



ISSN 2278 – 0211 (Online)

Effective School Health Program Could Promote Child Health in Pakistan

Shireen Arif

Senior Nursing Instructor, Ziauddin College of Nursing, Pakistan

Abstract:

Children one of the important aspects of parents' life is at risk of many preventable diseases. Effective school health program could utilize to improve the health of children. In Pakistan the health promotion and prevention of children are most often neglected part. In Pakistan least capita is invests in the health and education. WHO promotes school health program as a strategic means to prevent important health risks. School is the place which could play a significant role to promote in health promotion and preventive measures. About one fifth of the population of Pakistan is going to school. Punjab Health Sector Reforms Program has developed School Health Program to promote health through screening of students and capacity building of teachers. This program also dedicates attention on school children as 'change agent' in their community. The Focusing Resources on Effective School Health framework is another strategy for developing a cost-effective school health, hygiene, and nutrition program in a more child-friendly and health-promoting school. In conclusion, to promote child health there is a need to strengthen school health promotion programs. Government has to work in various ways to promote school health services to promote healthy environment.

1. Introduction

Children are the most precious of any parent's lives. In developing countries like Pakistan children are at risk of many preventable diseases (Parsla & Parsla, 2011). An effective school health program can be one of the most cost effective investments a nation can make to simultaneously improve education and health (Farooq, 2010). This paper aims to provide an overview of school health promotion activities, highlights the brief history of promotion of school health in Pakistan, furthermore, describes the qualities of effective school health program, moreover, presents critical review of some international school health promotion activities, and finally explore the role of health care professionals to support school health program in Pakistan.

2. Health Promotion and School Health Program

According to Parsla & Parsla, (2011) health promotion and prevention of children are most often neglected part in Pakistan. Many times policies are made but they are not happening to become the part of the system. In Pakistan the least capita is kept for health. Unfortunately, Pakistan is one of the countries having high mortality rate due to communicable diseases among children. To reduce burden of diseases preventive measures and health promotion activities could play major (World Health Statistics, 2010).

Ottawa Charter defines health promotion as 'the process of enabling people to increase control over and to improve their health (Farooq, 2010). WHO promotes school health program as a strategic means to prevent important health risks among youth and to engage the education sector in efforts to bring change (UNESCO, 2010). School is the place could play a significant role to promote in health promotion and preventive measures. There are several reasons for selecting schools to promote child health. First of all, schools offer structured opportunities for learning and reflecting, furthermore, students spent significant time which could utilize in health promoting activities such as eating, drinking, physical exercise, games, and social interactions (Parsla & Parsla, 2011). Moreover, about 37 million children between the ages of 3 to 18 years and 1.3 million teachers are in schools, which represents one fifth of total population of Pakistan (Farooq, 2010). World Health Organization, while recognizing role of schools defines 'Health Promoting Schools' as 'a school constantly strengthening its capacity as a healthy setting for living, learning and working' (Inman, 2011). Many research studies highlights positive correlation between health condition of learners and their learning outcomes (Racette, 2010).

3. Historical Background of School Health Promotion in Pakistan

Alma-Ata declaration 'Health for All by the Year 2000', given by WHO became the basis for health promotion and was formalized by establishment of health promotion department working for all over the world (Ronis, 2007). Pakistan was one the signatory country of Alma-Ata declaration. To fulfill the objectives given by WHO and to extend its school health promotion programs many physicians and health care professionals were appointed. However, the programs had fragmented components and had lacked in comprehensiveness in its approach. In addition to that appointment of physicians to rural areas was not succeeded due to number of reasons, therefore, this intervention was dropped (UNESCO, 2010). Since 1990s National Health Policies recognized health education

as an important issue in healthcare delivery system, unfortunately, health education was narrowly defined in terms of mass awareness (Parsla & Parsla, 2011). Punjab Health Sector Reforms Program (PHSRP) has developed School Health Program to promote health through screening of students and capacity building of teachers. This program also dedicates attention on school children as 'change agent' for disseminating health and hygiene message to their community (PHSRP, 2009). Except Punjab in other parts of Pakistan due to absence of viable mechanism, until now it is not clear how objectives school health promotion and child health would be achieved. However, National Commission for Human Development has launched School Health Program in 17 districts of Pakistan which is focusing only on health screening of students (UNESCO, 2010). Moreover, Pakistan Federal Ministry of Education in collaboration with United Nations Educational, Scientific and Cultural Organization (UNESCO) developed School Health Program to identify relationship as a basis of the program. Additionally, many initiatives are donor funded for which long term sustainability of project is questionable. In all cases, school health promotion program in Pakistan are still in its infancy state (UNESCO, 2010). Parsla & Parsla (2011) highlights that little attention has been paid to explore school's role in the context of child health promotion activities, even fewer efforts are done in systematic documenting current status of school health promotion in Pakistan.

4. Qualities of Effective School Health Promotion: An International Perspective

Across many countries, school health promotion has diversity in viewpoints. There is no single model which could be effective in every context due to different culture and ethical values (Inman, 2011). There is a need to introduce an effective and good quality program which different countries could adopt and implement according to their culture and values. Number of factors could make a program effectively applicable. It is found that good quality program have certain characteristics, such as clarity of goals, aiming on specific types of behaviors, and based on evidence-based studies (Michaud, 2003). However, Inman (2011) highlighted that most effective programs are developmentally appropriate and they cater the relationships among student, family, school, community, and society.

Cultural aspect plays a significant role in development and implementation of any health promotion program (Michaud, 2003). There are examples of many programs which worked well in one part of the world whereas, proved unsuccessful when implemented in other regions without considering cultural sensitivities. A classic example is a 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. As a result, the way the project handled moved in to a great argument and finally rejected (Michaud, 2003).

Integrated approach was identified as another crucial component in health promotion worldwide. Addressing several health issues in segregation may not produce desirable outcomes, because it would have deficiencies in overall implication for child health. Integration with curricular subject including science and languages could be beneficial, as the message of health promotion conveyed through multiple channels (Hochbaum, 2010). Racette (2010) reports a longitudinal study of measuring impact of physical activities program on overall health indicators of school age children. This study suggested that curriculum integrated health promotion program is more likely to succeed if they intervene at multiple levels. Use of role plays, drama, theatre and other forms performing arts as an educational tool has huge potential to influence individual's lives by providing space for self-reflection and engagement with characters. This integrated approach needs to be implemented as part of structured and integrated health promotion program.

Positive behavior is an additional important aspect for effective school health program. Programs focus on health promotion knowledge to dissemination only knowledge is less likely to bring any desirable change in behavior, also evidence ineffective in longer run (Hochbaum, 2010). These kind of approaches usually classified knowledge into precise sections, and allow little opportunity for having holistic approach, which is essential for understanding any phenomenon and leads to behavioral changes (Hochbaum, 2010). Some High risk behaviors such as substance abuse are often outcomes of peer pressure, influence from mass media and the society, many adolescent feel pressurized and find little or no break to resist this pressure. In these situations, only dissemination of information about negative consequences is not enough. Health professionals need to take any firm action against this (Hochbaum, 2010). The action required in these situations would vary, such as there would be a need to impart self-management and social resistance skills to make adolescents confident in their actions and staying away from such inspirations (Tall, 2011). To deal with such types of scenarios there is a need to involve young people directly in decision making process for the development of health programs. This would not only help to create an ownership among adolescence but also aids to identify actual needs of its beneficiaries.

Finally, it is not enough to introduce a school health promotion program which is culturally sensitive, has integrated approach and has ability to modify behaviors. There is an equal need to work on the sustainability of program. In many cases once initial fervor is over, the program loses its appeal. In longer run there is need to make policy in order to make program sustainable. In this manner the promotion program could achieve the political attention that requires advocacy at policy formalizing level.

5. Fresh Frame Work

The Focusing Resources on Effective School Health (FRESH) framework is the starting point for developing a cost-effective school health, hygiene, and nutrition program in a more child-friendly and health-promoting school. The FRESH frame work was developed with the assistance of numerous individuals, organizations and countries, in collaboration with the coordinating members from WHO, UNESCO and UNICEF. This framework aims to focus on interventions that are feasible to implement even in the most for the schools with poor resource (Tang, 2008).

The core framework has four components that should be made available in all schools; first of all health promoting school policies for example, do not exclude pregnant girls; encourage healthy, tobacco-free lifestyles; help to maintain the education system in the face of

HIV/AIDS and ensure that the education sector has clear and transparent policies on issues relevant to HIV/AIDS. The second core component is provision of safe water and sanitation to support a healthy learning environment, reinforce hygiene messages, and offer privacy and promote participation education. The third core component is skill based approach to health, hygiene and nutrition education that supports development of knowledge, attitudes, values, and life skills for establishing enduring health practices and reducing youth and teachers' vulnerability diseases as well as for promoting healthy and hygienic behaviors and good nutrition. Finally the last core component of FRESH framework is school based health nutrition services that are simple, safe, and familiar and that address problems that are prevalent and recognized as important within the community, such as school-based counseling to cope with the communicable and epidemic, deworming, and micronutrient supplements (Tang, 2008).

It is must to have inter-sector partnership between health and education, community, and with children. This framework is supported by international agency, a partnership based program sponsored by UNESCO, UNICEF and WHO. Furthermore these agencies assist national government to implement school based health program in efficient and realistic manner in order to achieve healthy child and able the child to learn in healthy environment (Tang, 2008).

6. Role of Healthcare Professionals

Many recent studies found role of school nurse and other healthcare professionals extends beyond their traditional role (Michaud, 2003). A study of seven European states highlights variety of tasks healthcare professions could perform in school health promotion program. These tasks include screening for several diseases and referral services, conducting health education sessions, follow up of vaccinations, child abuse protection and working for the improvement physical environment of school in collaboration with other school staff (Pommier, 2009).

In Pakistani context roles of health professionals may vary, First of all, healthcare professionals must aware of their role of health promotion in schools. They should competent in skills they perform while health promotion programs. Competency in knowledge and skills of health professionals is challenging in current system of development of young professionals for health promotion. There is a need to focus on this important aspect (Gugglberger, 2011). Secondly, due to limited human and material resources there is a need to appoint healthcare professionals in schools as a fulltime employee. Such as, through Punjab Health Sector Reform Program school health and nutrition supervisors has been appointed at basic health unit level (UNESCO, 2010). Furthermore, there is need to make partnership among private sector and international agencies like UNESCO, UNICEF and WHO to start school based health promotion program based on FRESH framework in fulfillment of objectives of school health promotion program. Moreover, there is a need to raise voice to increases budget allocation for health at government level. Last but not least, the healthcare professionals should involve themselves to conduct researches in order to identify particular needs and issues of Pakistani children, which will helps to organize and plan appropriate strategies. This could also provide a unique opportunity for health care professionals to identify gaps in system and to provide constant flow of resources in resource deprived schools.

7. Conclusion

In conclusion, to promote child health there is a need to strengthen school health promotion programs. Although, government has tried to work in various ways to promote school health services still many interventions are required in order to attain child health and promote healthy environment in which child could learn positive behaviors which could lead to healthy population.

8. References

1. Farooq, O. Pakistan economic survey. 2010: Retrieved from http://www.finance.gov.pk/survey/chapter_11/10-Education.pdf
2. Gugglberger, L., Dür, W. Capacity building in and for health promoting schools: results from a qualitative study. *Health Policy*: 2011:101: 37–43. Downloaded from <http://heapro.oxfordjournals.org/>
3. Hochbaum, G. M. Changing health behavior in youth. *American Journal of Health Education*: 2010: 41 (3): 130–3.
4. Inman, D. D., Bakergem, K. M., LaRosa, A. C., Garr, D. R. Evidence based health promotion programs for schools and communities. *American Journal Prevention of Medicine*: 2011: 40: 207–19.
5. Michaud, P. Prevention and health promotion in school and community settings: a commentary on the international perspective. *Journal Adolescence Health*: 2003: 33: 219–225.
6. Parsla, M., & Parsla, S. A. School health promotion: international perspectives and role of health care professionals. *Journal Ayub Medical College of Abbottabad*: 2011: 23(1): 150 – 153.
7. Pommier, J., Jourdan, D., Berger, D., Vandoorne, C., Pioecka, B., De Carvalho, G. S. School health promotion: organisation of services and roles of healthcare professional in seven European countries. *European Journal of Public Health*: 2009: 20:182–8.
8. PHSRP. School health programm: 2009: Retrieved from <http://www.phsrp.punjab.gov.pk/shns.asp>
9. Racette, S. B., Cade, W. T., & Beckmann, L. R. School-based physical activity and fitness promotion. *Physical Therapy*: 2010: 90: 1214–1218.
10. Ronis, K. A., Nishtar, S. Community health promotion in Pakistan: a policy development perspective. *Promotion and Education*: 2007: 14(2): 98–9.
11. Tall, H. Developing health services designed for young people. *British Journal School Nursing*: 2011: 6(4): 193–8
12. Tang, K., Nutbeam, D., Aldinger, C., Leger, L., Bundy, D., Hoffmann, M., Yankah, E., McCalls, D., et.al. Schools for health, education and development: a call for action. *Health Promotion International*: 2008: 24 (1): doi:10.1093/heapro/dan037
13. UNESCO. School health programme: a strategic approach for improving health and education in Pakistan. Ministry of Education, Curriculum Wing, Government of Pakistan and United Nations Educational, Scientific and Cultural Organization: (2010).
14. World Health Statistics. (2010). Retrieved from http://www.who.int/whosis/whostat/EN_WHS10_Full.pdf