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An introduction to health education: Its relevance into school curricula of upper primary classes

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Abstract

This article is for those who have an interest in what happens in our schools. It is an attempt to attract those, who create policy and implement them that flow from good policy, such as politicians, government departments, non-government organisations (NGOs), regional educational authorities, school board/council members, school directors, principals, head teachers, advisors, nurses, social workers and school health coordinators. Health education in a school setting could be defined as an activity undertaken to improve or protect the health of all school students. It is a broader concept than health promotion and it includes provision and activities relating to: healthy school policies, the school's physical and social environment, the curriculum, community links and health services. The purpose of this article is to explain how and why the education of health in schools is important; how good school management and leadership is the key and how promoting health in schools is based on scientific evidence and quality practices from all over the world.

Keywords: An introduction to health education: Its relevance into school curricula upper primary classes

Introduction

Importance of Health Education in schools

World-wide, education and health are inseparably linked. In modest terms:

- Healthy adolescence are more likely to learn more effectively;
 - Health education can assist schools to meet their targets in educational attainment and meet their social aims; adolescence that attend school have a better chance of good health;
 - Adolescence who feel good about their school and who are connected to significant adults are less likely to undertake high risk behaviours and are likely to have better learning outcomes;
 - Schools are also worksites for the staff and are settings that can practice and model effective worksite health education for the benefit of all staff and ultimately the students.
- (i) **Action Competencies** This refers to both the formal and informal curriculum and associated with activities, where students gain age-related knowledge, understandings, skills and experiences, which enable them to build competencies in taking action to improve the health and well-being of themselves and others in their community and that enhance their learning outcomes.
- (ii) **Social Environment of school-** The social environment of the school is a combination of the quality of the relationships between staff and students. It is influenced by the relationships with parents and the wider community. It is about building quality connections between all the key participants in a school community.
- (iii) **Health promotion-** Health promotion is familiar to many professionals working in the health sector. It is also important to acknowledge that many in the education sector have a broad concept of the term curriculum, and would describe several or all of the learning experiences extended to whole curriculum of the school. Therefore, many in the education sector do not make this distinction between health education and health promotion and are being used inter-changeably.
- (iv) **Community Links** Community links are the connections between the school and the students' families, and above the connection between the school and key local groups and individuals. Appropriate consultation and participation with these stakeholders enhances

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the health promoting school and provides students and staff with a context and support for their actions in this regard so far.

(v) **Health promoting school** –This approach can provide holistic support for innovative work in the curriculum. For example, a school curriculum about healthy eating can be supported by the students playing an active part in all related aspects of food provision in the school.

(vi) **Community Links** Community links are the connections between the school and the students' families, and above the connection between the school and key local groups and individuals. Appropriate consultation and participation with these stakeholders enhances the health promoting school and provides students and staff with a context and support for their actions in this regard so far.

(vii) **Individual Health Skills and Action Competencies** This refers to both the formal and informal curriculum and associated with activities, where students gain age-related knowledge, understandings, skills and experiences, which enable them to build competencies in taking action to improve the health and well-being of themselves and others in their community and that enhances their learning outcomes.

(viii) **The Social Environment of school-** The social environment of the school is a combination of the quality of the relationships between staff and students. It is influenced by the relationships with parents and the wider community. It is about building quality connections between all the key participants in a school community.

(ix) **Healthy School Policies** There are clearly defined in guidelines or in accepted practices that support health and wellbeing. Many policies encourage health and wellbeing e.g., policies that enable healthy food practices to occur at school; policies which discourage intimidation.

(x) **Health Services** These are the local and regional school-based or school-linked services, which are concerned with an adolescent health care and promotion through the provision of direct services to students including those with special needs.

(xi) **The Physical Environment of school** -The physical environment talks about to the buildings, grounds and equipment in and surrounding the school such as: the building design and location; the setting up of natural light and adequate shade; the creation of space for physical activity and facilities for learning and healthy eating.

What do we mean about Health Education?

As stated in the abstract, health education in a school setting could be defined as an activity undertaken to improve or protect the health of adolescents in the school premises. Health education in a school is a communicational activity and involves learning and teaching pertaining to knowledge, attitudes, values, beliefs, skills and competencies. It is often focused on particular topics, such as drug abuse such as tobacco, alcohol and nutrition; or it may involve reflecting on health in a more holistic way. Therefore this modern concept of Health Education shares a participative approach. Health Education in a school community may include activities relating to all the day to day experiences.

An association between Health and Education

In many countries of the world, government Health ministries and Education ministries work independently with different goals. However, the empirical studies are growing from

across the world that health and education are indivisibly linked with each other. There are some points to be kept in mind which declares that how health is strongly connected with our education system.

1. It is now clear that education has the power to improve not only economic prosperity in a country, but that it has a major effect on health outcomes also. This is obviously true in developing countries, where improved education leads to smaller, healthier families and lower infant mortality rates.
2. It has been well established that providing healthy food and social support at school is one method of improving attendance and enabling adolescents. Healthy school going adolescents tend to learn better and good education leads to a healthier member of their community.
3. A key aspect in this regard is the important negotiation and commitment between education and health ministries at the government level. Guidelines for Promoting Health in Schools depicts that it is necessary to: "...ensure there is continuous active commitment and demonstrable support by governments and relevant jurisdictions to the on-going renewal, monitoring, implementation, and evaluation of the health promoting strategy can be an effective way of formalising this commitment."
4. Furthermore not only the provision of good education improves health outcomes, but also that there is research evidence signifying that actively promoting health in schools can improve both educational and health outcomes for adolescents.
5. In fact, there is evidence that health promotion in schools can support and give added value to schools as they endeavour to meet a whole host of social aims through their curricula and a whole-school approach.
6. Sometimes the difference between cause and effect may not be clear to us. However, there may be intermediate factors or more complex routes, such as good education leading to better economic development, which may result in people having more control over their lives and thus experiencing better health. We may not totally understand all of the complex ways health and education interact, but we certainly know enough about promoting health in adolescents to improve their educational outcomes and lives in general.

Health Education or Health promotion: It is essential to acknowledge that the concept of health promotion is familiar to many professionals working in the health sector. It is also important to acknowledge that many in the education sector have a broad concept of the term curriculum, and would describe several or all of the learning experiences extended to whole curriculum of the school. Therefore, many in the education sector do not make this distinction between health education and health promotion and are being used interchangeably. This is not necessarily a problem, but requires mutual understanding and respect for each other's conceptual frameworks and associated language when working in joint collaboration. Both the education and health sectors have a common goal to provide opportunities for adolescents to be more empowered about health and related issues as they go through school. This need for partnerships and a collaborative approach involving the education and health sectors in school. Health Education is universal, and there are indications that it is now being addressed in many parts of the world. It provides many examples of good planning, execution and collaborative approaches to promoting health in schools.

How Health Education leads to a Holistic View of life?

Health education in schools limited to within the classroom, which meant working distinctly on issues related to bad food habits, wrong dietary pattern, sedentary living conditions, bad cooking practises, excess level of micro nutrient e.g. non veg and drug abuses such as smoking, alcohol use, physical activity, healthy eating, sexuality and relationships, safety, mental health, etc. This is still reflected today in some of the initiatives in schools, for example, obesity, overweight or substance use. This can be problematic or unproductive as such methodologies are sometimes based on assumptions relating to human behaviour, which are difficult to justify and not supported by evidence. Firstly it is known that all the 'issues' interact and are not separate at the behavioural level. For example, teenage sexual activity can be accompanying to alcohol/ drug use. Secondly, there is a risk that health will be seen solely at the level of the individual and his or her relationship to the topic being explained, when in fact the social environment is very often vital in determining behaviour. Thirdly, there is a inclination within the tendency to presume that human behaviour is completely based on knowledge and reasoning, and treats the important dimension of the emotions as a separate theme, when in fact mental and emotional aspects are integral to all the health issues. This is not to say that a subject approach has no place in school health education or in the promotion of health in schools. It is an argument for making sure that if a topic is being explained, that possible connections are made to other topics in the classroom and in the wider life of the school. This can enable adolescents to consider the issue in the reality of the social and environmental contexts of their lives. There are uniting themes that can cut across topics at a theoretical and pedagogical level. The life skills and competencies, which we wish young people to develop in the context of health promoting schools, can be important and common to all health topics. A health promoting school approach can provide holistic support for innovative work in the curriculum. For example, a school curriculum about healthy eating can be supported by the students playing an active part in all related aspects of food provision in the school. This could include features such as:

- Ensuring healthy school food is available at breakfast or lunch time;
- Making links with associated issues, such as mental and emotional health, the cultural role of food, and the role of the media in marketing food.
- Encouraging students to develop skills in food cultivation, preparation and purchase with involvement of parents and local food organisations;
- Ensuring fresh water is available in schools;
- Developing a policy on snack provision, including vending machines;
- Providing an attractive environment for food consumption that takes account of students' wishes
- Making provision for related physical activity initiatives, such as safe and active routes to schools or secure bicycle storage;

When considering the research evidence about health promotion in schools, it is evident that some of the research focuses specifically on topic aspects. This type of exploration is important and valid, but in some cases may be reviewing curriculum-only approaches, which do not necessarily reflect the developing philosophy of a whole school or health promoting school approach.

This is an argument for being cautious about interpreting the

results on topic based studies as the research on whole-school approaches, while less comprehensive to date, is very promising in that it suggests that a whole-school approach is more likely to be operational than a classroom-only approach in terms of a range of consequences. There is clearly a need for more research on whole-school approaches to help us understand how this works and why it may be the case. Meanwhile, there is associated research in the field of effective schools that may help us to understand what features of schools will support effective school-based health promotion and how school based health promotion can contribute to effective schools.

Conclusion

The massive majority of the evidence appears from topic-based research and evaluation studies. As indicated in this article, the evidence on a whole-school approach is very promising, but less comprehensive. Although the whole-school approach is the most effective way to promote health in schools, this piece of writing provides the reader with summaries of evidence about the Health Education, but argues that this should be integrated into a whole-school approach.

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