

# Health, Hygiene and Nutrition in School Education

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## Abstract

**Background:** Health, Hygiene and Nutrition are essential aspects of a child's overall development. Health is an important resource that needs to be maintained, amended and protected. In order to achieve this, all aspects of health that influence must be given due attention. The health of individuals and community is affected by various factors such as poverty, income inequality, education, nutrition, employment, housing, gender and social network. On the basis of these factors, there are widespread inequities in health within and between societies. The social factors have a direct impact on health status and maybe addressed as part of any comprehensive health plan.

**Keyword:** Health; Hygiene; Nutrition

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**How to cite this article:** Sharma V. Health, Hygiene and Nutrition in School Education. SDES-IJIR; 2024; 5-3: 784-788

**Submitted:** 19-May-2024; **Accepted:** 02-July-2024; **Published:** 10-July-2024

## Introduction

Education is strongly linked to health and to fundamentals of health such as salutary habits, risk factors and health routines. Education is important for enhancing the health and well-being of individuals as it reduces the need for health care. It also helps to encourage and adopt healthy lifestyles.

## School Health

Broadly we can think about school health in terms of what is required for children to be healthy. In this framework, there are four pillars of school health:

- **Policies:** National, State as well as school policies that make children safe and signal a commitment to every child's health.
- **School environment:** The school environment safe and free from hazards. Clean water and other sanitation services.
- **Services:** health services are offered at the school to students and appropriate and adequate for the students' needs.
- **Education:** Age-appropriate information to empower them to take ownership over their health and well-being.

## **Need and Importance of Health, Hygiene and Nutrition in School**

Poor nutrition, inadequate health care, and poverty prevent children from reaching their full cognitive and behavioral potential, thus influencing their lifetime learning. Some children never get enrolled in school because of severe health problems resulting from poor nutrition.

There are more than 200 million children worldwide who fail to reach their potential in cognitive development due to early poor nutrition, inadequate health care, and poverty (Grantham-McGregor et al. 2007). Good nutrition is essential for full development of cognitive and motor skills, behavioral abilities, and physical growth of an individual. Some of the micronutrient deficiencies, predominantly iodine and iron, can lead to significant and irreversible cognitive damage. Malnutrition can lead to additional health problems and deprivation. It commonly affects all groups in a community.

### **Health Education: Significance**

The health education aims at change of behavior and a multidisciplinary approach is necessary to understand human behavior. The global health risk factors and their significance have led to a major emphasis in public health policy on education interventions. The education has traditionally focused on providing information and skills to help people make choices that can promote health and well-being. However, the contemporary health education has three objectives i.e. to reduce morbidity and mortality by changing the behavior and beliefs of individuals; to foster the appropriate use of health services; and to create an awareness of health issues. The health education aims to encourage personal development through enhancing awareness, self-esteem and self-assertion

The Health Education includes application of medical and related positive knowledge in the everyday life of the society. It conveys skills for healthy life style. Health education may be formal, non-formal, and informal (UNESCO 2006). The formal health education is defined as regular schooling that follows a normal pattern and uses a curriculum covering wide range of knowledge, skills, values and attitudes. Formal health education may take place in schools as well as in health settings (e.g. Primary health care centers). The non-formal education is defined as any systematic and consistent educational activities that may take place both within and outside educational institutions. It may cover educational programmes like adult literacy, life skills, work-skills, general culture, health and environmental education.

The Complete health education includes all the aspects like physical, mental, emotional, and social aspects of health.

### **Nutrition Education**

Education and nutrition have a Interdependent relationship. Nutrition education have three important objectives i.e. It convey required information, and facts about nutrition; change unhealthy attitudes to healthy eating practices and develop positive skills regarding nutritional goals. Well-nourished children are better able to reach their academic potential. Nutritionally Educated children especially girls can better understand and act on information, including use of health services, and become more empowered to take decisions. Nutrition education aims towards promotion of healthy nutrition including choice of food, food-preparation and storage of food. Healthy nutrition is understood differently in different nations and among different cultures. The healthy nutrition should be an integral part of daily life as it contributes to the physiological, mental and social well-being of individuals.

Nutrition education has been shown a significant effect in developing healthful eating habits. The nutrition interventions at schools can improve children's health, their learning potential and school attendance

### **Provisions and Programmes In Rajasthan**

- Rajasthan government launched a series of nutrition-focused welfare programmes for the benefit of women and children who are affected by disruption in routine schemes.
- Women and children in Rajasthan are affected due to disruption of schemes such as Integrated Child Development Services and midday meal scheme amid the covid-19 pandemic.
- State government is facing the challenge of micronutrient crisis.

- Following the disruption, experts called to adopt strategies in order to accelerate micronutrient supplementation and strengthen food fortification.

### **Mid Day Meal Programme**

The Mid-Day-Meal-Scheme (MDMS) is implemented in Rajasthan under the administrative control of the School Education Department, Government of Rajasthan (GoR).

- The mid-day-meal-Commissionerate is responsible for effective implementation and monitoring of the MDMS at the State of Rajasthan.

Mid-Day-Meal (MDM) is provided to all students of Class I to VIII studying in 67159 Government schools, Government of India(GoI)- aided schools, Special Training Centers (STC) {EGS and AIE centers, national child labour projects (NCLP) centers} and minority based institutions (Madarsas & Maqtabs).

### **Mid-Day-Meal-Scheme : Objectives**

The Mid-Day-Meal-Scheme seeks to address the most urging problems for the children in India, namely, hunger and education, by:

1. Enhancement in nutritional status of school going children- Improving the nutritional status of children in class I to VIII
2. Encourage enrollment and regularity in attendance-encouraging children
3. Promoting harmony among children
4. Providing nutritional support to children in drought affected areas during summer vacations.

### **Brief History**

- Government of Rajasthan started providing cooked meal to the children in schools under the mid-day-meal-program from July 2002. In the beginning, government of Rajasthan provided MDM from its own state budgetary resources. The state government started with allocation of Rs. 00.50 per student per day (per meal) as the “cooking-conversion-charges” since July 2002 itself. Ghooghri, Dalia etc. served to the school students as Cooked Mid Day Meal.
- From January 2005 onwards, the cooking- conversion- cost was enhanced to Rs. 1.50 per student per day (per meal) (central share Rs. 1.00 & State share Rs. 0.50) from the initial cost of Rs.00.50 per student per day.
- In March 2006 the cooking-conversion-cost was increased to Rs. 2.00 per student per day (per meal) (central share Rs. 1.50 & State share Rs. 0.50) for the primary students.
- In October 2007, the state government started implementing Mid- Day- Meal-Scheme (MDMS) for the students in classes from VI to VIII in educationally backward blocks of Rajasthan. In the same year, the MDMS was made effective and began implemented in all the blocks of Rajasthan state with the enhancement in cooking-conversion-cost of Rs. 2.50 per student (central share Rs. 2.00 & State share Rs. 0.50) for upper primary students.
- Further in the year 2008 the Government of India (GOI) also enhanced its central-share of funding by 4%. In the year 2008, itself the mid-day-meal-menu in Rajasthan also included with a provision to provide seasonal fruits once a week along with cooked Mid-Day-Meal (MDM).
- The Government of India (GOI) introduced a yearly cooking- conversion-cost revision and enhancement system in the year 2009-10. Since then the GOI and GOR has been increasing this cooking- conversion-cost every year (financial year) @ 7.5% per year. This cost sharing system runs with a ratio of 75%:25% respectively up to year 2015-16. From 2016-17, the New Cost Sharing ratio between Government of India (GOI) and Government of Rajasthan (state) (GOR) 60%:40% respectively. Present Cooking Conversion cost for Class 1 to 5 is Rs 4.97 per child per day and for class 6 to 8 is Rs 7.45.
- Under the mid-day-meal-scheme in the state of Rajasthan, it has been ensured that hot cooked, wholesome varied food is provided to all the school students every day.

- The mid-day-meal-scheme has been functional in the state of Rajasthan with no-interruption in its regularity. The Mid- Day- Meal (MDM) invariably provided to each eligible student on every school day throughout the year.
- Officers of different level continuously do regular inspections, intensive checks, and sudden inspections in schools across the state and it is ensured that no school-going child should not be deprived from the mid-day-meal (MDM).

In NGO operated centralized Kitchens the overall responsibility of cooking and supplying meals up to schools is of the concerned NGO. There is a district level committee of five officers which regularly monitors the cooking process and transportation of the cooked meals from the kitchens to the Schools.

In decentralized/school cooking, the meals are cooked by cook cum helpers who preferably local resident women/men.

**(Source : Mid- Day- Meal (MDM) Report, Govt. of Rajasthan 2021-22)**

**Distribution of deworming, Iron and folic acid tablets in schools(Anemeia free Rajasthan campaign “Shakti Diwas” )**

Deworming is A Cost-Effective Intervention to Increase School Participation and Boost Learning Capabilities. The Teachers were trained to administer vision screenings, use first aid kits, and provide deworming tablets and vitamin supplements to children.

**Tobacco Free Educational Institution**

**Milk scheme in schools: Mukhyamantri Bal Gopal Yojna”**

- TheScheme is called the “Mukhyamantri Bal Gopal Yojna”
- The scheme was announced in the budget session 2022-23.
- The scheme aims to provide milk to students from class 1 to 8.
- The government will provide powdered milk to students.
- The quality of milk will be checked by RCDF and school management.

**Suggestions for effective implementation :**

- Despite significant progress on school health and nutrition, more work must be done to ensure that the programmes. More attention needs to be paid to the quality of programmes, the synergies with existing efforts and the monitoring and evaluating of actions' delivery and impact.
- There are many ways in which schools can promote physical and mental health and well-being. This starts by including health and well-being in curriculum, providing nutritious school meals and ensuring access to health services.
- It also means ensuring that school environments are free from violence and conducive to good health, nutrition, development and learning.
- Improving educational outcomes requires policies and programmes that improve nutrition for all families. Health education should be made an integral part of the education program in schools.
- Effective policies in the public health sector invites convergence of initiatives in different sectors involving food security, drinking water, women's literacy, better nutrition and sanitation etc.
- The public health policy should focus on the prevention of diseases by providing clean water and sanitation rather than fighting diseases. This requires training of public health specialists and development of health facilities at all levels.
- Crucial attention should be paid to the financing of healthcare.
- There is need to promote policies for increasing food productivity as well as for enhancing land use and desirable cropping patterns to fight the malnutrition.
- There is need to expand early childhood education programmes that stimulate cognitive development and

address nutrition.

- An integrated approaches to education, health, and nutrition is desired today.
- There is need for social mobilization through informing the community about health and nutrition objectives and generating awareness at the family and local community levels.
- The existing health services can be modified and expanded to create more effective school health promotion programmes.
- Education about nutrition should be combined with efforts addressing other health issues, such as reproductive health, life skills, and alcohol and drug use prevention.
- The physical environment of the schools including the presence of clean water, safe food and sanitary facilities as well as proper waste collection and disposal are essential to good health.
- Educational methods such as lectures, discussions, debates, role-plays and audio-visual aids should be designed or selected to increase knowledge, build positive attitudes and values, dispel myths, and assist for the development of healthy lifestyles.
- The educational materials for health education should be written using the local or simple language.

**UNESCO, School Health and Nutrition are core parts of its education mandate. This means that their learning environment must feel safe, offer healthy meals and promote physical and mental health.**

### **Conclusions:**

Schools have been a powerful setting to promote health programs. COVID-19 pandemic has demonstrated the inter linkages between education and health and the urgent need to work together across sectors. This is especially the case around the mental health of learner's post-COVID.

Food and nutrition education is an essential element of school-based programmes (such as school meals, health services, social protection) to help children and adolescents makes food choices that support both human and environmental health.

Schools are a unique opportunity to support good nutrition and the development of children and adolescents. The school setting is one of structured learning, a place where those who influence children's food perceptions, practices and habits interact.

Countries are increasingly integrating food and nutrition education as a core element of their national curricula and of their school food and health policies.

However, more still needs to be done to reach the full potential of food and nutrition education in schools..

To achieve this vision, new paradigms are needed that go beyond classroom-based transmission of basic and generic nutrition information,

**Financial Support and Sponsorship:** Nil

**Conflict of Interest:** There are no conflicts of interest

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