SCHOOL HEALTH PROGRAMMES IN SOUTH AFRICA

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1. INTRODUCTION

In recent decades, there has been an increasing tendency to emphasise the importance of preventative as opposed to the curative dimension of health care. More recently, the necessity of advocating for *health promotion* has been recognised. The concept health within the context of health promotion encompasses a comprehensive view of health or well-being that includes physical, psychological, social and spiritual aspects. The term health promotion describes the combination of health education with relevant organisational, political, and economic interventions with the aim of facilitating behavioural and environmental adaptations to improve or protect health in individuals, groups, or communities. *Health education* refers to *the deliberate structuring of planned learning opportunities about health which are aimed at voluntary changes in health related behaviours to give individuals the opportunity of achieving a more favourable position on the health continuum* (Reddy & Tobias in Vergnani, Flisher, Lazarus, Reddy & James, 1998: 45).

Sound health is important for the success of all school-going children. Yet, many children in South Africa do not enjoy the benefits of healthy life experiences. Early life experiences are marked by high rates and wide ranges of common infectious diseases, chronic conditions and more recently diseases related to lifestyle. These health problems have an adverse effect on learning outcomes and health status of school children. In addition a large percentage of the school-going population from disadvantaged communities have been exposed to school environments which are potentially health damaging and impact negatively on their physical and social health and learning abilities.

2. AN OVERVIEW OF SCHOOL HEALTH PROGRAMMES IN THE PAST

Prior to 1994 the health services in South Africa were fragmented and divided according to race. Each group had its own health services. The focus was much more curative in nature and less of the budget was targeted for health promotion.

The school health services that then existed, comprised of a school health nurse that would:

- mainly screen children for possible illnesses etc.;
- assess vision, hearing and nutrition;
- do follow-up and home visits where appropriate and possible;
- develop student health record cards;
  - · conduct health education; and
  - · refer if necessary.

3. THE NEED FOR CHANGE IN CHILDRENS HEALTH IN SOUTH AFRICA

Children under the age of 19years currently comprise almost half of the total population of South Africa. It is estimated that by the year 2000, between 12 and 14 million young people will be enrolled in South African schools. With the introduction of the Schools Act of 1996 that made schooling compulsory for all 7 - 15 years olds, these numbers can be expected to increase. South African youth, many of whom have been historically marginalised and disadvantaged, are at risk for the consequences of what Dryfoos (in Vergnani *et al,* 1998: 46) terms the new morbiditys resulting from early and/or unprotected sex, drugs, alcohol misuse, stress and various forms of violence, including high rates of exposure to political violence, and sexual, physical and emotional abuse. In addition, high suicide rates, teenage pregnancies and crime are at the order of the day. Poverty, social instability, urbanisation and industrialisation also contribute to an increase in diseases such as allergies, asthma, cancer, tuberculosis and diseases associated with either under- or over-nutrition. A recent study by Duncan (in Vergnani, *et al,* 1998: 46) showed that 61% of South African children, the majority of them black, are currently living below the breadline.

A major challenge facing South Africa today is thus to improve the health status of its youth and children. The effect of improving the health status of school-going children is

however potentially far-reaching; for instance, the physical well-being of the child directly affects educational achievement, and contributes to a reduced dropout rate. Schools, therefor, constitute a crucial venue for programmes aimed at promoting the health of young people, their families and communities (Vergnani *et al*, 1998: 45). There is also an important association between the educational status of the mother and the health of her children, which makes efforts to improve the health and educational achievement of girls especially urgent (Ross, Nelson & Kolbe in Vergnani, *et al*, 1998:46). In addition, encouraging girls in disadvantaged communities to stay in school longer results in delayed childbearing and thus better obstetrics and child health outcomes (Mc Coy in Vergnani, *et al*, 1998 : 45).

4. SCHOOL/CHILD HEALTH PROGRAMMES IN SOUTH AFRICA

Various approaches are followed or in the planning phase in order to address this huge yet sadly neglected problem.

4.1 School health services

School health services offer an opportunity to access large numbers of children for interventions that can improve their health. At present in South Africa school health services are provided by the national and provincial health departments and generally rendered by teams of registered and enrolled nurses. These services include some or all of the following:

- Assessment of vision, hearing and nutrition;
- Follow-up and home visits where appropriate and possible;
- Development of student health record cards; and
- Health education.

In 1999, some five years after the introduction of the new government in South Africa, school health services are still fragmented, have low status and lack both resources and staff. There is minimal community participation and partnership, and the approach is not comprehensive in that it does not take into account the social, economic and political context of the learners. There is also no national policy on the provision of school health services, which inhibits appropriate long-term planning and co-ordination.

Flisher and Reddy (in Vergnani, *et al*, 1998: 48) add the following characteristics of health promotion efforts offered in South African schools:

- there is a prioritisation of screening despite limited referral pathways and minimal evidence that the effort expended has been justified;

- there is a dearth of information regarding behaviours that place people at risk;
- when such behaviours are addressed it is not done in a comprehensive manner;
- scant attention is paid to the inter-relationships between risk-taking behaviours; and
- little attention is paid to the development of skills that enable adolescents to choose health-promoting behaviours.

Nurse:student ratios vary from 1:8000 to 1:42000, with visits to schools more or less once in three years. With the current shortage of financial resources, which is likely to continue over the next couple of years, posts are getting frozen and there is little likelihood that the position will improve substantially in the foreseeable future.

A study done in 1998 in Kwazulu-Natal, found that the common health problems included:

- dental caries (28%)
- eye problems (17.9%)
- skin problems (12.2%)

Of the 156 pupils who had been seen by a school nurse, 108 (70%) were given a letter of referral for further attention to the problem. Only 53% of these children went for treatment. The reasons for not going included:

- Lack of money 20%
- No time 12.5%
- Parents did not perceive the need for treatment 12%
- Home remedy used 7.5%

Another problem these nurses experienced was the lack of specialist services to refer to. This was particularly acute in the rural areas (Anon, 1998: 10 - 11).

4.2 Policies related to child health

At the policy level, the new government has, however, made a number of important commitments to children, which include :

- the ratification of the UN Convention of Rights of the Child in 1995; and
- Article 28 in the Bill of Rights in the new South African Constitution (1996), which recognises the basic rights of children to nutrition, health care, shelter and social services as well as freedom from neglect, abuse and exploitation (Biersteker in Vergnani, *et al,* 1998:48).

4.3 Addressing policy changes

New policies are characterised by a focus on health promotion and entering into dialogue

with the communities to whom the services are directed. In 1996 the government launched the National Programme of Action for Children in South Africa. This programme attempts to integrate all policies and plans developed by government departments to promote the well-being of children. It is overseen by a cabinet appointed Interministerial Core Group that is an example of intersectoral collaboration. It includes representatives of the Department of Health, Welfare and Population Development, Education, Water Affairs and Forestry, Justice, Finance, the Reconstruction and Development Plan, UNICEF and the National Childrens Rights Committee. They have identified seven priority areas for children, namely:

- Nutrition
- Child and maternal health
- Water and sanitation
- Basic education
- Social welfare development
- Leisure and cultural activities
- Child protection measures

The Department of Health, Social Welfare, Education, and Arts, Sports and Recreation have also recently formed intersectoral task teams to focus on :

- School health and nutrition
- Health and welfare education/promotion
- Therapist services
- School social work
- Child abuse
- Children on the street
- Crèches
- Referrals to reform schools/schools of industry
- Special needs in education
- Life skills programmes
- Population development

On the Department of Health side, there are currently developments to compile policy on school health services, placing emphasis on the importance of developing school health services within the context of a health promoting schools framework.

4.4 Curriculum 2005

Recent developments in both health and education policy reflect further important changes. Lifeskills education (called *Life Orientation*) is now a recognised focus of learning in

Curriculum 2005, which is currently being implemented in South Africa.

4.5 Integrated Management of Childhood illness

The programme is based on a syndromic approach, where the severity of the illness is classified initially, regardless of the cause and the management is geared accordingly. A further and very important component of management is the counselling of the mother to ensure that she becomes the key member in the team. This approach does not need the sophisticated use of instruments, but places emphasis on the use of basic skills of look, listen and feel.

4.6 Health Promoting school

The uses of schools as health-promoting environments are crucial. In examining the development of health promoting schools in South Africa, two divergent pictures emerge. On the one hand it appears that the provision of school health services is still inadequate. On the other hand there has been progress in policy development and intersectoral collaboration, which relates directly or indirectly to the establishment of health promoting schools. The progress however has taken the form of theoretical, conceptual and paradigm shifts, but the resource allocation to support the shift is not yet evident.

Schools are important venues that reach most young people at one or other stage, thus making them ideal venues for health promotion. The health promoting school concept developed internationally in response to approaches of school health education that did not appear to achieve behavioural changes necessary to improve the health of learners (such as safer sex practices and reduced smoking, drug and alcohol usage).

According to the World Health Organisation (WHO, 1993 : 1):

The health promoting school aims at achieving healthy lifestyles for the total school population by developing supportive environments conducive to the promotion of health. It offers opportunities for, and requires commitments to, the provision of safe and health-enhancing social and physical environment.

The National Department of Health has established a Health Promoting Schools Committee with representatives from Health and Education. The goals of this committee will be to ensure that the goals of school health promotion realise. The goals of school health promotion according to Williams and Reddy (1998:34) are to:

- develop settings and structures that promote and sustain health;

- improve the physical environments within which children live, work and play;
- improve childrens capacity to become and stay healthy;
- reduce the number of children who are affected by learning difficulties;
- reduce the number of children who are at risk of illness, injury or premature mortality;
- improve the health and quality of life of children who experience disease, injury or disability.

On 25 and 26 February of this year a workshop on health promoting schools was held. The main purpose was to introduce the concept to various stakeholders and to start a process of collaboration.

The strategies identified for creating health promoting schools in South Africa include: advocacy; inter-sectoral collaboration; rationalisation of existing services; a holistic approach to health; whole school development; lifeskills education; addressing the attitudes and practice of education and health personnel; community participation; research; and the development of demonstration programmes (Vergnani, *et al,* 1998: 44).

4.7 Non-governmental organisations

Various non-governmental organisations operate in the field of health promotion and include health education activities. However, the effective functioning of these programmes are often impaired by inadequate funding and training, and sometimes by difficulty in gaining access to the schools. Unfortunately many of these organisations work in isolation (Vergnani, *et al,* 1998:50).

There has, however, recently been promising co-operation between the government and non-governmental organisations in the fields of lifeskills and AIDS education.

4.8 Reconstruction and development Plan

Regarding school health promotion, the original policy document states that: A unit within the National Health Service must co-ordinate and monitor services aimed at youth, in particular education campaigns to combat substance abuse, teenage parenthood and sexually transmitted diseases amongst the youth (Naidoo in Vergnani, *et al,* 1998: 50). However, most of the budget is presently being spent on housing, and remaining basic needs of impoverished communities.

5. IN CONCLUSION

Given the urgent need for establishing health promotion in schools in South Africa and the inadequacy of present provision of these services, the development of a comprehensive school health promotion strategy involving all the relevant stakeholders is an urgent priority.

Vergnani, *et al,* (1998: 51 - 54) identified various critical tasks that need to be pursued:

- Advocacy for the development of a national committee to activate health promotion in schools in South Africa is crucial.
- In order to develop health promoting schools, collaboration across sectors is essential.
- All existing services, within and outside of schools, should be rationalised and optimally utilised.
- School health services need to be based on a holistic approach to health.
- There is a crucial need for a whole school development approach to health promotion in South Africa.
- In order to achieve health promotion through schools, health education as part of lifeskills education should become part of the curriculum at primary and secondary school levels.
- The role of teachers and the broad spectrum of health personnel in creating and maintaining health-promoting schools are crucial and there is an urgent need to change their attitudes and practice to incorporate the holistic approach mentioned above.
- There is a need to move from the present top-down to a more bottom-up, participative approach to curriculum development and delivery of services.
- In order to reach out-of-school youth and the wider community, alternative venues for health promotion need to be developed.
- There is an urgent need for research to develop optimal methods and content of health promotion through schools.
- The areas of research is oft neglected, particularly in developing countries, as it is felt that money is better spent providing the actual services needed than on first world research.
- Linked closely to the area of research is the need for the development of demonstration programmes that, after thorough evaluation, can act as models for other schools and inform policy.

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남아공의 학교보건사업

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서 론

최근 건강증진의 개념이 확대되고 있으며, 학교보건의 개념도 포괄적인 개념으로 중요시되고 있다. 남아공의 어린이들은 아직 건강한 생활을 충분히 향유하고 있지는 못하고 있다. 전염성질환과 생활습관과 관련된 질병들이 문제시되고 있는데 이러한 것들을 해결하기 위한 방안의 일환으로서 학교보건교육이 필요하다.

주요사업

학교보건사업은 주로 학교보건간호사(School health nurse)에 의해 제공되고 있는데, 간단한 질병, 보고 듣는 것과 영양, Follow-up, 학생건강기록 카드의 개발, 보건교육의 시행, 필요시의 후송 등이다.

제도 및 정책

19세 이하의 아동 인구는 전체 인구의 반수정도이다. 2000년대가 되면 이들 젊은 인구는 12-14백 만명이 될 것으로 추산된다. 학교보건법(school health act)에 의해 여러 가지의 사항들이 규정되어 있고, 성적인 문제, 마약, 약물남용, 스트레스, 폭력 등의 문제가 주요 해결 과제이다. 남아공의 흑인 어린이들의 61%가 빈민인 것도 주요 학교 보건 문제 중의 하나이다. 학생들의 주요 보건문제는dental caries, eye problems, skin problems 등이다.

보건문제 담당 정부부처는 Department of Health, Social Welfare, Education, and Arts, Sports and Recreation이다. 최근, Curricurum 2005를 개발하여 생활습관 관련 보건교육을 시키고 있다. 또한, 학동 질병 관리를 통합화하여 관리하고 있고, 건강증진 학교를 운영하고 있고, 비정부기구와의 협력을 통한 학교보건교육을 강화하고 있다. 아울러, 청소년의 약물 남용, 십대 미혼모, 성행위에 의한 성병을 줄이기 위한 운동을 강력히 전개하고 있다.

결 론

학생들의 건강증진을 위해서는 포괄적인 건강증진전략의 개발 시행이 필요하다. 이를 위해 우선 순위의 설정이 필요하다. 학교에서의 건강증진을 달성화기 위해서 생활습관을 바꾸는 보건교육을 시행하고 있으며, 학교의 학년 등급에 따른 교과과정을 설정하고 있다.

(요약 : 고신대학교 보건학과 교수 남은우)