An International Peer Reviewed & Referred

# SCHOLARLY RESEARCH JOURNAL FOR INTERDISCIPLINARY STUDIES



## TEACHERS' LIFESTYLE FOR PROMOTION OF HEALTH IN SCHOOLS

## Seema Dhawan, Ph.D.

Associate Professor, HNB Garhwal Central University, Srinagar, Uttarakhand.

## Abstract

There is a close relationship between education and health. Good health supports successful learning. Significant investments in education yield the greatest benefits in achieving healthy individuals and society. School life should promote health and wellbeing of students, for which a whole school approach should be applied. A whole school approach engages students, teachers, parents, school administrators and other partners in a cooperative way to encourage healthy lifestyle habits among the school community. Lifestyle directly influences the well being of individuals. Teachers are the key agent in empowering students with skills for wellbeing and healthy living. The school environment and lifestyle of teachers influence the knowledge and skills for promotion of health among the students. Therefore, a whole school approach to a healthy lifestyle needs to be developed, followed and maintained. In the present study, teachers' behaviour is studied for their health promoting lifestyle. They are also assessed for their lifestyle in areas of spiritual growth, health responsibility, physical activity, nutrition, interpersonal relation and stress management.

**Keywords**: Health responsibility; Interpersonal relation; Nutrition; Physical activity; Spiritual growth; Stress management and Wellbeing.



Scholarly Research Journal's is licensed Based on a work at www.srjis.com

One of the basic human rights is human health, which is important for protecting, enduring, and developing the individual. The health not only consists of elimination of diseases but, also includes the goal of gaining the abilities for individuals in order to continue, protect and develop their health (WHO, Health 21; Palank, 1991). It is important for each individual in society to take responsibility and make the healthy life model a part of their daily routine in order to improve the health (Komduur *et. al.*, 2009).

Education and health are inseparable. As good health supports successful learning, successful learning supports health. The well being of each and every child is of utmost importance and is an essential aspect of an effective education.

School is the place where students and staff spend lots of their time. It is the centre for promotion of health among the students, staff and community. It is a setting, where education and health programmes have their greatest impact because they influence students. In the past few decades, many countries have succeeded in reducing some of the gravest threats to young children's health. Poor health prevents children from acquiring new knowledge and skills and from growing into productive, capable citizens who can help their communities grow and prosper. To achieve the potential of schoolchildren, it is essential that they must participate whole heartedly in all the educational activities. To do this, they must be healthy, attentive and emotionally secure. Therefore, schools must promote health for the benefit of individuals, schools and society at large and take initiatives to create an environment which supports a healthy lifestyle.

A health promoting school views "health" as physical, social and emotional wellbeing. It requires working together with a strong and healthy leader and health promoting lifestyles of teachers. It is assumed that by creating health promoting schools, school leaders all over the world can foster health as actively as they promote learning. Creating a health promoting school means applying a new way of thinking towards health. It means finding opportunities to develop policies, practices and structures that include health promotion in everything done by the school. It strives to build health into all aspects of life at school and in the community. It should be noticed that everyone gains when schools promote health. Investments in schools are intended to yield benefits to communities, nations and individuals. Such benefits include improved social and economic development and enhanced quality of life. The impact of health promoting schools is far-reaching. In this type of environment, every stakeholder is involved in school activities and children enjoy enhanced physical, psychological and social well-being and the ability to take full advantage of every opportunity for education. They benefit from their parents' participation in the school. Children who learn skills to maintain health when they are young are able to apply them in their adult lives and pass them along to their children. Schools benefit by having parental and community input and support. They benefit by establishing links to important services and resources in the community. Broad participation from many sectors can reinforce teaching and learning. It is always better to involve all the stakeholders in the school life. Further, school staffs, that have improved morale and skills, can do their jobs more effectively and improve their own health. School and health systems can maximise the efficient use of scarce resources as well as reducing waste. Community groups and organisations benefit by having students and teachers involved in community activities. Educated and healthy people are an asset to the community as a

whole. The nation, with healthier and better-educated men and women, has a stronger basis for economic development.

According to WHO (1996), Schools promoting health should engage teachers, students, parents and community leaders in efforts to promote health. School leaders should strive to provide a safe, healthy environment, including sufficient sanitation and water, freedom from abuse and violence, a climate of care, trust and respect, social support and mental health promotion, safe school grounds, opportunities for physical education and recreation and organize activities viz. nutrition and food safety programmes for health promotion for teachers, staff and students. They should try to provide access to health services through partnerships with local health agencies. Schools should implement health-promoting policies and practices, such as create a healthy psychosocial environment for students and staff, equal treatment for all students, policies on drug and alcohol use, tobacco use, first aid and violence that help prevent or reduce physical, social and emotional problems (WHO, 1996).

The FAO (2007) also recommended various approaches and strategies to promote daily healthy practices in school environments. Multi component school based interventions, targeting curriculum, school policy, environment and the community are effective in promoting healthy lifestyles (Okely *et. al.*, 2011). A whole school approach to a healthy lifestyle needs to be developed, followed and maintained. Democratic decision-making is integral to effective whole school approaches to improving health.

A whole school approach engages students, teachers, parents, school administrators and other partners in a cooperative way to encourage healthy lifestyle habits among the school community. Teachers play an important role in empowering students with skills for healthy living to prevent diseases. Many diseases are highly associated with unhealthy lifestyle. Health promoting lifestyle behaviour is defined as whole actions and beliefs which individuals enforce in order to stay healthy and prevent themselves from diseases. A healthy lifestyle is known to include adequate nutrition, physical activity and avoidance of tobacco or alcohol abuse (Hudkins, 2011). Health promotion life style generally includes six dimensions, physical activity, nourishment, accepting responsibility against healthy, moral improvement, intra personal relationship and stress management. In addition, the health promoting lifestyle behaviour is based on nutritional values, the ability to express ones personality in social environments, taking the responsibility of one's own health, exercising, support between individuals and stress management (Bidlack, 1996; Sonmezer *et al.*, 2012). The importance of individuals to take responsibility of their own health is obvious (Promthet *et. al.*, 2012).

The likelihood of engaging in health-promoting behaviours is affected by cues to action. If one feels good, one is more apt to continue to participate in positive behaviours (Pender, 1996). How individuals perceive their health status may influence the type of health promoting activities they choose. As perception of good health increases, individuals are more likely to act in ways to achieve and maintain a healthy lifestyle. The school environment and lifestyle of teachers influence the knowledge and skills for promotion of health among the students. Health promoting behaviours must be assessed in order to prepare effective school health programs (Ortabag *et. al.*, 2011).

In India, health promotion is now receiving an increasing attention regarding the prominent role it plays in health. Health promoting lifestyle is one factor that positively contributes to quality of life. When a person engages in health promoting lifestyle, he/she has a greater potential to remain healthy and possibly live longer without the burden of the disease (Raj *et. al.*, 2012). For students, to have a healthy lifestyle, they need to eat a variety of healthy food most of the time, get regular exercise, have time to relax, get adequate sleep to give the bodies time to grow appropriately. It is important to balance these aspects of life, rather than putting more emphasis on one than another. The lifestyle, dietary habits and nutritional status of teachers may serve as models for school children and these may greatly impact the children's health and well being. For teachers to serve as positive nutrition role models, they must understand and practice a healthy lifestyle and also make healthy choices which will ultimately reflect their health. Thus, this study was conducted to assess the lifestyle of secondary school teachers. The main objective of the study was to know the behaviour of teachers towards health promoting lifestyle.

## Methodology

Data was collected from 150 teachers working in secondary schools of Ranchi district of Jharkhand state by using a self-report questionnaire on health-promoting lifestyle habits promoted by Walker *et. al.*, (1987). It includes six subscales on spiritual growth, health responsibility, exercise/ physical activity, nutrition, interpersonal relation and stress management. The questionnaire consisted of 50 statements, eight statements in every dimension. The maximum no. of scores in every dimension was 32. The reliability coefficient of the questionnaire is 0.922 and coefficients for subscales are calculated to be 0.702 - 0.904. The questionnaire consists of four columns of Never (N), Sometimes (S), Often (O) and Routinely (R). The teachers had to tick in one column as per their lifestyle. Scoring was done as 1 for never and 4 for routinely. The score ranged from 50 to 200. The teachers were categorized into five categories I to V on the basis of their health promoting lifestyles.

Teachers scoring 50 to 80 were classified in grade I, scoring 81 to 110 were graded II, 111 to 140 scores were graded IV and the rest 171 to 200 scores were graded V. The reflection of teachers on six dimensions namely spiritual growth, health responsibility, exercise/ physical activity, nutrition, interpersonal relation and stress management were also calculated. The health promoting lifestyle of graduates and post graduates teachers were compared.

## **Result and Discussion**

**Table -1: Categorization of teachers** 

S.N.	Grades				
	(scores)				
	1	Ш	Ш	IV	V
	50-80	81-110	111-140	141-170	171-200
No. of teachers	0	20	50	70	10
% of teachers	0	13.3	33.3	46.7	<b>6.7</b>

Table -1 presents the categorization of teachers on the basis of their health promoting lifestyles. It was interesting to observe that not a single teacher was found in grade I, maximum 46.7% (70 in no.) of teachers were found in grade IV followed by 33.3 % (50) in grade III, 13.3 % (20 in no.) of them were graded II, and minimum 6.7 % (10) were graded in group V.

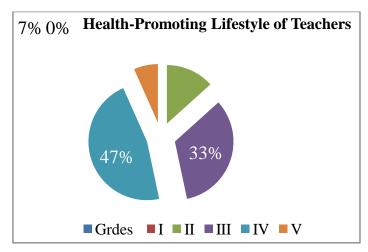


Fig.-1: Categorization of Teachers

From the results obtained, it is interpreted that mostly the teachers have average or good health promoting lifestyle, few have poor and very few have very good health promoting lifestyle. However, no teacher was found in grade I. (Fig.-1).

**Table – 2 : Health-Promoting Lifestyle of Teachers** 

S.N.	Statistic	Mean
1.	Health-promoting lifestyle	135.9
2.	Health Responsibility	19.67
3.	Physical Activity	19.93
4.	Nutrition	23.13
5.	Spiritual Growth	26.8

6.	Interpersonal Relations	23.8
7.	Stress Management	22.6

Table -2 depicts the result of responses of teachers on their health promoting lifestyle. The mean value for health promoting lifestyle was found to be 135.9. Out of 32 scores in every area, maximum 83.75 % (26.8) was found in spiritual growth followed by interpersonal relation 74.37 % (23.8), nutrition 72.28 % (23.13), stress management 70.62 % and physical activity 62.28 %. Minimum 61.47 % (19.67) was observed in health responsibility.

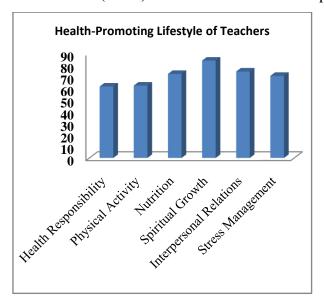


Fig.-2: Health-Promoting Lifestyle of Teachers in different directions.

Fig. 2 shows that teachers' behaviour is obtained maximum in spiritual growth followed by interpersonal relations and minimum in health responsibility.

Table -3: Health-Promoting Lifestyle of Graduate and Post Graduate Teachers

S.N.		Graduate	Post Graduate
8.	Health-promoting lifestyle	145	124.4
9.	Health Responsibility	21.29	17.43
10.	Physical Activity	21.14	18.14
11.	Nutrition	24.86	21
12.	Spiritual Growth	27.14	26.14
13.	Interpersonal Relations	24.57	23.14
14.	Stress Management	24.29	20.71

Table -4: Comparison of Lifestyles of Graduate and Post Graduate Teachers

	N	Mean	S.D.	SE	t-value
Graduate Teachers	75	145	24.6	0.82	3.05
Post Graduate Teachers	75	124.4	32.4	1.16	

Comparison of health promoting lifestyle of teachers is presented in tables -3 & 4. Total 75 graduates and post graduates teachers were studied. The mean value for health promoting lifestyle for graduate and post graduate teachers was found to be 145 and 124.4. Behaviour of graduate and post graduate teachers was observed maximum for spiritual growth, 27.14 and 26.14 followed by 24.57, 23.14 and 24.29, 20.71 for interpersonal relation and stress

management respectively. Minimum 21.14 was obtained in physical activity for graduates and 17.43 in health responsibility for post graduates. Mean value for graduates and post graduate teachers were recorded 24.86 and 21 respectively. The SD and SE for graduates and post graduate teachers were found to be 24.6, 32.4 and 0.82, 1.16. The t-value was calculated as 3.05. It is interpreted that significant difference between the behaviour of graduates and post graduate teachers was recorded. The graduate teachers have more positive behaviour towards health promoting lifestyle than post graduate teachers (Fig.-3).

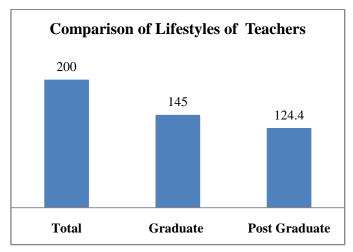


Fig.-3: Comparison of Lifestyles of Teachers

Today, more than ever, we believe that schools can provide students with the skills they need to be confident about leading a healthy lifestyle. The core themes which schools need to address are healthy eating, physical activity, emotional health and well being and. It is an accepted fact that people's behavioural patterns are often set early in life and influence their health throughout their lives. Infancy, childhood and adolescence are critical stages in the development of people's health in later years and student's perceptions of the school environment are associated significantly to their health and well being (Eccles, 1993). If we want our young generation to optimize its physical, social, emotional and mental health, we need to empower our teachers with the behaviour of health promoting lifestyles. Equipping teachers with nutrition knowledge usually improved behavioural outcomes of learners (Steyn, et. al., 2009).

Teachers' health is not a main stream strategic component of health care in India. In the study, very few teachers, less than ten percent reflect very good health promoting lifestyle meanwhile, mostly teachers have average health promoting lifestyle. They reflected low in the areas of physical activity and health responsibility, while teachers must be good in health responsibility for themselves as well as to encourage students and make them health concerned. Further graduate teachers have depicted more concern towards health promoting

activities than post graduated teachers. This might be due to their age or personal inclination / background. Teachers should be role models to the students and should reflect healthy behaviours by being active and consuming healthy foods and beverages. They should be motivated to have health promoting lifestyle and promote health in the school campus.

## **Conclusion**

Promoting health has long been an important role of schools. By creating healthy school environments, several long-term benefits viz. health, wellbeing and academic achievement are provided. Teacher's health directly influences the teaching learning at school. A healthy lifestyle is known to include health responsibility, physical activity, nutrition, interpersonal relation, stress management and spiritual growth. The results reflect that very few teachers show very good health promoting lifestyle. This should be taken as sincerely and whole school approach for promotion of health should be applied. Teachers should be encouraged to follow healthy lifestyle for the sake of themselves, students, society and for the nation.

This type of studies should be conducted to make the school as a centre of promoting healthy lifestyles. It is also important to have a conversation with the school administration to find out the school health policy. Careful planning and execution of school based activities for promotion of healthy lifestyle are required. They should promote school led physical activity events, such as walk to school days, fun runs and field days and create physically active classrooms. It is true that lifestyle modification is an effective way to enhance students' well-being. It should be kept in mind that a healthy teacher is not only a resource for self but a valuable resource for many students too. Government should take initiative in this direction to promote healthy lifestyle among the teachers. This will result in multiplier effect. Teachers are the builders of society and nation therefore, their health cannot be ignored. It is also true that only a healthy person can give or produce best. Investments in teachers are intended to yield benefits to students, communities and nations. Such benefits include improved social and economic development and enhanced quality of life.

## References

- Bidlack, W.R. (1996). Interrelationships of food, nutrition, diet and health: the national association of state universities and land grant colleges white paper. J Am Coll Nutr, 15, 422-33.
- Eccles, J. (1983). Development during Adolescence: the impact of stage- environment fit on young adolescents" experiences in schools and families. Am Psychology. 48: 90-101
- Food and Agriculture Organization (FAO) 2007. Report of the Technical Meeting of the Asia Pacific Network for Food and Nutrition on School Based Nutrition. RAP Publication 2007/14. Bangkok, Thailand: FAO

- Hudkins, E.J.S. (2011). Health Promoting Behavior and Subjective Well Being among Early Adolescents. A Dissertation Submitted In Partial Fulfilment of The Requirements For The Doctor of Philosophy, Department of Psychological And Social Foundations, College of Education, University of South Florida.
- Komduur, R.H., Korthals, M., Molder, H. (2009). The good life: living for health and a life without risks? On a prominent script of nutrigenomics. Br J Nutr, 101, 307-16.
- Okely, A.D., Cotton, W.G., Lubans, D.R., Morgan, P.J., Puglisi, L., Miller, J., Wright, J., Batterham, M.J., Peralta, L.R. & Perry, J., (2011). A school-based intervention to promote physical activity among adolescent girls: Rationale, design, and baseline data from the Girls in Sport group randomised control trail. BMC Public Health, 11:658.
- Ortabag, T., Ozdemir, S., Bakir, B., Tosun, N. (2011). Health promotion and risk behaviours among adolescents in Turkey. The Journal of School Nursing. 27(4):304-15.
- Palank, C.L. (1991). Determinants of health promotive behaviour. A review of current research. Nurs Clin North Am, 26, 815-32.
- Promthet, S., Wiangnon, S., Senarak, W., (2012). Evaluation of health education in the multiprofessional intervention and training for ongoing volunteer-based community health programme in the north-east of Thailand. Asian Pac J Cancer Prev, 13, 1753-5.
- Raj S, Senjam SS, Singh A. (2013). Assessment of health-promoting behavior and lifestyle of adolescents of a north Indian city. Int J Prev Med, 4:1189-93.
- Sonmezer, H., Cetinkaya, F., Nacar, M. (2012). Healthy life-style promoting behaviour in Turkish women aged 18-64. Asian Pac J Cancer Prev, 13, 1241-5.
- Steyn, N.P., Lambert, E.V., Parker, W., Mchiza, Z. & De Villiers, A. (2009). A review of school nutrition interventions globally as an evidence base for the development of the HealthKick programme in the Western Cape, South Africa. South African Journal of Clinical Nutrition, 22(3):145-152.
- Walker, S. N., Sechrist, K. R., Pender, N. J. (1987) The Health-Promoting Lifestyle Profile: Development and Psychometric Characteristics. Nursing Research, 36, 76-81.
- World Health Organization (1996). Promoting Health through Schools. The World Health Organization's Global School Health Initiative. Prepared for WHO/HPR/HEP by S. Cohen and C. Vince Whitman, Education Development Center, Inc., Newton, Mass., U.S.A. Geneva: World Health Organization.
- WHO. Health 21-health for all in the 21st century. <a href="http://www.euro.who.int/\_data/assets/pdf">http://www.euro.who.int/\_data/assets/pdf</a> \_file /0003/88590/EHFA5-E.