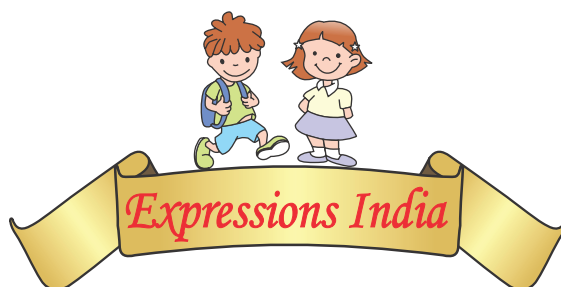


Indian Journal of **School Health** *& Wellbeing*

•Health Services • Life Skills Education •Healthy School Environment



The National Life Skills, Values Education & School Wellness Program

Healthy Schools Healthy India

*Education is not preparation for life..
Education is life itself
- John Dewey*

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EDITORS' MESSAGE

One of the main aims of education is the holistic development of an individual, which includes the development of mind and self. How this development unfolds is influenced by the internal endowments of the individual on the one hand, and draws from the culture and context in which he/she lives and grows on the other. Developmental Psychology, Childhood and Adolescence Studies, in contemporary times have highlighted the co-existence of multiple childhoods and adolescences, emanating from a pluralistic and diverse social landscape, as also from the uniqueness of individual experiences. Recent researches in Psychology and Cultural Anthropology point to the cultural rootedness of cognition and emotions. There is thus a need to build meaningful discourse about the interface and intersections between education, mind and culture. This becomes all the more crucial since the universalistic and a-cultural understandings of mind and education continue to be questioned. In this light, there is also a need to revisit understanding as related to childhood and adolescence from the purview of developmental psychology and mental health.

Of equal importance is the framework provided by the contemporary rights-based perspective in which child rights, human rights, and the right to education have become extremely significant. An understanding has to be built about both the global and local scenario in this regard. The meaning of childhood seems to change with the contours of the social, cultural, economic, and political ethos of a society, as is reflected in contemporary research writings and cinema. The various socio-cultural processes, like modernisation, globalisation, westernisation, industrialisation, marketization, and cybernation are known to impact institutional life - be it family, school, or college, in varied ways. This needs to be a key area of research exploration.

Another aspect that needs focus is the promotion of mental health in schools and colleges, which can enable the younger generation to deal with the various life challenges related to growing up in a fast- changing world. This would require the development of life-skills, self-awareness, knowledge of self-directive methods and strategies, and awareness of one's rights and legal provisions. Further, issues related to mental health, such as bullying, cyber-crime, internet addiction, selfie addiction, pornography, masking of the self through social networking, and the like, transcend barriers of age and context. These issues place a large onus of responsibility on family as an institution, and on the educational institution which a child attends, for the protection of rights and promotion of mental health and wellbeing.

Mental health of children has never been considered as an essential concern, despite it being one of the most significant rights of a child. Sound health has been understood in terms of physical health, freedom from disease; whereas mental health has been as associated with mental illness, which is stigmatised and hence ignored, even when parents and family are aware of the problem. It is critical for the healthy development of children that all the stakeholders - parents, family, community and the state, both realise and take all the essential steps for ensuring the holistic mental health and well-being of children.

With this understanding, the present volume brings together papers and reflections that depict the vast expanse of the ideas of childhood(s) and adolescence(s) in India and the issues that concern them.

Dr. Vikas Baniwal

Post-Doctoral Fellow

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Namita Ranganathan

Professor

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MESSAGE

I am excited to know that the Expressions India is publishing the latest issue of the Indian Journal of School Health. Journals in general have been one of the most potential means of sharing research based scientific knowledge and experiences not only with the larger groups of specialists, experts and activists working in the concerned area, but also with all the persons having interest in that area at large. The Expressions India has been doing pioneering work since long in the field of Health Education under its banner of “Holistic Health and School Wellness Programme” to enable

the school education and teacher education systems to realize the goal of Health Education in Schools. The present publication is a momentous indicator of this initiative I congratulate the Advisory group, Members Editorial Board and the entire team of Expressions India on publication of the Journal. It is a universally accepted fact that the precondition for all development is healthy physical, mental, emotional development, especially in young children, as it supports their cognitive development and enrichment of their holistic health and wellbeing. Which is why, right from the Report of the Bhore Committee (1946), followed by the Reports of all the Education Commissions and Committees have recommended the integration of Health Education in the School Curriculum. The National Curriculum Frameworks 1975, 1988, 2000 and 2005 also have made it a compulsory subject up to secondary stage. But the ground realities have been categorically demonstrating since long that the transaction of this subject area in schools has been far from satisfactory. So far so, that it has not even been treated at par with the core subjects. The major bottleneck in the way of realization of the objective of Health Education has been the particularistic conceptualization of its transaction process. Even though the National Curriculum Framework 2005 made a paradigm shift and recommended multidimensional pedagogy for transaction of this curricular area, it is being transacted by adopting only scholastic approach. The goal of development of holistic health and wellbeing of young learners cannot be attained by making them gather certain information and rote-learn those. It can be attained only by laying more focus on co-scholastic methodology that ensures active participation of learners and substantially contributes to the

development of life skills which enables young children to manage their lives more competently and grow as truly empowered human resource of the nation and of the human society at large. To facilitate this process it is very critical to encourage and empower the teachers, so that they act like facilitators and mentors. It is in this context that the formal school education system needs to look towards taking the support from the initiative like the one taken by Expressions India under its National Life Skills Education & School Wellness Programme aimed at realizing the Goal of HEALTHY SCHOOL HEALTHY INDIA.

I am more than confident that the present issue of the Journal will strengthen this grand endeavour and empower all who are creatively engaged in the promotion of Health Education in Schools. It is urgently needed to employ the transaction methodology well tested through the pioneering pursuits being made by Expressions India. “If there is will, there is way, and if the will is reinforced by enlightened path-breakers, the way would lead to the destination at the earliest “.

Prof. Jawahar Lal Pandey,

Professor & National Coordinator,

NPEP & Adolescence Education Programme (Retd.)

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MESSAGE

For a nation in transformation, education and health care are dynamic indicators of progress. Students can learn well in a healthy and safe environment. Looking into the wide spectrum of comprehensive education the schools need a serious and closer appraisal. United Nations Convention on the Rights of the Child (1989) to which India is a signatory, prescribes that, every child has the inherent right to life, survival and development, including the right to the highest attainable standard of health and to facilities for, the treatment of illness and the rehabilitation of health.

The committee on school health (popularly known as the Renuka Ray committee), set up in 1960, recommended that “Health education should be included as part of general education in the primary, middle and secondary school.” The report of the committee provided guidelines and recommendations for both content and appropriate inclusion of health at various stages of schooling. In the wake of National Health Policy, 1983, and the National Policy on Education, 1986 (Revised 1992), steps were initiated to look at school health in a more comprehensive manner.

With higher school enrollments and the Right to Education in place, schools have become nodal centers for health education programmes. It has also been noted that schools are the key forums for acquisition of health related knowledge, attitudes and life skills. They are indeed the wealth of the nation, enriching the empowerment of children towards responsible citizens.

Schools have an important role to play in equipping children with the knowledge, attitudes, and skills they need to protect their health. Skills-based health education should be part of the curriculum framework. Its purpose is to strengthen efforts to implement quality life skill-based health education on a national scale worldwide.

Therefore a strong need is being felt for a Comprehensive School Health journal that scientifically reinforces the vision of Health Promoting Schools and subsequently gets integrated within the education system in India. The Indian Journal of School Health & Wellbeing is a step in this direction. I have the pleasant task of recording my deep appreciation for and thanks to all the Advisory group, Editorial Board and Members of the Executive Editorial for their valuable contribution, ungrudging cooperation and keen interest taken. I must also thank the Members for making available the benefit of their rich experience and knowledge.

I conclude with the note that, there has to be a ground swell of commitment from the parents, teachers, Government authorities, civil society organizations and students so far as the creation of a healthy, safe and cosseted environment in the school is concerned. It has been rightly and very aptly stated, “If there is to be a light at the end of the tunnel, it is our responsibility to hold the torch high enough to provide a beacon of light bright enough and strong enough for our children to follow.” Schools, educators & practitioners are cordially invited to contribute their good practices, research, training & specific programs for publication in this pioneering Journal.

Dr. Jitendra Nagpal, M.D., D.N.B.

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GUIDELINES

Submission Guidelines

- All submissions should follow the APA 6th Edition style.
- All submissions should have an abstract summarizing the main points.
- The submission should have a clear and informative title.
- The submission should be original and should not be in the process of consideration by any other publication at the same time.
- The submission should have rigorous and reliable information and provide a deeper level of understanding.
- Submissions should be engaging and accessible to non-expert readers as well.
- Brief information and a line of works of the author should be sent as a separate cover note.
- Initial acceptance of any submission does not guarantee publication. The editorial board shall do the final selection.
- If necessary, the editors may edit the manuscript in order to maintain uniformity of presentation and to enhance readability.

Types of Manuscripts and Word Limits

1. Original Research Papers: These should only include original findings from high quality research studies. The word limit is 5000, excluding references and an abstract (structured format) of not more than 250 words.
2. Brief Research Communication: These manuscripts, with not more than 1 table/figure, should contain short reports of original studies or evaluations and service-oriented research which points towards a potential area of scientific research or unique first-time reports. The word limit is 1500 words and an abstract (structured format) of not more than 150 words.
3. Case Reports: These should contain reports of new/interesting/rare cases of clinical significance or with implications for management. The word limit is 1500 words and an abstract of not more than 150 words.
4. Review Articles: These are systemic and critical assessments of the literature which will be invited. Review articles should include an abstract of not more than 250 words describing the purpose of the review, collection and analysis of data, with the main conclusions. The word limit is 5000 words excluding references and abstract.
5. Grand Rounds in child psychiatry/psychopathology (Case Conference): This should highlight one or more of the following: diagnostic processes and discussion, therapeutic difficulties, learning process or content/technique of training. This may be authored by an individual or a team, and may be an actual case conference from an academic department or a simulated one. The word limit is 1500 words.
6. Viewpoint: These should be experience-based views and opinions on debatable or controversial issues that affect the profession. The author should have sufficient, credible experience on the subject. The word limit is 3000 words.
7. Commentaries: These papers should address important topics, which may be either multiple or linked to a specific article. The word limit is 3000 words with 1 table/figure.
8. Literary/ Child Psychology / Developmental

studies/ Psychiatry/ Disability studies/ Education for mental health: Original contributions are welcome which cover both literature as well as mental health. These can be in the field of poetry, drama, fiction, reviews or any other suitable material. The word limit is 2000 words.

9. **My Voice:** In this section multiple perspectives are provided by patients, caregivers and para-professionals. It should encompass how it feels to face a difficult diagnosis and what this does to relationships and the quality of life. Personal narratives, if used in this section, should have relevance to general applications or policies. The word limit is 1000 words.

10. **Announcements:** Information regarding conferences, meetings, courses, awards and other items likely to be of interest to readers should be submitted with the name and address of the person from whom additional information can be obtained (up to 100 words).

NB - Specific innovative/new ideas or newly emerging concepts for the sections are actively encouraged.

Sending the Manuscripts to the peer-reviewed and refereed Indian Journal of School Health and Wellbeing (IJSHW)

Entries are to be submitted via e-mail to:

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