

HEALTH PROMOTION AND EDUCATION IN SCHOOL

Effective health education actually helps a person to understand a given issue - it recognizes that not all people start with the same knowledge, ability to learn, same language, or willingness to trust the teacher.

Effective health promotion actually helps a person put knowledge into action - it recognizes that not all populations have the same abilities (or have had the same opportunities) to achieve and sustain optimal health.

HEALTH PROMOTION

Health promotion refers to activities that increase well-being and enhance wellness or health. These activities lead to actualization of positive health potential for all individuals, even those with chronic or acute conditions. Examples include providing information and resources in order to:

- Enhance nutrition at each developmental stage
- Integrate physical activity into the child's daily events
- Provide adequate housing
- Promote oral health
- Foster positive personality development

Health promotion is concerned with developing sets of strategies that seek to foster conditions that allow populations to be healthy and to make healthy choices).

Health promotion has been the focus of health care providers. Health education in schools is one of the methods to create awareness among the community. World Health Organization (WHO) as the process of enabling people to increase control over, and to improve, their health, has defined health promotion. It moves beyond a focus on individual behaviour towards a wide range of social and environmental interventions. Health promotion in a school setting involves educating the children about health related matters that reflect on the health in a more holistic way. These

activities aim at strengthening its capacity for learning and leading a healthy life.

HEALTH EDUCATION

Health education builds student's knowledge, skills, and positive attitudes about health. Health education teaches about physical, mental, emotional and social health. It motivates students to improve and maintain their health, prevent disease, and reduce risky behaviours.

Health education curricula and instruction help students to learn skills so that they will use to make healthy choices throughout their lifetime.

Health education is vital for students as it builds their knowledge and attitudes about health. Health education does not only concentrate on being healthy. It also focuses on emotional, mental and social health too. Educating students on the importance of health builds their motivation. As a result, they strive to maintain good health, prevent diseases and avoid risky behaviour. Instilling the importance of good health in schools, helps students to make healthy life choices when they grow older and continue doing so throughout their lives. It helps them understand the dangers of using illicit drugs, smoking and drinking alcohol. It helps prevent various injuries, diseases, such as, obesity and diabetes, and sexually transmitted diseases.

OBJECTIVE

Health Promotion aims to create a healthy school environment by promoting the general health and wellbeing of learners and educators, and by addressing key health and social barriers to learning in order to promote effective teaching and learning.

To endorse health and support, lifelong learning, living and wellbeing, to help individuals of all ages increase life expectancy and improve their quality of life. .

Strategic Objectives

- To increase knowledge and awareness of health promoting behaviours.
- To develop systems for the mainstreaming of care and support for teaching and learning; and
- To increase sexual and reproductive health knowledge, skills and decision making among learners, educators and school support staff;

- To facilitate early identification and treatment of health barriers to learning; and
- To increase knowledge and awareness of health promoting behaviours.

WHY IS HEALTH PROMOTION IMPORTANT?

- Health promotion improves the health status of individuals, families, communities, states, and the nation.
- Health promotion enhances the quality of life for all people.
- Health promotion reduces premature deaths.
- By focusing on prevention, health promotion reduces the costs (both financial and human) that individuals, employers, families, insurance companies, medical facilities, communities, the state and the nation would spend on medical treatment.

COMPONENTS OF HEALTH PROMOTION AND HEALTH EDUCATION IN SCHOOL

Both health promotion and modern concepts of education share a participative approach. Health promotion in a school community may include activities relating to the following six components:

1. Healthy School Policies

These are clearly defined in documents or in accepted practices that promote health and wellbeing. Many policies promote health and well-being e.g., policies that enable healthy food practices to occur at school; policies which discourage bullying.

2. The School's Physical Environment

The physical environment refers to the buildings, grounds and equipment in and surrounding the school such as: the building design and location; the provision of natural light and adequate shade; the creation of space for physical activity and facilities for learning and healthy eating.

3. The School's Social Environment

The social environment of the school is a combination of the quality of the relationships among and between staff and students. It is influenced by the relationships with parents and

the wider community. It is about building quality connections among and between all the key stakeholders in a school community.

4. Individual Health Skills and Action Competencies

This refers to both the formal and informal curriculum and associated activities, where students gain age-related knowledge, understandings, skills and experiences, which enable them to build competencies in taking action to improve the health and well-being of themselves and others in their community and that enhances their learning outcomes.

5. Community Links

Community links are the connections between the school and the students' families, plus the connection between the school and key local groups and individuals. Appropriate consultation and participation with these stakeholders enhances the health promoting school and provides students and staff with a context and support for their actions.

6. Health Services

These are the local and regional school-based or school-linked services, which have a responsibility for child and adolescent health care and promotion through the provision of direct services to students including those with special needs.

HEALTH PROMOTING SCHOOL FRAMEWORK

To endorse health and support, lifelong learning, living and wellbeing, WHO identified the need for a global health promotion and education initiative as a part of the Ottawa Charter for Health Promotion. The framework of HPSs was developed based on this initiative

Victorian schools in 1997 introduced the Health Promoting School's model for the first time through a collaborative project between Deakin University and the (then) Department of Education, Employment and Training. This project was aimed at establishing an interactive network of Health Promoting Schools and strengthening the capacity of schools to be healthy settings for living, learning, and working.

Curriculum does not merely define what is taught but rather comprises the whole school experience-including its organizational structure and ethos- and the kinds of alliance

established with the community and other external organizations. This is one of the key features of Health Promoting School initiative. Ideologies, sociological and cultural factors, and psychological factors are the three main factors that influence the design of curriculum. Healthy Schools in India was initiated by AROGYA World, in partnership with HRIDAY (Health Related Information Dissemination Amongst Youth) and PHFI (Public Health Foundation of India), by giving them a Healthy School Seal of Approval. The approval was based on the visit of the staff members from HRIDAY/AROGYA World.

A health promoting school approach can provide holistic support for innovative work in the curriculum. For example, a school curriculum about healthy eating can be supported by the students playing an active part in all related aspects of food provision in the school.

This could include features such as:

- ensuring healthy school food is available at breakfast or lunch time;
- providing an attractive environment for food consumption that takes account of students' wishes;
- developing a policy on snack provision, including vending machines;
- ensuring fresh water is available in schools;
- encouraging students to develop skills in food cultivation, preparation and purchase with involvement of parents and local food organizations;
- making provision for related physical activity initiatives, such as safe and active routes to schools or secure bicycle storage;
- making links with associated issues, such as mental and emotional health, the cultural role of food, and the role of the media in marketing food.

The Scientific Basis for the Art of Promoting Health in Schools

A. Effective schools, learning and teaching approaches.

Healthy students learn better. It is therefore important to recognise that schools can enhance their learning opportunities and goals for all students by creating a school community that uses the evidence of effectiveness. Effective schools provide students with opportunities to build their educational and health assets.

B. Mental and emotional health

Mental health initiatives in schools seek to build the social, emotional and spiritual wellbeing of students to enable them to achieve education and health goals and to interact with their peers, teachers, family and community in ways that are respectful.

C. Substance use and misuse

The evidence shows that school-based drug reduction initiatives are more likely to be effective if the programmes are interactive rather than teacher-centred; focus on life skills, e.g. refusal skills, assertiveness; take a whole-school approach; link with the family and local community; and address the improvement of connections for students.

D. Hygiene

The scientific evidence about the health benefits for children and adolescents of hand washing, drinking clean water and using proper sewage systems is very strong. However there are limited quality published outcomes of the initiatives taken by schools to promote healthy hygiene. The evidence indicates that in developing countries well designed and implemented initiatives, which have included a whole-school approach involving the physical environment, links with the health sector, and which have suitable policies and curriculum, have increased school attendance rates and reduced worm infestations (mainly through the provision of worm eliminating drugs), but have had minimal effects on sustaining students' hygiene-related behaviours.

E. Sexual health and relationships

Research-based sexual health and relationships education programmes, when conducted by trained and empathic educators, have been shown to: increase sexual knowledge may increase safe sex practices; may delay the time of first sexual intercourse resulting in young people reporting on better communication in their relationships. Evidence also indicates that: sexual health and relationship programmes do not promote earlier or increased sexual activity in young people; schools that explicitly promote and build school connectedness for students are strongly associated with reduced sexual activity in adolescence.

F. Healthy eating and nutrition

Initiatives and programmes that follow evidence-based teaching practices and a whole-school approach have been shown to regularly increase student knowledge about food and diet. However, changes in student eating behaviours have been less successful. Girls tend to benefit more than boys, and some quality initiatives have reported a modest increase in vegetable consumption.

G. Physical activity

The evidence suggests that: physical activity initiatives in schools are most effective if they adopt a comprehensive approach; e.g. the development of skills, establishing and maintaining suitable physical environments and resources, and upholding supportive policies to enable all students to participate; daily physical activity at school improves pupils' motivation and has no negative effects on cognitive development even though less time may be available for cognitive tasks; there is a strong direct correlation between being physically active at school and undertaking physical activity in adulthood; students gain more benefit from physical activity if they have opportunities to be active at regular times during the school day; if students collaborate with school staff in deciding the type of physical activity to be undertaken, which could include other activities not viewed as sport, such as dance, then they will be more committed to participation; biological measures, e.g. body mass index (BMI), blood pressure measures and measures of oxygen use, have limitations and may be ineffective in assessing physical fitness levels of growing young people and other outcomes of school-based physical activity; programmes that cater for student diversity in areas such as ethnicity, physical ability, gender and age are more effective in terms of student participation and engagement.