

HEALTH PROMOTING SCHOOLS

AN EFFECTIVE APPROACH TO EARLY ACTION ON NONCOMMUNICABLE DISEASE RISK FACTORS

What is a health promoting school?

A health promoting school (HPS) is a school that constantly seeks to strengthen its capacity to promote healthy living, learning and working conditions (WHO). It aims to provide a multifaceted response to the health needs of students.

Why invest in health promoting schools?

Schools provide an efficient and effective way to reach large numbers of people: In 2013, over 90% of children of primary school age and over 80% of children of lower secondary school age were enrolled in school globally.¹ In high-income countries, school settings represent an extended arm of primary health care by providing basic health care services.

Behaviours and habits develop in early childhood² – children acquire basic knowledge and experiences that influence their lifestyles in adulthood. By promoting healthy behaviour from early childhood and through school settings, enhancing the lives of other family members and the community, schools can also directly reach out to family members and the community.

What are the common noncommunicable disease risk factors among children and adolescents?

Children, especially adolescents, are exposed to risks similar to those of adults and yet they are more vulnerable as they do not have the experience and capacity to critically reflect on these risks.

Children exposed to noncommunicable disease (NCD) risk factors often suffer severe health consequences in adulthood with resulting increased risk of developing NCDs – mainly cardiovascular diseases, cancers, chronic respiratory diseases and diabetes – so that preventive interventions undertaken in developmental phases often have greater benefits than interventions to reduce risk and restore health in adults.³

There are four key NCD risk factors found in children and adolescents: unhealthy diet, tobacco use, alcohol use, and physical inactivity.

Unhealthy diet

Unhealthy diet leads to a double burden of malnutrition – the coexistence of undernutrition along with overweight and obesity – or diet-related NCDs in all their forms,⁴ with rising rates

of childhood obesity and overweight as well as high rates of child undernutrition and stunting.⁵

The percentage of obese younger adolescents globally varies from 0.1% to 31.0% in 70 countries.* Additionally, the double burden of malnutrition, with more than 10% of younger adolescents overweight and underweight at the same time, is seen in several low- and middle-income countries.*

Tobacco use

Tobacco use remains one of the largest contributors to NCDs and to early mortality among adults. Tobacco use – both smoked and smokeless – during adolescence increases the risk of persistent nicotine addiction, leading to regular and sustained tobacco use in adulthood.⁵ Globally, almost 25 million younger adolescents smoke tobacco – one in every 10 girls and one in every 5 boys. Additionally, almost half of the adolescents – both girls and boys – are exposed to second-hand smoke in public places.⁶



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Alcohol

Alcohol use contributes to risks, during adolescence, of injury, violence, unprotected sex and suicide attempts. In adulthood, it plays a role in risks for NCDs.⁵

The percentage of younger adolescents who had drunk alcohol on one or more of the previous 30 days varied from 0.8% to 58.6% in 59 countries.*

Physical inactivity

Adequate physical activity is important in preventing NCDs. WHO recommends that children and youths aged five to 17 years should accumulate at least 60 minutes of moderate to vigorous intensity physical activity daily.⁷ However, no country has even half of its adolescents meeting the recommended daily activity level in 75 countries.*

Health promoting schools work

The evidence from systematic reviews in high-income countries shows that the HPS approach can contribute to improving children's health by reducing the risk factors for NCDs, e.g. by improving body mass index, increasing physical activity, increasing intake of fruit and vegetables and reducing tobacco use.^{8,9,10,11,12,13,14}

In low- and middle-income countries, school-based interventions have been successfully implemented to prevent communicable diseases and other health problems, such as worm infection, malaria, diarrhoea, iron deficiency, malnutrition and oral diseases, over the past 20 years.^{15,16} However, evidence to prove the effectiveness of the HPS approach in controlling the risk factors for NCDs is scarce, but promising.



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Useful links

WHO School health and youth health promotion:
http://www.who.int/school_youth_health/en/

WHO Global school-based student health survey (GSHS):
<http://www.who.int/chp/gshs/en/>

WHO Global youth tobacco survey (GYTS)
<http://www.who.int/tobacco/surveillance/gyts/en/>

Focusing Resources on Effective School Health (FRESH):
<http://www.schoolsandhealth.org/Pages/Background.aspx>

The Global school-based student health survey (GSHS) monitors health-related behaviours, mostly among younger adolescents, in countries around the world. The text marked with an asterisk (*) is based on the most recent GSHS data available (2006 to 2016, both genders, 13–15 years) among Member States.

What are the essential components of a health promoting school?

An HPS (WHO) is a school that:

- fosters health and learning with all the measures at its disposal;
- engages health and education officials, teachers, teachers' unions, students, parents, health providers and community leaders in efforts to make the school a healthy place;
- strives to provide a healthy environment, school health education, and school health services along with school/community projects and outreach, health promotion programmes for staff, nutrition and food safety programmes, opportunities for physical education and recreation, and programmes for counselling, social support and mental health promotion;
- implements policies and practices that respect an individual's well-being and dignity, provide multiple opportunities for success, and acknowledge good efforts and intentions as well as personal achievements; and
- strives to improve the health of school personnel, families and community members as well as pupils, and works with community leaders to help them understand how the community contributes to, or undermines, health and education.

HEALTH PROMOTING SCHOOLS (HPS)

Engage health education and community leaders

Provide a safe healthy environment

Provide skills-based health education

Provide access to health services

Improve health promoting policy and practice

Improve health of community

Key features of HPS

References

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