



A Review On Need Of Health Education In Rural And Urban Schools

**Rutik Kadam, Pravin Kalyankar, Omkar kallakuri, Pranita Kadam, Sejal Kadam,
Ramdas Dudhate, Akansha patil**

Abstract :-

Health education is a vital component of promoting health and well-being in both rural and urban communities. Despite differing challenges and opportunities, health education can empower individuals with knowledge, skills, and attitudes to make informed decisions about their health. In rural areas, health education can address unique challenges like limited resources and healthcare access, while in urban areas, it can tackle issues like health disparities and lifestyle-related diseases. By integrating comprehensive health education into schools and communities, we can improve health outcomes, enhance quality of life, and reduce healthcare costs. This abstract highlights the importance of health education in bridging the gap between rural and urban health disparities and promoting overall well-being.

Keywords :- Education, Skill, Health education, Communities, Urban school, Rural school

1. INTRODUCTION :-

Firstly, it is important to understand the differences between urban and rural areas. Urban areas are densely populated, characterized by high-rise buildings, busy roads and industrialization.

On the other hand, rural areas are sparsely populated, characterized by natural landscapes, agriculture, and low population density.

These differences have a significant impact on education.

One of the most significant factors contributing to education differences in urban and rural areas is the availability of resources. Urban areas tend to have more resources such as well-equipped schools, libraries, and other educational facilities. On the other hand, rural areas often lack these resources, making it difficult for individuals in these areas to access quality education.

The history of rural schools starts with many children not having schools close enough to attend, and were stopped to attend the classes or continue their education. The children were needed to do household chores, help them at farm or to take care of their siblings. But drastically, there was an improvement in construction of more number of schools in rural areas and provide better transportation in late 1950, realised to have a better education.

This led to generally improve academic achievement and curriculum alongside with urban schools and still lacking in technology access and qualified teachers. Many have the beliefs that urban schools are failing to educate the students and they are only serving them, though the schools are doing a good job over the conditions are awful.

The perception is that urban students achieve less in school, attain less education and encounter less success in the life. the perceived performance of urban youth to home and school environments are not foster educational and economical success.

Urban educators growing challenges of educating urban youth who are increasing presently problems such as poverty, limited English proficiency, family instability and poor health. However, many testimonial reports opine that the condition of urban schools feed the perception that urban students flounder in decaying, violent environments with limited opportunities.

HEALTH PROMOTION AND EDUCATION IN SCHOOL

The promotion of health is a common function in public health. Public health is the science of health promotion, disease prevention and the premature death of a population, usually in the presence of limited financial resources, through the systematic efforts of society, communities or individuals.

HEALTH EDUCATION & PROMOTION DUAL BUILDING HEALTHY SOCIETIES ONE INDIVIDUAL TIME

- ❖ covers three key areas:
 1. Health improvement or Promotion: Promote health through education.
 2. Health care services: Providing, analyzing, and improving health care services.
 3. Health Protection: Protection against infectious diseases and contaminated environmental conditions.

PRINCIPLES OF HEALTH PROMOTION :-

1. Promote Social Responsibility for Health: Involve the population in the content of their everyday life. Shift focus from people at risk for specific disease.
2. Increase in community capacity and empower the individuals: Individual communication and education, legislation, organizational and community development.
3. Increase in investment and infrastructure for health development: Action on the determinants of ill health or its causes. Sector-to-government co-operation.
4. Expand partnership for health: Involvement of variety of health professionals, particularly in primary care.
5. Quality: A quality health system is one that delivers the right treatment to the right individual at the right time in the right way.
6. Sustainability: To provide high quality service and encourage innovation and continuous improvement, the system must be long-lasting.

HEALTH EDUCATION:-

Health education is the mechanism by which individuals and community of people learn to:-

- 1) Promote health
- 2) Maintain health
- 3) Restore health

HEALTH EDUCATION METHOD:-

1. Provide more detailed information and guidelines.
2. Provide basic information.
3. Draw attention to a particular problem.
4. Guidelines focused on the behavior change.

1) Providing more detailed information and guidelines: Education focused on the change, attitude change by:

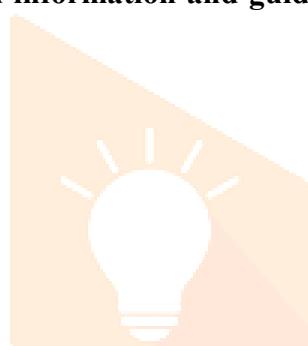
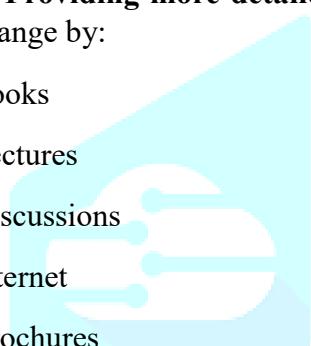
Books

Lectures

Discussions

Internet

Brochures



2) Provide basic information: Basic information recommendation, advices are provided by:

Leaflets

Calendars

Articles in newspapers

Phaomadb.com

TV and radio broadcasts

3) Drawing attention to Particular problem:

TV spots

Posters

Campaigns

4) Guidelines focused on the behavior change:

Set of guidelines

Interactive

PC Programmes

Manuals

Exhibitions

Courses and systematic educational plans.

Objective :- 1) To encourage behavior which promotes and maintains health.

- 2) To make health an asset valued by the community.
- 3) To keep the child physically and mentally healthy.
- 4) To improve the immune system of the children.
- 5) To make the children free from disease and hence, good performance in studies.
- 6) To imbibe in children good manners which they can carry throughout their life.

❖ **PROMOTE HEALTHY LIFESTYLE IN SCHOOL :-**

- Provide healthy environments in school.
- Work for safer, healthier community environments.
- Teach children to be critical of media advertising.
- Involve parents in supporting health education.
- Increase health-related knowledge.
- Increase physical activity and promote physical education for healthy life.

❖ **SCHOOL HEALTH SERVICES :-**

School health services consist of comprehensive, integrated, preventive, primitive and curative rehabilitative services to the school teachers, all supportive staff and children which provide remedial measures and referral services when it is needed. School health is a primary practice and public health services to maintain health status of the school going children.

1) **Health Education:** The most significant component of the school health programme is health education. School health education's main goal is:

Physical education

Nutrition services

Personal hygiene

Physical activity during school

Staff and family involvement in physical activity

Environment hygiene

2) **Immunization:** An immunization campaign against communicable diseases should be planned. School children should be immunized. An adequate record of all immunizations should be kept.

3) **Physical education:** Physical education is the part of health education. In school, physical education includes:

Games

Physical training (Remedial exercise for minor physical defects)

Social services

❖ RURAL SCHOOL & URBAN SCHOOL

A) Menstrual Cycle Education in Rural Health Menstrual cycle education is a crucial aspect of health education, particularly in rural areas where access to information and resources may be limited.

❖ Benefits of Menstrual Cycle Education:

1. Improved Health: Menstrual cycle education can help girls and women understand their bodies and manage their menstrual health more effectively.

2. Reduced Stigma: Education can help reduce stigma and shame surrounding menstruation, promoting a more positive and supportive environment.

3. Empowerment: Menstrual cycle education can empower girls and women to take control of their health and well-being.

❖ Challenges and Solutions:-

1. Limited Access to Resources: Provide access to sanitary products, clean water, and sanitation facilities.

2. Cultural and Social Barriers: Address cultural and social barriers through education and awareness-raising initiatives.

3. Lack of Education: Provide comprehensive menstrual cycle education that addresses physical, emotional, and social aspects of menstruation.

B) Nutrition & Diet health education is crucial for promoting healthy eating habits and preventing diet-related diseases in rural areas.

❖ Benefits of Nutrition Health Education:-

1. Improved Health Outcomes: Nutrition health education can help prevent diet-related diseases, such as obesity, diabetes, and heart disease.

2. Increased Food Literacy: Education can help individuals understand nutrition labels, make informed food choices, and develop healthy eating habits.

3. Empowerment: Nutrition health education can empower individuals to take control of their health and well-being.

❖ Challenges and Solutions:-

1. Limited Access to Healthy Foods: Address limited access to healthy foods by promoting local food systems, community gardens, and healthy food initiatives.

2. Cultural and Social Barriers: Address cultural and social barriers by providing culturally sensitive nutrition education and involving community members in the education process.

3. Limited Resources: Provide accessible and affordable nutrition education resources, such as online tutorials, mobile apps, and community workshops.

C) Personal Hygiene is an essential aspect of health education in schools. Teaching students about personal hygiene helps them develop good habits that can benefit their overall health and well-being.

❖ Key Components:-

- 1. Hand Hygiene:** Teach students the importance of washing hands regularly, especially after using the bathroom, before eating, and after blowing their nose, coughing or sneezing.
- 2. Body Hygiene:** Emphasize the importance of showering or bathing regularly, wearing clean clothes, and using deodorant or antiperspirant.
- 3. Oral Hygiene:** Teach students about the importance of brushing and flossing teeth regularly, and visiting the dentist for regular check-ups.

❖ Benefits of Personal Hygiene Education:-

- 1. Prevents Infections:** Good personal hygiene practices can help prevent the spread of infections and diseases.
- 2. Boosts Confidence:** Maintaining good personal hygiene can enhance self-confidence and self-esteem.
- 3. Promotes Health:** Good personal hygiene is essential for overall health and well-being.

❖ Implementation Strategies:-

- 1. Integrate Personal Hygiene Education:** Incorporate personal hygiene education into the curriculum, covering topics such as hand hygiene, body hygiene, and oral hygiene.
- 2. Hands-on Activities:** Use hands-on activities, such as demonstrations and role-playing, to teach students about personal hygiene practices.
- 3. Reinforce Good Habits:** Encourage and reinforce good personal hygiene habits in daily life, such as washing hands regularly and brushing teeth twice a day.

Challenges and Solutions:-

Limited Resources: Provide accessible and affordable personal hygiene products, such as soap, toothbrushes, and toothpaste.

Cultural and Social Barriers: Address cultural and social barriers by providing culturally sensitive personal hygiene education and involving community members in the education process.

Stigma and Shame: Address stigma and shame surrounding personal hygiene topics, such as menstruation, by promoting a supportive and inclusive environment.



Image No :-1



Image No :- 2

❖ Current Scenario of Health Education in Rural School And Urban School**➤ Key Initiatives:-**

1. Whole School, Whole Community, Whole Child (WSCC) Model: This approach integrates health-promoting initiatives in schools and policies to support students' well-being and health, engaging leaders from health, public health, education, and school health sectors.
2. School Health Advisory Councils: Many rural schools have established these councils, comprising students, parents, teachers, and administrators, to identify barriers and solutions to improving student health and well-being.
3. Health Education Programs: Initiatives like Harvest of the Month Program, Coordinated Approach to Child Health (CATCH), and Eat Move Grow (EMG) promote healthy eating, physical activity, and overall wellness.

➤ Challenges:-

1. Limited Resources: Rural schools often face limited access to healthcare services, mental health professionals, and funding, making it difficult to provide comprehensive health education and support.
2. Mental Health Concerns: Rural students experience higher rates of mental health issues, bullying, and adverse childhood experiences (ACEs), emphasizing the need for targeted support and resources.
3. Nutrition and Physical Activity: Rural schools struggle to provide healthy food options and promote physical activity, contributing to higher obesity rates among rural students

❖ Strategies for Improvement:-

1. Telehealth-Supported School-Based Health Centers: Increasing access to integrated primary care and behavioral health services in rural areas.
2. Online Training and Professional Support: Enhancing the capacity of behavioral health staff to address rural students' mental health needs.
3. Community Engagement: Fostering partnerships between schools, health departments, businesses, and community groups to promote physical activity, healthy eating, and overall wellness .

India-Specific Initiatives:-

The "State of Healthcare in Rural India Report 2024" by Transform Rural India and Development Intelligence Unit highlights the need for improved healthcare infrastructure and services in rural areas.

The report recommends a shift towards a more holistic and personalized approach to healthcare, emphasizing community engagement and collaboration .

❖ SPECIFIC BENEFITS IN RURAL AREAS:-

1. Bridges Knowledge Gaps: Addresses limited health literacy and cultural myths.
2. Encourages Use of Healthcare Services: Boosts confidence in modern medicine and public health systems.
3. Reduces Maternal and Infant Mortality: Through targeted education on prenatal care and child health.
4. Community-Based Approach: Leverages local leaders and health workers to deliver personalized education.

❖ **SPECIFIC BENEFITS IN URBAN AREAS:-**

1. Tackles Lifestyle Diseases: Educates on managing stress, sedentary lifestyles, and unhealthy diets common in urban life.
2. Improves Mental Health Awareness: Addresses growing mental health issues in urban populations.
3. Promotes Preventive Screenings: Increases awareness of regular check-ups and screenings for chronic diseases.

Supports Diverse Populations: Tailors education for multicultural and multilingual urban communities.

❖ **Comparison of health education in rural and urban school**

Health education is essential for promoting students' overall health and well-being in both urban and rural schools. However, there are differences in the delivery, challenges, and opportunities for health education in these settings.

➤ **Similarities:-**

1. Importance of Health Education: Both urban and rural schools recognize the importance of health education in promoting students' health and well-being.
2. Core Topics: Both settings cover core topics such as nutrition, physical activity, mental health, and disease prevention.
3. Goal of Improving Health Outcomes: The ultimate goal of health education in both settings is to improve students' health outcomes and promote well-being.

➤ **Differences:-**

1. Access to Resources: Urban schools often have more resources, including healthcare services, health education materials, and technology, whereas rural schools may have limited access to these resources.
2. Community Involvement: Rural schools may have stronger community ties and involvement in health education, whereas urban schools may have more diverse community partnerships.
3. Health Concerns: Urban schools may face unique health concerns, such as violence, substance abuse, and mental health issues, whereas rural schools may face concerns related to limited access to healthcare services and health education.

➤ **Challenges:-**

A) Urban Schools:

1. Diverse Student Population: Urban schools may have a diverse student population with varying health needs and concerns.
2. Limited Funding: Urban schools may face limited funding for health education programs and resources.
3. Health Disparities: Urban schools may experience health disparities, with certain student populations having limited access to healthcare services and health education.

B) Rural Schools:

1. Limited Access to Healthcare Services: Rural schools may have limited access to healthcare services, making it challenging to provide comprehensive health education.
2. Limited Resources: Rural schools may have limited resources, including funding, personnel, and technology, to support health education initiatives.
2. Brain Drain: Rural schools may experience brain drain, with healthcare professionals and educators leaving for urban areas.

➤ **Opportunities:-**

A) Urban Schools:

1. Access to Resources: Urban schools can leverage access to resources, including healthcare services, health education materials, and technology, to support health education initiatives.
2. Diverse Partnerships: Urban schools can partner with diverse organizations, including healthcare providers, community groups, and businesses, to support health education initiatives.

B) Rural Schools:

1. Community-Based Initiatives: Rural schools can leverage community-based initiatives, such as school programs and local healthcare providers, to promote health education.
2. Partnerships: Rural schools can partner with local organizations, healthcare providers, and community groups to support health education initiatives.

Health Education- Concept



Image no :-3

3. DISCUSSION

1. increase access to education
2. improve the quality of education
3. address the teacher shortage
4. encourage community involvement
5. increase funding for rural education
6. technological solutions
7. supports for teacher
8. community involvement

4. CONCLUSION

health education is essential for promoting students' overall health and well-being in both rural and urban schools. While there are similarities in health education between the two settings, there are also notable differences in delivery, challenges, and opportunities. By understanding these differences, educators and policymakers can develop targeted strategies to promote health education and improve health outcomes in rural and urban schools. Further research is needed to explore the effectiveness of health education programs in rural and urban schools and to identify best practices for promoting health education in these settings.

the education gap between urban and rural areas is critical for ensuring equal opportunities for all citizens. Governments, civil society, and communities must work together to implement sustainable solutions. that address the root causes of the disparity. Technological solutions, investment in infrastructure, support for teachers, and community involvement are just a few examples of the solutions that can be implemented to ensure that education differences do not occur in urban and rural areas. By investing in education, we can create a more equitable and just society where everyone has an equal opportunity to succeed. Education differences in urban and rural areas are a complex issue that has significant implications for individuals and society as a whole.

5. REFERENCE :-

1. Fullwood, H., Gates, G. Pancake, A., & Schroth, G. (2001). Rural and Urban America. *Rural Special Education Quarterly*, 20, 1-12.
2. Beeson, E., & Strange, M. (2003). The Continuing Need for Every State To Take Action on Rural Education. *Why Rural Matters*. 1-2.
3. Horowitz IL (2003). Books, monographs, and pamphlets by Seymour Martin Lipset. *The American Sociologist*. 34: 131-154.
4. Rural Education and Small Schools Charleston, WV. (ERIC Document Reproduction Service No. ED 438 154) Beineke, J., Foldesy, G., & Maness, D. b (2004).
5. Ruby, A. (2006). Improving science achievement at high-poverty urban middle schools. *Science Education*, 90(6), 23-24.
6. Schlackma J, & Unrau, N. (2006). Motivation and Its Relationship With Reading achievement in an Urban Middle School. *The Journal of Educational Research*, 81-100.
7. Bylund, R. A., & Reeves, E. B. (2005). Are Rural Schools Inferior to Urban Schools? A Multilevel Analysis of School Accountability Trends in Kentucky. *Rural Sociology*, 70(3), 360-384.

8. Diamond L (2006). Seymour Martin Lipset. 1959. Some social requisites of democracy: Economic development and political legitimacy. *Am Polit Sci Rev.* 53: 69-105.
9. Bornmann L, Daniel H (2008). What do citation counts measure? A review of studies on citing behaviour. *J Doc.* 64: 45-80.
10. Da Silva FC, Vieira MB (2011). Books and canon building in sociology: The case of mind, self, and society. *J Class Social.* 11:356-377.
11. Gill TM (2013). Why Mills, not Gouldner ? Selective history and differential commemoration in sociology. *The American Sociologist.* 44: 96-115.

