

# School Health Education

The Expert Committee on Comprehensive School Health Education and Promotion, met for the first time from 18-22 September 1995, to lay the operational foundation for WHO's Global School Health Initiative and provide a roadmap for action into the 21st century.

Health is directly linked to educational achievement, quality of life and economic productivity. By acquiring health-related knowledge, values, skills and practices, children can be empowered to pursue a healthy life and to work as agents of change for the health of their communities and nations. Recent research has also confirmed strong links between health, school attendance and educational attainment. In this light, efforts to improve school performance which ignore health are ill-conceived, just as are health improvement efforts which ignore education.

The major problems which the Expert Committee will address are:

**HIV/AIDS and Sexually Transmitted Diseases.** Worldwide, the age of first intercourse has been declining and the proportion of adolescents having sex is increasing. Of the 6,000 new HIV infections every day, more than half are estimated to occur among adolescents.

**Alcohol, Tobacco and Other Drugs.** While per capita consumption of tobacco is slowly falling in industrialized countries, in developing countries it is rising. In some Latin American and Caribbean cities more than half of all young people smoke, and by the mid-1980 an estimated 100,000 deaths in this region were caused by smoking.

**Violence and Injury.** In recent years, homicide has claimed an increasingly large share of adolescent and young adult lives. Among some population groups, for example African American males aged 15-34, murder is the leading cause of death.

**Worm Infections.** About 40 per cent of the world's school-aged chil-

dren (400 million) are infected with intestinal worms. Schistosomiasis alone infects 88 million children under 15 years of age. Infections impair growth and development, cause chronic disability and limit school attendance.

**Nutrition Problems.** Protein-energy malnutrition (PEM) affects more than one third of all children under 5 years of age in the developing world, causing poor weight gain, listlessness, lack of concentration, frequent illness and poor memory. Iron deficiency affects more than 20 per cent of all school-age children worldwide.

**Psycho-social Health.** Among countries which report, suicide is one of the top two or three leading causes of death among young people. Among the 15-19 years age group, depression accounts for almost two thirds of mental health problems.

The world's population of school-age children and adolescents have grown enormously in recent decades. Presently they number over a thousand million, of whom almost 700 million are children of primary school age (6-11 years). The 24 million teachers who serve the primary level school population represent 50% of all teaching staff worldwide.

Schools are therefore an effective means to support the human rights of both education and health. Being a basic institution in every society, they offer an extraordinary setting in which to improve the health of students, school personnel, families and members of the community in a cost-effective way. In the developing world, the former education system is the broadest and deepest channel for putting information at the disposal of its citizens. Schools also offer highly visible opportunities to demonstrate a commitment to equity and to raising the social status of women and girls.

Promoting the health of children through schools has long been an important task of WHO, beginning in 1950 when the Expert Committee on School Health Services laid the

first theoretical groundwork for concerted worldwide action. In 1986 WHO and UNICEF published *Helping a Billion Children to Learn About Health* based on the findings of an international consultation on health learning. In November 1991 an expert consultation was jointly convened by WHO, UNICEF and UNESCO to gain a common understanding of comprehensive school health education and to outline actions for countries to consider in strengthening implementation. From WHO's contemporary perspective, school health programmes are today one of the critical factors for realizing *Health For All*.

Unfortunately, reality continues to lag far behind vision, as school health programmes are still more the exception than the rule in developed as well as developing countries. Although relatively sophisticated theories and frameworks have been developed which offer comprehensive approaches to school health, the challenge remains to adopt them in differing national and cultural contexts. Some components of school health programmes have been shown to be effective, but practical overall guidance on implementation is lacking.

In particular, there is a need to gain a developing country perspective through selected school-based case studies. Many of the lifestyle- or behaviour-related health problems identified with adolescents in developed countries (i.e. alcohol abuse, smoking, HIV/AIDS, violence, suicide, accidents/injuries) are becoming issues of concern among school-age youth in many developing countries as well. Many developing countries are now experiencing increases in heart disease, cancer, injuries and other causes of death and disability long associated with the industrialized nations. All of these problems pose important questions for the development and implementation of school health education

programmes.

The vision of the Expert Committee is one of schools around the globe placing the healthy human development of people at the core of their mission and using all their various resources to achieve that goal. Schools will experiment with new and exciting ways to co-ordinate the use of education, environment and services to enhance the teaching and learning process, improve educational achievement and productivity. The very characteristics of schools classrooms, organisation, teaching and learning habits, types of curricula — have a direct impact not only on educational outcomes for students but on their self-esteem and health status as well. The challenge is to enable more school systems to implement the best teaching and learning practices because of their profound effect on healthy development.

WHO's Global School Health Initiative, seeks to mobilize and strengthen health promotion and education activities at the local, national, regional and global levels. Promoting a healthy school environment with adequate space and working conditions and a positive psycho-social climate;

comprehensive school health education addressing the interrelation between health problems and the factors that influence health;

comprehensive school health services to prevent, reduce, monitor or treat priority health problems;

school/community outreach projects to improve health;

nutrition and food programmes to help individuals identify, acquire and prepare healthy food;

physical exercise, recreation and sports as healthy means of self-expression and social development;

counselling and social support for students, school personnel and families; and

health promotion for school personnel.

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