

## **A Study of the Attitude of Government and Private School Teachers towards Health and Hygiene Programmes in Schools of Delhi**

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### **Abstract**

Schools have long been viewed as important settings for promoting the health and social development of children. In schools teachers are the members who transact the curriculum, policies and programmes into the classroom. It is the teachers who face the challenges of introducing something new in the classroom. Teacher is the person who knows the actual p pros and cons of any programme or policy whether related to academics or other curricular activities. In this study attitude of private and government school teachers towards health and hygiene programmes in schools of Delhi has been found out. It can be concluded from the above findings that only twenty percent of the government school teachers and forty percent of the Private school teachers have Positive attitude towards health and hygiene programmes in Schools. Most of the teachers has neutral attitude towards all such programmes and activities

### **INTRODUCTION**

World-wide, education and health are inextricably linked. In simplest terms:

- healthy young people are more likely to learn more effectively;
- health promotion can assist schools to meet their targets in educational attainment and meet their social aims; young people that attend school have a better chance of good health;
- young people who feel good about their school and who are connected to significant adults are less likely to undertake high risk behaviours and are likely to have better learning outcomes;
- schools are also worksites for the staff and are settings that can practice and model effective worksite health promotion for the benefit of all staff and ultimately the students.

Health promotion in a school setting could be defined as any activity undertaken to improve and/or protect the health of everyone in the school community. Health education in a school is a communication activity and involves learning and teaching pertaining to knowledge, beliefs, attitudes, values, skills and competencies. It is often focused on particular topics, such as tobacco, alcohol, nutrition; or it may involve reflecting on health in a more holistic way.

In the last 25 years there have been many hundreds of refereed papers, books, and evaluation reports in which the effects of initiatives promoting health in schools were identified. Additionally, most of these analyses have attempted to identify why the initiatives worked and why they didn't.

The following is a brief summary of the major findings of these studies. Meta-analyses, which are summaries and reviews of existing research, have been used as the main source of the data. The results demonstrate the substantial congruence between three conceptually related areas:

- the research and evaluation literature on school health;
- the concepts/factors that constitute successful learning and teaching in schools; and
- the factors that make schools effective in achieving education, health and social outcomes.

The beginning of school health services in India dates back to 1909. In a developing country like India due to poverty and prevailing socio- cultural milieu a substantial number of school children from paediatric age to adolescent suffer from various diseases which can be prevented if diagnosed and treated early and preventive measures taken in time. Keeping this in view the Directorate of Health Services, Govt. of Delhi started School Health Scheme in 1979 with six School Health Clinics initially to provide comprehensive health care services to the school going children. The scheme was expanded during the 7th five year plan and 64 school clinics were opened. The school health clinics were established in the school premises itself. These clinics are planned to cover the children studying in Government and Government Aided Schools with the following objectives:

- Promotion of positive health (health education).
- Prevention of diseases (including immunization).
- Early detection, diagnosis and treatment of diseases.
- Referral services to higher Health Centers for further treatment and management.

Chacha Nehru SehatYojna was announced by Hon'ble Chief Minister of Delhi, in her budget speech on 22nd March 2011. This landmark scheme was launched on 19th November 2011, to provide free and comprehensive health services to all school aged children in the National Capital Territory of Delhi. Chacha Nehru SehatYojnaprogramme is functional in co-ordination with department of education and private hospitals.

Various aspects such as Immunization, Nutrition, Hygiene and Deworming comes under this scheme.

MID DAY Meal scheme was also launched with the purpose of providing health food and to increase the enrolment and retention of students in schools.

There are number of other programmes run by various NGOs also .

## METHOD

A total number of sixty teachers were taken as the sample thirty from eight private schools and thirty from eight government schools. Attitude of teachers towards health and hygiene education and programmes in schools of Delhi is studied. The responses of the teachers on 20 statements were sought against five categories, viz. Strongly Agree=5, Agree=4, Not Decided=3, Disagree=2, Strongly Disagree=1.

The Possibility of maximum Score by a respondent can be  $20 \times 5 = 100$  whereas the minimum scores possible can be  $20 \times 1 = 20$ .

Score	Attitude
0-20	Negative Attitude
21-80	Neutral Attitude

80-100

## Positive Attitude

Scoring for all the teachers has been done according to the responses given for each statement and their attitude are towards positive, negative or neutral is decided based on the above range.

For Government School Teachers the Mean Score is found out to be  $2283/30=76.1$

While for Private School Teachers the Mean Score is found out to be  $2352/30 = 78.4$

**RESULTS**

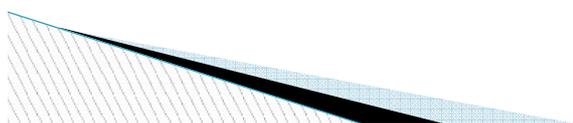
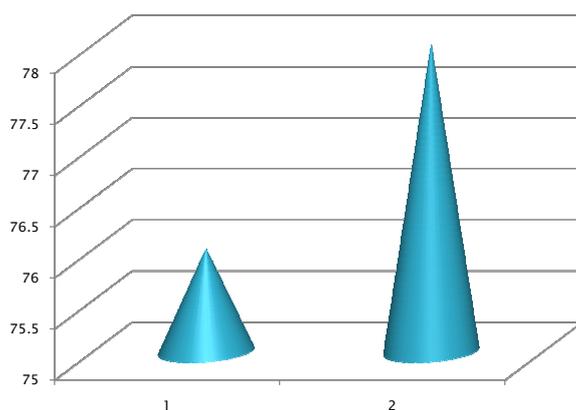
It has been found out that twenty five percent of the government school teachers has positive attitude and seventy five percent teachers has neutral attitude towards health and hygiene programmes conducted in schools.

In case of private school teachers forty percent teachers has positive attitude and sixty percent teachers has neutral attitude towards health and hygiene programmes conducted in schools.

- ▶ The mean score of government school teacher group as shown in table is 76.1, thus we can say that the attitude of this group is moderately neutral towards health and hygiene education programmes in schools.
- ▶ In case of Private school teachers the mean score obtained was 78.4(as shown in table) which also shows that the private school teachers group also has neutral attitude about health and hygiene programmes in schools.

**Comparative attitude of teachers about health and hygiene programmes & education**

Group	Mean	Standard Deviation	Degree Of Freedom	't ' value
Government School Teachers	76.1	7.2	59	1.21
Private School Teachers	78.4	7.1	59	1.21



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- ▶ As shown from the above table, the obtained mean score on attitude scale of government school teachers and private school teachers are 76.1 & 78.4 respectively.
- ▶ To study the significant difference between these two means t-test was employed.
- ▶ The obtained value of t ratio is 1.21 as given in the last column of the table above.
- ▶ The t-ratio was found statistically significant at 0.05 level and it can be safely inferred that the teachers have a neutral attitude towards the health and hygiene programmes in schools.

### CONCLUSION / EDUCATIONAL IMPLICATIONS

It can be concluded from the above findings that only twenty percent of the government school teachers and forty percent of the Private school teachers have Positive attitude towards health and hygiene programmes in Schools. Most of the teachers has neutral attitude towards all such programmes and activities. All the policies and programmes related to health and hygiene can be successfully implemented only if all the teachers have positive attitude towards them and enthusiastically participate themselves and encourage their students to do so. Teachers could be given some workshop or training regarding the conduction of such programmes. Teachers should include health in all the curricular subjects specially science and social sciences and home science. Bulletin Boards and walls of the schools should have Health and Hygiene Awareness related slogans, Pictures and information. Work Load of the teachers should be distributed keeping in mind all these activities as well by the HOS. To have effective implementation and to bring

change in the attitude, awareness and practices towards health and hygiene we need to bring in these changes at school level.

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