

School Health and Primary Health Care

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Dr. Jong Kun Kim, distinguished guests, ladies and gentlemen.

It is with great pleasure that I am addressing your seminar dealing with such an important issue as School Health and Primary Health Care.

As we all know, the strategy for Health for All through Primary Health Care adopted by the World Health Assembly and by this country means that all people should have at least such a level of health that they are capable of working productively and of participating actively in the social life of the community in which they live. To attain such a level of health every individual should have access to primary health care and through it to all levels of a comprehensive health system.

Specific population groups require special attention because their health and welfare have profound social, demographic and economic implications for society. Among these groups priority is given to children and adolescents, and school health constitute one the best ways to provide health care to them.

The health of young people has always been considered important but in recent years, particularly for adolescents, it has emerged as a major issue in all societies. The energy and idealism of young people are an important potential resource in primary health care and health-for-all strategies; their behaviour is a key to their own present health, their subsequent health in adult life and the health of their future children.

Although their health problems take many forms, the underlying bases of these problems are often common and the methodological approaches to their prevention are similar. Meeting the needs of young people requires appropriate socially and culturally adapted action. Such action must respond to the developmental needs of young people in all societies in the transition from childhood to adulthood in order to support their development of healthy life styles and to ensure their preparation for responsible parenthood. These measures will help to minimize the risk of pregnancy before adolescents are prepared for the responsibilities of parenthood. Moreover, ado-

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lescent pregnancy is associated with high risks of maternal and child morbidity and mortality as well as low birth-weight. Risk-taking, while a natural part of growing up, may result in health hazards, starting with activities which are intrinsically promotive of health, such as sport, but which can give rise to injuries. Risks, e.g., of road accidents and sexually transmitted diseases, associated with behaviour, including tobacco use, excessive alcohol consumption and drug abuse, can also affect young people, with both immediate and long-term health and social consequences. IN some cases emotional instability in this age-group can give rise to psychosocial problems and even suicide.

Therefore the collaboration of many sectors and disciplines is particularly important for health promotion, risk education and disease prevention among young people; these are requested in school health programmes.

School Health and Primary Health Care in the Republic of Korea

Within the Western Pacific Region, the Republic of Korea is one of two countries that have collaborative activities with WHO in the development of school primary health care through Research and Development and organization of seminars and workshops.

The Research and Development project is executed by the School of Public Health at Seoul National

University and more details may be provided during the course of this seminar by Professor Hwa-Joong Kim. The project is in its third year of collaboration with WHO, and it is expected to go on for two more years to complete the development of School Primary Health Care programme including the revision of the School Primary Health Centre Act in Korea and the training of school nurse practitioners in primary health care approach by restructuring the school health services in selected project schools in three provinces. The Ministry of Education is also an active participant in this project which includes three phases:

1. A Promotional Phase (1985-1985) with four main activities

- The school community diagnosis baseline information,
- An orientation seminar on primary health care concept/approach in school for policy makers and health and relevant administrators in education system,
- An orientation workshop on input of school nursing in primary health care for school nurses,
- The development of job description for school nurse practitioners.

2. An implementation Phase (1986-1989) during which it is expected to carry on the following:

- Development of competency-based curriculum development for school nurse practitioners,
- A trainers training,
- The training of school nurse practitioners in selected schools in three provinces,
- A mid-term assessment of school nurse practitioners curriculum,

3. An Evaluation and Expansion Phase(1989-1990)

With an internal evaluation by project staff and an external evaluation by WHO consultant in late 1989.

When this project activity is completed in 1989, we have good hope that it would be one of the successful primary health care approaches applied at country level in the Western Pacific Region.

Future Development

The Eighth General Programme of Work covering the period 1990-1995 provides possibilities for future development in school health programme.

As mentioned in the documents, WHO will collaborate with countries developing and strengthening health education for youth with the cooperation of the education sector. Support will be provided in designing curricula and developing teachers guides and teaching/learning materials for school health education, as well as in developing interactive school/community relationships for health development. Concerted efforts will be made to

establish or strengthen mechanisms for joint efforts by the ministries of education and health to develop national school health education policies and to design appropriate curricula for various grades and for teacher training institutions

At all levels the Organization will undertake concerted advocacy for the health of mothers and children and will thus advocate social support to families and school health and day care of children.

It is also expected that collaboration and joint programming with UNICEF, UNFPA, UNESCO, and non-governmental organizations will continue in activities relating to school health and health education.

Finally, but not the least by 1995, WHO will have made available appropriate methods for the promotion of adolescent health, risk reduction and disease prevention at different locations including the school and within the health system.

As a matter of conclusion, I would like to express the wishes of my Organization to continue its support to the school health programme in the Republic of Korea. I hope that further development will lead to the adoption of a new School Health Act providing school health and health education to all children and youth in accordance with agreed policies and programmes within the Health for All Strategy.