
ADOLESCENT SCHOOL HEALTH PROGRAMME – SUCCESSFUL OR NEGLECTED INTERVENTION?

Rajesh Kumar* and Ankur Yadav**

Assistant Professor* Department of Reproductive Bio-Medicine
National Institute of Health and Family, New Delhi.
Assistant Professor** Department of Communication
National Institute of Health and Family, New Delhi.

ABSTRACT

School system, which respond to the immediacy of information of growing up years, can become safe and enabling spaces. This is more true today than ever before, given the challenges of HIV/AIDS, growing percentage of adolescent mothers, unsafe abortion etc. Global evidence shows that effective adolescent school based programme can reduce the impact of these vulnerable factors, yet coverage remains low, intervention remain information driven and few programmes are genuinely participatory. More so, many adolescent school health activities or programmes are organized in a random manner limiting to one or two speeches from experts, celebrating a health day or organizing yearly health checkups. Rarely there is a continuity between the objectives, activities organized, follow up and evaluation of programme activities.

DEFINING ADOLESCENCE HEALTH EDUCATION

Adolescence education is defined as an educational endeavor to students of relevant age group going to schools to provide with an accurate and adequate knowledge about adolescent reproductive health. The focus is on the process of growing up during adolescence, in its biological, psychological, socio-cultural and moral dimensions. It aims at inculcating in them rational attitude towards sex, phenomena of HIV/AIDS, drug abuse, develop respect for the opposite sex and responsible behavior towards sex. A central premise is that through greater understanding, facilitation and support during the transitional phase, the health and well being of adolescent will be enhanced and optimal development will result. The goal of Adolescent Health Education Programmes is to influence the developmental transitions in a way that facilitates continuity in health enhancing behaviors and creates discontinuity in health compromising behaviors in their developmental years in schools.

GENESIS OF ADOLESCENT HEALTH EDUCATION

Adolescent health education is new area emerging in response to the pressing needs and demands for introducing in the school curriculum. It relates to the elements that affect and relate to critical problems that confront adolescents during their process of growing up. Marked with a distinct phase of dynamic physical, emotional and behavioural changes is also coupled with lack of authentic information, anxiety and unrest among adolescents. It has therefore been advocated that education in these concerns should be imparted in Population Dynamics schools (NCERT, 1999). The genesis of Adolescent Education can be traced back to the Reconceptualised Framework of Population Education, (Cairo, ICPD, 1994) which gave a broad mandate and Plan of Action on developmental issues related to population education. The key content areas of Population education as per the recommendations of the ICPD, Programme of Action, 1994, were as below:

- i. Population, Environment and sustainable development
- ii. Population, development and quality of life
- iii. Family and gender equality
- iv. Maternal and child health
- v. Reproductive health and needs of the adolescents and
- vi. STD, HIV/AIDS and drug abuse.

A. Why Reproductive Health of Adolescents?

It has further been noted that the needs of Adolescents have been neglected in the past in both population and health education programmes. Over 1/5 of India's population are adolescents in the age group of 10-19 years. These aspects call for a focus on preventive aspects and a belief that actions taken during adolescence can affect a person's opportunities in life, education and health in the long term. The school is the best forum to address and shape responsible behaviour during the formative years of life through adulthood. There are both advantages and disadvantages in conducting interventions for youth within schools. Some of the advantages are as follows:

- School serves as a strong forum for all interventions .
- School provides a major physical and social environment for adolescents.
- Clubbing the students by their developmental age facilitates programs that are congruent with their corresponding age, socio-cultural and personality characteristics.
- Health promotion as a concept can be the school's mission to promote academic achievement through good health and personality development.

The disadvantages of basing such programs in schools are as follows:

- Teachers are burdened with academic responsibilities.
- Lack of support and resources.
- Lack of policy and schedule on health topics

In an age when the bond between the family and socio-cultural setup are being challenged by the global changes like information technology, mass media, threat of HIV/AIDS, drugs, rising cases of unsorted young pregnancies, schools need to take a lead in this respect. Schools are thought to cater to common arena for offering health-promotion programs that focus on modifiable risk factors for future health and quality of life. Consequently, many schools are initiating activities related to reproductive health of adolescents. However, these activities range from two to three lectures in a year or sensitizing the students on some related issues, hence they are not really powerful enough to initiate any behavioural change or adoption to healthy life style approach during the developmental years.

II. WHAT MAKES AN ADOLESCENT SCHOOL HEALTH PROGRAMMES SUCCESSFUL?

This brings us to most critical question. What makes a school education programme successful? In other words, what are the most essential aspects to be taken care of to make an adolescent school health programme successful? Adolescent School health programmes have to be seen as meaningful intervention and preferably part of school policy. Successful adolescent

programme interventions depend to a large extent on many factors such as nature of health interventions, duration and continuity of programmes not only in one class but from transition through secondary and senior school. Given below are some components, which together form a complete, and successful adolescent health education programme.

Components of successful adolescent school health programmes and interventions

1. Nature of adolescent Programmes-skill based

There are numerous studies indicating that providing information about issues such as sex, HIV etc. is necessary, but only providing with information is not sufficient for adoption of healthy behaviour (Hubley, 2000). Programmes that provide accurate information to counteract the myths and mis-conceptions, do report improvements in knowledge and attitudes, but this is poorly correlated with behavioural change when it comes to demonstrating changes in behaviour. (UNAIDS 1997). Therefore, the focus of adolescent programmes has now changed to providing skill- based health interventions or also through like skills approach to health education. Skill based programme ensure achieving difficult tasks and sustaining behaviour change.

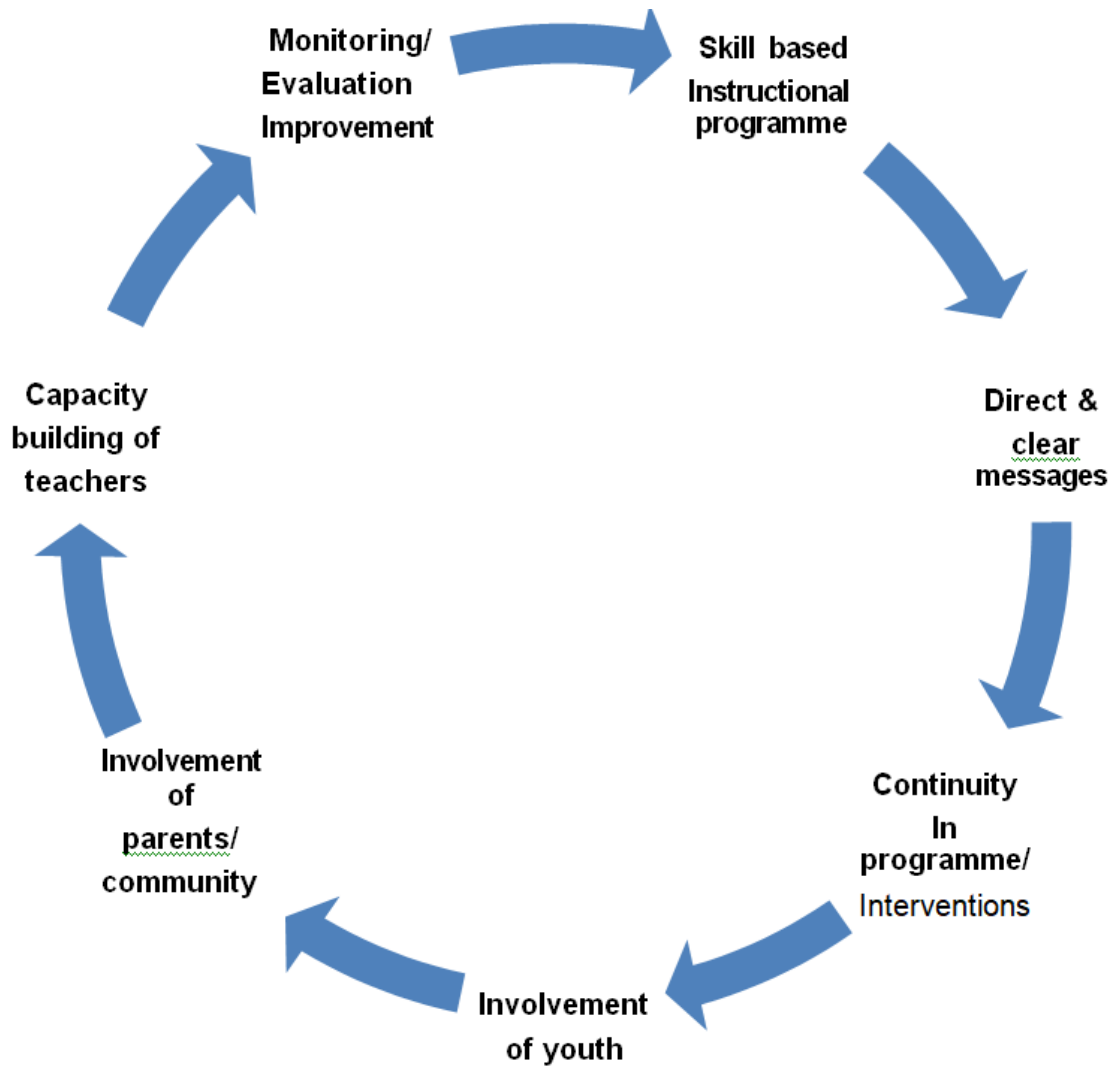
The role of teachers/ health educators or counselors goes beyond as mere providers of information. The teachers must provide tips to young related to knowledge for adapting it in practical terms. For example, they must *help young people to learn to be wise while interpreting any information*. For example, using sentences which are merely advocating that: “Do not accept everything told to you to be true. Use your wisdom” ; the teacher must be able to provide some more tips and food for thought for the students to be able to ponder on the issue at a deeper behavioural level. Towards developing critical thinking for the issue stated above, “ do not accept everything told to you to be true” she can support with the issue with following statements:

- Critically think about the source from which this information is coming. Can this source be trusted?
- Is the person giving advice knowledgeable about the issue? Is he reliable?
- What about exploring from other source?
- Are there any professional services offered on the issue?

The programme instructor must also encourage discussion on the topic and conclude by emphasizing that, “If you read or hear something that does not seem to be true, then, do not hesitate to ask your teacher, counselor, religious leader or trusted adult.”

Hence the challenge is on the part of teachers or counselors to develop skills to deal with the problems of adolescents. The adolescent programmes must empower the adolescents with the practical behavioural skills needed to meet the demands of everyday life. Young people who are adept at life-skills are better equipped to make healthy choices and avoid risky behaviour.

Components of Successful Adolescent School Health Programmes/Interventions



2. PROGRAMMES MUST PROVIDE DIRECT AND CLEAR MESSAGES

What kind of message forms the focus of a health programme, decides its level of acceptability and consideration for adoption for behavioural change. Evidence has shown that health programmes, which *project messages and advice 'only abstinence'*, have not shown to affect behavior change. Abstinence as a strategy without suggesting other alternative strategies may not be accepted as a behavioural change strategy. The programme content must impart knowledge about various alternate paths and recourses available to an adolescent. This is especially true when dealing with issues like use of contraceptive measures, safe sex and, HIV/AIDS.

The programme must send clear, consistent messages based on accurate information. The message to be accepted should be complete in itself, giving various behavioral options that an adolescent can adopt. In other words, at the end of the programme, the young adolescent must clearly understand various preventive measures that can be adopted, places or people he can fall back upon for more information or problem resolution etc.

3. CONTINUITY IN ADOLESCENT EDUCATION PROGRAMMES

Very often the school-based programmes are fragmented, and last for a few hours to some days. In order to have greater impact, these programmes must find regular space in the school calendar of activities. A teacher / counselor must be in charge for organizing through out the year. There should be a great diversity in the selection of topics. Topics like HIV/AIDS should be included as part of the co-curricular activities and imparted in the form of equipping students with practical issues and life skills. In fact the programme should draw critical curricular areas from science and humanities stream and weave these through co-curricular activities in the health programmes.

There should also be an analysis by the teachers as to how all the developmental issues are being addressed through these programmes from primary through secondary and then senior secondary classes. If any behavioural change is expected from adolescents, it is very important to continuously reinforce messages related to personal hygiene, healthy diet, and aspects such as prevention from HIV/AIDS, drugs, smoking , tobacco and alcohol at all levels of school and with appropriate age related messages.

4. INVOLVEMENT OF YOUTH

Involvement of youth in core planning activities:

Youth focused, effectively implemented school health education Programme can provide the answer to the urgency for interventions among the youth by directly responding to the queries and psychosocial needs of young people. Hence the need to involve and build peer support right from the planning part ensures participation and enthusiasm at all stages of the project. In addition, it gives an opportunity to the youth and school organizers to plan those issues, which are of concern to them.

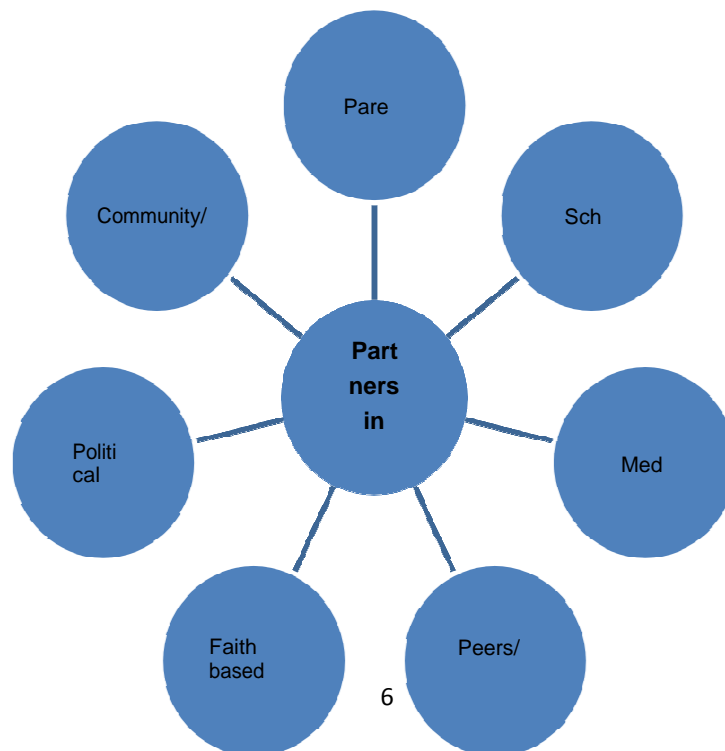
Youth often turn to each other for support and advice when they are feeling troubled. Sometimes, students just need someone of their own age they can talk to. The support young people receive from their peers can make a difference in how they cope with life's adversities.

Many schools and communities sponsor organized peer support groups that show interest and concern for other students in times of difficulty and help them make positive choices in their lives. This interaction also allows young people to influence and learn from each other and get involved with students they may otherwise not get to know. Peer support can be in the form of one to one encounters with youth who need help, or it can be activities and events to raise awareness about alcohol, other drug and gambling problems etc. These activities help in preventing problems from developing and let young people know where they can turn for help.

5. INVOLVEMENT OF TEACHERS, PARENTS AND COMMUNITY IN THE SCHOOL PROGRAMME

Such programmes are sustainable only when there is full involvement of teachers and parents right from planning stage. Community partnership is central to the success of the programme. The involvement of the broader community (Elected representatives, mahila mandals, youth groups etc.) as below would enhance and reinforce school health policies and resources. This would also address special need- based issues very specific to a particular culture or society. It would also make programme more friendly and ensure monitoring of the programmes also.

Partners in Adolescent School Health Programmes



CAPACITY BUILDING OF TEACHERS

In addition to specific student-centred programmes, concerted efforts must be taken up to develop the capacities of the teachers for long-term sustainability and institutionalization of the inputs. Burdened with academic responsibilities, the teachers find it difficult to address some of the basic issues /questions of adolescents during their routine interaction. This is to emphasize that active involvement of teachers would hasten the process and ensures sustainability. At a most basic level, the programme must equip the teachers to be able to answering some of the most frequently asked questions by the adolescents.

Another key factor is dealing with the inhibitions the teachers and counselors themselves often face while dealing with adolescent issues. The need is therefore to build an atmosphere of trust, confidence, confidentiality and friendship in such sessions and programmes with the students. It is the seriousness and empathy as reflected in the behaviour of teachers/counselors that gives confidence to students to further initiate talks/ problems and thus the foundation stone to successful adolescent health programmes.

Adolescent Health and family planning educational programmes are most effective when placed in a context reflecting the daily lives of adolescents. Hence education must take into account the dependent relationships of adolescents with the population, agriculture, environment, nutritional status etc.

7.Evaluation, Updating and improvement of adolescent health interventions:

Continuous evaluation of the school health programmes by schools is the pre-requisite for a successful school health programme and this is the most common reason of failure of such programmes and interventions. The schools must evaluate the impact of health programmes not only as an intervention but also from the view point of behavioral change. Feed back should be received from the adolescents, teachers and community. The feedback obtained must be

forwarded to the parents, community, block and district level for updating and improvement of the programmes.

CONCLUSION:

The challenges facing the growing children especially for the poor and the most disadvantaged relate to problems of poor nutrition, infectious diseases, inadequate access to health and hygiene, substance abuse, and the increasing burden of living with HIV/AIDS. Children and young people need to be equipped with the knowledge, attitudes, values and skills that will enable them in making healthy life-style choices throughout their developmental period. The adolescents can learn to differentiate between those risks that should and should not be taken. This has direct implications for interventions: that is to reduce the risks for engaging in specific behaviours in the first place. And secondly, by replacing the with more comprehensive strategies that focus on developing competencies and health promoting strategies *Skill- based Adolescent Health Education Programmes delivered through the schools is one of the important ways through which the adolescents can be helped to face these challenges and make such choices.*

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