

CUET · PHYSICAL EDUCATION · CLASS XI · CODE 321

Understanding Health

CUET unit: Physical Education and Sports (Health, Wellness and Lifestyle)

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Snapshot

- Establishes the WHO 1948 definition of health and moves beyond the "absence of disease" view to a multi-dimensional model.
- Lays out the six dimensions of health — physical, mental, emotional, social, spiritual and environmental — and how they inter-relate.
- Surveys the specific health needs of children, adolescents and the differently-abled in the Indian context, with NFHS-4 / SRS-2016 / Census 2011 data.
- Maps role of schools, teachers, adolescent-friendly health services and peer educators in addressing these needs.
- Introduces SMART health goals, MDGs vs SDGs, and WHO physical-activity recommendations — all high-yield CUET factual material.

Detailed Notes

2.1 Core concepts

- Health was earlier seen as mere absence of disease, but this is only the physical aspect; WHO (1948) defined it comprehensively as "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity." (NCERT §Introduction, p. 15)
- Health is now referred to as a state of physical, mental, intellectual, emotional and social health and well-being — the ability to adapt and manage physical, mental and social challenges throughout life. (NCERT §Introduction, p. 15)
- Health is influenced by biological, socio-cultural, economic and environmental forces; access to food, safe drinking water, housing, sanitation, health services and positive socio-cultural settings shape population health. (NCERT §Introduction, p. 15)
- Health is multidimensional, with six interrelated dimensions: physical, mental, emotional, social, spiritual and environmental. (NCERT §Health and its Dimensions, p. 15)
- Physical dimension refers to the body's ability to function properly — exercises, healthy habits, balanced diet, bone health and body mass index; physical wellness = quality of life that lets one get through daily activities without undue fatigue. (NCERT §Physical Dimension, pp. 15–16)

- Mental dimension covers cognitive aspects — thinking, reasoning, remembering, imagining, learning words; sound mental health depends primarily on increased physical activity. (NCERT §Mental Dimension, p. 16)
- Tools for good mental health: eat healthy food, express feelings, play games/sports, get ~8 hours of sleep, spend time with friends/family, ask for help, avoid tobacco/alcohol. (NCERT §"How can we have good mental health?", pp. 16–17)
- Social dimension is the ability to interact with others in the socio-cultural environment — positive relationships, socially acceptable behaviour, good communication. A bad social life can de-motivate and push individuals toward depression. (NCERT §Social Dimension, p. 17)
- Emotional dimension is the ability to cope, adjust and adapt; people with a positive mindset tend to be more successful; techniques include reading inspirational books, setting goals, dealing with setbacks, and acquiring hope, enthusiasm, positive thinking. (NCERT §Emotional Dimension, pp. 17–18)
- Spiritual dimension: a person with a purpose in life is said to be healthier; spiritual health affects emotional, mental and social health. (NCERT §Spiritual Dimension, p. 18)
- Environmental dimension: living in harmony with nature; external environment (habitat, occupation, pollution) and internal environment (genetic composition) both affect health; core principle is respect for nature and all species. (NCERT §Environmental Dimension, pp. 18–19)
- Children = toddlers, infants and kids up to 9 years; adolescents = 10–19 years; differently abled belong to both groups. (NCERT §Health Needs of Children, Adolescents and Differently Aabled, p. 19)
- Children's major mortality/morbidity causes: diarrhoea, pneumonia, fevers, vaccine-preventable diseases (measles is the biggest killer). (NCERT §Health Needs of Children, p. 19)
- Adolescents are about one-fifth of India's population; key issues include malnutrition/obesity, substance abuse, high-risk sexual behaviour, stress, mental disorders, injuries (including road traffic), suicides and violence; social-media addiction adds depression and self-harm. (NCERT §Health Needs of Adolescents, pp. 20–21)
- Adolescent health snapshot (Fig. 2.1): 14% suffer mental health disorder, 54% girls anaemic, 8–12% use tobacco/alcohol, 16% experience violence, 27% of girls in India are married before 18 years. (NCERT Fig. 2.1, p. 20)
- As per Census 2011, about 2.21% of India's total population is "disabled"; the highest number of disabled persons is from Uttar Pradesh; 7.62% of disabled persons belong to the 0–6 years age group. (NCERT "Do You Know?", p. 21)
- WHO defines disability as an umbrella term covering impairments, activity limitations and participation restrictions — not just a health problem but interaction between body features and society. National Policy for Persons with Disabilities (2006) and

the 2030 Agenda highlight their rights. (NCERT §Health Needs of the Differently Abled, p. 21)

- Health Status of Children (NFHS-4, SRS-2016): IMR fell from 46 (2011) to 34 (2016) at all-India level; under-five mortality 39 (2016); 38% of under-5 children are stunted; Bihar (48%), UP (46%) lead in stunting; anaemia among 6–59 month children highest in Haryana (72%), lowest in Mizoram (19%). (NCERT "Health Status of Children in India at a Glance", p. 22)
- POCSO Act 2012 — crimes reported are as high as 34.4% of total crimes against children; NCRB shows crime-against-children rate rose to 24/lakh in 2016 from 21.1 in 2015. (NCERT p. 23)
- Schools play a vital role in promoting health and safety; leading causes of disease/death/disability are inadequate physical activity, unhealthy diet, substance misuse (tobacco/alcohol/drugs), stress, injury/violence behaviours and risky behaviours leading to HIV/STIs/unintended pregnancy. (NCERT §Role of Schools, p. 23)
- Adolescent-friendly health clinics are being set up by government because adolescents avoid health services due to lack of privacy/confidentiality, lack of patience/sensitivity and lack of friendly behaviour among health workers. (NCERT §Role of Adolescent-friendly Health Services, p. 24)
- Peer Group Facilitators/Educators are senior students trained to counsel adolescents; they must be good listeners, friendly, trusted, non-judgmental, confidential and good role models. (NCERT §Role of Peer Educator..., pp. 24–25)
- Healthy lifestyle requires commitment, strong desire, dedication and motivation; SMART health goals = Specific, Measurable, Achievable, Relevant, Time-bound. (NCERT §Few Tips for Meeting Health Goals, p. 26)
- MDGs were 8 target-based time-bound goals; 3 of the 8 related to health. SDGs (2030 Agenda) contain 17 global goals with 169 targets; SDG-3 ensures healthy lives and well-being for all at all ages, featuring universal health coverage. (NCERT §Efforts for Achieving Health Goals..., pp. 27–28)
- WHO 2010 finding: 20–30% increased risk of all-cause mortality in people with insufficient physical activity vs those doing ≥ 150 minutes moderate-intensity activity/week. (NCERT §Contribution of Physical Education..., p. 28)
- WHO recommendations: children/adolescents (5–17 yrs) — ≥ 60 min moderate-to-vigorous activity daily, muscle/bone-strengthening thrice a week; adults (18–64) — ≥ 150 min moderate or ≥ 75 min vigorous per week, 300 min for additional benefits, muscle-strengthening on 2+ days. (NCERT "WHO recommendations...", p. 29)

2.2 Definitions to memorise

Term	Definition	Page
Health (WHO 1948)	State of complete physical, mental and social well-being and not merely the absence of disease or infirmity	15

Term	Definition	Page
Physical wellness	Ability to maintain the quality of life that allows one to get through daily activities without undue fatigue or physical stress	16
Mental health	Cognitive aspects of health — thinking, reasoning, remembering, imagining, learning words	16
Social health	Ability of individuals to interact with others in the socio-cultural environment	17
Emotional health	Ability to cope, adjust and adapt to our environment	17
Spiritual dimension	Belief/faith-driven discovery of one's own values and sense of overall purpose in life	18
Environmental wellness	Lifestyle beneficial for surroundings — respect for nature and all species living in it	18–19
Disability (WHO)	Umbrella term covering impairments, activity limitations and participation restrictions	21
Adolescence	Period of transition from childhood to adulthood (10–19 years), critical for self-identity development	19–20
SMART goal	Specific, Measurable, Achievable, Relevant, Time-Bound health goal	26
SDGs	Transforming our world: 2030 Agenda — 17 global goals with 169 targets	27
MDGs	8 time-bound Millennium Development Goals (2000–2015); 3 health-related	27
SDG-3	Ensure healthy lives and well-being for all at all ages — universal health coverage	27
IMR	Infant Mortality Rate — deaths < 1 yr / 1000 live births (India 34 in 2016)	22
U5MR	Under-five Mortality Rate (India 39 in 2016)	22
Stunting	Low height-for-age (38% India under-5)	22
Anaemia	Low haemoglobin; girls 54%, 6–59 mo highest Haryana 72%	22
AFHC	Adolescent-Friendly Health Clinic — private, sensitive, friendly service	24
Peer Educator	Senior student trained to counsel peers — listener, trusted, non-judgmental	24–25
POCSO Act	Protection of Children from Sexual Offences Act, 2012	23
NPPD	National Policy for Persons with Disabilities, 2006	21
WHO 2010 mortality risk	20–30% increased all-cause mortality risk in insufficiently active people	28

2.3 Diagrams / processes to remember

- **Fig. 2.1 (p. 20):** Snapshot of adolescent health in India — 14% mental disorder, 54% girls anaemic, 8–12% tobacco/alcohol use, 16% experience violence, 27% girls married before 18; consequences include one student/hour suicide, intergenerational anaemia, 30% NCDs from tobacco, 24% girls spousal violence, 8% teenage pregnancies with poor outcomes.
- **Fig. 2.2 (p. 27):** 8 Millennium Development Goals — Poverty/Hunger, Universal Primary Education, Gender Equality, Reduce Child Mortality, Maternal Health, HIV/ Malaria, Environmental Sustainability, Global Partnership.
- **Fig. 2.3 (p. 27):** 17 Sustainable Development Goals — including SDG-3 "Good Health and Well-being".
- **SMART acronym (p. 26):** S-Specific, M-Measurable, A-Achievable, R-Relevant, T-Time-Bound.

2.4 Common confusions / NTA trap points

- WHO definition is from **1948**, not 1947 or 1950 — and uses "**complete**" physical, mental and social well-being; the word "intellectual" was added later in modern usage but is NOT in the original WHO definition (NCERT quotes the 1948 line verbatim).
- Health has **six** dimensions (physical, mental, emotional, social, spiritual, environmental) — students often miss "environmental" or "spiritual".
- Census **2011** says **2.21%** of India's population is disabled — UP has the highest number; **7.62%** of disabled belong to **0–6 years** (not 0–14).
- SDGs = **17 goals, 169 targets**; MDGs = **8 goals**, of which **3** were health-related. Don't swap these numbers.
- Adolescence in NCERT = **10–19 years** (not 13–19); children = up to 9 years; differently abled persons may belong to either age band.
- WHO physical-activity rule for 5–17 yrs = **≥60 min daily** moderate-to-vigorous; for 18–64 yrs = **≥150 min moderate OR ≥75 min vigorous per week**.
- WHO 2010 mortality risk = **20–30% increased risk** of all-cause mortality in people with insufficient physical activity — not 10–20%.
- Anaemia among 6–59 month children — highest in **Haryana (72%)**, lowest in **Mizoram (19%)** per NFHS-4. Don't swap states or numbers.
- Stunting under-5 = **38%** at all-India level — **Bihar 48%, UP 46%** lead. NTA may swap with wasting (different indicator).
- IMR (Infant Mortality Rate) fell from **46 (2011) to 34 (2016)**; U5MR = **39 (2016)** — frequently confused.
- POCSO Act = **2012** and crimes against children = **34.4%** of total reported child crimes per chapter.

- SMART = Specific, Measurable, **Achievable** (not Affordable), Relevant (not Realistic in the NCERT version), Time-bound.

2.5 Key concepts table — dimensions, statistics and policy anchors

#	Concept / Statistic	NCERT detail	Page
1	Health (WHO 1948)	State of complete physical, mental, social well-being	15
2	Six dimensions of health	Physical, Mental, Emotional, Social, Spiritual, Environmental	15
3	Physical wellness	Quality of life enabling daily activities without undue fatigue	16
4	Mental health tools	Healthy food, express feelings, sports, 8 hours sleep, avoid tobacco/alcohol	16–17
5	Adolescence (NCERT)	10–19 years; one-fifth of India's population	19–20
6	Adolescent mental disorder	14% suffer from a mental health disorder	Fig 2.1
7	Adolescent anaemia (girls)	54%	Fig 2.1
8	Tobacco/alcohol in adolescents	8–12%	Fig 2.1
9	Adolescent violence exposure	16%	Fig 2.1
10	Girls married before 18	27%	Fig 2.1
11	Disabled population (Census 2011)	2.21% of India's population; UP highest	21
12	Disabled 0–6 yrs	7.62% of disabled population	21
13	IMR India	46 (2011) → 34 (2016)	22
14	U5MR India	39 (2016)	22
15	Under-5 stunting	38% all-India; Bihar 48%, UP 46%	22
16	Anaemia 6–59 mo highest/lowest	Haryana 72% / Mizoram 19%	22
17	POCSO Act	2012; 34.4% of total reported crimes against children	23
18	NPPD	National Policy for Persons with Disabilities, 2006	21
19	MDGs	8 goals; 3 health-related	27
20	SDGs	17 global goals, 169 targets; SDG-3 = good health & well-being	27

#	Concept / Statistic	NCERT detail	Page
21	SMART	Specific-Measurable-Achievable-Relevant-Time-bound	26
22	WHO 2010 mortality	20–30% ↑ risk of all-cause mortality in inactive	28
23	WHO PA 5–17 yrs	≥60 min/day moderate-to-vigorous; muscle/bone 3 days/wk	29
24	WHO PA 18–64 yrs	≥150 min moderate OR ≥75 min vigorous/wk; 300 min for extra benefit	29
25	Peer Group Facilitators	Senior students — good listeners, trusted, non-judgmental, confidential	24–25

2.6 Extended discussion — multidimensional health, school role and policy ecosystem

The most testable shift here is the move from the **uni-dimensional disease-absence model** to a **multidimensional model of health**. The six dimensions are not parallel silos; they are interlocking gears. A breakdown in one dimension (for example, the spiritual sense of purpose) erodes mental health, which then disrupts social interaction and even physical wellness. NCERT illustrates this with the depression cascade — poor social life → loss of motivation → depressive symptoms → reduced physical activity → declining physical wellness (NCERT p. 17). CUET examiners frequently test this **cascade logic** through assertion-reason items.

The **school is positioned as the primary public-health intervention site** for two reasons (NCERT §Role of Schools, p. 23). First, six adolescent behaviours account for most preventable disease, death and disability: inadequate physical activity; unhealthy diet; substance misuse (tobacco, alcohol, drugs); stress; injury and violence; and risky sexual behaviour leading to HIV/STIs or unintended pregnancy. Second, schools have **captive access** to nearly the entire adolescent cohort and can deliver age-appropriate counselling, life-skills education and adolescent-friendly health services. The teacher's role extends beyond academics — modelling healthy behaviour, identifying at-risk students, and linking them to **Adolescent Friendly Health Clinics (AFHCs)**, which were created precisely because adolescents avoid mainstream clinics due to lack of privacy, sensitivity and friendly behaviour (p. 24).

The **Peer Educator** model is a CUET favourite because of its near-checklist of attributes (pp. 24–25): senior students trained to counsel peers must be good listeners, friendly, trusted, non-judgmental, confidential and good role models. Examiners often present a small vignette ("Rahul is approachable and keeps confidences but laughs at his friend's anxiety") and ask which peer-educator attribute is violated.

These school-level efforts sit within a **global policy ecosystem**. The Millennium Development Goals (2000–2015) had eight time-bound targets, three of which (child mortality, maternal health, HIV/malaria) were directly health-related. The Sustainable

Development Goals (2030 Agenda) succeed them with 17 global goals and 169 targets; **SDG-3** specifically commits all UN member states to "ensure healthy lives and promote well-being for all at all ages", anchored in universal health coverage. NCERT also flags two India-specific policy levers — the **National Policy for Persons with Disabilities (2006)** and the **POCSO Act 2012** — that shape the health-rights of vulnerable groups.

Finally, the **WHO physical-activity matrix** (NCERT p. 29) is one of the highest-yield numeric blocks in the entire CUET PE syllabus. Memorise the three age bands: **5-17 years** → 60 min/day moderate-to-vigorous + muscle/bone strengthening thrice a week; **18-64 years** → 150 min moderate OR 75 min vigorous per week, doubled (300 min) for additional benefit, with muscle-strengthening on 2+ days; older adults → same as 18-64 with extra balance-and-fall-prevention activity. Pair these numbers with the **WHO 2010 finding** — a 20-30% increased risk of all-cause mortality in people who do not meet these thresholds — and you will recognise virtually every CUET item drawn from this chapter.

Practice MCQs

PYQ Alignment

This chapter is a perennial high-yield source for CUET Physical Education — past papers (2023-25) typically draw 6-8 MCQs from definitions of health (WHO 1948), dimensions of health, adolescent statistics (Fig. 2.1), Census 2011 disability data, the SMART framework, and the MDG vs SDG comparison. Expect at least one match-the-following on dimensions and one assertion-reason or numerical-data question on the WHO physical-activity recommendations.