



Physical Education Notes Unit 1

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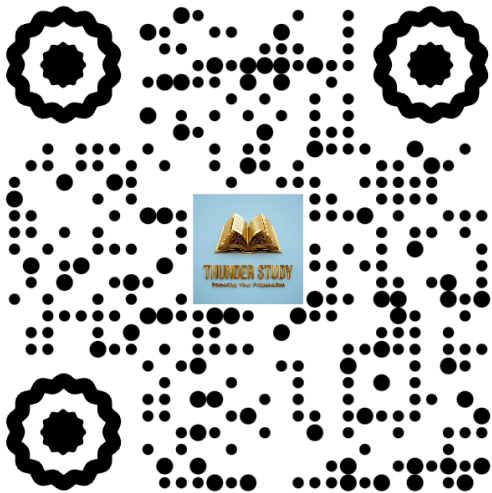
TOPIC 1 — Present Health Status of India

1. Introduction

Health Status refers to the overall health of India's population, reflecting factors like **life expectancy**, **disease prevalence**, and **healthcare access**. India faces a **triple burden**: communicable diseases, non-communicable diseases (NCDs), and nutritional challenges.

2. Key Health Indicators

Indicator	Value / Status
Life Expectancy	~70–71 years; disparities across states
Infant Mortality Rate (IMR)	28–30 per 1,000 live births; higher in rural areas
Maternal Mortality Rate (MMR)	100–110 per 1,00,000 live births
Healthcare Access	1 doctor per 1,000 people; severe rural shortage
Public Health Spending	2–2.5% of GDP (low by global standards)

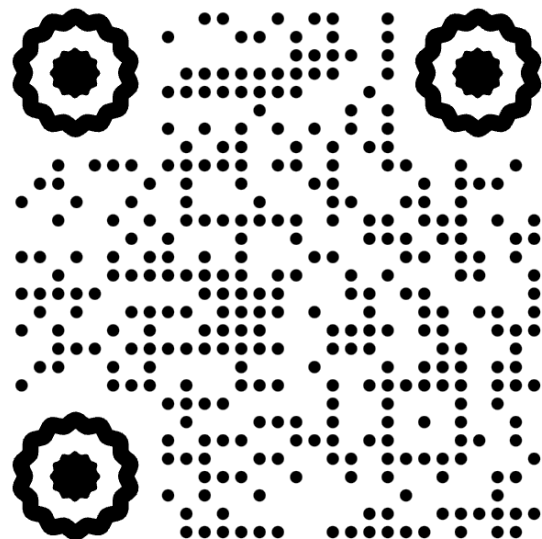


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TOPIC 2 — Major Diseases in India

A. Communicable Diseases

■ Typhoid

Cause: *Salmonella typhi* bacteria — transmitted through contaminated food & water.

Prevalence: ~1–2 million cases annually; common in poor-sanitation areas.

Symptoms: High fever, weakness, abdominal pain, intestinal complications.

Prevention: Safe water/food, sanitation improvement, vaccination (Typhoid Vi vaccine).

Programme: National Vector Borne Disease Control Programme (NVBDCP) & Swachh Bharat Mission.

■ Influenza (Flu)

Cause: Influenza viruses (Type A, B, C) — seasonal flu.

Prevalence: Seasonal outbreaks during monsoon and winter months.

Symptoms: Fever, cough, sore throat, body aches, fatigue.

Prevention: Annual vaccination, hygiene practices, avoiding close contact with infected persons.

Note: H1N1 (Swine Flu) & H3N2 are important strains for CUET.

■ Malaria

Cause: *Plasmodium* parasite — transmitted by female *Anopheles* mosquitoes.

Prevalence: ~0.5 million cases annually; endemic in several Indian states.

Symptoms: Fever, chills, sweating; severe forms cause cerebral malaria.

Prevention: Insecticide-treated bed nets, indoor spraying, anti-malarial drugs.

Programme: National Vector Borne Disease Control Programme (NVBDCP).

■ Dengue

Cause: Dengue virus — transmitted by *Aedes aegypti* mosquitoes (daytime biting).

Prevalence: Seasonal outbreaks; especially urban/semi-urban areas.

Symptoms: High fever, severe joint pain ('breakbone fever'), rash, bleeding tendencies.

Prevention: Eliminate stagnant water, use mosquito repellents, community awareness.

Programme: NVBDCP — dengue surveillance and vector control.

■ HIV Infection

Cause: Human Immunodeficiency Virus (HIV) → leads to AIDS if untreated.

Prevalence: ~2.1 million people (0.2–0.3%); concentrated in high-risk groups.

Transmission: Sexual contact, infected blood/needles, mother-to-child.

Symptoms: Flu-like illness initially; later opportunistic infections (AIDS stage).

Prevention: Safe sex, sterile needles, blood screening, PMTCT, ART therapy.

Programme: National AIDS Control Programme (NACP) — launched 1992.

B. Non-Communicable Diseases (NCDs)

■ Diabetes

Cause: Genetics, lifestyle, poor diet, obesity. Two types: Type 1 (autoimmune) & Type 2 (lifestyle).

Prevalence: ~77 million adults — India is the 'Diabetes Capital of the World'.

Symptoms: Increased thirst, frequent urination, fatigue, blurred vision, slow healing.

Prevention: Healthy diet, regular exercise, weight control, blood sugar monitoring.

Programme: National Programme for Prevention & Control of Cancer, Diabetes, Cardiovascular Diseases & Stroke (NPCDCS).

■ Hypertension (High BP)

Cause: High blood pressure ($\geq 140/90$ mmHg); often asymptomatic ('silent killer').

Prevalence: ~25–30% of adults; rising trend.

Symptoms: Headache, dizziness, nosebleeds (often no symptoms until complications).

Complications: Heart disease, stroke, kidney damage.

Prevention: Low-salt diet, exercise, stress management, avoiding smoking/alcohol.

Programme: NPCDCS — screening and treatment camps.

■ Obesity

Cause: Excessive calorie intake, sedentary lifestyle, genetics, hormonal factors.

Prevalence: ~10–15% urban adults; rising in children due to junk food & screen time.

Health Risks: Diabetes, hypertension, heart disease, sleep apnea, joint problems.

BMI Classification: Normal: 18.5–24.9 | Overweight: 25–29.9 | Obese: ≥ 30 .

Prevention: Balanced diet, physical activity (150 min/week), limiting processed foods.

Programme: Fit India Movement (2019) — promoting physical activity nationwide.

■ Arthritis

Cause: Inflammation of joints. Types: Osteoarthritis (wear & tear) & Rheumatoid Arthritis (autoimmune).

Prevalence: Very common in elderly; affects ~180 million in India.

Symptoms: Joint pain, swelling, stiffness, reduced range of motion.

Prevention & Management: Low-impact exercise (swimming, yoga), physiotherapy, anti-inflammatory diet.

Programme: Covered under NPCDCS for NCD management.

■ Depression

Cause: Complex interplay of genetic, psychological, and social factors.

Prevalence: ~56 million people in India — significant mental health burden.

Symptoms: Persistent sadness, loss of interest, sleep/appetite changes, fatigue, suicidal thoughts.

Prevention: Mental health awareness, counselling, community support, reducing stigma.

Programme: National Mental Health Programme (NMHP) — integrated mental healthcare.

Quick Reference: Communicable vs Non-Communicable Diseases

Feature	Communicable	Non-Communicable
Cause	Pathogens (bacteria, virus, parasite)	Lifestyle, genetics, environment
Spread	Person to person / vector	Does NOT spread person to person
Examples	Typhoid, Malaria, Dengue, HIV	Diabetes, Hypertension, Arthritis
Prevention	Vaccination, hygiene, vector control	Diet, exercise, screenings
Key Programme	NVBDCP, NACP	NPCDCS, Fit India Movement

TOPIC 3 — Nutritional Status in India

A. Hypo-Nutrition (Undernutrition)

Definition: Inadequate intake of calories, protein, and essential micronutrients, leading to deficiency diseases.

Key NFHS-5 (2019–21) Statistics:

Indicator	Percentage
Stunting (low height-for-age)	30–35% of children under 5
Wasting (low weight-for-height)	17–19% of children under 5
Underweight children	32–35%
Anaemia (women & children)	~50%

Causes: Poverty, food insecurity, poor feeding practices, inadequate sanitation, low literacy.

Impact: Impaired growth, weakened immunity, poor cognitive development, reduced productivity.

Deficiency Diseases: Kwashiorkor (protein deficiency), Marasmus (calorie deficiency), Night blindness (Vit A), Rickets (Vit D), Anaemia (Iron), Goitre (Iodine).

Programmes: POSHAN Abhiyaan (National Nutrition Mission), ICDS, Mid-Day Meal, PDS.

B. Hyper-Nutrition (Overnutrition)

Definition: Excessive intake of calories leading to overweight and obesity.

Prevalence: ~10–15% in urban areas; rising trend among children.

Causes: Processed/junk food, sugary drinks, sedentary lifestyle, stress eating.

Impact: Increased risk of NCDs — diabetes, hypertension, heart disease, PCOS, fatty liver.

Programme: Fit India Movement (launched Aug 2019 by PM Modi) — promotes exercise & healthy diet.

Initiative: Eat Right India (FSSAI) — promoting safe & nutritious food choices.

TOPIC 4 — National Health Policies & Programmes

A. National Health Policy (NHP) 2017

Goal: Achieve Universal Health Coverage (UHC) — health for all.

Targets: Increase public health spending to 2.5% GDP by 2025.

Targets: Reduce IMR to 16 & MMR to 70 by 2030; Eliminate TB by 2025.

Focus Areas: Primary healthcare, preventive care, affordable treatment, NCD management.

Key Feature: Ayushman Bharat — PM-JAY (health insurance ■5 lakh/family/year for poor).

B. National Mental Health Policy (2014)

Objective: Ensure access to affordable mental healthcare; reduce stigma around mental illness.

Features: De-stigmatize mental illness, integrate mental health into primary care, increase mental health professionals.

Programme: National Mental Health Programme (NMHP) — district mental health teams.

C. National Policy on Education (NEP) 2020

Relevance to Health: Emphasizes holistic development including physical and mental well-being.

Features: Health education in school curriculum, promotion of sports & yoga, nutritional support through Midday Meal, Early Childhood Care & Education (ECCE).

Physical Education: Made compulsory at all school levels as per NEP 2020.

D. School Health Services & Midday Meal Programme

School Health Services:

Objective: Monitor and improve health of school children.

Components: Regular health check-ups, immunization, deworming, health education sessions.

Impact: Early detection of diseases, promotion of healthy behaviours, improved overall well-being.

Midday Meal Programme:

Launched: 1995 (strengthened under National Food Security Act 2013).

Objective: Improve nutrition, increase school enrollment/attendance, reduce classroom hunger.

Coverage: ~120 million children across government & aided schools.

Nutrition Standards: Minimum 450–700 calories & 12–20g protein per meal.

Impact: Reduced malnutrition, improved attendance & learning outcomes, social safety net.

TOPIC 5 — National Rural Health Mission (NRHM)

Launched: 2005 by Government of India (now subsumed under NHM — National Health Mission).

Objective: Improve access to quality healthcare in rural areas, with special focus on women & children.

Target States: 18 high-focus states (EAG states + NE states) with poor health indicators.

Key Features / Components:

Component	Details
ASHA Workers	Accredited Social Health Activists — community health volunteers (1 per 1,000 population)
PHC/CHC Strengthening	Upgrading Primary & Community Health Centres; 24x7 services
Janani Suraksha Yojana (JSY)	Cash incentives for institutional deliveries to reduce MMR
Integrated Disease Surveillance	Real-time tracking of disease outbreaks
Village Health Sanitation Committee	Community-level health governance
RKS (Rogi Kalyan Samiti)	Hospital management committees for better service delivery

Impact: Significant reduction in IMR and MMR in rural areas; improved healthcare access.

Current Status: NRHM merged with NUHM (National Urban Health Mission) to form NHM in 2013.

TOPIC 6 — Adolescence Education Programme (AEP)

Launched by: Ministry of Education & NACO (National AIDS Control Organisation).

Objective: Provide accurate, age-appropriate information on reproductive health, HIV/AIDS, substance abuse, and life skills to adolescents.

Target Group: Students of Class 9–12 (14–19 years age group).

Components of AEP:

- 1. Awareness Sessions:** On reproductive health, menstruation, puberty changes, family planning.
- 2. Life Skills Education:** Decision-making, peer pressure resistance, communication skills.
- 3. Mental Health Support:** Stress management, emotional well-being, counselling.
- 4. Substance Abuse Prevention:** Awareness about dangers of tobacco, alcohol, drugs.
- 5. Nutrition & Hygiene:** Dietary guidance for adolescent growth, personal hygiene.
- 6. HIV/AIDS Education:** Modes of transmission, prevention, reducing stigma.

Impact: Empowers adolescents to make informed health decisions; reduces risky behaviour.

Delivery: Trained teachers and peer educators deliver sessions using interactive methods.

TOPIC 7 — Inclusive Physical Education

Inclusive Physical Education (IPE) refers to the integration of children with **special needs (CWSN)** into mainstream physical education programmes, ensuring equal opportunities for participation, skill development, and enjoyment of physical activity.

A. Advantages of Physical Activities for Children with Special Needs

■ Physical Benefits

- Improves **muscular strength, endurance, and flexibility**.
- Enhances **motor skills and coordination** (gross & fine motor).
- Aids **weight management** and reduces risk of secondary health conditions.
- Improves **cardiovascular fitness** and overall physical health.
- Helps in **rehabilitation** — restoring function after injury/illness.

■ Psychological / Mental Benefits

- Boosts **self-esteem, confidence, and body image**.
- Reduces anxiety, depression, and stress through endorphin release.
- Provides a sense of **achievement and accomplishment**.
- Improves **concentration, focus,** and cognitive functioning.
- Promotes **emotional regulation** and behaviour management (esp. for autism).

■ Social Benefits

- Develops **teamwork, cooperation, and communication** skills.
- Promotes **social inclusion** and peer relationships.
- Reduces isolation and builds a sense of **belonging and community**.
- Encourages **empathy and acceptance** among non-disabled peers.
- Helps develop **leadership and role-playing** abilities.

■ Educational Benefits

- Reinforces **academic concepts** through movement (e.g., counting in activities).
- Improves **attention span and readiness to learn**.
- Enhances **spatial awareness, balance,** and body scheme.
- Supports **language development** through activity-based interaction.

B. Strategies to Make Physical Activities Accessible for CWSN

■ 1. Modification of Rules & Equipment

- Use **lighter balls, larger targets,** or shorter distances to accommodate limitations.

- Modify rules to allow **extra time, additional attempts**, or alternative movements.
- Adapt scoring systems — focus on **effort and participation** over performance.
- Use **assistive devices**: wheelchairs, crutches, prosthetics in sport-friendly forms.

■ 2. Peer Tutoring & Buddy System

- Pair CWSN with trained peer buddies who assist and encourage during activities.
- Promotes **inclusion, mutual learning**, and social bonding.
- Reduces fear and anxiety of CWSN in a mainstream PE setting.

■ 3. Universal Design for Learning (UDL)

- Design activities that are **accessible to all** without requiring separate modifications.
- Offer **multiple means of participation** — sitting, standing, wheelchair-based.
- Provide instructions in **visual, auditory, and tactile** formats.
- Create **barrier-free spaces** — ramps, wide pathways, accessible washrooms.

■ 4. Individualised Education Plan (IEP)

- Develop **personalised physical activity goals** for each child based on their disability.
- Set **SMART goals** (Specific, Measurable, Achievable, Relevant, Time-bound).
- Regular assessment and **monitoring of progress** by PE teacher & special educator.
- Involve **parents, physiotherapists**, and occupational therapists in planning.

■ 5. Trained & Sensitised Teachers

- PE teachers should receive training in **adaptive physical education (APE)**.
- Understand different types of disabilities and **appropriate modifications**.
- Create an **empathetic, non-discriminatory** classroom and playground environment.
- Use **positive reinforcement** and celebrate small achievements.

■ 6. Appropriate Activities & Games

- **Visually Impaired**: Beep baseball, tandem cycling, goalball, guided running.
- **Hearing Impaired**: Visual cues, flags, vibration-based signals in sports.
- **Physically Disabled**: Wheelchair basketball, sitting volleyball, bocce, Paralympic sports.
- **Intellectually Disabled**: Simple, repetitive activities; Special Olympics sports.
- **Autism Spectrum**: Structured activities, sensory-friendly environments, swimming.

■ 7. Safe & Inclusive Environment

- Ensure **physical infrastructure** is accessible: ramps, grab bars, flat surfaces.
- Create a **positive, bully-free** environment where all students feel valued.
- Use **disability awareness programmes** to sensitise non-disabled peers.

- Encourage **mixed participation** — activities where all abilities play together.

QUICK REVISION — Unit 1 At a Glance

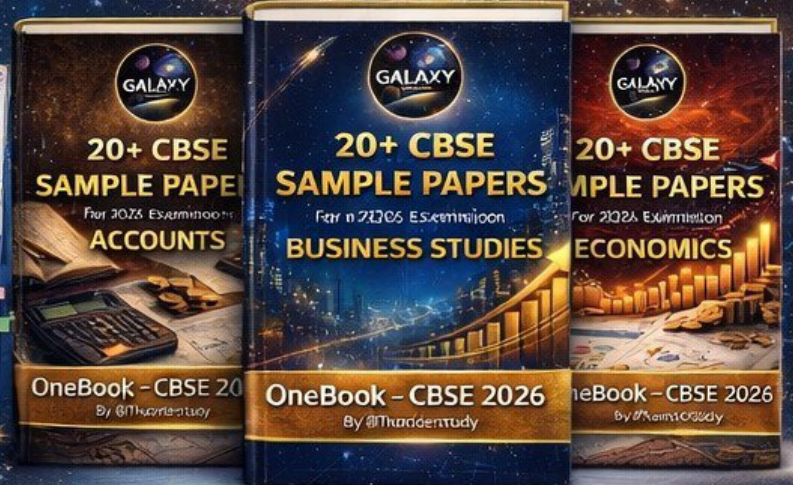
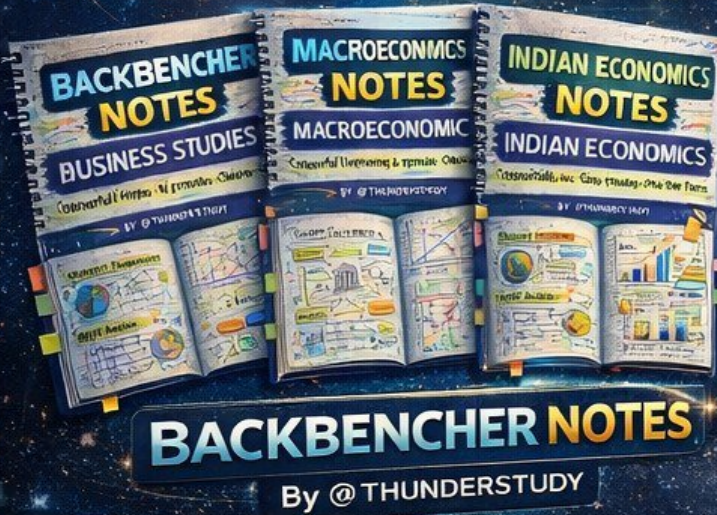
Category	Key Points for CUET
Communicable Diseases	Typhoid (Salmonella), Influenza (virus), Malaria (Plasmodium/Anopheles), Dengue (virus/Aedes), HIV (NACP programme)
Non-Communicable Diseases	Diabetes (77M, NPCDCS), Hypertension (silent killer), Obesity (BMI ≥ 30 , Fit India), Arthritis, Depression (NMHP)
Nutritional Status	Hypo: Stunting 30–35%, Wasting 17–19%, Anaemia 50% Hyper: Obesity ~10–15% urban
NHP 2017	Goal: UHC Target: 2.5% GDP health spending, IMR \rightarrow 16, MMR \rightarrow 70, TB eliminate 2025
NRHM (2005)	ASHA workers, JSY, PHC/CHC strengthening Now part of NHM
Midday Meal	1995 launch 120M children 450–700 cal 12–20g protein
AEP	By Min. of Education & NACO Reproductive health, HIV, life skills for Class 9–12
Inclusive PE — Advantages	Physical (fitness), Mental (confidence), Social (inclusion), Educational (cognition)
Strategies for CWSN	Modified rules, UDL, IEP, peer buddies, APE-trained teachers, adaptive sports

■ *Important for CUET: Focus on causes, prevalence figures, programme names, and objectives for all diseases and policies. For Inclusive PE, remember both advantages and strategies with examples.*

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