

Exploring the Needs of Compulsory Health Education in Schools as Core Curriculum Requirement: Evidence from Turbat, Balochistan

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The closure of schools in the recent COVID-19 pandemic made every parent concerned regarding their children's health at school. Children are the most important and loved part of every parents' life therefore their health is the utmost priority of parent's. The purpose of this research was to describe the current secondary school student's health status in Turbat district. Secondary school health is often an ignored subject in Pakistan. Through effective school health education, students can be prevented from catching infectious diseases through preventative measures and making them adopt healthy lifestyles to protect them from several diseases. Countries around the globe have achieved significant outcomes through implementing effective school health programs. The Punjab health sector reform program achieved remarkable results. The samples for this study were n= 240 students from six different schools collected from three Girls' High Schools and from three Boys' High School. This descriptive study through a survey method narrated the health measures regarding needs of school-going children. For this purpose, the study adopted a quantitative research method for data collection. The participants were selected through convenience sampling method. Data was collected from the participants through consent letters, self-administration of the tool and an online survey where ever possible from the registered schools in district Turbat in Baluchistan. The data was analyzed through SPSS V22. The study found that the provision of health requirements in school settings through a health promotion program can bring change in overall well-being of young school-going children. For a healthier and prosperous generation health requirement are required to promote and

strengthen school health education. The Government of Pakistan needs to increase the investment on health and education integration.- Thus, imitating a similar program in secondary schools in Turbat, Balochistan can bring fruitful lifelong results.

Key words: *Health Education, Adolescents, Physical activity, Substance use, Secondary School Education*

Background of the Study

Health education aspects comprise health problems and disorders, disease prevention and creating awareness among the public. It focuses on health promotion and prevention of diseases (Halcom, A.2010). Health education was introduced in the 19th century comprising a vast field of content such as food and nutrition, medical studies, skills and a code of conduct (Muhammad, 2010). According to the US department of health and human services 2007, health-related behavior that contribute to early death mostly develop in school age children, therefore the school health education can be a significant way to reinforce the healthy behaviours among school children.

Children are most valuable in parents' lives in an economically deprived state such as Pakistan. School-going children are at risk of being infected by various types of diseases. This risk is higher particularly in third world countries with low economies. (Farooq, 2011). Health problems in young children can be prevented by focusing on healthy behaviors. School has always been a potential place where a conducive environment can be provided to learn healthy behaviour. The world health organization WHO defined the concept of school health as a core curriculum requirement to form a dynamic healthy school culture focused on capacity in a setting for learning and working (Nousheen, Rozina & Saleema 2016).

School health is the branch of preventative medicine that focuses on prevention measures, early cure and promotion of health through schools. School health can be defined as a three-folded subject in school, children and community (Small, Majer, Allensworth, Farquhar, Kann, Pateman , 1995). School being a social institution can affect both health and education of the children. School can be an important contributor in health promotion and enhancing it can develop longer effects in the health sector and can determine the health of children.

According to educational experts, school is a place which works every day to strengthen the healthy environment. Children's hygiene, food and nutrition and diseases such as water born, seasonal, air born and communicable can be focused in schools. The integration of health and education can strengthen both the sectors. The recent Coronavirus pandemic raised the need to introduce health education. Nevertheless, schools cannot accomplish its primary purpose until the students are healthy: Children who are suffering from social and mental problems may not be able to perform well in examinations.

According to Lloyd, (2019) children cannot learn if they are hungry, stressed or injured. Engaging the students in formal and informal health educational settings can make them lifelong procedures and it is knowledge which can lead them to better health decisions later in life. Such collaborative settings can develop solutions for both individuals as well as community. For example, students suffering with asthma can be affected by their ill health conditions. Consequently, their studies may suffer and they can reduce pedagogic problems (Auld, Marin, Hampton, C.et al 2020). According to Parsla, (2011) in Pakistan, many policies regarding health education have been introduced, but these polices are not in practice. The elementary school curriculum seems to be very limited regarding learning about health problems and promotion against the diseases and infections in Pakistan (Hussain, Muhammad, Muhammad, 2015).

There is a need for advocacy to start public health programs and designing new activities at school level in Turbat district. These programs can be taught by teachers with a proper health trainings and certificates. In this present COVID-19 situation, it can be elaborated that it requires a new leadership and investment in education sector to bring a healthier and safer future. The general public can be made more aware about their life styles and in this way, they can protect diseases by introducing health education in the school curriculum. They can be taught early about their health (Rahul, 2019). The school health programs are multi-disciplinary and a primary plan of action to improve the health of students. Such collaboration between health and education are highly encouraged to improve both health and education. Since the last three decades, such policies and partnership are being carried into practice where the integrated team members of both sectors work independently and periodically together in order to integrate and accomplish the mission of both sectors (Kolbe, Allensworth, .et al, 2015).

Health education and school health are two separate disciplines but often considered as the same, therefore support and training for in service teachers is not being given the required consideration, more efforts are needed for preparing health professionals and training of health educators (Birch, Goekler, & lyde,2019). Health education related programs at school level not only promotes healthy attitudes and behaviour, it can also be a place to engage and practice healthy routine that can enable students to learn lifelong habits and reduce the chances of current and future health risks. Such programs can educate and empower the efficacy of students and teachers. The role of the school needs to be broader than just educating academically. The tasks for understanding the well-being of humans can be taught in schools too (Hussain, I,2007)

Research Objectives

- To find out the health problems of secondary school students.
- To investigate the need of integrated health education at secondary in Turbat
- To study possibilities of introducing health programmes in schools in Turbat

Research Questions

1. What are the health problems of secondary school students?
2. What are the possibilities of health education implementation in schools in district Turbat?
3. What strategies are possible to implement the health education programme as part of core curriculum?

Research Hypothesis

H: The health status of secondary school students is dependent on disease prevention and control measures, healthy eating, physical activity, safety and non-smoking environment.

H0: The health status of secondary school students is not dependent on disease prevention and control measures, healthy eating, physical activity, safety and non-smoking environment.

Significance of the Study

This study adds knowledge for the education sector, particularly regarding individuals and community health. This study will attempt to draw the attention of Government departments in order to elaborate the importance of introducing public health into education as the closure of schools and the other educational institutes in the recent coronavirus pandemic created an alarming situation globally and nationally. The findings of this study will not only help the school education sector, but also the health sector in order to take measures to provide a healthier and safer school environment.

Delimitation of the Study

This study focused only the health-related problems among secondary school students and the requirement of subsequent programs in order to help students to cope with their health-related issues. Sample size, time length, resources, access to information, application and funding are some of the delimitations of the study. The study may not be generalizable beyond its scope. Due to the limitations, it might not be able to elaborate at national due to various hurdles such as time, finance and geography.

Review of Literature

The growing and developing scientific evidence encourages synergy of health and education rather than competing with each other (Littlecott, Murphy 2018). Education policy makers are increasingly supporting this hybridization: In Wales, several policy developments have extended their support for health and well-being. The well-being of the Future Generations Act (Donald, 2015) considers the health impact to all public schools. The Donaldson Review has



triggered the processes of curriculum reform by including health and well-being of students as one of the six key areas of learning and experience, and as one of the key pillars of education against which school's performance will be monitored (Donald, 2015). It is suggested that the health and education sectors can bring positive outcomes in health and education. Healthy children can learn better and later in their lives they can live longer, be healthier and wealthier. (Kolbe, Diane, Allensworth, William, 2015).

The role of schools in the promotion of health has long been recognized by the World Health Organization (WHO) through its Health Promoting Schools programme. The WHO initiated the HPS for the awareness of health and wellbeing within the community and everyday life (Raeburn, 1998) Further ideas of HPS are fairness of access, empowering the masses through knowledge and skills, and linking the families and the community (Anne, Smith 2004). The most important aspect of HPS is the curriculum taught and school philosophy for health promotion. Further, The American Institute of Medicine suggested that as a society, it is necessary that something should be done to work collectively and develop such policies to benefit more than one sector only (IOM, 1998). An oral hygiene program in Bangladesh showed significant result in attitude and practices of grade 6-8 students. Their knowledge of regular tooth brushing increased from 43.7% to 89.7% and the behaviour to visit a dentist rose from 38.1% to 73%, and the use of fluoride toothpaste also increased from 4.5 % to 46.5%. Similarly, the oral health education programs in Brazil and Indonesia also showed positive outcomes (Haque, Rahman, Mutahara, et al, 2016). New Zealand's Health and Physical Education have also recognized the importance of schools in promoting health. The first objective of the curriculum is knowledge development, understandings, skill development and attitudes required to maintain and enhance physical development and personal health, and the need to participate in creating healthy communities and environments by taking responsible and critical decisions and action.

According to socio-cultural theories, children build relations and develop understanding mutually by communicating with each other (Smith, 2002). Schools are influential sites where endorsed roles, relationships and activities inspire young people. Another factor of direction for this research is the Article 24 of UNCROC. Young people and children have the right to have standard health facilities and treatment as described in the article 24 of UNCROC. It further stresses on providing of basic health care and public health education. New Zealand approved the UNCRCO in 1993, and now it is an essential global manuscript which has encouraged development of various schemes in order to monitor the rights and develop indicators for children's health (Tylor, N, 2001). Schools, to a great extent, influence health and education. This can determine future generation's health and academic productivity. Recent studies recommend that healthy children learn better and can be more productive and school can be used as a primary tool to improve the results of both education and health. The modern school health programs include physical education, nutrition, mental health and environmental education (Lloyad, K, 2019). Children can be good ambassadors to the



community as they practice their learned behavior outside school, at home and in society (Morse, Allensworth 2015).

School Health Promotion in Pakistan

Pakistan became the signatory of the Alma Ata 1978 declaration of provision of primary health care. However, a major step has been taken by initiating Lady Health Worker program; a national health program covering family planning and primary care by then Prime Minister Benazir Bhutto. The objective of this program was provision of health facilities to poor and vulnerable populations (Mohammad, Babar, Ashfaq, 2013). Pakistan extended this program for provision of primary health care and appointed physicians in rural and vulnerable communities, but these appointed healthcare workers could not succeed to the expected extent. (UNESCO 2010). Unfortunately, the mass population of Pakistan is not aware about health education (Parsla, 2011). The provincial government of Punjab has developed the Punjab health sector reform program. Under this program, students are screened and teachers' capacity regarding school health has been built. This program is considered as a change agent in school health promotion, but in other provinces, no such evidence is present. (PHSRP 2009). The National Commission of Human Development has introduced school health programs in 17 districts of Pakistan. Moreover, the Federal Ministry of Education in collaboration with United Nation Educational, Scientific and Cultural Organization (UNESCO) initiated school health programs, but as a whole, the school health in Pakistan is still a new subject (Shireen, A, 2015).

School health is an essential component in children's health. This subject has been endorsed by the WHO too, but in Pakistan, due consideration to this topic is not being paid. Health education is limited to course work only and is not enough to create behavioural changes (Almas, Iqbal, Sabir, Ghani, & Kazmi 2020). The connection between an effective school health program and students' achievement cannot be ignored as students with poor health experience more absenteeism, than a child with a good health, so a child with more absenteeism face problems in studies (Ahmed, Syed Hassan 2013). Effective school health programs can reduce bullying, smoking, reduction in dropout rate, significant learning outcomes, improvement in children health and prevention in spread of diseases (Government of Pakistan 2010).

Nature and Design of the Study

The study is descriptive in nature and applied quantitative research methodology. In this paradigm, this study adopted survey methods of research as the main purpose of this study in analyzing health education and identifying the problems and need of integration of health and education at elementary schools in Turbat, Balochistan. A survey method is used to collect data from a group of people which is known as the sample data which is collected through questions and possible answers (Check, & Schutt, 2012). According to Butta and Salya (2012), many

factors contribute in effective school health education such as peer, parents and community. Focusing resources on effective school health (FRESH) has four components:

1. The said school should have a health policy which covers all aspects of health.
2. Provision of safe drinking water and a sanitation facility.
3. School-based approach to health management and administration.
4. School-based provision of health and nutrition services with counseling and eating attitudes.

This is necessary to develop inter-sector partnerships such as health and education for children and community. FRESH has been supported by UNESCO, WHO, UNICEF and World Bank as well as sponsoring agencies locally and internationally. These agencies know that healthy schools are an assurance towards a healthy country.

Population and Sample

This study focused on student's health regarding health problems and the needs of integration of health and education in secondary schools in district Turbat. The research study included individuals and events that may meet the study inclusion criteria (Burns, & Grove 1993). All the secondary school students from boys' and girls' public schools in the district of Turbat were considered as population for this study. The total numbers of secondary school for boys are 38 and for girls are 19 in the district of Turbat. Stratified sampling for data collection was adopted. Forty students were selected through convenient sampling from Grade 9 and Grade 10 from each school. The sample consisted of 240 girls and boys so the samplings of this study also focused on multistage sampling.

Data Collection Procedure

Before conducting the survey, formal permission was taken from DEO, district education officer. The data was collected through a survey method from six different schools of district Turbat. Among those three schools were secondary schools for girls and the rest three schools were secondary schools for boys. A sample of $n=40$ students of Grade 9 and 10 responded for this study. Three boy's secondary schools and three girl's secondary schools were selected randomly. The researchers visited every school to collect the data for this study. The study used primary data that was collected through a closed-ended questionnaire. For the purpose of data collection, 180 questionnaires were distributed to respondents. Data was collected by researchers in person and analyzed using SPSS. The quantitative data deals with numbers and analyses through statistics to describe an issue or problem (Williams, 2011).

Research Instrument

The questionnaire was closed-ended and focused on the health issues of the school students. It tried to cover six different areas of student's health 1) Healthy eating, 2) Adolescences, 3)

Disease Prevention and Control, 4) Safety, 5) Use of Smoking and Substances, 6) Physical Activity. It comprised 37 items. The questionnaire validity was confirmed by expert opinion and through Cronbach Alpha coefficient which was 0.758

Data Analysis

The researcher used Statistical Package for Social Sciences (SPSS) for data analyzing.

Table 1: Hypothesis 1

Chi-Square Tests			
	Value	Df	Asymp. Sig. (2-sided)
Pearson Chi-Square	129.022 ^a	3	.000
Likelihood Ratio	149.303	3	.000
Linear-by-Linear Association	80.325	1	.000
N of Valid Cases	240		

a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 5.00.

Ho is rejected as the P-value is < 0.05 . We conclude that there is significant association between types of safety and security in the school and the performance of students in tests and examinations.

Table 2: Hypothesis 2

Chi-Square Tests			
	Value	Df	Asymp. Sig. (2-sided)
Pearson Chi-Square	168.511 ^a	3	.000
Likelihood Ratio	214.028	3	.000
Linear-by-Linear Association	112.902	1	.000
N of Valid Cases	240		

a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 5.50.

Ho is rejected as the P-value is < 0.05 . We conclude that there is significant association between healthy foods available at the canteen and students' performance in tests and examinations.

Table 3: Hypothesis 3

	Value	Df	Asymp. Sig. (2-sided)
Pearson Chi-Square	71.579 ^a	3	.000
Likelihood Ratio	92.866	3	.000
Linear-by-Linear Association	63.737	1	.000
N of Valid Cases	240		

a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 5.50.

H₀ is rejected as the P-value is < 0.05. We conclude that there is significant association between healthy sports activities and the performance of students in schools.

Table 4: Hypothesis 4

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	111.220 ^a	1	.000
Continuity Correction ^b	108.312	1	.000
Likelihood Ratio	141.961	1	.000
Fisher's Exact Test			
Linear-by-Linear Association	110.756	1	.000
N of Valid Cases	240		

a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 38.00.

Since the significance value is less than 0.05 and shows a close association between medical services available at schools and the performance of students in schools.

Table 5: Hypothesis 5

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	125.242 ^a	3	.000
Likelihood Ratio	153.647	3	.000
Linear-by-Linear Association	44.992	1	.000
N of Valid Cases	229		

a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 5.24.

The significance value is less than 0.05 which shows an association between awareness of diseases and performance of students in schools.

Table 6: Reliability Co-efficient

Reliability Statistics	
Cronbach's Alpha	N of Items
0.719	38

Findings of the Study

This research aimed to study the health status and analyze health knowledge and the need for a health-related curriculum for school students. For this purpose, a survey was conducted through a close-ended questionnaire. The collected data was analyzed using SPSS version 22. The findings of this research indicated that 49% of the sampled students did not have any kind of transport. They walked to school. Only 4% wore helmets during cycling. 46% were healthy and 58% had time tabled physical activities outside their school. Only 29% had physical training periods at their schools. 68 % of the participants had a drinking water facility at their school and 31% did not have this facility. 72 % had sanitation facility and 4% did not know about sanitation. In terms of healthy eating, 64 % participant included fruits, 17 % included vegetables, 36% drank milk daily, 31.5% ate chicken daily in their daily meal. 44.4% participant suffered from one or other form of allergy. 76.8% participant brushed their teeth daily and 81.3 had never visited a dentist in the last six months. 32 % noticed that their voice changed from the previous year. 53.5% did not know about their voice changing.

Only 39.4% noticed a change in their bodies and 45.6% were not sure of any change in their bodies. 72.2% of the participants wanted to learn about adolescents and 22.8% did not know about adolescents. 90.9% participant never smoked, 4.6% tried only once or twice and 4.1 % smoked on festivals and rituals. 59.4% participant did not eat Gutka. 17.5% participant's family members smoked wherever they wanted and 14.9% smoked outside homes. 79.7% never had an alcoholic beverage, 4.6% tried alcohol and 4.2% drank on special occasion. Secondary school samples were not provided in any health-related guidelines for 66.8% of the participant. 72.6% of the participants wanted to study a health-related syllabus and 4.6% were not interested in learning about health. From the test of hypotheses, it was found that secondary school students' academic performance was associated with types of safety and security in the school, healthy foods available at the school canteen, healthy sports activities, medical services available at the school and health awareness programmes and curriculum on staying healthy.

Recommendations

The study suggests that the Government of Pakistan invest in health-based curriculum in secondary schools as these students require a healthy environment to be active participants of the society. More budget in health-based school curriculum is a must in the context of newer challenges of health including COVID-19 pandemic and other viral diseases. A national school-health council may also be formed to monitor the performance of school academically,



administratively and on medical and health grounds. This may include a full-time educational psychologist and a nurse as a compulsory measure for all the schools across the nation. The four provincial health departments in collaboration with the department of education may develop a policy to focus the important characteristics and advantages of collaboration of both sectors.

The Government of Pakistan may convince the developed countries to support the school health education in Pakistan as well as encourage international donor agencies to work on school health, particularly UNICEF, UNESCO and WHO that can play an important role in both health and education. Besides, the introduction of at least one health education course that must fulfill the needs of basic health knowledge for all secondary students. The Government of Pakistan through local administration and professionals of health and education department may run an advocacy campaign at the local level regarding importance of school health and its impact on academic success.

The Government may recruit health professionals from a national health institution for school sector. The health-related syllabus may be taught by these trained staff and this syllabus may be aligned with national curriculum. In addition, a health counseling and monitoring committee may be formed comprising trained staff in every school. The physical education and health education may be considered as two different and important disciplines. The research culture in school health education may be promoted to meet the global challenges.

Conclusion

This descriptive survey research tried to describe the school health education. It seems health education is an unexplored sector in Pakistan. This study can open up new ideas and suggestion to authorities. Schools would boost up the health status if the health-based curriculum were introduced. This is the Government's responsibility to provide better strategies in health and education in order to provide a safer, healthier learning environment. The Healthy People 2020 acknowledged the efforts education made and included the health education as one of the national objectives to meet the national health standards by 2030 (ODPHP 2019).

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