

# **Education, Health and Well-being in Schools from an International Perspective: state of the art and perspectives**

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During the last 4 years the research project on health promoting schools in Europe and Canada (with a focus on the development of curriculum, pedagogy and links between schools and communities) run by the Department of Children's Studies of Nishi Kyushu University and the Department of Advanced Human Sciences of the Graduate School of Human Sciences of Osaka University, has produced a lot of excellent data.

More recently, the work done during the preparatory phase of the creation of the "Global Health and Education" UNESCO chair and UNITWIN network let to a better understanding of schools' role in the field of health in different countries. This presentation aims at offering an overview of the situation of health education and health promotion in schools in different countries. We'll put the emphasis on the factors governing the way in which health promotion programs are implemented and the challenge of teacher training. Finally we'll advocate for international cooperation.

## **Health and schools**

Even if the core business of schools is actually focussed on educational outcomes, not reducing health problems, schools embrace health-related initiatives worldwide. The first reason is that poor health inhibits learning. So, taking health into account enhance their fundamental task of maximizing learning outcomes for students. In addition, health education is an essential part of the culture handed down from generation to generation in all civilisations. Traditions, myths and rites were the main vectors used to transmit such attitudes in ancient times but modern societies have adopted new forms. Educational systems have been called upon to assist in this process alongside families and communities. Since they were established, state schools have assumed a public health role. The basic principle was that positive behaviour towards health could be inculcated during childhood, leading the political leaders of the time to assign a preventive mission to schools.

Research shows single shot interventions, only information, stigmatisation or moralisation has no positive impact. Based on these findings, the health promoting school approach was developed. It combines:

- action on the living conditions that influence health, the ecosystems of life of the populations: the physical and social environment, the access to appropriate services (health, social, educational).
- education of people. The idea is to give everybody the means to take care of their own health in a autonomous and responsible way.

It includes provision and activities relating to health promoting school policies, the school's physical and social environment, the curriculum, family and community links and health services at the school. This approach also takes into account the health and well-being of those working in the school, teachers and non-teaching staff.

## **Factors governing the way in which health promotion programs are implemented**

Considerable international research has been carried out on this subject and the literature emphasizes the importance of health promotion to improve health resources as well as to aid children's academic progress. As schools are not primarily concerned with the improvement of children's health, health promotion must be incorporated taking into consideration the way in which teachers perceive their mission, as well as the constraints of the school setting. Many factors govern the way in which health promotion programs are developed and implemented: a) the political will to develop health promotion projects allowing sustainable commitment on the

part of institutions and communities, b) a favourable environment such as the support and facilitation of the school head, existing teaching practices and the importance given to the well being of the pupils, c) teachers' beliefs and perception of their role in health promotion, their perception of effectiveness and acceptability of health promotion programs, belief in their own effectiveness, teacher burnout and prior health promotion training, d) and factors linked to the implementation of the program itself such as the technical support (training and assistance) given to the teachers. Teacher training is often considered to be a central factor linked to the quality of project implementation. Studies show that teachers who have received health promotion training tend to be involved more frequently in health promotion projects and have a more comprehensive approach to health education.

### **Different types of school depending on the times and the countries**

Depending on individual countries, health is not taken into account in educational policies in the same way because of general political organization, priorities, organization and goals of education systems. In some countries, the government does not require any kind of health education nationwide because constitutionally this is a matter left to state and local governments. States, regions or local districts have the responsibility of developing health policies. In others, education is a matter of the nation and there are national guidelines, standards ...

In some countries, the emphasis is placed on the "setting" and there is a policy focused on the school setting as an environment which should make a difference to the health status of young people. There is then a school health/health promotion policy. In other countries, the emphasis is placed on the "populations" and there is a policy focused on children and adolescent's health. The policies are more focused on the community and school is one of the settings in which children and adolescents live.

Everywhere, in the texts related to health topics there is a mention of the school settings (nutrition and vending machines, drugs, sexuality, violence and prevention ...).

Depending on individual countries, the emphasis is placed either on personal development or good citizenship and either specifically on health or using a holistic approach. There are also different ways for taking account health education in schools. In some cases it is a subject in its own right (e.g. social and personal health education in Ireland) but this is not so in other cases where it is covered in a broad spectrum of subjects. In this case, health education is considered as part of personal education (e.g. Educação para a Saúde; Formação pessoal e social in Portugal) or civic education (e.g. health and citizenship education in France).

In addition, the school context is really different from a country to another. If in Luxembourg there is 15 pupils per class at primary school they are frequently more than 60 and sometimes more than 100 in some African countries. The percentage of girls in full-time education is close to 100% in Europe but limited to 58 % in Senegal or 54% in Mali and less than 40 % in others African countries. Due to the fantastic diversity of our cultures, ways of life, political organisations, there is different way to promote health in schools.

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### **A national educational policy, the case of France**

In France, health promotion public policies originate from the national level (education and health laws, agreement between the ministry of health and the ministry of education) and are disseminated to the local level. The National Health Policy is rooted in schools through the Health Education Policy which materializes in the fact that school projects have to include health and well-being objectives. From an organizational perspective, health-related items in school projects are monitored by the Regional Education Authority. In practice, policies are implemented through programmes and projects rooted in the School Health Promotion Committee (SHPC). The SHPC was

devised as a policy tool to promote partnership work, leadership and ownership of the whole educating community on a school level. Members of the SHPC include teaching staff, school health staff (nurse and doctors), social staff, management team members, parents and community stakeholders. The district advisory nurse monitors actions of all SHPCs on a district level, provides funding when needed and offers training schemes. In school curriculum, health education exists within existing academic disciplines, with clear health education learning objectives (e.g. providing knowledge relating to health, developing social and citizenship competency, critical thinking) and also as an item of school life focusing on more implicit objectives such as creating common values, enhancing the social and physical environment, promoting collective work.

### **Health promotion and the teacher's mission**

As already mentioned, health is not a new concern. For a long time, mainly because human societies were particularly concerned with hygiene, it was considered right for schools, with their uncontested basis of universal knowledge, to transmit rules for good health. Nowadays, it is not just about encouraging children and young people to eat well and to exercise; it encompasses a much broader holistic approach. In both cases, school shouldn't only be the automatic transmitter of public health policy. The educational system has to act as mediator. It can't ignore public health issues or social demands but it has to confront such claims with its own values and missions. But, for a teacher, who have many priorities of schooling, including building literacy and numeracy skills ; scientific and artistic competencies ; societal, historical and cultural dimensions, who have in fact to provide the means for all to succeed, it's not easy to have a clear view of his own contribution to health promotion.

Defining teacher's role is all the more determinant as responsibility for children's health lies primarily with the parents and that health promotion is by no means neutral. It lies at the intersection between the private and public domains, related to behavioural issues that are determined culturally and to the most intimate of personal decisions.

In health domains, recommendations change over the years given the extraordinary progress in knowledge and the construction of new scientific models as well as fashions governing what is considered to be moral and what is considered to be immoral. There cannot be one single healthy way of life for all those who would be called upon to act. In addition, in the contemporary world, where the importance of appearances is becoming more pronounced, where many consider a perfect body and perfect health to be the ultimate aim, can it be hoped that schools will contribute to the promotion of a single healthy mode of living or a body cult? On the field it's not easy to identify the school mission in an environment marked by the power of the models transmitted by Medias. The position of teaching staff is, therefore, difficult to maintain. The first aim of teacher training in health promotion is then to help them to have a clear view of their mission and its ethical limits. Before giving them methodological tools, teacher training aims at help then building their professional identity.

Health promotion is based on the faith on the ability of people to take charge of their destiny. Trust in teachers and contribute to the development of their capacity to undertake health promotion and health education activities can be a base for an international cooperation.

### **The need for an international cooperation**

Societies are changing rapidly in recent years mainly due to globalization of economy and information technology in addition to the increase in life expectancy and decrease in birth rate in a large majority of countries. These changes have brought about various evolutions as well as in educational and health systems. Being able to face the challenges of the future of health promotion needs to take into account theses changes. But, in most countries,

schools accord a low priority to health promotion and school staff, mainly teacher, is not aware of his role in health promotion. Staff training is then also a main challenge for the future of health promotion. This is also something we share from north to south, east to west: whatever the organization of the school system there is everywhere teachers and teacher trainers. In a health promotion perspective, giving teacher the means to develop, in their own school context, a health promotion approach adapted to the needs of their students is a main objective. If some challenges are at the region or state levels, some of them are at a worldwide level. Complementary to the national initiatives, global strategies for health promotion development are needed. That's why, in line with the UNESCO and WHO strategy, the "Global Health and Education" UNESCO chair and the UNITWIN network has been created.

### **The "Global Health and Education" chair will act a catalyst of change**

The "Global Health and Education" UNESCO chair and the UNITWIN network aims to contribute to creating the conditions for all schools to make a difference for health and well-being of all pupils and of teaching and non-teaching staff by strengthening school's capacity as a healthy place in which to live, learn and work. The chair will support the development of effective strategies to promote equitable school health policies, safe learning environments, skills-based education, and school-based health and nutrition services at a global level. To achieve these goals, new research strategies are needed, not only focused on programme content but also on the implementation process across multisectoral contexts, which is critical for countries for which research potential is still at development stages. Innovative ways of training and supportive policy building are also required. The chair links to the universities' core business and aims:

- to promote research and training
- to contribute to building, interpreting and disseminating the knowledge base

It also offers, within institutions and networks, support to policy-makers and practitioners at the global level.

The chair will help building the knowledge base and dissemination in the following areas: health promotion in schools and sustainable development, intersectorality at a local level, effectiveness of health promotion in schools in promoting healthy behaviour of students and school staff, effectiveness in reducing inequalities, determinants of genuine participation and successful implementation of a whole school, whole community approach.

The UNITWIN chair will be part of an existing international dynamic. Its specific contribution is to be a "driving force" for the existing international networks, "think tank", "knowledge-hub" and "bridge builder" between academia, institutions, the professional communities, unions, and local communities. The initiative will create synergies with existing actors and will be positioned as an "add-in", not as an "add-on" providing a catalyst of change by improving knowledge transfer and capacity building.