

Necessity of Launching Adloscencent Health Programme in Schools

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Introduction

The schools hold children in their domains for considerably longer duration for their formal education than any other institutions do. The school education commences at the age of about 3 years and it goes on up to 16 or 17 years of age. In fact, the entire formative period of the children passes in schools. In other words, the children spend their early, middle and some parts of the late adolescence in schools.

As the foundation of a child's life is laid by the school; it is, therefore, desirable that a child's health is also protected and promoted by the school under their care. Because, a child groomed with good health shall possess the strong possibility of leading a healthy, happy and successful life; and that would serve the purpose of education better. "Healthy children who become healthy adolescents are more likely to become healthy adults", holds the World Health Organization (WHO).¹ While this is the state for an individual; it holds good for a country too. If a country takes measures to promote health of its children and adolescents; that country would be able to create better human resources and a peaceful society.

Definition of Health by the WHO

The world Health Organization defines health to be "a state of complete physical, mental and social well being and not merely the absence of diseases or infirmity".² The WHO believes in a comprehensive overall growth of a child who is not only physically and mentally healthy; but also has full awareness about his and her geographical surroundings and the emotional and psychological state of the people.

Definition of Adolescent

The Adolescence is the period between 10 and 19 years of the children. It is the transitional stage of physical, psychological and social development from puberty to adulthood. Worldwide, more than 1.2 billion people are adolescents: this indicates that roughly one in every six persons is an adolescent.³ About 21% of Indian population is comprised of adolescent (about 243 million).⁴ They are considered to be the future of the nations, forming a major demographic and economic force. It is noteworthy that the adolescents have some specific needs which vary from gender to gender, life circumstances and socioeconomic conditions.⁵

WHO's Emphasis on Adolescent Health

WHO's expert body namely, 'The Division of Health Promotion, Education and Communication' has been making efforts to strengthen WHO's capacities to promote health through schools. With the joint efforts of 'The School Health Team', 'The Working Group' and other designated organizations WHO has launched its 'Global School Health Initiative' in 1995. WHO has undertaken this move on the basis of its research in both developing and developed countries which demonstrated that 'The School Health Programmes' can simultaneously reduce common health problems, increase

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efficiency of the education system, advance public health education and promote social and economic development in each nation.⁶ WHO believes that “with more children than ever receiving a formal education, schools in an efficient way, can reach school-age youth and their families in an organised manner to ensure the individual growth essential for national development.”⁷

With ‘The Global Health Initiative: 1995’, WHO seeks to mobilize and strengthen health promotion and educational activities at the local, national, regional and global levels. The initiative is designed to improve the health of students, school personnel, families and other members of the community through schools. Each school that adopts the programme is called as, ‘A Health Promoting School’ which could be characterised as the school constantly strengthening its capacity as a healthy setting for living, learning and working.⁸

The efforts which are intended to be taken by a ‘Health Promoting School’ are to

- Foster health learning with all the measures at its disposal.
- Engage health and education officials, teachers and their representative organizations, students, parents and community leaders in efforts to promote health.
- Strive to provide a healthy environment, school health education and school health services along with school/community projects and outreach, health promotion programmes, opportunities for physical education and recreation, and programmes for counseling, social support and mental health promotion.
- Implement policies, practices and other measures that respect an individual’s self-esteem, provide multiple opportunities for success, and acknowledge good efforts and intentions as well as personal achievements.
- Strive to improve the health of school personnel, families and community members as well as students and work with community leaders to help them understand the community contribution to health and education.⁹

Emphasis on Children’s Health Promotion by the UNESCO

The United Nations’ Educational Scientific and Cultural Organization (UNESCO), the specified agency of the United Nations’ Organization, has emphasized that education and health have the fundamental role to play in development of a country. And good health and education are the fundamental rights of every child. As a result, all channels through which the UNESCO normally works are utilized to promote health and quality of life of all people. It is evident that various programmes and projects that the organization undertakes, therefore, encompass health related matters such as:-

- Healthy school environments.
- Health education within the curriculum and
- Delivery of school health services.¹⁰

Directives of Indian Association for Adolescent Health

The Indian Association for Adolescent Health (IAAH) believes that the students in the school should not only be tested for physical health but also for mental health, which the association calls as ‘Health Scanning’. While the physical ailment should be treated by the physicians, the mental health should be treated by the mental health experts. The IAAH has a ‘Health Scanning Format’ which is used to record the health status. To create awareness about the community health, the Association also advises the schools to take the students to the surrounding areas and do survey of the families on their health status. The students are expected to interact with the selected families for about 8 weeks for their studies. It is expected that with such involvements both the families being studied and the students who would study would be benefitted.¹¹

The General State of Adolescent Health in India

We observe that the adolescents of India are generally deprived of their proper health care. They are malnourished; and their psychological and social well beings are not systematically managed. As a result, we often hear the students of even school levels become subjected to depression. They underperform in academics due the effect of depression, go in for drinking, smoking, bullying the peers, start taking drugs, develop various chronic diseases and many of them eventually commit suicide. The rate of depression among the adolescent in our country is to the tune of 2%. India holds the record of having largest number of depressed adolescent in the world today.

In course of examining 96 thousand students in schools in the city of Bangalore in 2016, by a team of doctors of ‘The Address Health Foundation’ has found 20% students overweight and 9% students underweight. As to the diseases, 13% students have been found to be having some chronic diseases or the other and 30% children were having oral health problems. About 14% children showed vision related problems.¹²

On a survey carried out by Indian Association of Adolescence Health (IAAH), New Delhi in a public school in a semi-urban area of Karnataka near Bangalore on November 24, 2015, it was found that out of 481 students studied, as large as 475 students had some problem or the other. The study was carried out on all students studying in VII to X standards of the school of the age group of 14 to 16 years. The problems which were noticed during the study were classified in four categories namely Educational Problems (61.12%), Psychological Problems (18.30%), Physical Health

Problems (16.63%) and Fear about future and surrounding world (2.7%).¹³

The IAAH, on further analysis of the educational problems, found that 61.12% children had problem on concentration in study; 13.51% children had poor memory; 6.65% children were having stress while attending classes and writing examinations and 1.70% children were having fear of poor performance in academics. The types of psychological problems the students had were anxiety in 9.98% children, depression in 5.41% children and excessive concern about physical appearance in 2.91% children. The health problems that came into surface in the study were headache in 8.31% children, eye problems like low vision, watering and irritations etc. in 3.71% children. The skin and hair related problems like acne, whitening of hair and hair fall were found in 2.91% children. The types of sleeping disorder found among 1.66% students were - feeling very sleepy, having less sleep and disturbed sleep etc. The study detected fear and concern about future and surrounding world too in 2.70% students.¹⁴

In several others studies carried out by IAAH, New Delhi across the country since its inception in 1987, it has found similar trends of adolescent health in our country. It thus establishes that the health related problems do exist in our country among our adolescents to a great measure.

Experts' Views on Adolescent's Care

It is said that an average Indian child has a poor start of life in terms of nutrition, immunization and awareness about healthcare. It is more so in the area of mental health. About the mental health, the experts are of the opinion that the initial signs of mental ill-health of children generally remain unnoticed at home. It is further said that the mental health problems are not easily detectable through pathological tests and detectable through observations. The mental health problems are otherwise, preventable, detectable and curable. Whereas, if remedial measures are not taken on time the students drop in academic performance, go in depression and sometime even commit suicide. Agreeably, the signs of mental ill-health could be observed more easily in schools. It is, thus, suggested that besides the parents, the schools also should take the responsibility of promotion of the health, especially the mental of the students. It is essential that the schools start the process immediately after the admission of a student and continues to have the programme going on during the entire period of the schooling of the students in their institutions.

Prevailing Concept of Students' Health Care in India

The introduction of school health service in India dates back to 1909. In 1958 'The School Health Education Division' was created. In 1960 the Government of India formed 'School

Health Committee'. India's National Health policy came up in 1983. Recently 'Rastriya Kishore Swath Karyakram' has been adopted by our Government. Through those schemes, over the period, improvement in nutrition, immunization and physical health has been achieved for children. But not much has been done to promote mental health and social wellbeing of the children. Our country has not yet framed suitable policies to carry out 'General Mental Health Check' of children. As a result we observe lack of life skill management among the adolescents and rise on drug addiction, road accidents, depression and suicide by a large number of adolescents. And keeping the adolescents unhealthy is resulting in creating of unhealthy youths in the country.

A Case Study of a School Health Programme in Karnataka

The BGS World School, Chickballapur of Karnataka, a school of ICSE curriculum having about 1900 students, has adopted its 'School Health Programme' on 24 November 2015 and pursuing it. The school is situated about 60 KM north of Bangalore city. The Chickballapur is a district town of a district formed in 2005. The stages the school has completed are the following:-

- A survey, through a questionnaire, was carried out in the school on 24 November 2015 on all 481 students from VII-X standard to find out the 'Health Status' of the students. The survey was carried by the school with the help of Indian Association of Adolescence Health, New Delhi and the report was published in a research journal titled - 'Indian Journal of Youth and Adolescence Health', New Delhi in January 2016 issue (Vol - 3, Issue - 1, Pages 31-35).
- On 24 November 2015, Dr. Jugal Kishore, the Head of the Department, Community Medicine, Mahavir Vardhaman Medical College and Safdarjung Hospital, New Delhi as well as the Secretary General, IAAH and Dr. Charu Kohli, the Senior Resident, Department of Community Medicine, Maulana Azad Medical College, New Delhi delivered two lectures of about 1 hour and a half hours duration each for those 481 girls and boys of VII – X standards. Dr. Jugla Koshore spoke on 'Life-skill Management, highlighting importance of doing physical exercises and having nutritious food'. Dr. Charu Kohli spoke on 'Health Care for Adolescence – with Special Reference to Adolescent Girls'.
- On 16 May 2016, Dr. Jugal Kishore conducted a survey on 85 teachers of the school to find out their level of 'Awareness about their own Health and Community Health'. It was done through a questionnaire of 23 questions including the question to reveal their own Haemoglobin level, BMI etc. After the survey work, on the same day, Dr Jugal Kishore conducted training for all 85 teachers to equip them with the techniques

of 'Protecting Students' Health'.

- On 18 May 2016 the questionnaire was given again to the above teachers for filling up to check the result of the training session. The reports are being generated by Dr. Jugal Koshore and his team.
- A survey on 123 students of the school in the academic session 2016-17 to find out the state of overall wellbeing of the students of the school. The reports states, "The mean age (+SD) of the students was 11.74 +1.3 years. 57 (43.1%) were girls and 66 (53.6%) were boys. 115 (93.5%) said that they enjoy being in school. 22 (17.9%) said they do not feel that they have energy to study in school. 90 (73.1%) students said that they feel sad and unhappy often."¹⁵ The school has planned measures to promote overall well being of the students as per the observations made in the survey.
- The students from VIII - X classes numbering 187 have been tested for their 'Social Behaviour (Violence)' from 01 Sep 2016 – 01 Dec 2017 through a two-page questionnaire provided by the IAAH, New Delhi. As per the report, "A significant number of adolescents have scored very high on aggression scale. Males were found to be more aggressive than female and as the age of the school children advances, aggression score also increased; and those results are statistically significant ($p < 0.05$)."¹⁶ The study was concluded with the remarks that "overall prevalence of aggression was high in adolescents especially among males, late adolescents and Hindus whose mothers were less educated."¹⁶ The school has planned for 'Violence Prevention Programme'.
- The school has carried out a 'Community Health Survey' on 18 June 2016. A total of 21 students of the school have visited 4 villages surrounding the school. Out of the students who volunteered to carry out the survey, 11 were boys and 10 were girls. The students covered 178 houses many of the families were joint families having even 10 members. The task undertaken by the students were to find out the pattern of health care prevailing in the villages in Chickballapur District in Karnataka and guide them to go in for proper health care. The students have made 8 visits in 8 weeks to each household from 18 Jun to 06 Aug 2016.
- The school had the opportunity of bringing out the 'The Times of India's' guest edition under the scheme of Newspaper in Education (NIE) on 18 September 2016. The issue carried two articles from the school. One from the Principal titled – 'It is Essential for Students to be Healthy' and other from a teacher titled - 'You Are What you Eat!'.¹⁷
- A total of 366 students from VI – X have filled 76 item questionnaire prepared by IAAH titled 'Students Health Scanning Form'. The form comprised questions pertaining to education, social, mental and physical health matters and was filled on 06 December 2016.
- A medical staff of the District Hospital, Chickballapur

District of Karnataka State delivered a lecture on 'Awareness on Cancer' on 10 December 2016. All students from VI to X class attended the interactive lecture.

- The volunteers of 'Indian Development Foundation' and 'Cancer Society of India' delivered lectures to the students and staff this every year. The students have been collecting donations from their parents and the people of their neighbourhood every year to support the cause of the society through those organizations.
- The school children's physical health check of the academic session 2016-17 has been done through the physicians who are currently the parents of the school. After the general check-up, students were checked by dentists, ophthalmologists and gynaecologists. The cases where medical interventions were advised by the doctors have been informed to the parents for arrangements of necessary medical treatments.
- The girls from VII to X standard were addressed by a gynaecologist in the month of January 2017 to provide necessary guidance on reproductive health and their personal hygiene.
- Staff members of the school have also been checked for their physical ailment under the support of Akash Medical College and Hospital, Debanahalli, a neighbouring medical college. All 101 staff members of the school have been checked which included laboratory tests as per the guidelines of IAAH.
- School has been organizing several in-house lecture programmes and exhibitions on the occasion of World Aids day, Tuberculosis Day, Environment Day and Nutrition Day etc.

The Outcome of the School Health Programme

After pursuing the school health programme for two academic sessions the BGS World School finds tremendous positive changes in the level of awareness about health, state of health and academic performance of among the school children. There has been a perceivable change in the attitude of the students, staff, parents, school management and the community about adolescent health. There has been a drastic improvement in the attendance of the students too. It is due to the active participation in the social health programme that one student of the school, who is now studying in X class, has been awarded 'Sohanlal Gulyan Gold Medal' by Indian Association of Adolescent Health, New Delhi on 14 April 2017 in their International Seminar on Youth and Adolescent Health, held in New Delhi.

The Challenges of the School Health Programme

It is easier said than done; the school health programme faces several challenges arising from its stakeholders such as – students, parents, community, government and the management. The health programme needs the following:-

- Students' Motivation. The students are the main stake holders in the 'School Health Programme'. The students have to be convinced that they need to abide by the norms of the health care. They must be kept away from the misgivings on the social health matter concerning their health.
 - The Time Constraints: The 'School Health Programme' is not a one time job. The programme requires to be pursued as a part of the curriculum to be followed throughout the year. Therefore, a lot of time across the year from students, teachers and staff have to be created curving out from academic hours of the school. For that a lot of planning and adjustments of the school time table are required.
 - Interest of the Staff: The administration of the 'School Health Programme' involves participation of the staff to a great extent. In fact they need to take certain amount of responsibility in this work. Only when the staff members take the task with interest the programme can go through.
 - Acceptability by the Parents: The 'School Health Programme' needs acceptance of it by the parents. There is a need of creation of a fair amount of awareness and interest among the parents to make the school health programme successful.
 - Availability of Fund: Certain amount of fund is needed to execute the 'School Health Programme'. Before the programme is initiated the school should budget the required amount of fund.
 - Approval by the Management: Most importantly, management of the school should completely be supportive of the 'School Health Programme' for its success. In fact, it is essential that the school management creates some kind of incentives to encourage the staff members to pursue the 'School Health Programme'.
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Conclusion

It is in the interest of nation building that the school health programme has been prescribed. It has been observed that the schools those have launched the programme have derived benefits from it. This programme needs to be promoted as a school culture and a social movement. A school should take adequate interest to draw out its 'School Health Programme', muster all necessary supports to make the programme successful and convert the school each and every school 'A Health Promoting School'. (Endnotes)

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