

School health programmes for the enhancement of learning attainment

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Abstract

The purpose of the study is to know the school health programmes and its relationship with learning attainment. The investigator used descriptive survey method. A total of 200 primary school students were selected by stratified random technique from 10 primary schools of Bangalore District, Karnataka during the year 2015-16. In each school 20 students studying in 7th standard were selected by lottery method. Further the researcher interviewed school heads where the in-charge of School Health Programmes from above said schools. The School Health Programme Rating Scale prepared by the researcher and Kulsum (2014) and Interview Protocol was utilized to know the school health programme and also collected learning attainment scores from office records of their respective schools. For the present study, percentage analysis, Karl Pearson's Product Moment Coefficient of Correlation and t test were applied as statistical techniques. From the percentage analysis it was found that Cent percent of the schools made good provision for cleanliness of school environment and 60.0% of schools are made provision for stress free and democratic school environment. With regard to Nutritional Services, 70.0% of the schools are made fair provision made for hygienic food in school canteen, 50.0% of the schools are fair provision for supplement of iron tablets and 50.0% are made good provision for nutritious food and milk in the schools. With regard to Health Appraisal, 60.0% of the schools are good provision made for health check-ups (ENT & Dental), 50.0% of the schools are good provision for general health examinations and 60.0% of the schools are good provision with regard to isolation of students with communicable diseases. From the correlation analysis it was found significant relationship between school health programmes and learning attainment. The 't' test found significant difference between Learning Attainment of primary school boys and girls and also found significant difference between students from high and low provision made for school health programmes. Evaluative research has to be conducted to assess the effectiveness of school health programmes and an effective plan for school health programme has to be implemented for the enhancement of learning attainment.

Key Words: Learning Attainment, School Health Programmes, Primary School Students, Provision.

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Access this article online	
Quick Response Code:	Website: www.statperson.com
	Accessed Date: 10 March 2018

INTRODUCTION

Primary Education is the base on which the complete educational structure is to be built and it moulds the personality of the child. A child learns the essentials of his culture and meets a necessary knowledge and obtains fundamental skills and attitudes required for leading a

flourishing life. Emphasis should be given to learning attainment from primary level itself.

Learning Attainment: Learning Attainment is the act of accomplishing or achieving a plan. It is something achieving successfully by means of knowledge, skill, practice or perseverance. According to Gates & Others, "Learning is the modification of behavior through experience." Assessment is not meant to be used as a measure of child's ability at school but as a means to look up their ability to learn; their knowledge and their skills. Assessment is used to quantify teaching and learning and to report to future practice by individuals on various levels related to education and to recognize current achievement, attainment and areas for progression. An attainment is a skill one have learned or something one have achieved their educational attainments. Academic success has a strong positive impact on children's subjective sense of how good they feel their life satisfaction and is linked to higher levels of wellbeing

in later life. In turn children's overall level of wellbeing impacts on their behaviour and rendezvous in school and their ability to acquire academic competence in the first place. Therefore school health programmes are supporting for better learning attainment at primary school level.

School Health Programmes: School is the place where health education regarding important aspects of hygiene, environment and sanitation, as well as social customs is being imparted (Dongre, Deshmukhm, Boratne, Thaware and Garg 2007). The **School Health Program** is defined as "the school procedures that contribute to the maintenance and improvement of the health of pupils and school personnel including health services healthful living and health education". A comprehensive health education programme is an important part of the curriculum. The methods of evaluation of school health programmes are observation, health reports, interview, checklist, surveys, health test, health records, questionnaire and Rating scale. In the present study the researcher evaluated the school health programmes of primary schools with regard to healthful school environment, nutritional services and health appraisal.

Importance of the study: Learning occupies an important place in the school programmes. Learning is change in the behavior of the individual brought about by experience. Research shows that people who are successful in learning attainment, are more stable in their employment and are more healthy. Pattnaik (1991) made a study on "the study of examine the Nutritional status and its effect on physical development and educational achievement" in this research they found that the nutritional status of urban children was found to be better than that of rural children. Taras (2005) reviewed the research on nutritional intake, School meal programs and academic performance and indicates that school breakfast programs seem to improve attendance rates and decrease tardiness. Among severely undernourished populations, School breakfast programs seem to improve academic performance and cognitive functioning. Therefore, the present study is focused on the quality or provision made for school health programmes and its effect on Learning Attainment of primary school students in Bangalore District of Karnataka State.

AIMA AND OBJECTIVES

1. To know the provision made for school health programmes with regard to healthful school environment, nutritional services and health appraisal.
2. To find the significant relationship between school health programmes and learning attainment.
3. To assess the significant difference in the Learning Attainment of primary school students due to their gender and level of provision made for school health programmes.

Statement of Hypotheses

1. There is no significant relationship between School Health Programmes and Learning Attainment of primary school students.
2. There is no significant difference in the Learning Attainment of primary school students with reference to their gender and quality of provision made for school health programmes.

MATERIAL AND METHODS

Research Method and Sampling Procedure: The study was elected as descriptive survey method. A total of 200 primary school students were selected by stratified random technique from 10 Government primary schools of Bangalore District, Karnataka during the year 2015-16. Each school 20 students are studying in 7th std. were selected by lottery method. Further the researcher interviewed school heads where the in-charge of School Health Programmes from above said 10 schools.

Description of Tool: School Health Programme Rating Scale (SHPRS) (2014) developed and standardized by the researcher (Asma Parveen) and guide (Dr. Umme Kulsum) was used to measure the quality of School Health Programme for primary school heads. This scale was developed to know the quality of provision of school health programmes at primary school education for perception from primary school heads. It contains three areas, namely Healthful School Environment, Nutritional Services and Health Appraisal. A five point scale was employed to score the data namely Provision not made (0), poor (1), fair (2), good (3), excellent (4). All items of the tryout form were scored from 0 to 4 and the total score ranged from 0 to 32. The reliability was found to be 0.82 with a gap of one month between the two administrations by test-retest method. The learning attainment scores are collected from the office records of respective schools. In the present study learning attainment defined as acquisition of knowledge, attitude and skill through formative assessment.

Statistical Procedures: For the present study, percentage analysis, Pearson's Product Moment Coefficient of

Correlation and 't' test were applied as statistical techniques. The significance level was set at 0.05 level.

Objective 1: To know the provision made for school health programmes with regard to healthful school environment, nutritional services and health appraisal.

RESULTS

Table-1: Percentage Analysis on Quality of provision made for School Health Programmes with regard to Healthful School Environment, Nutritional Services and Health appraisal.

Item No.	Criteria	Quality of provision/practice									
		Provision not made		Poor		Fair		Good		Excellent	
		N	%	N	%	N	%	N	%	N	%
1. HEALTHFUL SCHOOL ENVIRONMENT											
1	Cleanliness of School Environment	-	-	-	-	-	-	10	100.0	-	-
2	Provision for Stress free & Democratic School Environment	-	-	-	-	4	40.0	6	60.0	-	-
2. NUTRITIONAL SERVICES											
3	Provision for Hygienic Food in School Canteen	2	20.0	1	10.0	7	70.0	-	-	-	-
4	Provision for Supplement of Iron Tablets	2	20.0	3	30.0	5	50.0	-	-	-	-
5	Provision for Nutritious Food and Milk	2	20.0	3	30.0	5	50.0	-	-	-	-
3. HEALTH APPRAISAL											
6	Provision for Health Check-ups of ENT and Dental	-	-	-	-	4	40.0	6	60.0	-	-
7	Provision for General Health Examinations	-	-	-	-	5	50.0	5	50.0	-	-
8	Isolation of students with Communicable Diseases	-	-	-	-	4	40.0	6	60.0	-	-

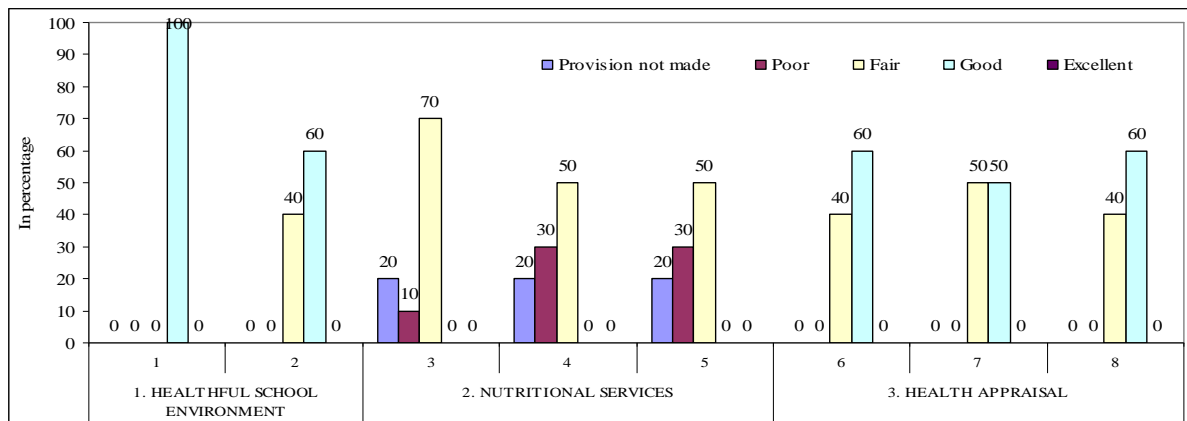


Figure 1: Graph shows Quality of School Health Programmes such as Healthful school environment, Nutritional Services and Health appraisal implemented in primary schools.

From the above table and figure, it represents about quality of provision made by the schools with regard to healthful school environment, nutritional services and health appraisal

Healthful School Environment

- With regard to cleanliness of school environment, cent percent of the schools had good quality.
- With regard to provision for stress free and democratic school environment, 60.0% of the schools are given good quality and remaining 40.0% of the schools are given fair quality.

Nutritional Service

- With regard to provision made for hygienic food in school canteen, 70.0% of the schools are given fair quality, 10.0% are poor quality and remaining 20.0% of the schools are not made any provision.
- With regard to provision for supplement of iron tablets, 50.0% of the schools are providing fair quality, 30% are poor and remaining 20.0% of the schools are not made any provision.
- With regard to quality provision for nutritious food and milk in the schools, 50.0% are made good, 30.0% are poor and remaining 20.0% are not made any provision.

Health Appraisal

- With regard to provision for health check-ups (ENT & Dental), 60.0% of the schools are had good quality and remaining 40.0% of the schools are had fair quality.
- With regard to provision for general health examinations, 50.0% of the schools are had good quality and remaining 50.0% of the schools are had fair quality.
- With regard to isolation of students with communicable diseases, 60.0% of the schools are had good quality and remaining 40.0% of the schools are had fair quality.

Objective 2: To find the significant relationship between school health programmes and learning attainment.

Table 2: Results pertaining to Correlation analysis pertaining to Quality of Provision made for School Health Programmes and Learning Attainment.

Dependent	Independent	'r' value and Sig. Level
Learning Attainment	Healthful School Environment	0.175*
	Nutritional Services	0.363*
	Health Appraisal	0.162*

N=200; df=198; *Significant at 0.01 level (r value @ 0.05 =0.138)

From the table-2 revealed that, the obtained 'r' values 0.175, 0.363 and 0.162 are greater than the table value 0.138 at 0.05 level of confidence. Therefore, the stated hypothesis was rejected and an alternate hypothesis has been accepted that "there is significant relationship between School Health Programmes with regard to Healthful School Environment, Nutritional Services and Health Appraisal and Learning Attainment at primary school level." The said variables are having positive relationship. The result concludes that the schools which have been made higher provision for quality of school health programmes had better learning attainment and vice versa.

Objective 3: To assess the significant difference in the Learning Attainment of primary school students due to their gender, level of provision made for school health programmes.

Table 3: Learning Attainment of students due to variation in their gender and provision made for school health programmes.

Variable	Groups	No.	Mean Scores	Standard Deviation	't' value and sig. level
Gender	Boys	125	55.360	16.040	5.01**
	Girls	75	64.530	09.900	
Provision made for School Health Programmes	High provision	80	66.250	10.717	6.83**
	Low provision	120	53.833	14.961	

**Significant at 0.01 level (Table Value 2.60)

It is evident from Table-3, the obtained 't' values of 5.01 and 6.83 related to Learning Attainment and School Health Programmes with regard to gender and provision made for school health programmes are greater than table value 2.60 at 0.01 level of confidence. Hence, the stated hypotheses have been rejected and an alternate hypothesis has been accepted that "there is significant difference in the Learning Attainment of students with regard to gender and provision made for school health programmes. The girls had higher learning attainment when compared with boys and likewise the students from high provision made had higher learning attainment when compared with students from low provision made for school health programmes.

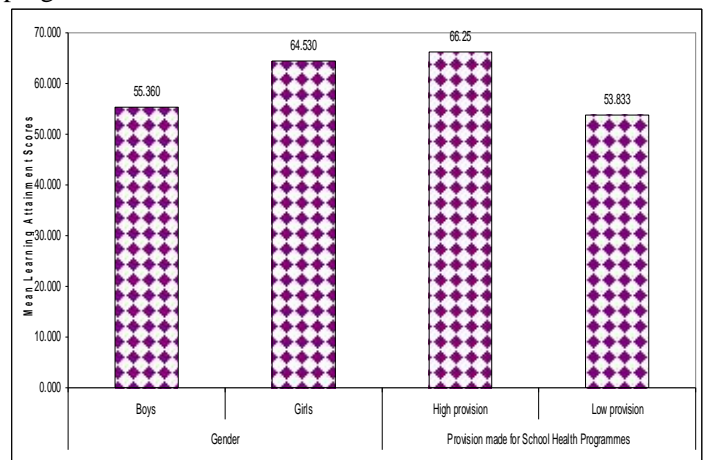


Figure 2: Bar graph shows comparison of Learning Attainment of students in relation to their gender and provision made for school health programmes

FINDINGS

1. With regard to healthful school environment, Cent percent of the schools had good provision for cleanliness of school environment and 60.0% of schools are made provision for stress free and democratic school environment.
2. With regard to Nutritional Services, 70.0% of the schools are made fair provision made for hygienic food in school canteen, 50.0% of the schools are providing fair provision for supplement of iron tablets and 50.0% are made good provision for nutritious food and milk in the schools.
3. With regard to Health Appraisal, 60.0% of the schools are had good provision made for health check-ups (ENT & Dental), 50.0% of the schools are had excellent provision for general health examinations and 60.0% of the schools are had good provision with regard to isolation of students with communicable diseases.

4. There was significant relationship between school health programmes and learning attainment.
5. There was a significant difference between Learning Attainment of primary school boys and girls.
6. There was a significant difference between Learning Attainment of primary school students from high and low provision made for school health programmes

CONCLUSION

From the present investigation it was demonstrated that, learning attainment was positively related with school health programmes with regard to healthful school environment, nutritional services and health appraisal and found significant difference exists in the Learning Attainment of primary school boys and girls. The girls had higher learning attainment. Also found significant differences in the Learning Attainment of primary school students from high and low provision made for school health programmes, where high provision made for school health programmes had higher learning attainment.

Evaluation research has to be conducted to assess the effectiveness of school health programmes and an effective plan for school health programme has to be implemented for the enhancement of learning attainment.

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Source of Support: None Declared
Conflict of Interest: None Declared