

ORIGINAL ARTICLE

**SCHOOL HEALTH PROMOTION –INTERNATIONAL PERSPECTIVES
AND ROLE OF HEALTH CARE PROFESSIONALS**

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Background: Schools have great potential in health promotion; however, this is often neglected area and fewer efforts are done in exploring status of school health promotion in Pakistan. This paper attempts to outline brief historical background of school health promotion in Pakistan; presents critical review of some international school health promotion perspectives; and finally explore opportunities and role of healthcare professionals in Pakistan's context. **Methods:** A critical review of peer-reviewed literature divided into two broad themes of international perspectives on school health promotion, and role of healthcare professionals. Results are presented in cross-cutting themes and in narrative style. **Results:** School health promotion is very diverse phenomenon, situated in respective cultural contexts. Programmes present a range of characteristics from focusing on integrated approach to health education to behavioural changes; and from involving youngsters to policy advocacy. Like the programmes, role of healthcare professionals is also varied and dynamic and without clearly defining their role, development of effective health promotion programmes is difficult. **Conclusion:** School health promotion could be facilitated by appropriate trainings for healthcare professionals and evidence-based policy changes.

Keywords: School health promotion, healthcare professionals' role, Pakistan, effective programmes

INTRODUCTION

Prevention and health promotion is often neglected area in both policy and practice. In a country like Pakistan, with one of the least per capita expenditure on health and one of the highest mortality rate due to communicable diseases, preventive measures and health promotion activities could play significant role in reducing Burden of Diseases.¹ Ottawa Charter defines health promotion as 'the process of enabling people to increase control over, and to improve their health.'²

Schools are uniquely situated to play a significant role in health promotion and advocating preventive measures due to two major reasons: (a) schools offer structured opportunities for learning and reflecting; (b) pupil spent significant amount of their time in schools during which they are involved in range of activities including eating, drinking, physical exercise, games, and social interactions. Moreover, over 37 million children (age 3–18 years) and 1.3 million teachers are in schools, which represents one-fifth of total population of Pakistan.³ It is hard to ignore this segment of population. World Health Organisation also recognises role of schools and defines 'Health Promoting Schools' as 'a school constantly strengthening its capacity as a healthy setting for living, learning and working'.⁴

Many research studies highlights positive correlation between health condition of learners and their learning outcomes.^{5,6} Pakistan's Federal Ministry of Education in collaboration with United Nations Educational, Scientific and Cultural Organisation (UNESCO) developed School Health Programme that also recognises this relationship as a basis of the

programme.⁷ However, little attention is paid to explore school's role in this context, even fewer efforts are done in systematic documenting current status of school health promotion in Pakistan.

This paper attempts to outline brief historical background of school health promotion in Pakistan; presents critical review of some international school health promotion perspectives; and finally explore opportunities and role of healthcare professionals in Pakistan's context.

METHODS

Present study is based on systematic and critical review of articles appeared in peer-reviewed journals. CINAHL, PubMed and ScienceDirect databases were used with various combinations of these keywords: adolescents, school health promotion, prevention, strategies, and healthcare professionals. Search was only limited by English language. To facilitate analysis, articles are further filtered on the basis of two broad themes: international perspectives on school health promotion, and role of healthcare professionals. Twelve articles were finally selected and divided thematically. These articles present diverse range of research designs, methods and policy implications. Results are presented in cross-cutting themes and in narrative style.

RESULTS AND DISCUSSION

Historical background of school health promotion in Pakistan:

In 1978, WHO's Alma-Ata declaration Health for All by the Year 2000 became the basis for health promotion.^{8,9} It was formalised with creation of World

Health Organisation's Department for Health Promotion. Pakistan being a signatory of Alma-Ata declaration extended its School Health Service programmes to include new components and physicians were appointed.⁷ However, these were fragmented components and lacked comprehensiveness in its approach. In addition to that appointment of physicians to rural areas was not succeeded due to number of reasons, hence this initiative was shelved.

National Health Policies since 1990s recognised health education as an important factor in healthcare delivery system.⁸ Unfortunately health education was narrowly defined in terms of mass awareness. Punjab Health Sector Reforms Programme has School Health Programme (PHSRP) that in addition to health screening of students and capacity building of teachers, also devotes some attention on school children as 'change agent' for disseminating health and hygiene message to their community.¹⁰ In absence of viable mechanism, it is not clear how this objective will be achieved. Nevertheless, recognising the potential of school-based health promotion is achievement in its own right. National Commission for Human Development also launched School Health Program in 17 districts of Pakistan focusing only on health screening of students.⁷

In all cases, school health promotion in Pakistan is still in its infancy state. At most focus is on dissemination of information with little or no consideration for attitudinal changes. Moreover, many initiatives are donor funded hence long term sustainability of project is questionable.

International School Health Promotion Perspectives:

Internationally, school health promotion is diverse array of perspectives. There is no single model of an effective programme ready for applications in every context. There could be number of factors that make an effective programme.

It is found that good quality programmes share certain characteristics, such as clarity of goals, focusing on certain types of behaviours, and grounded in evidence-based studies. However, Inman¹¹ emphasised that most effective programmes are 'developmentally appropriate' and they 'take into account the relationship among the student, family, school, community, and society'.⁷

Cultural context plays significant role in development and implementation of any health promotion programme.¹² There were many programmes that worked well in one part of the world but proved disastrous when implemented in other regions without considering cultural sensitivities. Michaud¹² cited a classic case of implementing American life skills project for reduction of substance abuse to Swiss schools. The project was implemented without considering cultural

differences or adequate training of teachers. Thus the way the project handled stirred a great controversy and finally discarded.

Integrated approach, as Hochbaum¹³ advocates, is crucial element in health promotion. Teaching various health issues in isolation may not yield desirable outcomes, because it lacks overall picture and implication for person's health. Integration with curricular subject including science and languages could be beneficial, as the message of health promotion conveyed through multiple channels. Racette⁶ reporting one longitudinal study of assessing impact of physical activities programme on overall health indicators of school age children concluded that curriculum integrated health promotion programmes are more likely to succeed as they intervene at multiple levels. Use of role plays, drama, theatre and other forms performing arts as an educational tool has enormous potential to influence people's lives by providing space for self reflection and engagement with characters. However, drama alone provides short term results of improved knowledge and positive health behaviour.¹⁴ This needs to be implemented as part of structured and integrated health promotion programme.

Focus on positive behaviours is another important aspect. Programmes that focus health promotion knowledge for the sake of knowledge dissemination only are less likely to bring about desirable changes in behaviour, hence prove ineffective in longer run. Such approach usually compartmentalised knowledge into neatly marked sections, allowing little opportunity for holistic picture, which is vital for understanding any phenomenon and leads to behavioural changes.¹³

High risk behaviours including substance abuse are often results of peer pressure, influence from mass media and the society.¹⁵ Many adolescent feel pressurised and find little or no opportunity to resist this pressure. In such situation, only disseminate of information about negative consequences of such behaviours may prove counterproductive. Hochbaum¹³ citing a case argues that despite having knowledge and motivation, it is social pressure that prevents taking firm actions. Hence there is need to teach self-management and social resistance skills to make adolescents confident in their actions and staying away from such influences.¹⁵

Tall¹⁶ and Michaud¹² both emphasised the need of involving young people in decision making process for the development of health programmes. This is not only important from the perspective of creating ownership for the programme, but conceptual framework of the programme is better informed and oriented towards actual needs of its beneficiaries. Tall¹⁶ further stress that: 'Young people's involvement must be meaningful and not seen as a tick box exercise. If not

carried out correctly this could have negative consequences for future involvement⁷.

Equally important is time for introducing health promotion interventions. Some research studies suggest that primary to early adolescent years are best time to introduce various health promotion activities and inculcate preventive behaviours.¹⁴

Finally, it is not enough to introduce a health promotion programme. In most case once initial fervour is over, the programme loses its appeal. In longer run it is policy change coupled with sustained action that brings about real and lasting change.¹² In this sense health promotion also has a political agenda that requires advocacy at policy level.

Role of Healthcare Professionals:

Many recent studies found role of school nurse and other healthcare professionals extends beyond their traditional role.^{12,14} Shandley¹⁷ reports female students are particularly find it useful to consult formal sources (physicians, nurses, counsellors, psychologists) for help. A study of seven European states highlights range of tasks delegated to healthcare professions (both physicians and nurses). It includes screening for various diseases and referral services, organising health education sessions, follow up of vaccinations, helping in integration of physically challenged children, child abuse protection and working for improving physical environment of school in collaboration with other school staff.¹⁸

In Pakistani context it raises important questions regarding role of healthcare professionals. First of all, do healthcare professionals are aware of their role in health promotion in schools? Unfortunately current education system for development of young professionals focuses too little on health promotion let alone school health promotion. Lack of understanding of the role, knowledge and skills is perhaps single most important challenge in developing and delivering effective health promotion programmes.^{9,19}

Secondly, due to limited human and material resources can we afford to place healthcare professionals in schools on fulltime basis or there could be some collaboration between healthcare system and schools? We can learn from experiences of other countries for developing such collaborations. Punjab Health Sector Reforms Programme has already appointed School Health and Nutrition Supervisors at Basic Health Unit level.⁷ A recent study shows there is at least one indicator that demonstrates health promotion and preventive measures which accounts for 18% of total health related expenditure, shows upward trend in health budget. This is positive sign at least in terms of budgetary allocations. However, without meaningful involvement of private sector, which caters for almost

77% of population, any substantial changes are difficult to accomplish.²⁰

Johnson²¹ proposes to pair up clinical students with healthcare professional serving in school. This will provide a unique learning opportunity for trainee physicians and nurses in real life setting. Nevertheless, it will provide a constant flow of healthcare professionals in resource deprived schools.

CONCLUSION & RECOMMENDATION

This paper attempted to present international perspectives on school health promotion and role of healthcare professionals. It situated school health promotion in Pakistan and what lessons can be learnt from international experiences.

As unexplored area, it can open up unique learning and practice opportunities for healthcare professionals. However, it requires healthcare professionals to clearly understand their role. This could be facilitated if appropriate curriculum components are introduced in medical and nursing education, including provision for school placement as trainee healthcare professionals. To be effective and sustainable, school health promotion also requires evidence-based policy changes.

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