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Creative Leadership for South African Schools of Tomorrow: In Search of New Metaphors
RJ (Nico) Botha

Pedagogy of Social Sciences at Elementary School Stage with Reference to Diverse Social Context
Nityananda Pradhan

Health Awareness Among Primary School Students
Vimal Kishor, Chaman Lal, Jyoti

Association of Micro-System Variables with Linguistic Intelligence of School Going Children
Vandana Punia, Jatesh Kathpalia

Status of Education of Girls in Kasturba Gandhi Balika Vidhyalay of Uttarakhand
Pushpa Bhatt, Sunita Godiyal

ICT Utilization Among School Teachers and Principals in Malaysia
Kazi Enamul Hoque, Ahmad Zabidi Abdul Razak, Mosa. Fatema Zohora

Education For Sustainable Development in India
Ram Mehar, Supreet Kaur

Activism and Leadership Preferences of the Students : A Case Study
B.C. Shah, Geeta Shah



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HEALTH AWARENESS AMONG PRIMARY SCHOOL STUDENTS

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Abstract

The objective of this study was to investigate the health awareness among government and private primary school students. The study was carried out on 200 standard fifth students from twelve government and private primary schools purposively selected from Mandi district of Himachal Pradesh. A self developed questionnaire on health awareness was used to provide information on the pupil's levels of health awareness. A significant difference was found between the government and private primary school students ($t=2.08$), boys and girls of government and private primary schools ($t=2.16$) and boys and girls of government primary schools ($t=2.09$) on their health awareness respectively. Whereas, the study further revealed that boys and girls of private primary schools, boy students of government and private primary schools and girl students of government and private primary schools do not differ significantly on their health awareness.

Health is a multidimensional concept because it is shaped by biological, social, economic and cultural factors. Health is not merely the absence of disease but is influenced and shaped by the access to basic needs like food security; safe water supply, housing, sanitation and health services. Within this broader definition of health, individual health is intrinsically interrelated with social factors. Therefore, while individual health is important it is necessary to delineate its linkages with the physical, social and economic environment in which people live. Children's health is an important concern for all societies since it contributes to their overall development. Health, nutrition and education are important for the overall development of the child and these three inputs need to be addressed in a comprehensive manner. While the relationship between health and education is seen more in terms of

the role that the latter plays in creating health awareness and health status improvements, what is not adequately represented in the debates is the reciprocal relationship between health and education, especially when it relates to children. Studies have shown that poor health and nutritional status of children is a barrier to attendance and educational attainment and therefore plays a crucial role in enrollment, retention, and completion of school education (Position Paper, 2006).

Barua (1971) conducted a comparative study of wastage in Sibsagar and Golaghat subdivisions and concluded that poor health of pupils was the main cause of wastage. Nurul Islam (1983) conducted a study to find out some basic factors which affected the effective growth of universal compulsory primary education in Bangladesh since 1947. He reported that the factors which hampered the

proper growth of universal compulsory primary education in Bangladesh was lack of health and sanitary conditions. Sriratna (1983) found that the primary schools are remiss in the promotion of safety, health and food service for pupils. Roy (1987) in his study found that reading ability was influenced by health of students. Panda (2000) studied the factors affecting pupil's achievement in primary schools of Orissa. He concluded that performance of the students is affected by the infrastructure facilities and incentives like Mid-day Meal Programme, free text books etc. Pandey (2004) had worked in the same field. He had reported that educational and attractive environment of school have positive impact on educational achievement of students. Singh (2009) conducted a study of health awareness among students of government and government aided schools and concluded that there is significant difference in health awareness of students of government and government aided primary schools. Further, she concluded that male and female students of government and government aided primary schools also differ significantly. Keeping in view the findings of the above researches, the investigator of the present study has made an honest attempt to study the Health Awareness among Primary School Students.

OBJECTIVES OF THE STUDY

The study conducted by the investigator was based on the following objectives:

1. To study and compare the level of Health Awareness of government and private primary school students.
2. To study and compare the level of Health Awareness of boys and girls of government and private primary schools.
3. To study and compare the level of Health Awareness of boys and girls of private primary schools.

4. To study and compare the level of Health Awareness of boys and girls of government primary schools.
5. To study and compare the level of Health Awareness of boy students of government and private primary schools.
6. To study and compare the level of Health Awareness of girl students of government and private primary schools.

HYPOTHESES OF THE STUDY

The study tends to test the following null hypotheses:

1. Government and private primary school students do not differ significantly on their Health Awareness.
2. Boys and girls of government and private primary schools do not differ significantly on their Health Awareness.
3. Boys and girls of private primary schools do not differ significantly on their Health Awareness.
4. Boys and girls of government primary schools do not differ significantly on their Health Awareness.
5. Boy students of government and private primary schools do not differ significantly on their Health Awareness.
6. Girl students of government and private primary schools do not differ significantly on their Health Awareness.

METHOD AND PROCEDURE

The descriptive survey method was considered appropriate for gathering data about health awareness of primary school students. A sample of 200 (100 girls and 100 boys) students of 5th Class was drawn by adopting purposive sampling technique from primary school students of both from government and private schools of Sunder Nagar tehsil of

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Table-1: Group Statistics for Government and Private Primary School Students on their Health Awareness

| Groups | N | M | S.D. | SED |
|------------------|-----|-------|------|------|
| Government | 100 | 23.41 | 1.22 | 0.24 |
| Private | 100 | 22.91 | 2.37 | |
| Boys | 100 | 22.96 | 1.9 | 0.24 |
| Girls | 100 | 23.48 | 1.93 | |
| Private Girls | 50 | 23.08 | 2.44 | 0.45 |
| Private Boys | 50 | 22.74 | 2.3 | |
| Government Boys | 50 | 23.18 | 1.35 | 0.22 |
| Government Girls | 50 | 23.64 | 1.03 | |
| Government Boys | 50 | 23.18 | 1.35 | 0.36 |
| Private Boys | 50 | 22.74 | 2.3 | |
| Government Girls | 50 | 23.64 | 1.03 | 0.36 |
| Private Girls | 50 | 23.08 | 2.44 | |

Mandi district of Himachal Pradesh. A random sampling technique was applied to select the schools whereas subjects were selected by the technique of purposive sampling due to the very few enrollments in government schools. A self developed questionnaire on health awareness which consists of 25 items was used by the investigator to collect the relevant data. All the 25 items of the test are closed type requiring the respondent to answer either in 'Yes' or 'No'. While preparing the test items of the questionnaire was shown to the different experts for their views for the content validity of the test. A right response gives one mark and wrong response gives zero mark for the positive items and vice-versa for the negative items. The total score ranges from 0 to 25. The statistical technique 't' test was used to find out the significance of difference between the mean scores of government and private primary school students on Health Awareness.

ANALYSIS AND INTERPRETATION OF DATA

Objective-1 To study and compare the level of Health Awareness of government and private primary school students.

Table - 1 shows the group statistics for government and private primary school students. The mean and SD for government primary school students on health awareness is 23.41 and 1.22 respectively. The mean and SD for private primary school students on health awareness is 22.91 and 2.37 respectively. The standard error of difference is found to be 0.24. The result shows that the mean score of government primary school students is higher on health awareness than private primary school students.

The Table-2 shows the 't' value for government and private primary school students on health awareness. The 't' value obtained 2.08 (df = 198) which is significant at 0.05 level of significance. So, the null hypothesis that

Table-2: 't' Values for Government and Private Primary School Students on their Health Awareness

| Groups | df | t-ratio |
|------------------|-----|--------------|
| Government | 198 | 2.08*Private |
| Boys | 198 | 2.16* |
| Girls | | |
| Private Girls | 98 | 0.75 (NS) |
| Private Boys | | |
| Government Boys | 98 | 2.09* |
| Government Girls | | |
| Government Boys | 98 | 1.22 (NS) |
| Private Boys | | |
| Government Girls | 98 | 1.55 (NS) |
| Private Girls | | |

*- Significant at 0.05 level of significance
NS- Not Significant

government and private primary school students do not differ significantly on their health awareness stands rejected. Thus, an alternate conclusion is accepted that there is a significant difference on health awareness of government and private primary school students.

Objective-2 To study and compare the level of Health Awareness of boys and girls of government and private primary schools.

Table- 1 shows the group statistics for boys and girls primary school students. The mean and SD for boys primary school students on health awareness is 22.96 and 1.90 respectively. The mean and SD for girls primary school students on health awareness is 23.48 and 1.93 respectively. The standard error of difference is found to be 0.24. The result shows that the mean score of girls primary school students is higher on health awareness than boys primary school students.

The Table-2 shows the 't' value for boys and

girls primary school students on health awareness. The 't' value obtained 2.16 (df = 198) which is significant at 0.05 level of significance. So, the null hypothesis that boys and girls of government and private primary schools do not differ significantly on their health awareness stands rejected. Thus, an alternate conclusion is accepted that there is a significant difference on health awareness of boys and girls of primary school students.

Objective-3 To study and compare the level of Health Awareness of boys and girls of private primary schools.

Table- 1 shows the group statistics for girls and boys of private primary school students. The mean and SD for private girl primary school students on health awareness is 23.08 and 2.44 respectively. The mean and SD for private boy primary school students on health awareness is 22.74 and 2.30 respectively. The standard error of difference is found to be 0.45. The result shows that the

mean score of private girl primary school students is higher on health awareness than private boy primary school students.

The Table-2 shows the 't' value for private girl and private boy primary school students on health awareness. The 't' value obtained 0.75 (df = 98) which is not significant at 0.05 level of significance. So, the null hypothesis that boys and girls of private primary schools do not differ significantly on their health awareness stands accepted. Thus, an alternate conclusion is accepted that there is not any significant difference on health awareness of boys and girls of private primary school students.

Objective-4 To study and compare the level of Health Awareness of boys and girls of government primary schools.

Table- 1 shows the group statistics for boys and girls of government primary school students. The mean and SD for government boys primary school students on health awareness is 23.18 and 1.35 respectively. The mean and SD for government girls primary school students on health awareness is 23.64 and 1.03 respectively. The standard error of difference is found to be 0.22. The result shows that the mean score of government girl primary school students is higher on health awareness than government boy primary school students.

The Table-2 shows the 't' value for boys and girls of government primary school students on health awareness. The 't' value obtained 2.09 (df = 98) which is significant at 0.05 level of significance. So, the null hypothesis that boys and girls of government primary schools do not differ significantly on their health awareness stands rejected. Thus, an alternate conclusion is accepted that there is a significant difference on health awareness

of boys and girls of government primary school students.

Objective-5 To study and compare the level of Health Awareness of boy students of government and private primary schools.

Table- 1 shows the group statistics for government boys and private boys primary school students. The mean and SD for government boys primary school students on health awareness is 23.18 and 1.35 respectively. The mean and SD for private boys primary school students on health awareness is 22.74 and 2.30 respectively. The standard error of difference is found to be 0.36. The result shows that the mean score of government boys primary school students is higher on health awareness than private boys primary school students.

The Table-2 shows the 't' value for government boys and private boys primary school students on health awareness. The 't' value obtained 1.22 (df = 98) which is not significant at 0.05 level of significance. So, the null hypothesis that boy students of government and private primary schools do not differ significantly on their health awareness stands accepted. Thus, an alternate conclusion is accepted that there is not any significant difference on health awareness of government boys and private boys primary school students.

Objective-6 To study and compare the level of Health Awareness of girl students of government and private primary schools.

Table- 1 shows the group statistics for government and private girls primary school students. The mean and SD for government girl primary school students on health awareness is 23.64 and 1.03 respectively. The mean and SD for private girl primary school students on health awareness is 23.08 and

2.44 respectively. The standard error of difference is found to be 0.36. The result shows the mean score of government primary school girl students is higher on health awareness than private primary girl school students.

The Table-2 shows the 't' value for government and private girl primary school students on health awareness. The 't' value obtained 1.55 (df = 98) which is not significant at 0.05 level of significance. So, the null hypothesis that girl students of government and private primary schools do not differ significantly on their health awareness is accepted. Thus, an alternate conclusion is accepted that there is no significant difference on health awareness among girl students of government and private schools.

The above findings may be supported by the study of Singh (2009). Findings of her study also reported that there is significant difference in health awareness of students of government and government aided primary schools. Further, she concluded that male and female students of government and government aided primary schools also differ significantly. It is clear from the above interpretation that gender and type of school affects the health awareness of primary school students. As we found that there is significant difference between government and private primary school students, boys and girls of government and private primary schools, and boys and girls of government primary schools with respect to their health awareness. Further, it is interestingly found that government girls have more health awareness as compared to boys in government primary schools. The findings of the present study will be helpful for teachers,

policy makers and educationists. Teachers must sort out the list of activities that impart the knowledge about health attitudes and practices in the students and conduct those in class. A comprehensive health education needs to be implemented. School should provide necessary information, counseling and health care referral. Better health related facilities if are provided, it can enhance the work efficiency of students and teachers. Special programmes are needed to educate the students for proper transmission at health awareness to students. Parents and teachers should provide health education to their children/students. There should be provision of in-service training programme related to health for primary school teachers. Information, education and communication should be intensified to make students aware of the health problem in order to prevent lack of health awareness. Different activities should be organized in schools such as lectures, drawing, documentaries, short film, and movies on health awareness.

CONCLUSION

In conclusion it can be said that gender and type of school affects the health awareness of primary school students. The findings of the present study will be helpful for curriculum development. While developing curriculum of primary school students, proper attention should be paid for health related content. Poor health of pupils may cause of wastage, hampered the proper growth of universal compulsory primary education and affect the pupil's achievement. Therefore, it is very essential on the part of parents, teachers, administrators and society that they should join hands and come forward to help them.

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ASSOCIATION OF MICRO-SYSTEM VARIABLES WITH LINGUISTIC INTELLIGENCE OF SCHOOL GOING CHILDREN

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Abstract

Language attainment can be described as a process through which children derive the underlying linguistic structure of their ambient language. Linguistic intelligence, one of the major dimensions of multiple intelligence, is the ability to read, write and speak with sensitivity to the sounds, rhythms and meaning of the words. Researches over the last few decades have shown that micro-system variables have a significant effect on the linguistic abilities of a person. Human development is a process of interaction between biological and environmental factors and micro-system variables exerts a greater influence on all over development of an individual. Micro-system variables and their association with linguistic intelligence can make a unique collaboration to explore and utilize the individual talents fully. Keeping in mind the importance of assessment of linguistic intelligence, existing level and micro-system variables affecting Linguistic Intelligence as a major dimension of multiple Intelligence; an idea was conceptualized to study linguistic intelligence vis-à-vis micro-system variables among young adolescents. Early adolescence is very crucial period of life, whether it is physical, social-emotional psychological or educational development, all are on the peak during this phase. Considering the importance of micro-system variables and to ascertain its association with linguistic intelligence among the school going children of 12-14 years age in rural and urban areas of Haryana, the present study has been carried.

Key Words: Micro System Variables, Intelligence, Linguistic Intelligence.

On the basis of developments in cognitive psychology and neurological sciences, Gardner (1983) acknowledged independent faculties, which may be more or less prized within any given society. The Multiple Intelligences (MI) theory presented by Gardner (1983) had been primarily developed as a psychological theory considering the nature of a human mind and intelligence which defines intelligence as the capacity to solve problems or fashion products that are of value and states that there are different ways to demonstrate this intelligence. The theory

says that every person possesses eight intelligences and the difference in the levels of intelligence of a particular person always exists. Some individuals might be on a very high level of a particular intelligence and on the contrary some may have low development and the school environment may support the promotion of specific intelligences as compared to others.

The eight intelligences as proposed by Gardner (1983) primarily include linguistic, logical-mathematical, spatial, bodily-kinesthetic, musical, interpersonal,

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