

Procuring Healthy Society Through Education

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Abstract : *The present research article explores the concept of health and the role of education (focusing on school as a mediator of formal education) in achieving a healthy personality and healthy society. The article reflects a part of the work done by the author for her doctoral studies regarding mental hygiene. The present study extract summarizes the themes and concepts woven around 'the healthy human' and looks at the efforts made by the Indian Government to encompass it, through the mode of formal education.*

Keywords: *health, education, Indian school education*

Introduction

The Indian population has crossed 1.3 billion (May, 2016) and is increasing almost at a 2% annual rate. This increase in population can be partly addressed by a decline in the rate of infant mortality (the rate of infant mortality has lowered down to 38 from 44 deaths for every 1000 live births in 2015 in comparison to 2011), an increase in life expectancy, and as the result of better health care facilities. India's total expenditure, though lesser than many developed countries, has increased to 3.9% of GDP and total expenditure on health per capita is \$141. In a report by 'The Economic Times', the field of healthcare in India is blooming at a rate of 15% Compound Annual Growth Rate (CAGR) and elevated to \$78.6 billion in 2012 in comparison to \$45 billion in 2008 and predicted to touch USD158.2 billion by 2017 and USD 280 billion by 2020 (an increase of 22.9% CAGR). Also, a sharp increase of expenditure (203.5%) has been observed on goods related to healthcare. With growing exposure and awareness about good health, the Indian market of over-the-counter (OTC) vitamins and mineral supplements is growing rapidly from USD 563.2 million in 2008 to USD 749.4 million in 2013.

The above data reveals the increased health consciousness among Indians, however there is another aspect of declining health among the population. Simultaneously, the reports by National Institute of Health and Family Welfare (2013) suggest that India is witnessing a sharp increase in lifestyle diseases, like hypertension, diabetes, irritable bowel syndrome (IBS), cancer, obesity, sleep disorders, heart diseases and digestion problems. With increased financial status, increased levels of work stress, a faster pace of life, dispersed floods of information and technology, high population and pollution levels, and cut-throat competition, there is an increase in lifestyle disorders or diseases. It is estimated that India is second after China in the number of diabetic patients. The International Diabetes Federation states that every 6th diabetic in the world is an Indian, and by the year 2025 India will be the diabetes capital of the world, with around 73.5 million patients (World Health Organization, 2007). Not only diabetes, India has the highest rate of depression in the world and in one of the reports of World Health Organization (1999), depression is declared as one of main three causes of disability and morbidity in the developed world.

Along with an increase in lifestyle diseases, there is a sharp increase in the number of cases of suicide, teen pregnancy, broken marriages, and drug abuse in last few decades. Statistics released by National Crime Records Bureau (2013) show that 1,35,445 number of people committed suicide in country in 2012. In a report by National Institute of Health and Family Welfare (2013), over 16,000 students committed suicide in the past three years. Out of every three cases of suicides, reported every fifteen minutes in India, one is committed by a youth in the age group of 15-29 years. Every 90 minutes a teenager tries to commit suicide in India. In a report by United Nation Office of Drug and Crime (2009), one million heroin addicts are registered in India, and unofficially there are as many as five million. A study done by Sagarkar et al. (2013) in India states that 36.9% of children begin smoking before the age of ten years. Almost 4.2% of students smoke cigarettes, while 11.9% of students use other tobacco products.

Health

With a huge rise in the healthcare sector and in lifestyle diseases, a focused and detailed understanding of the term ‘health’, and the means to achieve that health is important. A report by International Market Bureau (April, 2010) highlights that in India the increased emphasis on a healthy lifestyle is part of a trend to look fitter and well-groomed. However there exist more viewpoints regarding the definition of ‘health’. For example, a woman’s concern for her diabetic husband is a pointer towards his physical ill-health, but when an employee working in inhumane conditions talks about the pressure and stress related to his job, he or she certainly lays down individual’s mental health conditions. Also, the term ‘health’ is used outside the medical panorama, where healthy connotes healthy conversation, a healthy economy and so on.

Meaning of health

In the discourse about well-being, health has been conceptualized in three ways. First is the pathogenic approach, derived from the Greek word ‘pathos’, which means suffering, or an emotion evoking sympathy. According to this approach health is the absence of disability and disease. The next approach is the salutogenic approach, which can also be found in early Greek writings and was popularized by Antonovsky (1979) and pioneers of humanistic psychology (Maslow, 1954; Rogers, 1961). Basically the salutogenic approach originates from the word ‘salus’, meaning health, indicating the presence of positive states of human capacities and functioning in thinking, feeling, and behaviour (Strümpfèr, 1995). The third and the youngest one is a complete state model, which derives from the ancient word of health ‘hale’, meaning ‘wholeness, being whole, sound or well’ (Daniel, 2010). Hale is derived from the Proto-Indo European root Kailo, meaning ‘whole, uninjured, of good omen’ (Marks et al., 2011). After numerous research on all three paradigms of achieving health, it can be said that the third one, the whole state approach, is the only paradigm that can achieve population health (Keyes, 2007).

A historic definition of health given by WHO, made as early as in 1946, clarifies that human health cannot be fragmented into domains of isolated physical health or social health. There has to be an integrated approach where all aspects of personality must be targeted simultaneously. Health is a positive concept emphasizing social and personal resources, as well as physical capacities. Most of the times, health is understood more as a physical entity; but it also connotes an intra-psychic balance, the balance of the psycho-social structure (Husain & Khan, 2006).

The National Council framework for Teacher Education (2010) has stressed on the “development of health, elaborating it as an important part of the core curriculum at the primary, secondary, and senior secondary school levels. The area needs

to be considered in the framework of the overall development of the child and the adolescent – physical, social, emotional, and mental. The aim of health education is not just to attain physical health but also sound psycho-social development. The subject covers personal health, physical and psycho-social development, movement, concepts and motor skills, relationships with significant others, and healthy communities and environments. The interdisciplinary nature of the area requires integration and cross-curricular planning. The major components of the school health programme include medical care, hygienic school environment, school lunch, physical education and emotional health” (p. 27).

Health being a psycho-social component contributes to one’s mental as well as social development. Murray and Lopez (1996) remarked that mental health problems would contribute significantly to the global burden of disease in the 21st century, particularly for adolescents, as mental health hurdles are already as common as some physical health problems such as asthma. A report by the National Institute of Mental Health and Neuro- Science (2011) illustrates that five crore Indians suffer from mental illness.

With the huge shift in societal norms, its thought processes, its value system, and its structure; the term ‘health’ has additional new wings to it. Literature points out that since historic times, health care philosophy and science have concentrated more on disease than on health. Whilst attending to the aspect of care and cure for disease, there is also a dire need to understand what makes us healthy human beings and under what conditions does the life of a human being flourish. Bem (2011) proposes that as we have the biosciences, there must also be biophilosophy (philosophy of life), and biopolitics (life and health enhancing policies). Moving beyond simple reductionist and empiricist methods, the time has come to embrace the complexity of the living world, and to move from looking at particulars to understanding the

larger picture.

No doubt, some people need extra precaution, care, and medical help; but simultaneously there should be a parallel system to concentrate on producing a healthier general population. It can be said that an individual’s health constitutes of physical, mental, emotional, as well as social aspects. Therefore, there is an increased awareness to be more cautious in nature, with an integrated approach towards health. The purported outcome is a healthy persona, a healthy society, and a healthy nation, which can be made possible through educating society.

India falls under the list of countries which spend the lowest on healthcare in the world (though increased in recent years), ranking 171 out of 175 countries in terms of healthcare expenditures (NIHFW, 2012-13). Within the present panorama, a system must be developed where the roots are made strong enough to fight any challenge. The youth of society must be equipped with life skills based education, where they are made to learn skills for living a happy and flourishing life. There is a need to wage an educative war against disease, deformation, illness and sufferings; to build a strong, growing, progressive and healthier society.

Education: A Key Factor

A UNESCO (2013) report titled, ‘Education for All’ states that, in general, education helps in improving the prosperity of individuals, families, and societies - “... education has a vital contribution to make. Education, if delivered well, enables people to fulfil their individual potential and to contribute to the economic, political, and social transformations of their countries” (p. 3).

In addition, the report states that “education boosts up individual’s earning capacity and ability to uplift households out of poverty. It helps to equip the individual with skills needed to obtain work and allowing them to lead a dignified and comfortable life. Education contributes for social mobility and national growth. Education can empower such vulnerable groups, including those disadvantaged

due to their gender, wealth, ethnicity or language, and help them share the benefits of positive development outcomes” (p. 3).

Furthermore, “... it promotes social as well as political growth. Education is a key agent to the value system of any society, a purveyor to social cohesion and societal development. “Quality education promotes tolerance, peace and security, and can support good governance and broader democratic outcomes” (p. 4).

The Canadian National Population Health Survey (1996-1997) also states that:

“Educational attainment is positively associated both with healthy status and with healthy life styles... from a health determinant perspective, education is clearly good investment that can reduce long term health care cost” (pp. 37-38).

According to National Policy on Education (1986, p.3)

- In our national perception, education is essentially for all. This is fundamental to our all-round development, material and spiritual.
- Education has an acculturating role. It refines sensitivities and perceptions that contribute to national cohesion, a scientific temper and independence of mind and spirit-thus furthering the goals of socialism, secularism and democracy enshrined in our Constitution.
- Education develops manpower for different levels of the economy. It is also the substrate on which research and development flourish, being the ultimate guarantee of national self-reliance.
- In sum, education is a unique investment in the present and the future. This cardinal principle is the key to the National Policy on Education.
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In particular, education helps in generating and promoting the curative vision of health in our

population, along with acquisition of knowledge for seeking appropriate treatment. “Rapid urbanization is accompanied by threats from economic recession, environmental degradation, climate change, food insecurity and other factors ... Learning is essential if young people are to acquire the skills they need to get work in a changing world ... Education improves health and livelihoods ...” (NPE, 1986, p. 4). The research data reveals that levels of education are directly proportional to decreased morbidity and mortality rates, and increased nutrition intake among the population.

A statement given by Organization for Economic Cooperation and Development (2010) states that education would be a major catalyst in enhancing well-being and social progress, being cost effective. Education empowers individuals, making them knowledgeable, competent in decision making, well equipped with cognitive skills, and strengthening their socio-emotional capacities such as resilience, self-efficacy and social skills. Also, education helps in improving habits, values and attitudes towards healthy lifestyles and active citizenship.

A study done by Ross (1997) elaborates that well educated people have lower levels of emotional distress (including depression, anxiety, and anger) and physical distress. Kubzansky et al. (1999) have noted that more qualified individuals are significantly less at risk of bad mental health outcomes or long term stress. Kenkel et al. (2006) studied the causal effect of education on smoking behaviour; and a positive effect of education on the health outcome is noticed. Chevalier and Feinstein (2006) state that education has substantial effects on the probability of being depressed, reducing the average risk by 50% for the highest qualifications, and particularly for women, each qualification reduces the risk of becoming depressed. Wilson et al. (2009) studied the mental health of Canadians with self-reported learning disabilities and found that persons with a learning disability (PWLD) were more than twice as likely to report high levels of

distress, depression, anxiety disorders, suicidal thoughts, visits to mental health professionals and poorer mental health; than were persons without disabilities. In a study done by Hales (2001), raised levels of anxiety and apprehension and reduced levels of self- confidence and stability have been reported among adults with learning disabilities. Also, higher scores on inventories measuring depression have been found in children with learning disabilities as young as eight years of age (Strawderman & Watson, 1992), in younger adolescents (Maag & Behrens, 1989), and in older adolescents (Dalley et al. 1992).

School: A Platform of Formal Education

In one of reports by World Health Organization in a United Nations Inter-Agency meeting in 1999 (p. 5), the importance of schools in enhancing life skills among adolescents is as follows:

Every school should enable children and adolescents at all levels to learn critical

health and life skills:Such education includes:comprehensive,

integrated life-skills education that can enable young people to make healthy

choices and adopt healthy behaviour throughout their lives

Since school is one of the most formal mediums of providing education in India, the responsibility of nourishing future generations generally rests with it. School is one of the most important functional agencies in guiding young peoples' lives, and can be a key source in developing the skills and competencies that support their capacity for successful adaptation (Hamilton & Hamilton, 2009). Furthermore, schools provide accessible and relatively stable sites within which to locate interventions to promote well-being (Bond et al., 2007); and represent a common setting for children and adolescents, facilitating universal promotion-based intervention (Short & Talley, 1997). Schools

are one of the most important developmental contexts in students' lives (Gilman, Huebner, & Furlong, 2009) alongside their homes. Evidence suggests that relationships with peers and school staff (Chu, Saucier, & Hafner, 2010; Hawker & Boulton, 2000) and the overall school climate and culture, (Way, Reddy & Rhodes, 2007) influence students' well- being and mental health outcomes. Since schools are central to students' physical, mental, emotional, and social health, a whole school commitment for creating a nourishing environment and cultivating well-being is imperative. Educators and philosophers have repeatedly argued that schools must educate the hearts as well as minds of children (Dewey, 1909; Pestalozzi, 1818).

Current Status of Health Promotion in Indian School Education

The school bears the maximum share of responsibility in the development of healthy citizens therefore various initiatives have been taken by the Indian Government towards this cause. Right from the first draft of National Policy of Education (1986) to the latest policy documents, the need for health-maintaining activities in schools has been highlighted. In the light of various recommendations by different educational committees and commissions, activities like National Service Scheme (1969), Bharat Scouts and Guides, and various programs like National Population Education Project (NPEP), Adolescence Education Program (AEP), and Comprehensive School Health Program (CSHP), have been initiated and given a full-fledged space in Indian education for the overall healthy growth of children.

National Policy on Education, 1986; as revised in 1992, recognizes the "holistic nature of child development, which is, nutrition, health, social, mental, physical, moral and emotional development. The policy emphasizes that Early Childhood Care and Education (ECCE) needs to receive a high priority and be suitably integrated

with the Integrated Child Development Services Programme (ICDS), wherever possible” (p.13). “Health planning and health service management should optimally interlock with the education and training of appropriate categories of health manpower through health related vocational courses. Health education at the primary and middle levels will ensure the commitment of individual to family and community health, and lead to health related vocational courses at the +2 stage of higher secondary education” (p.17).

The National Curriculum Framework (2005) states that “Health is a critical input for the overall development of the child” (p. 56). The National Curriculum Framework developed since 1975 has emphasized the issue of health and the development needs of school-going children at regular intervals. National Curriculum Framework (2005) provides an integrated and holistic definition of health within which physical education and yoga contribute to the physical, social, emotional, and mental development of the child. It (NCF, 2005, pp. 56-58) emphasizes :

- The recognition of Health and Physical Education as a core subject, and this must continue to be a compulsory subject from the primary to the secondary stage and as an optional subject at higher secondary stage. However, it needs to be given equal status with other subjects, which is still lacking at present.
- A ‘needs based approach’ which may guide the dimensions of physical, psycho-social and mental aspects that need to be included at different levels of schooling. The development of health, skills, and physical well-being can be enhanced through practical engagements such as play, exercises, sports, and practices of personal and community hygiene.
- There should be a provision to organize the utilization of the school space at least at the block level, for a special sports programme,

both before school hours and after school hours, to enable children with a special talent for sports to go there for special training.

- Essential physical space and equipment must be available in every school. Doctors and medical personnel should visit schools regularly.
- School health programmes must be an integral part of Health and Physical Education.
- Increased realization of adolescents’ health needs in an age-appropriate context and specific intervention should be provided regarding adolescents’ reproductive and sexual health concerns.
- Children must be ensured with opportunities to construct knowledge and acquire life skills under Health and Physical Education.

The idea of a **Comprehensive School Health Programme**, conceived in the 1940s, included six major components, viz., medical care, hygienic school environment, school lunch, health and physical education. These components are important for the overall development of the child, and hence need to be included in the curriculum. The vision is towards a comprehensive health and physical education curriculum, replacing the fragmentary approach prevalent currently in schools. The concerns of this programme include:

- Medical check-ups of children
- Tackling under-nutrition and malnutrition among children
- Promotion of the state of the health and physical well-being of children through physical and activities like yoga sports and games and maintenance of personal as well as community hygiene
- Strengthening of the area of Health and Physical Education in school education and teacher education.

National Population Education project (NPEP) focuses on a number of activities to develop an understanding of the criticality of essential conditions of population-stabilization for achieving better quality of life for present and future generations, aiming at:

- Population and sustainable development.
- Gender equity for empowerment of women.
- Adolescent reproductive and sexual health.
- Health and education being key determinants of population change.
- Population distribution, urbanization, and migration issues.

The Adolescent Education Programme (AEP), launched by Ministry of Human Resource and Development, GOI, in 2005 has been implemented by national agencies like Central Board of Secondary Education (CBSE), Kendriya Vidyalaya Sangathan (KVS), Navodaya Vidyalaya Samiti (NVS), National Institute of Open Schooling (NIOS), and Council of Boards of School Education in India (COBSE). The ultimate goal of the programme is to empower adolescent learners to have knowledge of their needs and concerns related to the period of adolescence, and to develop in them life skills that will enable them to practice informed and responsible behaviour. Children need to be provided with opportunities to construct knowledge and acquire life skills, so that they cope with concerns related to the process of growing up. The focus is to provide adolescents with accurate, age appropriate, and culturally relevant information to promote healthy attitudes and develop skills to enable them to respond to real life situations effectively. The life skill education programme would allow the learners to be better decision makers and problem solvers, to get equipped with critical and creative thinking, to improve their communication and interpersonal relationships, to develop empathy and self-awareness among them, along with strengthening their capacity to cope with stress.

Conclusion

The Indian constitution too talks about the protection, and development of child's health. There are constitutional provisions provided for the protection of child's rights stating:

'I have the Right to good health care, and everyone has the Responsibility to help others get basic health care and safe water' (Article 24)

'I have the Right to be loved and protected from harm and abuse, and everyone has the Responsibility to love and care for others' (Article 19)

'I have the Right to live without violence (verbal, physical, emotional), and everyone has the Responsibility not to be violent with others' (Article 28, 37).

The constitution gives each child the right to live a life devoid of any sort of abuse and violence. To summarize the above, the constitution has equipped each child of India to avail of, and promote a healthy life. According to a report by United Nation Development Programme (2013), India ranks 136th among 186 countries in the human development index (HDI), lagging far behind many countries, including Nepal and Pakistan. The figures show clearly that, for India, there is long distance to cover and it is possible only through education.

As stated by Irina Bokova, Director-General of UNESCO (2012),

Education is the most powerful path to sustainability. Economic and technological solutions, political regulations or financial incentives are not enough. We need a fundamental change in the way we think and act.

So keeping pace with the newly emerging challenges, our education system must be strong enough to face them, and to provide for the overall healthy development of children.

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