Comprehensive school health education: suggested guidelines for action.

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This document is an outcome of the WHO/UNESCO/UNICEF Consultation on Strategies for Implementing Comprehensive School Health Education/Promotion Programmes held in WHO, Geneva from 25 to 29 November 1991. Twenty-five experts attended from the health education sectors of sixteen countries, as well as six NGOs together with the three cosponsors WHO, UNESCO and UNICEF plus UNFPA. The Consultation arrived at a consensus on a comprehensive approach to school health education and guiding principles for action.

WHO/UNESCO suggested guidelines for action on providing and promoting comprehensive school health education are summarized. consensus on these guidelines was reached at the 1991 WHO conference by health education representatives form 16 countries and from 6 nongovernmental organizations and from WHO, UNESCO, UNICEF, and UNFPA. A comprehensive approach is needed. Access to programs is limited and fragmented. Prior research has already shown findings on the complexity of health learning, the status of health education, and strategies for strengthening health education. The article focuses on a statement of need, the concept of comprehensive school health education, general principles to guide action, critical tasks, strategies for action (policy development, coordinating mechanism, and program development: needs assessment, health instruction, nonclassroom instruction, and teacher training), research and evaluation, and challenges. Justification is based on known linkages between health and education, between maternal education and school attendance, between schools and outreach to the student and the community, between in school learning and out of school behavior, and between life skills education and the b¿ability to think critically about health and social issues and problem solving. Comprehensive school education can dramatically affect students' health knowledge, attitudes, and behavior. Comprehensive health education means a holistic view, a variety of teaching methods, harmony of content, and empowerment of children and youth to act in and promote healthy ways. Curricula must be adapted to socioeconomic, cultural, psychosocial, environmental, and genetic factors. Requirements are political will, advocacy at all levels and with all means, integration into national educational and health policies, community support and advocacy, alliances, teacher participation, involvement in participative learning and community action projects, and increasing girls' school attendance. Critical tasks are to develop policy, create a coordinating mechanism, develop and implement a program, and research and evaluate. Advocacy should be sustained, well organized, and based on research.