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Suja Karkada Dr

College of Nursing, Sultan Qaboos University, Sultanate of Oman, suja.karkada625@gmail.com

Mamatha Shivananda Pai Dr

Manipal College of Nursing, mamatha.spai@manipal.edu

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Concept of Health Promoting School

Suja Karkada, Mamatha Shivananda Pai*

Email: mamatha.spai@manipal.edu

Abstract

Health promotion in the school is considered one of the important activities for the schoolchildren. The concept of Health Promoting School is developed to promote learning and health and to highlight the importance of health teaching among teachers, community, and leaders. The school curriculum includes basic health related matters from primary school onwards to sensitize children about health. If implemented properly the Health Promoting Schools will enhance children to develop decision making skills.

Keywords: Health promoting, school children, Health Promoting School (HPS)

Introduction

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 (WHO, Health Promotion, 2016). 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.

Education and health are interrelated, children who are healthy are likely to bring better results. WHO's Health Promoting Schools (HPS) framework is an interrelation of health, school, and all the school environment. Even though the HPS framework is used in many schools, there is lack of evidence on its effectiveness. Cochrane review of effectiveness of HPS framework showed effectiveness in some of the interventions like reduction in students'

Suja Karkada

Assistant Professor, College of Nursing, Sultan Qaboos University, Sultanate of Oman

Mamatha Shivananda Pai

Professor, Manipal College of Nursing, Manipal, Manipal University, India

* Corresponding Author

body mass index (BMI), changes in physical activity, improvement in intake of fruits and vegetables, reduction in the use of cigarette, and reduced incidents of being bullied (Langford, et al., 2014).

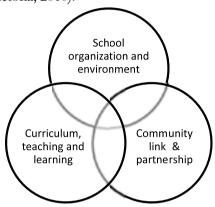
Health Promoting School is one that promotes health and learning, involves teachers and leaders in the community to engage in activities to make the school a healthy one. The aim of this programme is to provide opportunity for physical education, nutrition, good environment, etc. It helps in implementing policies and practices regarding individual's wellbeing. The HPS strives for improving the health of teachers, children, and other personnel, families and community members, and aims at bringing an awareness among the community leaders about the contribution of community towards people's health (WHO, School and youth health, 2015). The main focus of HPSs are to make healthy decisions about self and others, care for self and others, creating policies, services that are conducive to health and building capacity for food, shelter, education, etc.

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.

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Health Promoting School Framework

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 (Renwick, 2006; Victoria, 2010).



Source: (Update, 2000) (Victoria, 2010)

Influences on Curriculum

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 (Whitman, 2005).

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 (World, 2015).

Importance given by health professionals towards the health of schoolchildren

Health awareness programme has been one of the activities carried out by the health sciences particularly students and faculty members of schools and colleges of nursing. Health teaching on prevention of worm

infestation, balanced diet, prevention of accidents and injury, etc. has been organized for school and college students.

Researches related to health promotion had been carried out in the 1980's in different countries. The systematic review of these researches concluded that the approach of Health Promoting Schools might have a positive influence on school environment, relationship of school with the community and the behaviour of children (Sharp, Chapman, Brown, & Sowden, 1999).

The importance is also given in terms of research health promotion among children. Postgraduate nursing students as a part of their curriculum carryout a research in the area health in the school, community, and hospitals. The faculty members of the schools and colleges also have given priority for research among the students. The type of studies is survey, or quasi experimental designs. Following are a few examples of research carried out among children of schools and colleges in Southern states of India.

This study of prevalence of anaemia and the associated factors among 410 adolescent girls was carried out in high schools of Udupi District. The prevalence of anaemia in adolescent girls in this study was 57.1%. The mean values were: haemoglobin 11.49 \pm 1.42 g %, age 13.64 years, scholastic performance 61.96%, weight 38 kg, height 150.22 cm, and BMI was 16.92. Haemoglobin values were associated with the age of the adolescent girls (p = .048, Kruskal Walli's test). This study showed a prevalence of 57.1% of anaemia among the adolescent girls and indicated that anaemia was a public health concern among the adolescent girls (Karkada, Upadhya, Upadhya, & Bhat, 2011).

A school based survey among 2938 school children (10-16 years) was conducted to find the prevalence obesity among children. The prevalence of overweight was 7% and obesity was 5%. A positive correlation was found between BMI and waist circumference (r = .763, p < .0001). The study inferred that the prevalence of childhood obesity is increasing among children (Nayak & Bhat, 2011).

A case control study was carried out on common physical factors of childhood overweight and obesity among 310 obese (cases) and 384 non-obese (control)

children from selected schools of Udupi district. The study showed less than two hours of physical education per week, sedentary activity after school hours, spending more than two hours per day in videogames and watching television, spending more than two hours per day on sedentary activity, never participating in team sports, less than two hours of vigorous physical activity per week, less than three sessions per week of muscle training activity. Sedentary lifestyle was found to be the most common factor for childhood obesity(Nayak, & Bhat, 2011).

There are studies on the impact of planned teaching programme on health related matters among college students. Significant improvement was found on knowledge and attitude of students on Planned Parenthood. Researchers reported that the students were interested to apply the knowledge in their life (Prabhu, Pai, Jawaid, & Pais, 2011).

Research has been carry out on the topic of health promotion for primary school children through games. In this research the topic on health promotion was covered with teaching the content by using lecture and teaching machine. The evaluation of learning was carried out by using snake and ladder, puzzle and teaching machine these techniques. The result showed that the mean post-test knowledge score in each area of knowledge in the experimental group was higher than the control group. Game based learning was found improve the knowledge level of the higher primary school children (t = 13.77, p = .001) (Nayak, Pai, & Satish, 2015).

Conclusion

Health of schoolchildren is one of the responsibilities of the teachers, leaders, and the health care providers. The schoolchildren are the key agents to teach the peer, influence, and bring change in the family. Health related matter taught in the school would have greater impact on developing the right attitude among schoolchildren as they are in the developmental age of finding what is right and wrong. Health care professionals have a great role in creating awareness regarding health promotion.

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