You can lead a horse to water but you can’t make him drink unless he wants to”. The meaning of an old proverb contains the need and purpose of worker’s health education. Education on health and safety, training and research are pre – requisites for the promotion of healthy living of the workers with which it is integrated for the health of the community and to a large extent, the economy and production in industry. The workers must desire to have a good health for themselves, their families and their co – workers. Health education should create that desire among the workers.

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money. To provide universal health education to the millions of children in this country the school is the health centre. Along with the school health education a well organized system of school medical inspection is needed for the school children. This is to promote natural and physical growth to preventive communicable diseases. Many centres were opened for medical infection of school children in secondary school of the Tamilnadu during the Second Five Year Plan period. The Government also sanctioned a scheme of school medical inspection for the medical examination of pupils in the secondary and elementary schools. A total of 2,400 school children were expected to be covered during the year 1957.

The school to safeguard and promote the health of the school children was launched at an expense of ` 63 Lakhs in Kanyakumari district for the further promotion of the propaganda work. Headmasters and teachers were requested to display (exhibit) health slogans like “Beware of fly” to draw the attention of students to matters of health. Ill health or a serious physical or mental handicap or disability soon produces many educational problems. So the prevention of disease, the treatment of illness and handicap in any child is most important. The government sanctioned the scheme of general health check up of school children in Tamilnadu.

School age is the period of active growth and care. It is manifested in many ways physical, mental and emotional aspects of human beings which has chance to attach some infectious disease. The growing children should know about

hygiene activities, because they should lead a good healthy life. During the year 1926, a system of medical inspection for pupils in secondary and elementary schools was in force and grants were given by government to local bodies and private managements. But this scheme was in force upto 1932. The scheme facilities grant paid to local boards and private managements. The grants being limited to one third of expenditure.

i, Every pupil was to be examined at the time of admission and thereafter once a year.

ii, Medical inspection is to be conducted by local registered medical practitioners.

iii, The fee payable to the medical officer should not exceeded ` 12 for the first inspection of every pupil and ` 6 each of subsequent inspection.

The scheme of medical inspection of pupil was compulsory on all recognized secondary and elementary schools for boys area where compulsory elementary education had been introduced. It was optional in the case of secondary schools for girls. In April 1932, government ordered that no grant should be paid to local bodies or private management

towards the cost of medical inspection of pupil in their schools. This was done as a measure of retrenchment. The results produced by the system were not of sufficient practical value to justify its continuous effect. Utilize the services of rural medical practitioners in rural areas for medical examination. The service of rural medical practitioners and certain number of full time medical inspectors are to carryout medical inspection of all elementary school children in the State. Sight testing shall also be carried out at the first medical examination. The hearing of each child should be tested individually.

Create a desire in the people to learn. This can be prompted by associating the subject matter to their basic needs such as food, shelter, sex and security. Encourage to put in some effort. Let the people see the relationship between satisfaction of these needs and accepting the health programme or health measure. This could be done through demonstrations or audiovisual aids. Advantages of clean environment, healthier, housing, observance of cleaner way of life and civic responsibilities need to be before the residents will respond favourably.

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