

# Comprehensive School Health Policy.

Jitendra Nagpal\*, Sadhana Prashar\*\*, & Cherian Verghese\*\*\*

\*Senior Counsultant sychiatrist, VIMHANS Hospital, New Delhi

\*\*Education Officer, CBSE, New Delhi

\*\*\*Cluster Coordinator (Non Communicable Disease and Mental Health, World Health Organisation)

**Abstract:** For most children 'going to school's 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. School are setting 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. School are a strategic means of providing children with educational qualifications that will enable them to find employment and status in life. School can be dynamic setting 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 behaviours pattern. The students can serve as a means of promoting health of other children, their families and community member. 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 initiative in school health at present, but most of them are topic based and age group specific and often rely on the imitative of the individual school or an agency. The comprehensive 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 level .This will harmonize the effective partnership of health and education sectors to facilitate the holistic approach to child and adolescent development in school.

## 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 service 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 reports 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 more comprehensive manner. The **National Health Policy, 2002** envisage giving priority to school health programme 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 notes worthy initiatives under this 2002 policy were setting up a well-dispersed network of

Correspondence: Dr. Jitendra Nagpal, E-mail: jnagpal10@gmail.com



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 principals 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 functioning of the various sectors in the society. The health status of the citizen 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 influence significantly enrolment, retention and completion of school. It advocates a holistic definition of 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 children. It has proposed that the mid-day meal programme and medical checkups be made a part of the curriculum and education about health be provided which address the age specific concern at different stages of development.

## 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 school today. As a core part of the curriculum, time allocated for games and 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 services scheme, Bharat Scouts and Guides and the National Cadet Corps, are some such areas. The science provide opportunities to learn about physiology, health and

disease and the inter dependencies between various living organism and the physical habitat. Social science could provide insight into communities, health as well as understanding the spread, control and cure of infectious disease, 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 administrative recognizing health and physical education as core and compulsory, ensuring that adequate equipment for sports and yoga instructor are available and that doctors and medical personnel visit schools regularly are some of the step that can be taken.

Further this subject could be offered as an elective at the +2 level. The 'need based approach' could guide the dimensions of physical, psycho-social and mental aspects that 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 engagement with play, exercises, 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, tuberculosis 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.

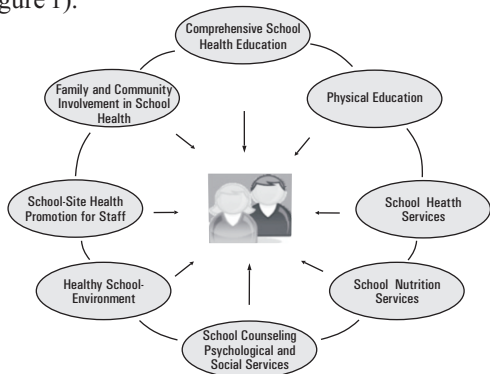
Yoga could be introduced from the primary level onwards in informal ways, but formal introduction of Asanas and Dhyana should begin only from class VI onwards. Even health and hygiene education must rely on the practical and experiential dimension of children's lives. There can be more emphasis on the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

**Policies make a difference.** Appropriate and effective school health policies can have an impact on health behaviours, 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.

The 8-components approach was adopted and recommended by the Centers for Disease Control and Prevention, Division of Adolescent and School Health (CDC/DASH) and, via CDC/DASH-funded national organizations and state and local education agencies, became the operative framework in the United States. By

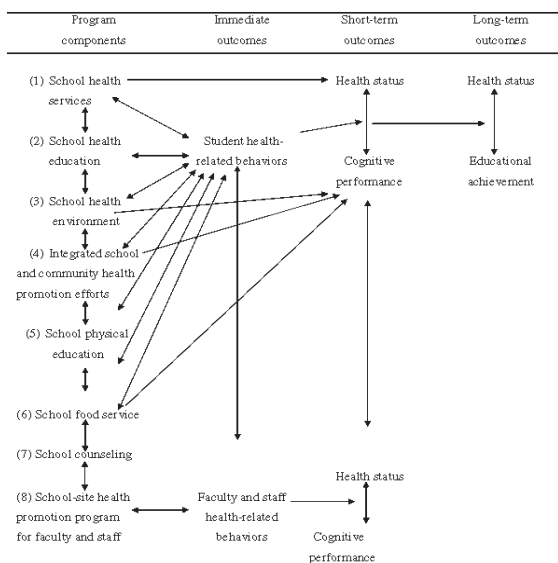


the late 1990s, a version had been adopted by the World Health Organization under its health-promoting schools initiative and implemented in countries across the globe. The 8- components approach, and variants of it, is a very successful innovation that has enjoyed an impressive dissemination and adoption curve. Coordinated school health program is commonly depicted as a series of 8 connected bubbles in orbit around 2 generic students (Figure 1).



**Figure1:** "Bubble" Depiction of a Coordinated School Health Programme (Adopted from [5])

Somewhat in contrast, the expanded CSHP approach was originally depicted through a diagram (Figure 2) that illustrated the direct impact of 7 components on student health-related behaviors and, subsequently, their health status, cognitive performance, and educational achievement. The eighth component health-promotion program for faculty and staff is shown as initially



**Figure2:** School Health Promotion Components and Outcomes (Adapted from [1])

influencing employee health behaviors, health status, and cognitive performance and then, via healthy and high-performing employees, student health and educational outcomes. This diagram portrayed true health promotion because it clearly involved health education plus policy, regulatory, organizational, social, economic, and/or political interventions that support actions and conditions of living across all components and, thereby, enhanced health, educational, and social outcomes of students and school employees.

## 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 influences health within the context of the human and material environment and other condition of life.
- Utilizes all educational opportunities for the health: formal and informal, standard and innovative approaches in curriculum and pedagogy.
- Strives to harmonize health message from various sources that influence students including messages form the media, advertising the community, the health and development system, family and peer, and the school.
- Empowers children and youth as well their families to act for healthy living and to promote condition supportive of health

## WHO IS THE SCHOOL HEALTH POLICY FOR?

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

## WHAT DOES THIS SCHOOL HEALTH POLICY AIM TO DO?

The policy aims to:

- Provide an effective guide for school administrators/ educationalist 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 partnership for school health promotion with key stakeholders, viz students, parents, health professionals, teachers and counsellors.

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

## COMPONENTS OF THE POLICY

The eight components of the comprehensive school health policy are:

- a) A school environment that is safe; that is physically, socially and psychologically healthy; and that promotes health-enhancing behaviours;
- b) A sequential health education curriculum taught daily in every grade. Prekindergarten through twelfth, that is designed to motivate and help students maintain and improve their health, prevent disease and avoid health-related risk behaviours and that is taught by well-prepared and well-supported teachers.
- c) That involves moderate to vigorous physical activity; that teaches knowledge, motor skill and positive attitudes ; that promotes activity and sports that is taught by well-prepared and well-supported staff; and that is coordinated with the comprehensive school health education curriculum;
- d) a nutrition services program that includes a food services 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 within the food service program ; and a school environment that encourages student to make healthy food choices;
- e) 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 problem ; provide emergency care for illness or injury; and is provided by well-qualified and well supported health professional;
- f) 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.

- g) 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 resource and services to respond more effectively to the health-related needs of students and
- h) 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.

## HOW TO IMPLEMENT THE POLICY

### KEY MESSAGE FOR PLAN TO POLICY

Strategy for action at national, state district and community level

- A) From 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 stake holders including parents, teacher, 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 demographic
- Sexual behaviours
- Tobacco use
- Violence and unintentional injury





The school administration can be then take up various initiatives as per the health promotion manual specially designed for the three major age group 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 teacher's 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 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 topic covered environment health reproductive health and population, personal health ,safety and accident prevention, drug abuse, physical education, emotional health?
  - Are the health topic taught at school based on the need in the community?
  - Are teaching method leaner-centred , using the environment as well as the school?
  - Are education material including visual aids and books available and used on health topic?
  - Are the water and sanitation facilities adequate, clean and well maintain?
  - Is there at least one teacher in the school trained to give first aid, detect simple health problem and refer children to health committee?
  - Is there an effective and committed school health committee?
  - Are parent involved in health promotion activities in the school?
- Are there well developed links with the community and local health workers?
  - Do policy maker within health, education and other services provide support to school health promotion?

## RESPONSIBILITIES OF THE SCHOOL

### 1. Responsibilities of administrators/ principals

The Administrators/school principals shall be responsible for:

- Preparing a comprehensive plan for eight elements for 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 operation of the school are efficiently managed reinforce one another and present consistent message for student learning
- Developing procedure to ensure compliance with school health policies
- Supervising implementation of school health policies and procedures
- Negotiating provisions of mutually beneficial collaborative arrangements with other agencies, and present organizations and businesses in the community and
- Reporting on program implementation, result and means for improvement to whom and how regularly.

### 2. Responsibilities of the School Health Coordinator / Teacher / Counselor

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

- Ensuring that the instruction and services provided through various components of the school health programme are mutually reinforcing and present consistent message.
- 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 result of the school health program as well as assisting with reporting evaluation result.

## MONITORING AND EVALUATION

Obtaining baseline data on the health of the children the quality of school health service 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 motivated 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 need and current and emerging health concepts and societal issues
- d) Opportunities for all student to develop and apply in real-life situation health related knowledge attitudes and practices individually

One approach to measuring outcomes, which may be particularly applicable to school based health programme, utilizes goal attainment changes as the unit of measurement. 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

## 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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