

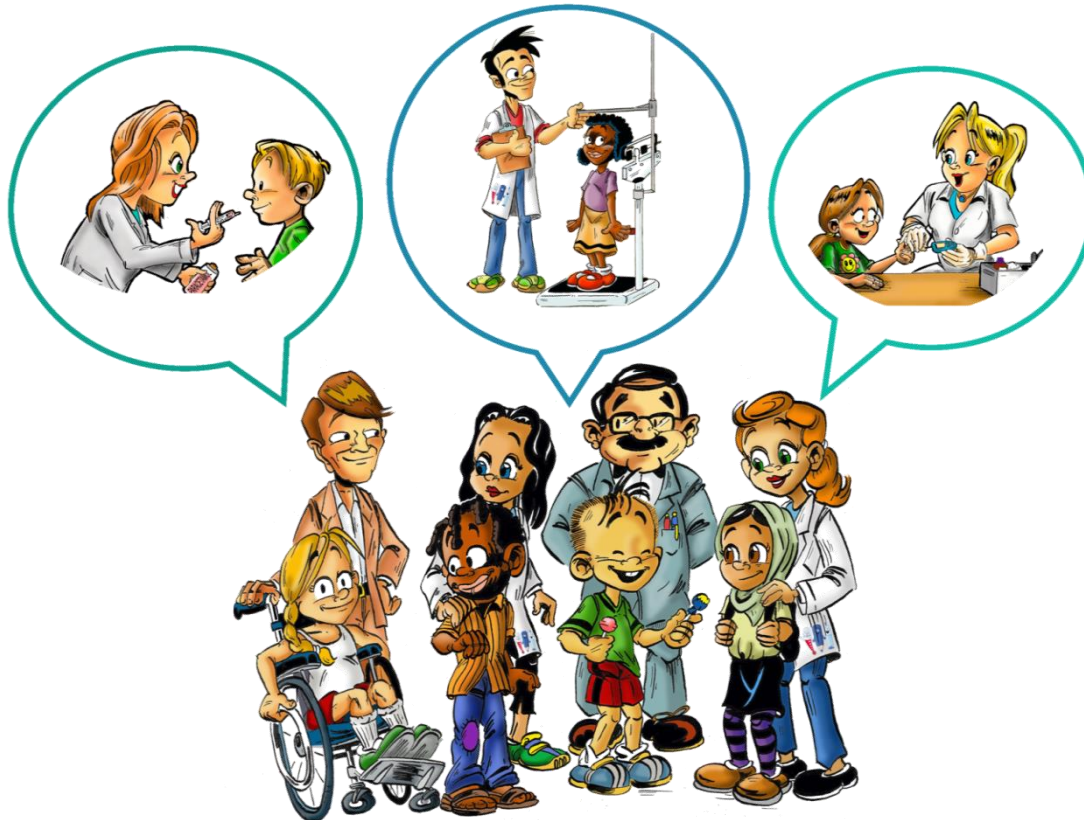


# HEALTH EDUCATION IN EUROPEAN SCHOOLS:

a powerful tool to boost changes on society's healthy habits.

**Health Education Programme in Schools & Institutes (HEPSI)**  
(Programa de Educación en Salud en las Escuelas e Institutos, PESEI)

PhD. Gràcia Soler; Sra. Rosa Subirós (nurse & anthropologist)



## Art. 24. Convention on the rights of the child. United Nation Convention. 20/11/1989



«Every child has the right to receive an education that ensures him or her, in egalitarian conditions of opportunities, to develop their aptitudes and personal judgment, their sense of moral and social responsibility. They'll have the right to grow up and develop in good health. States Parties recognize the right of the child to the enjoyment of the highest attainable standard of health and to facilities for the treatment of illness and rehabilitation of health. States Parties shall strive to ensure that no child is deprived of his or her right of access to such health care services. To ensure that all segments of society, in particular parents and children, are informed, have access to education and are supported in the use of basic knowledge of health, hygiene, environmental sanitation and the prevention of accidents. Education should seek to develop children's personality, abilities and, their mental and physical capabilities to their fullest potential »

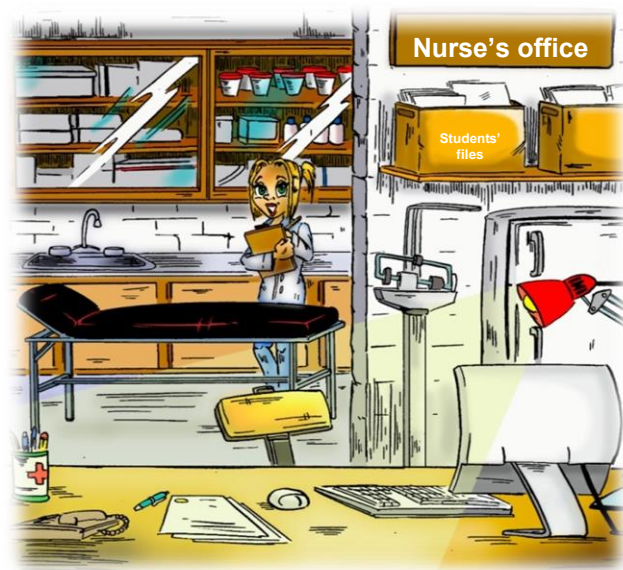
# THE IMPORTANCE OF HEALTH EDUCATION IN SCHOOLS



- The United Nations recognizes the potential of schools to influence the entire school community, not only on education, but in health promotion and socio-economical development.
- There is evidence that confirms the benefits of implementing health education in schools.
- Schools provide a suitable and supportive environment for the entire community.

# THE IMPORTANCE OF HEALTH EDUCATION IN SCHOOLS

- The school is the place where children and adolescents spend most of their childhood and youth.
- It is important to take into account the influence that school has on youngsters, which will subsequently have an impact on adolescence and adulthood.



# THE IMPORTANCE OF HEALTH EDUCATION IN SCHOOLS



- The school is the most appropriate environment to implement health education, because is during childhood where the acquisition of skills and knowledge takes place.
- Many illnesses and diseases present in today's society are directly related to bad habits acquired during childhood and adolescence. It's important to remember that these habits are hard to change during adulthood.
- If children grow up exposed to health care knowledge, good health is guaranteed in adulthood.

# THE IMPORTANCE OF HEALTH EDUCATION IN SCHOOLS



Different prestigious organizations and institutions such as WHO, UNESCO, UNICEF and the European Council, consider that the most effective means for health education and long-term healthy habits promotion is the school community.

It is an essential school subject to be implemented in all stages of compulsory education; it will provide quality of life to the entire community.

# THE IMPORTANCE OF HEALTH EDUCATION IN SCHOOLS



- In 1991, the **Schools for Health in Europe Network Foundation (SHE)**, started as a non-profit foundation to support the development and implementation of school health promotion.
- Currently, 33 member countries in Europe and Central Asia are part of SHE.
- SHE focuses on making health and wellbeing an integral part of policy development in the education and health sectors in Europe, to facilitate the acquisition of healthy habits and encourage schools to develop and implement health promotion activities.



# THE IMPORTANCE OF HEALTH EDUCATION IN SCHOOLS



- During the 1<sup>st</sup> Conference of the European Network of Health Promoting Schools (1997), the basic principles for the implementation of health education were defined, highlighting its importance and the positive investment in both education and in health.
- The 2<sup>nd</sup> and 3<sup>rd</sup> Conferences (2002 and 2009, respectively), reminded the importance of close participation between the education and health sectors to develop health promotion in all European schools.
- The 4<sup>th</sup> Conference (2013) stated the need for reinforcement, consolidation and dissemination based on research policies and case studies, for the implementation of health promotion in schools.

# WHO SHOULD BE IN CHARGE OF HEALTH EDUCATION AND HEALTH PROMOTION IN SCHOOLS?



## NURSES

- The International Council of Nurses recognises **HEALTH PROMOTION** as a fundamental basis to be developed and carried out by **nurses**.
- Nurses are health professionals who should be considered as **ADVISORS IN EUROPEAN HEALTH PROMOTION POLICIES**.

# SCHOOL NURSES' ROLES

Within the competencies of the school nurse to serve the educational community (students, teachers and parents) are:

- Health promotion
- Health management at school
- Advice on health promotion policies



## HEALTH EDUCATION CURRICULUM



### SPAIN

Physical activity and healthy eating  
Wellness and emotional health during childhood and adolescence  
Eating disorders prevention  
Substance abuse prevention: alcohol, tobacco and illegal drugs  
Hygiene habits  
Dental health  
Sex education and affectional orientation  
Prevention of unintended pregnancy  
Safety and prevention: risks, injuries and accidents

### THE UK

Nourishment and health education  
Healthy school lunch  
Physical activity promotion  
Drug and alcohol education  
Sex education and wellness  
Emotional and mental health  
Fitness and healthy eating  
Interpersonal relationship development  
Substance abuse prevention  
The environment  
Safety  
Hygiene

# HEALTH EDUCATION CURRICULUM



## FRANCE

Hygiene promotion  
Physical activity and nutrition  
Sex education  
Drug abuse prevention  
Prevention of addictive and harmful behaviours  
First aid education  
National healthy eating  
Prevention of overweight and obesity  
Prevention of addictive behaviours  
Importance and benefits of annual check-ups  
Emergency first response  
Assistance for children with illnesses / disabilities  
Postural and weight education  
Healthy school meals

## GERMANY

Health, body and motion awareness  
Nutritional appreciation  
Inclusive school  
Teachers' health  
The school as a living space  
School development and safe environments  
Sex education

# Health Education Programme in Schools & Institutes (HEPSI)

(Programa de Educación en Salud en Escuelas e Institutos, PESEI)



It emerges after the combination of the PESE and PESEI programmes.

- Agreed by professional school nurses.
- Biannually revised.
- A useful tool to work on health education in primary, secondary and high school education.
- Contains the necessary training activities to develop knowledge and health awareness.
- Seeks students' empowerment to take care of their own health.

# PROGRAMME STAGES (HEPSI)

It started after carrying out three different research works (2007-2010):

- 1<sup>st</sup> research stage: primary schools.
- 2<sup>nd</sup> research stage: secondary schools.
- 3<sup>rd</sup> research stage: adolescents' habits.



## INVESTIGATION WORK (2007-2008)



- Teachers from 102 schools participated in this research.
- A survey on possible health education topics was conducted.
- Pilot study carried out in 6 schools.
- 91% of the teachers recognized the need of having a health education programme.
- 70% considered nurses to be in charge of this programme.
- During 2010-2011 was presented in 473 centres in the province of Girona.
- 88% of respondents agreed that the school nurse role is highly important.



## INVESTIGATION WORK (2007-2008)



- After revising and discussing this programme, 98% of the teachers, as well as the schools' boards of education, agreed on the urgent need of implementing this programme in all schools.
- The results gathered were evaluated after carrying out the different research works.
- **Bibliographic research:** school education, school nursing, healthy habits, harmful behaviours, students' and school community's needs.
- **Main concerns:** eating habits, sexual relations, STDs, accidents, substance abuse, self-esteem, bioethics...

## INVESTIGATION WORK | Assessment findings



Teens' health portfolio to prevent and improve harmful behaviours by promoting healthy habits. (ACM 2009- 10 scholarship)

- A survey on students' harmful behaviours was conducted in 8 different schools.
- Results gathered information regarding bad habits among secondary students (key stage 4).
- A total of 1478 students, between 15 and 16-years-old, participated in this survey.
- Research results were presented during the IV National Congress of Nursing and School Health (Girona, 20<sup>th</sup> October, 2013).

## INVESTIGATION WORK | Assessment findings

### Survey results:

- Mediterranean diet deficiency: lower intake of fruits and vegetables vs higher intake of processed pastries.
- Alcohol: 40.9% of teens ingest alcohol.
- Tobacco: 45% of boys and 55% of girls smoke on a regular basis.
- Drugs: 24.4% of students consume drugs, being cannabis the most common one.
- Sexual relations: the mean for first sexual relations is 13.7-year-old. 83,3% use condoms as contraceptives and STDs protection.



## PROGRAMME CHARACTERISTICS (HEPSI)



- It integrates all the necessary health education contents.
- Divided into different modules to ease understanding.
- Contents adapted to students' age and needs.
- It has continuity, it begins during early childhood and continues until adolescence.
- It develops the necessary skills and knowledge to take care of one's health and to become aware of the community's health.
- Egalitarian conditions for participation in all the school community.
- It respects bioethical aspects.

# GENERAL CONTENTS

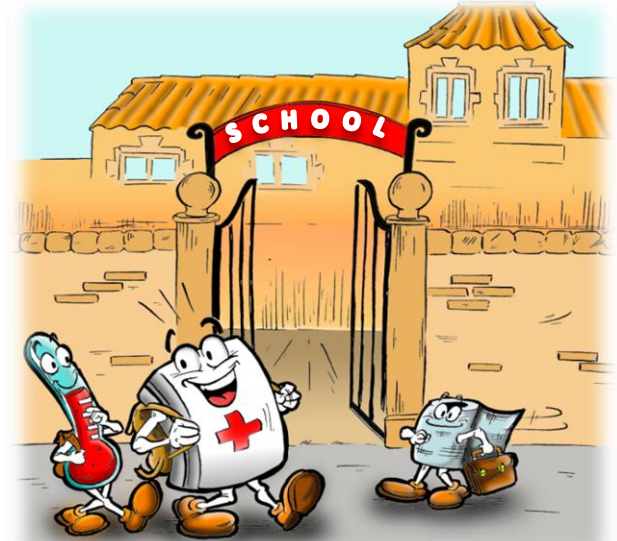
- Healthy habits
- Good posture habits
- Diversity, respect and tolerance
- ICTs and Internet addiction
- Accident prevention
- Environmental health
- CPR and first aid
- Substance abuse prevention
- Sex and affective education
- STDs
- Family and social relationships
- Bullying and Cyberbullying.
- Respect and tolerance in today's society.
- Contraceptive methods and their effectiveness
- Unintended pregnancy
- Healthy environments
- Disability
- Respect for life
- Self-esteem and group pressure



# TABLE OF CONTENTS (SAMPLE)

## Primary school (key stages 1 & 2)

- The human body
- The beginning of life
- Physical activity, health and hygiene habits
- Eating habits
- Leisure: rest and play habits
- Accident prevention
- Respect among classmates
- First aid education
- Family relationships
- Posture habits
- ICTs and Internet addiction



# TABLE OF CONTENTS (SAMPLE)

## Primary school (key stage 3)

- Physical changes (pre-adolescence and adolescence)
- Bioethics: life stages
- Hygiene and health
- Healthy eating
- Sleeping habits
- Accident prevention
- CPR and first aid education
- Leisure and sports
- Posture habits



# TABLE OF CONTENTS (SAMPLE)

## Secondary school (key stage 4 & 5)

- Emotion management and conflict resolution
- Diversity, tolerance, respect and equality in today's society
- Family and social relationships
- Harmful and risky behaviours
- Bullying and cyberbullying
- Sex and affective education





## FINAL CONCLUSIONS



- Establishes the basic guidelines for the implementation and development of **health education as a school subject**.
- Should be implemented in **ALL** European schools.
- Unifies the implementation and development criteria, providing egalitarian objectives in all European schools.
- A subject to be developed by nurses.
- Short and long-term investment, having positive effects on education and health of all European citizens.

# THANK YOU FOR YOUR ATTENTION!



[acise.cat](http://acise.cat)



[acise.2015@gmail.com](mailto:acise.2015@gmail.com)



[Aciseinfermeriaescolar](https://www.facebook.com/Aciseinfermeriaescolar)



[ACISEinfemeria](https://twitter.com/ACISEinfemeria)