

COMPREHENSIVE SCHOOL HEALTH POLICY

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1. RATIONALE

For most children, 'going to school' is a historic milestone in their lives. It is a place that plays one of the most important roles in their physical, mental and emotional development. Schools are settings where children learn, where character is moulded, where values are inculcated and where the future citizens of the world are groomed to face life's challenges.

Schools are a strategic means of providing children with educational qualifications that will enable them to find employment and status in life. Schools can be dynamic settings for promoting health, for enabling children to grow and mature into healthy adults, yet the potential of the school to enhance health is often underutilized. 'School Health' has largely remained confined to medical check-ups of children and / or some hours of health instruction in the curriculum.

Today, schools present an extraordinary opportunity to help millions of young people acquire health supportive knowledge, values, attitudes and behaviour patterns. The students can serve as a means of promoting health of other children, their families and community members. There is a growing recognition that the health and psychosocial well-being of children and youth is of fundamental value and that the school setting can provide a strategic means of improving children's health, self-esteem, life skills and behaviour.

There are various initiatives in school health at present, but most of them are topic based and age group specific and often rely on the initiative of the individual school or an agency. The comprehensiveness and sustainability in these initiatives are not clearly laid out.

The need of the time is a comprehensive school health policy integrated within the educational system at the national and state levels. This will harmonize the effective partnership of health and education sectors to facilitate the holistic approach to child and adolescent development in schools.

2. HISTORICAL REVIEW

It has long been recognized that schools provide the most appropriate setting for both health services and health education for children and young persons. Globally, 'school health' has been an important initiative for several decades, comprising largely of school health services and school health education.

In 1960, the Government of India set up a Committee on School Health (**Renuka Ray committee**) which recommended that "Health education should be included as part of general education in the primary, middle and secondary schools." The report of the Renuka Ray Committee (1961) provided guidelines and recommendations for both the content and the appropriate transaction of health education at various stages of schooling. In the wake of the **National Policy on Education (1986, Revised 1992)** and the **National Health Policy 1983**, steps were initiated to look at school health education in a

more comprehensive manner. The **National Health Policy, 2002** envisages giving priority to school health programmes which aim at preventive-health education, providing regular health check-ups, and promotion of health-seeking behaviour among children. The policy suggests that school health programmes can gainfully adopt specially designed modules in order to disseminate information relating to 'health' and 'family life'. This is expected to be the most cost-effective intervention as it improves the level of awareness, not only of the extended family, but the future generation as well. The noteworthy initiatives under this 2002 policy were setting up a well-dispersed network of comprehensive primary health care services linked with extension and health education. It is widely accepted that school students are the most impressionable targets for imparting information relating to the basic principles of preventive health care. The policy attempted to target this group to improve the general level of awareness in regard to 'health promoting' behaviour. The girl child in the rural belt needed to be targeted right from school level. The policy recognized that the overall well-being of the citizenry depended on the synergistic functioning of the various sectors in the society. The health status of the citizens would, inter alia, be dependent on adequate nutrition, safe drinking water, basic sanitation, a clean environment and primary education, especially for the girl child.

The National Curricular Framework 2005 by NCERT has categorically stated that health is a critical input for the overall development of the child and it influences significantly enrolment, retention and completion of school. It advocates a holistic definition of health within which physical education and yoga contribute to the physical, social emotional and mental development of a child. Undernutrition and communicable diseases are the major health problems faced by majority of children in this country from pre-primary through to the higher secondary school stage. Thus there is a need to address this aspect at all levels of schooling with special attention to vulnerable social groups and girl children. It has proposed that the mid-day meal programme and medical check ups be made a part of the curriculum and education about health be provided which address the age specific concerns at different stages of development.

3. INTRODUCTION

The idea of a comprehensive school health programme, conceived in the 1940's, included the following major components viz. medical care, hygienic school environment, and school lunch, health and physical education. These components are important for the overall development of the child and hence need to be included as a part of the curriculum. The more recent addition to the curriculum is yoga. The entire group must be taken together as a comprehensive health and physical education curriculum, rather than the fragmentary approach current in schools today. As a core part of the curriculum, time allocated for games and for yoga must not be cut down, or taken away under any circumstances.

Given the interdisciplinary nature of health, there are many opportunities for cross curricular learning and integration. Activities such as the national service scheme, Bharat Scouts and Guides and the National Cadet Corps, are some such areas. The sciences provide opportunities to learn about physiology, health and disease and the inter dependencies between various living organisms and the physical habitat. Social Science could provide insights into communities, health as well as understanding the spread, control and cure of infectious diseases, from socio-economic and global perspectives. This subject lends itself for applied learning and innovative approaches can be adopted for transacting the curriculum. The importance of this subject to the overall development needs to be reinforced at the policy level, with administrators, other subject teachers, in schools, the health department, parents and children. Recognizing health and physical education as core and compulsory, ensuring that adequate equipment for sports and yoga instructors are available, and that doctors and medical personnel visit schools regularly, are some of the steps that can be taken. Further this subject could be offered as an elective at the +2 level.

The 'needs based approach' could guide the dimensions of physical, psycho-social and mental aspects that need to be included at different levels at schooling. A basic understanding of the concern is necessary, but the more important dimension is that of experience and development of health, skills and physique through practical engagements with play,

exercices, sports and practices of personal and community hygiene. Collective and individual responsibilities for health and community living need to be emphasized. Several national health programmes like the Reproductive and Child Health, HIV AIDS, tuberculoses and Mental Health have been targeting children as a focus with prevention in view. These demands on children need to be integrated into existing curricular activities rather than adding on.

Yoga could be introduced from the primary level onwards in informal ways, but formal introduction of Asanas and Dhyana should begin only from class VIth onwards. Even health and hygiene education must rely on the practical and experiential dimensions of children's lives. There can be more emphasis on the inclusion of sports and games from the local area. Indigenous knowledge in this area must be reflected at the local level.

Policies make a difference. Appropriate and effective school health policies can have an impact on health behaviors, short-term health outputs, learning/academic achievement and social development. There is a need to develop a uniform, effective code of practice for school administrators and educationalists undertaking health promotion in schools.

4. COMPREHENSIVE SCHOOL HEALTH POLICY

The WHO defines a health promoting school as one that is constantly strengthening its capacity as a healthy setting for living, learning and working.

School health education is comprehensive and meaningful when it;

- Views health holistically, addressing the inter-relatedness of health problems and the factors that influence health, within the context of the human and material environment and other conditions of life.
- Utilizes all educational opportunities for health: formal and informal, standard and innovative approaches in curriculum and pedagogy.
- *Strives to harmonize health messages from various sources that influence students, including messages from the media, advertising, the community, the health and development systems, family and peers, and the school.*
- Empowers children and youth, as well their families to act for healthy living and to promote conditions supportive of health.

A. WHO IS THE SCHOOL HEALTH POLICY FOR?

This policy is for the central board of secondary education and its affiliated schools and educational organizations. The policy will provide useful information to the community sector and other organizations that also have an interest in engaging in school based health initiatives.

B. WHAT DOES THIS SCHOOL HEALTH POLICY AIM TO DO?

The policy aims to:

- Provide an effective guide for school administrators/educationalists to assist them in developing health promoting schools.
- Ensure that school health programmes are based on formally assessed and evidence based practice.
- Advocate the value of a comprehensive and planned approach to school health through education sector.
- Encourage partnerships for school health promotion with key stakeholders, viz students, parents, health professionals, teachers and counselors.

The overall objective of the Policy is to equip the educational sector to develop health promoting schools

C. COMPONENTS OF THE POLICY

The eight components of the comprehensive school health policy are:

1. A school environment that is safe; that is physically, socially, and psychologically healthy; and that promotes health-enhancing behaviors;
2. A sequential health education curriculum taught daily in every grade, pre-kindergarten through twelfth, that is designed to motivate and help students maintain and improve their health, prevent disease, and avoid health-related risk behaviors and that is taught by well-prepared and well-supported teachers;
3. A sequential physical education curriculum taught daily in every grade, pre-kindergarten through twelfth, that involves moderate to vigorous physical activity; that teaches knowledge, motor skills, and positive attitudes; that promotes activities and sports that all students enjoy and can pursue throughout their lives; that is taught by well-prepared and well-supported staff; and that is coordinated with the comprehensive school health education curriculum;
4. A nutrition services program that includes a food service program and employs well-prepared staff who efficiently serve appealing choices of nutritious foods; a sequential program of nutrition instruction that is integrated within the comprehensive school health education curriculum and coordinated with the food service program; and a school environment that encourages students to make healthy food choices;
5. A school health services program that is designed to ensure access or referral to primary health care services; foster appropriate use of health care services; prevent and control communicable disease and other health problems; provide emergency care for illness or injury; and is provided by well-qualified and well-supported health professionals;
6. A counseling, psychological, and social services program that is designed to ensure access or referral to assessments, interventions, and other services for student's mental, emotional, and social health and whose services are provided by well-qualified and well-supported professionals;
7. Integrated family and community involvement activities that are designed to engage families as active participants in their children's education; that support the ability of families to support children's school achievement; and that encourage collaboration with community resources and services to respond more effectively to the health-related needs of students; and
8. A staff health promotion policy that provides opportunities for school staff to improve their health status through activities such as health assessments, health education, and health-related fitness activities.

D. HOW TO IMPLEMENT THE POLICY

KEY MESSAGES FOR PLAN OF ACTION

Strategy for action at national, state, district and community level

- A. Form interfaces / action groups
- B. Review current situation for school promotion.
- C. Plan and implement school health promotion activities
- D. Monitor and evaluate activities.
- E. Share experience / lessons with others

The school administration should provide the lead for health promotion as a major initiative and should include all the stakeholders including parents, teachers, students and the community.

The Global School Health Survey when undertaken can provide the profile of the students at baseline in the following areas;

- Alcohol and other drug use
- Dietary behaviours
- Hygiene
- Mental health
- Physical activity
- Protective factors
- Respondent demographics
- Sexual behaviours
- Tobacco use
- Violence and unintentional injury

The school administration can then take up various initiatives as per the health promotion manual specifically designed for the three major age groups, classes 1-4, 5-8 and 9-12. The checklist can be used to understand the current status and to guide the activities. A school health club can be formed and can become the focal point of school health promotion. In addition to specific class room based activities and revising school health curriculum, the health promotion programme should encompass the entire school environment and should become a school campus activity. The health promotion programmes should stimulate the teachers, students and parents and should be conceived in a participatory manner. The school should also strive to provide healthy living habits through a conducive environment. The health promotion initiatives can be assessed and based on a scoring system, the school can be declared as a health promoting school.

Once the school achieves the status of a health promoting school, it should strive to maintain and excel its initiatives and should become a model for other schools.

CHECKLIST FOR SITUATION ANALYSIS OF SCHOOL HEALTH

- ◆ What is the status of health education activities in the classroom, school and community?
- ◆ Does the school have a clear policy on health promotion, jointly prepared by staff and parents?
- ◆ Is health taught effectively across the curriculum? In particular, are the following topics covered: environment health, reproductive health and population, personal health, safety and accident prevention, drug abuse, physical education, emotional health?
- ◆ Are the health topics taught at school based on the needs in the community?
- ◆ Are teaching methods learner-centred, using the environment as well as the school?
- ◆ Are educational materials including visual aids and books available and used on health topics?
- ◆ Are the water and sanitation facilities adequate, clean and well maintained?
- ◆ Is there at least one teacher in the school trained to give first aid, detect simple health problems and refer children to health services?
- ◆ Is there an effective and committed school health committee?
- ◆ Are parents involved in health promotion activities in the school?

- ◆ Are there well developed links with the community and local health workers?
- ◆ Do policy makers within health, education and other services provide support to school health promotion?

E. RESPONSIBILITIES OF THE SCHOOL

1. Responsibilities of Administrators / Principals:

The Administrators/School principals shall be responsible for:

- Preparing a comprehensive plan for eight elements of a coordinated school health program, with input from students and their families;
- Ensuring that the various components of the school health program are integrated within the basic operations of the school, are efficiently managed, reinforce one another, and present consistent messages for student learning;
- Developing procedures to ensure compliance with school health policies;
- Supervising implementation of school health policies and procedures;
- Negotiating provisions for mutually beneficial collaborative arrangements with other agencies, organizations, and businesses in the community; and
- Reporting on program implementation, results, and means for improvement to whom and how regularly.

2. Responsibilities of the School Health Coordinator / Teachers / Counselor

Each school shall appoint/designate a school health coordinator to assist in the implementation and coordination of school health policies and programs by:

- Ensuring that the instruction and services provided through various components of the school health programme are mutually reinforcing and present consistent messages;
- Facilitating collaboration among school health programme personnel and between them and other school staff;
- Assisting the administrator/school principal and other administrative staff with the integration, management, and supervision of the school health program;
- Providing or arranging for necessary technical assistance;
- Identifying necessary resources;
- Facilitating collaboration between the school and other agencies and organizations in the community who have an interest in the health and well-being of children and their families; and
- Conducting evaluation activities that assess the implementation and results of the school health program, as well as assisting with reporting evaluation results.

F. MONITORING AND EVALUATION

Obtaining baseline data on the health of the children, the quality of school health services, the environment of the school and the health knowledge, skills and practices of students are essential for evaluating the effectiveness of a planned intervention.

The nature and quality of school health education programmes should be evaluated by the extent to which they achieve:

- a) Instruction intended to motivate health maintenance and promote wellness and not merely the prevention of disease or disability.
- b) Activities designed to develop decision-making competencies related to health and health behaviour.

- c) A planned, sequential pre-school to end-of-school curriculum based on student's needs and current and emerging health concepts and societal issues.
- d) Opportunities for all students to develop and apply in real-life situations health-related knowledge, attitudes and practices individually.

One approach to measuring outcomes, which may be particularly applicable to school-based health programmes, utilizes goal attainment changes as the unit of measurement. The team of school professionals, students, parents and community members, define the parameters for monitoring the programme. The evaluation process is then planned, implemented and discussed as to whether or not the goals were met and appropriate modifications made. Information is also needed on whether the improvements are being sustained over a period of time or not.

G. SUSTAINABILITY

- Sustainability: that which keeps a programme alive and, eventually passes on ownership to the target group or the community.
- Sustainability at the school level
- Sustainability at home and community level
- Sustainability at district and state level
- Several factors identified as important to the sustainability of a School Health Policy includes:
- Ownership of the programme by the school
- Training of teachers and health workers
- Participation by parents and the community
- The shared involvement of Government and NGOs from health education and other community services
- The mobilization of local resources

The main resource comes from teachers, children and parents – there is no school, however poor, that lacks the resource of children.

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