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Abstract

“Students fell sick after having mid-day meal in school; some children had severe food poisoning in Uttar Pradesh” (March 16, 2018). We often come across news items such as these. It is quite a shameful situation for the citizens of the country. Is it not the responsibility of the government and schools to ensure that nutritious, hygienic and good quality mid-day meals are served to children in schools? This paper explores the condition of School Environment in a sixteen-week long interaction with schools (primary and middle) and its students. Schools’ contribution towards students’ health and hygiene was closely examined. Under the ‘Swachh Bharat Campaign’, the focus is on the cleanliness of our surroundings. It was observed that students of government schools have low attendance rates as compared to other private schools and their attendance rate and health rate is low in comparison to private schools. It further investigated the issues or challenges faced by students due to schools’ unhealthy environment and unhygienic conditions, which lead to unhealthy living conditions. Hygiene issue acquired importance and it was found that parents were unaware about these issues. A profiling of a class I student was done to find out students’ living conditions and examine the factors that are responsible for their health. This profiling helped in understanding the lives of children in a holistic perspective. Lastly, in this action research study, class I students were sensitised towards cleanliness and hygiene and their awareness while teaching. Therefore, it was found that government schools were also responsible for students’ health along with their family.

Keywords: *Healthy School Environment, Government Schools, Students' Health and Hygiene, Profile of Students*

Introduction

Children generally spend six hours per day in schools where they gain knowledge, make friends, develop their personality and also learn to socialise. Schools act as a mini society. Students’ learning is not only limited to the four walls of the classroom, the whole school environment, physical and psychological, plays an important role in learning values such as discipline, honesty and cleanliness. Dresslar divided healthy school environment into two essential parts: “the physical environment of the child during her/ his school life” and “the laws of mental hygiene as per needs of the children.” The physical environment of school includes

cleanliness of playground, classrooms, toilets, equipments they use; adequate water supply in toilets and for drinking; proper meal; proper light; and regular health checkups. In India, the government has taken steps like mid-day meal scheme, separate toilets for girls and boys, water supply, infrastructure in a school building like library, furniture etc., for ensuring a healthy school environment. Are these necessities available for children in schools? Does school health impact students’ physical and mental health? These are questions to ponder!

As part of the B.El.Ed. (Bachelor of Elementary Education) Internship programme, final year pre-service teachers are placed in schools for a

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LIFESTYLE DURING COVID-19: IMPACT ON HEALTH AND PSYCHO-SOCIAL WELLBEING

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Abstract

The entire world is suffering from pandemic COVID-19 at present. It has affected not only physical health but has also brought significant changes in our lifestyle. As some parts of the country are gradually progressing towards the process of gradual "unlocking" there is a requirement for assessing the impact of COVID-19 on individuals' lifestyle changes. Lockdown and severe restrictions had impacted dietary patterns, physical health, mental stress, and psycho socio wellbeing of the majority people. The present study is an attempt to assess various parameters of lifestyle by interpreting the data on smartphone usage, applications installed on smartphone, possessiveness of phone, dietary pattern, physical activity and social networking.

Key words: Pandemic, Lifestyle, Dietary pattern, Physical activity, Social networking

1 INTRODUCTION

The COVID-19 pandemic continues to create havoc all over the world and has interrupted normal activities. It has presented a significant impact on the physical health and psycho-socio wellbeing of the people. It is evident that in COVID times, technology has become an indispensable resource. Technology has enabled us to work from home, attend online classes, and also helped us to keep in touch with our loved ones. But there is a negative aspect attached to technology. Relying on screen for a long time has deteriorated interpersonal connections. In a way, technology has moved us beyond healthy communication. Changes in the social network during covid times have affected the mental health of individuals. A reduction in social interactions can lower mental health [1], [2].

Developmental psychology research has indicated that gained experiences through environmental factors during early childhood determine the fundamentals of life behavior. It is also a crucial phase for developing cognitive, emotional, and psycho-social skills [3]. Due to closure of schools, parks and playground children's lifestyle is disrupted and resulted in stress [4]. As the educational institutions are being closed due to lockdown, school and college students have their classes in online mode. They are more exposed to internet use and smartphones for their studies and recreation. Stress causing factors like monotony, disappointment, lack of face-to-face interaction with others, space constraint at home, and poor earning during lockdowns, can trigger adverse impacts on mental health in children [5].

Apart from students, homemakers at home have also started using smartphones as there is mandatory social distance. The over usage of smartphones involves a tendency to check the phone notifications frequently. It is also associated with the disturbed sleeping pattern, slow-wave sleep, and overall sleep deficiency. It can also lead to gaming disorders and ultimately cause psycho-social crises like sleep deprivation, stress, mood changes, and anxiety [6].

The strict restrictions during COVID-19 are bound to impact people's dietary patterns and fitness regimes. Staying at home can affect food choices and the accessibility of food. Also, there can be a reduction in everyday physical activities. A sedentary lifestyle leads to anxiety and could negatively impact motivation to eat a healthy diet [7]. It could also promote overconsumption of some food items [8]. However, the concept of new technologies like various videos and apps came to rescue people who desire to remain fit.

Few studies evaluate the impact of the pandemic on lifestyle-related behavior. This study was undertaken to investigate some relevant questions about the effects of COVID-19 on lifestyle-related behavior. Responses to these questions will establish a basis to identify the changes

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I. INTRODUCTION

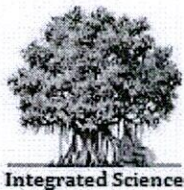
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Child's construction of Knowledge: Role of Activities in Classroom

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ABSTRACT

"What we have to learn to do, we learn by doing." This quote of Aristotle has stood the test of times. In the decade of 1980s constructivist theorists advocated the role of hand on activities in the construction of knowledge by children. This brought in new ideas of teaching and learning in classroom and curricular reforms. The role of teacher changes from an information provider to that of a facilitator; and children from passive to active learner. This paper provides insights about how activities are conducted in classrooms, which in turn led to knowledge construction among children and signifies on why there is need to change our teaching methodologies in primary classroom. A variety of activities – experiments, interactive tasks, role play, survey and others were organised for children of class IV for Environment Studies. Classroom observations were recorded and analysed to find out how these activities facilitated in construction of knowledge.

Keywords: Constructivism, Construction of Knowledge, Primary classroom, Environment Studies, Hands on activities

Introduction

The most common method used in schools' classroom is a 'lecture'. The delivery of the method assumes children as passive receivers of information and teachers as source of knowledge. Even though, educational psychology courses in teacher education programmes have changed over a period of time and a lot of emphasis is given on constructivist theories of learning (Sharma, 2006; Shukla, 2015). But practice at large remained unchanged. What does construction of knowledge mean? How children can be actively engaged in this process of knowledge construction? These are some questions which are always on minds of pre-service teachers.

The following is an excerpt of an interaction with pre-service teachers (PST):

Teacher: What would they teach to children in classroom?

PST 1: Textbook

PST 2: Chapters from textbooks

PST 3: Topics

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PST1: Themes
PST4: Principles and Laws
PST5: Concepts
Teacher: What are concepts?
Silence
Teacher: Are concepts taught or learnt?

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The group was left to think about these questions. By definition concepts are abstract ideas; something which can't be seen or felt using our senses. For instance, concept of a 'boy' or a 'beautiful girl' or 'plants' or 'motion' or 'democracy' or 'human rights', all these are abstract in nature. One may argue that boy, beautiful girl or plants are observable. On contrary, we only see a particular example not the concept that too in some cases. We may see vehicles moving on roads but not the concept of 'motion'. We know that India is a democratic country but not the notion of 'democracy'. Now arriving at the second question posed to pre-service teachers. The concepts are constructed by individuals in their minds. 'How these concepts are constructed?' is argued differently by different constructivist psychologists. Jean Piaget (1966) theorized that children construct concepts using the process of assimilation and accommodation; they modify their schemas of concepts, which are constantly reviewed and extended with new experiences. In this process they either modify their existing schema of a concept or form a completely new schema. Another social constructivist, Lev Vygotsky (1978) emphasised the role of language and thought in learning of concepts. He argued that interaction with peers and adults in a social and cultural environment facilitate 'construction of knowledge'. In a classroom setting a teacher acts as a facilitator for creating meaningful interaction where in

CLEAN WATER AND SANITATION: PREPAREDNESS OF HEALTH ACTIVISTS

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ABSTRACT

Accredited Social Health Activist (ASHA) is a coached female health activist. One of the prime duty allocated to ASHA is uplifting rural sanitation. ASHA has been embraced as Swachhagrahi in SBM-G - II. Therefore, current research was designed to assess preparedness of ASHA training modules to aid in delivery of SDG Goal 6 and objectives of Jal Shakti's Swachh Bharat Mission (Grameen) Phase II. National Health Ministry's online versions of ASHA training modules and facilitators' hand-book were analysed using document and theme review. Training modules' documents were reviewed for seven "key terms" - "hygiene", "clean water", "clean drinking water", "sanitation", "ODF", "Open defecation free", "Waste Management". The results showed that key terms on pdf search appeared total forty times. Only the key words identified for SDG Goal 6 were found. None of the SBM-G II keywords appeared. Of the 19 themes, theme-3 is dedicated to water-sanitation and environment. 72 pages handbook for ASHA facilitators receives equal emphasis on sanitation and clean water. Despite the missing key terms to be in exact sync with SBM-G-II, ASHA training provides comprehensive and practical training to skill ASHAs to handle SDG Goal -6 and Jal Shakti's Swachh Bharat Mission (Grameen) Phase II.

Keywords: Health, Clean Water, Water, Jalshakti, Sanitation, ASHA, Accredited Social Health Activist, ASHA training modules, ASHA training

INTRODUCTION

The National Rural Health Mission (NRHM) was introduced in 2005 (April) with an aim to provide effective, efficient and affordable health care to rural India with special consideration to states with poorer public health indicators. One prime objective of Rural Health Mission has been to bring forth genre of women health volunteer workers, correctly named as "Accredited Social Health Activist" (ASHA) for every 1000 population, that is, in each village within the states with low public health indicators. These ASHAs were meant to be a 'link' between the rural village population and health service delivery system and were to play a principal role in accomplishing national health and population policy goals. ASHAs are a part of the community and are selected from within the community. They predominantly serve on volitional basis, yet remuneration is provided to them for specific enterprises and services' targets achievement. Accredited Social Health Activist (ASHA) workers are coached to fulfil her responsibility of female voluntary health activists of the rural society. Designated from within the bounds of the locality itself and answerable to it, the "ASHA is tutored to perform as a bridge between the local population and the public health system" (GOI, 2005, Book 1). Among the other tasks completed by ASHA – she additionally transfers intelligence to the populace on health determinants such as food, nutrition, sanitation & hygiene, healthy working and living environment. ASHAs aim at effective bridging of health concerns with determinants of health like sanitation, hygiene, nutrition and safe potable water through a District Plan for Health. Currently, the country has more than 9 Lakh ASHAs (GOI, www.nhm.gov.in).

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