

## **Health and Education – Promoting Health Through Schools**

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An issue of topical interest is the state of the nation's health. Incidences of chronic non-communicable diseases, such as cardiovascular diseases, cancers, and diabetes, as well as chronic infectious diseases such as HIV/AIDS are increasing. While the focus generally has been on the adult population, we need to be equally concerned about the increase in the health-risk behaviours and inappropriate lifestyle choices of our young people and the impact on their health and personal development. Some of the problems and challenges that impact on the health of our youth include substance abuse, violence in the home and school, physical and sexual abuse, over- and under-nutrition, lack of physical exercise, as well as sexually transmitted diseases. These health threats not only compromise the emotional, social, mental, and physical well-being of children and youth, they also affect their school attendance, cognitive development, and interpersonal relationships. This in turn has implications for the social stability and economic productivity of the country.

This problem is not unique to Trinidad and Tobago. Recent data on adolescent health in the Caribbean provided from a WHO/PAHO study reveal that many young people are facing significant health and emotional problems: 1 in 10 young persons report three or more health problems, 1 in 9 have attempted suicide, and 1 in 10 have been sexually abused. Among youth that are sexually active, fewer than 3 in 10 regularly use contraceptives and most of them are not worried about getting AIDS. Violence is also a problem with 20% of boys saying that they bring weapons to school, and 1 in 3 reporting that they carried weapons at other times.

How do we begin to address these problems? The answer lies in health promotion and education and this should begin in our schools. Why schools? The school is the primary agent of socialisation and can reach large numbers of children and, through them, their families and communities. By recognising the school as the critical starting point, we acknowledge the intimate connection between health and education. The health status of a child impacts on that child's ability to learn, while education is a prerequisite for health. Education that provides students with academic skills as well as specialised knowledge, attitudes, and skills related to health not only promotes physical, psychological, and social well-being, but also lays the foundation for healthy development through childhood and adolescence, and across the entire lifespan. There is justification, therefore, for investment in school health programmes. In addition, there is evidence that such programmes are efficient, cost-effective ways to improve students' health, and that they contribute to substantial savings in terms of expenditure on secondary health care. The challenge is that while the role of the school in achieving educational outcomes is well defined, the role it is expected to play in health promotion and education is not clear. If schools could promote health as they do learning--holistically and with all measures available--the benefits to human health and development would be significant.

The CARICOM Health and Family Life Education (HFLE) Project is an attempt to improve the yield of educational investment by bringing health and education together.

The project, as conceptualised, targets the underlying causes of health and social concerns, focussing on the whole child. The curriculum addresses such issues as health, wellness and lifestyle; self-development and interpersonal relationships; appropriate eating and fitness; human sexuality; and managing the environment. The life-skills component focuses on providing young persons with a positive view of health. It is centred around helping them acquire tools that will make it possible for them to engage in the kinds of positive behaviours required to promote their own health and enhance their psychosocial competence. These generic life skills range from problem-solving and decision-making skills to communication and interpersonal relationship skills. Additional skills such as negotiation skills, refusal skills, assertiveness skills, and healthy management/monitoring skills can in turn build on this foundation.

Trinidad and Tobago has lagged behind other CARICOM countries with respect to the full implementation of HFLE as a core area of the school curriculum. This, however, can now be used to our advantage as we can benefit from the experiences of our neighbours. In spite of support for HFLE in the region, it is not perceived to be playing a central role in the school curriculum, nor is there evidence that it is making an impact on the high-risk health behaviours of young people. Emphasis in schools continues to be on academic achievement, and syllabus coverage of “examinable subjects” takes priority over subjects like HFLE which is given minimal curriculum time. There is the perception, also, that this emphasis on performance is undermining teachers’ motivation to deal with students who may have learning, social, or emotional problems. This is unfortunate since there is overwhelming evidence that programmes like HFLE, which promote physical, mental, intellectual, and social dimensions of health, can support academic learning.

It is important, therefore, for us to revisit the role of HFLE within the school curriculum. We must re-examine what health education is all about and how it fits in with the goals of general education. What are some of these goals? Simply put, we want our students to achieve their full potential, and to leave school with the knowledge, attitudes, and skills that will enable them to become well-adjusted, economically productive, and socially responsible adults. We are promoting a model of health--a state of complete physical, mental, and social well-being. This cannot be left to chance. What is suggested is a whole school approach to health education. Whole school approaches are interventions that go beyond the taught curriculum to work on wider aspects of the school environment. They use multidimensional strategies that work simultaneously on the curriculum, the school environment, the home, and the community. Important features of such approaches are positive staff-student relationships, staff development and education, active involvement of parents, involvement of the community and local agencies, and long-term commitment to the school health programme. Effective programmes are high-profile and proactive, permeating every aspect of school life and learning.

Finally, it is the organisation of the school itself that will determine the quality of health outcomes of its members. The school, through its ethos, the quality of its physical and social environment, its curricula and the nature of the teaching/learning processes in the classroom, and the interactions with its families and community, has a direct effect on the health of its students and staff. Schools, therefore, have a responsibility to become

healthy organisations. This is the critical first step if they are to be effective as health-promoting environments.

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