

22nd

International Association  
for Adolescent Health  
(IAAH) European  
Regional Conference



Joint Event:

15th STATE OF THE  
ART Panhellenic  
Adolescent Health /  
Medicine Congress

*Youth Development Challenges in the post-COVID-19 era*

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## Health promotion in schools: An innovative approach in primary schools.

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### Introduction

Nowadays, young people face several health challenges. On one hand, a high intake of total fat, free sugars, and salt, along with the lack of physical activity, have contributed to increase children's obesity at alarming rates; on the other hand, adolescents' lives are threatened by addictive and risky behaviours (e.g. tobacco smoking, alcohol, substance abuse, internet addiction, unprotected sex, inter-personal violence, intentional self-harm, extreme "deadly selfies" [1].

As children and teenagers spend most of their time in the classroom, schools may have the opportunity to positively influence students' quality of life, playing a crucial role in fostering their health [2]. The World Health Organization (WHO) suggests that health literacy should be incorporated in the core curriculum as children enter school, supported by a health-promoting school environment. Health promoting schools (HPS) are regarded as a whole school approach. Health promotion programs and interventions are designed to encourage behavioral changes in children, encouraging them to make safe and healthy life choices. Both health promotion and modern concepts of education share a participatory and holistic approach [3,4,5].

Improvement of health literacy, health behavioral change, creating a supportive physical and social environment to be more conducive to health should be the focus of child and adolescent public health [6]. A comprehensive school commitment towards students' global wellbeing is expected to positively impact both children's behaviours and their families. School-based health promotion is more successful if a "whole-school approach" is adopted. Working together with families or communities (in collaboration with available health professionals) help schools in more effectively spreading a "culture of prevention" [7].

In the view of the individual development, the primary commitment of school systems – along with students' academic achievements – should be the improvement of children's physical, mental and social wellbeing [8]. In our vision, school may represent the optimal setting to display educational health-related interventions, as educators can have the opportunity to positively influence – day by day – students' life-long learning [9].

The complexity of nowadays requires a deep change in teaching and learning practices, shifting the focus from the mere transmission of notions to active and motivational approaches,

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able to equip students with a fruitful knowledge and a wide range of life skills [10].

School-based health promotion is more successful if a “whole-school approach” (based on comprehensive school policies) is adopted, paying also attention to school physical environment (appeal and sustainability of buildings, grounds and surroundings). Community links are an additional relevant dimension, because working together with families or communities (in collaboration with available health professionals) help schools in more effectively spreading a “culture of prevention [11].

#### **Method**

This innovative health promotion program relied on developing skills for choices that protect and promote mental and physical health and social well-being through active and experiential learning. Different health promotion aim was selected according to pupil age:

6-7 y.o: Health diet

7-8 y.o: Active lifestyle-physical activity

8-9 y.o: Accident prevention

9-10 y.o: Stigma-diversity

10-11 y.o: Internet addiction

11-12 y.o: Sexual education

In this innovative health promotion programme, an array of participatory activities were chosen in each class such as class discussions, debates, case analysis, brainstorming, small working groups, adopt role playing, lecture with discussion,

demonstration, peer teaching, co-writing, co-creating projects, educational games and simulations, storytelling, in order to enhance students’ health learning outcomes. The target group consists of 180 children from all classes of the primary school of a pilot school (Agios Vassilios of Patras). Before the start of the interventions, a meeting was held with the parents with the aim of informing and raising awareness about the program. There was a presentation of a program with PowerPoint, a free discussion and information brochures were distributed to the parents of each class. In the middle of the program, a second parents' meeting was held where their views on the program were discussed and at the end of the program all the students' projects were presented in the presence of parents and teachers. Evaluation of the impact of intervention in each class has been implemented using qualitative analysis (interview and blog trees).

#### **Results**

The students, through active and experiential learning, showed special interest and awareness for the program, concerns were raised, while the positive climate and our perfect cooperation prove that most of the program's goals were achieved for the most part.

In total:

- Program was run in 6 classes
- 180 children participated (100%)

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- 164 hours of training were carried out
- 55 thematic modules were developed
- 108 presentations and interventions
- 21 artistic creations
- 150 leaflets were distributed to parents

All children showed important improvement in their knowledge about health promotion issues. They also enjoyed this type of health promotion education.

#### **Conclusions**

The promotion of students' wellbeing could reduce the prevalence of measurable unhealthy outcomes and improve their academic achievements. In this perspective, primary prevention and health promotion should start as early as possible, finding in the school the ideal setting of action. However, even though there is a strong evidence for implementing health education in school setting, the effects of this kind of interventions are variable and there is no guarantee of success, unless a full commitment of teachers and school staff is displayed. It has been proven by many research that the vertical transmission of knowledge based on passive acquisition of information should be avoided by adopting experiential and participatory approaches that help students' to develop transversal competences and personal re-construction of knowledge, stimulating their agency [2].

Health educational interventions should start as early as possible, addressing all areas of children's growth (physical, emotional, social, and cognitive development) and should be

planned at different levels of operation (with a structured and continuous monitoring of the processes and outcomes): universal programmes for the whole school or targeted preventive actions focused on most vulnerable groups. [12]The urgency of putting more efforts on health literacy at school is also triggered by the COVID-19 pandemic and other possible challenges arising from the altered ecosystems balance due to human activities [13].

However, even though there is strong evidence for implementing health education in school setting, the effects of this kind of interventions are variable and there is no guarantee of success, unless a full commitment of teachers and school staff is displayed [14,15].

Health education and health promotion programmes should be incorporated in school curriculum. Educators should be adequately trained on how to raise students' motivation towards healthy/sustainable lifestyles and display the most innovative participatory methodologies, in order to effectively convey health knowledge to young people, fostering at the same time their critical thinking about harmful consequences of risky behaviours. Moreover, schools have to cope with the lack of financial resources and expert staff (e.g. PhD candidates, professional health services, school nurses, pedagogical and psychological consultants potentially useful for specific targeted interventions), that could be possibly provided to the school system [2,16].

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