

School health and education: An interdisciplinary connection

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For South Africa, the continent and the world as a whole, formal health literacy begins at school. Higher Education in South Africa is challenged to take heed of the World Health Organization's (WHO) (1996) definition of school health. For the WHO, school health is not merely hygiene, health promotion, health literacy or health education but a 'combination of services ensuring the physical, mental and social well-being of learners so as to maximize their learning capabilities'. The WHO Expert Committee on School Health asserts that school health can advance public health, education, social and economic development, and that the global expansion of school health attests to the value placed internationally on such programmes (WHO 1996).

Do our curricula match the description of WHO's school health system? If not, what reforms are in place to ensure that our academic offerings are coherent and compliant? Knowledge of health and provision of appropriate health services during school years will guarantee investment in preventative health care.

The University of South Africa held a two-day conference from 26 July 2012 to 27 July 2012. Providing the policy context in his keynote address, the Minister of Health Dr. Motsoaledi reiterated his vision of the Integrated School Health Policy to curtail widespread poverty-related infectious diseases, malnutrition and remove the barriers to optimal health and development faced by many children. The Minister also recognised that violence and injuries constitute a further cause of premature deaths and disability, and that a growing burden of non-communicable diseases is also evident.

The thought provoking conference theme engaged multidisciplinary delegates from South Africa and other parts of the world, with the latter participating through the use of streaming video. The international speakers participating were from Cornell University and North-eastern University. Local delegates represented the Departments of Health, Basic Education, Social Development, Women, Children and People with Disabilities, universities and schools. Nurses, social workers, nutritionists, dentists, oral hygienists, optometrists, psychologists, educators, school managers, school governing bodies, pupils and parents also participated.

Derived from the reengineering of the primary health care system, it is heartening to visualise an integrated and functional school health system. Ultimately, it is the right of every schoolchild, irrespective of his or her background to be healthy, well fed and protected. School health is an excellent investment, as it will curtail dropout rates, crime and teenage pregnancy, amongst other social and health problems. Delegates reflected that schooling and health are complementary and inseparable and that the schoolchild must be at the centre of the two government priorities: health and education. Children must continuously inhabit an environment free from disease or adversity.

School health is a public health remedy. School children also face social and other challenges and school health teams are responsible for making quality health care accessible to all children, irrespective of their backgrounds. Besides reinforcing preventive programmes, school health teams must constantly watch for specific warning signs. A child will manifest with physical characteristics that are not compliant with normal development or health history. Symptoms inconsistent with a child's developmental level may be signs of abuse. Taking note of physical evidence of neglect is essential. In addition, be aware of exaggerated or absent emotional responses, excessive delay in seeking treatment and the absence of parents for questioning. Furthermore, be attentive to a child's report of physical or sexual abuse or repeated visits to emergency facilities (Wong, Hockenberry-Eaton & Wilson 1999:763).

Urging delegates to take action, Prof. Moeketsi, the Executive Dean of the College of Human Sciences, said:

'Our humaneness is thus being revived and we are challenged to come out of our constraining offices, forge ties with our communities and together reverse the vicious cycle of disease, morbidity and poor performance amongst school children'. (Moeketsi 2012)

Delegates concurred, blending education and health should shape healthier and more academically successful learners.

The higher education sector is also challenged to provide academic offerings to enhance functional school health systems where all schoolchildren will thrive, irrespective of their background. Children's chances and their potential for optimal health and academic excellence depend on a broad-scale intervention strategy as articulated in the integrated school health policy. Prevention of alcohol abuse, illicit substances and drug misuse, and anti-smoking campaigns for school children were deemed equally important so that 'eventually when children enter university they would still be HIV free, never having smoked nor abused alcohol nor any other illicit substances' (Motsoaledi 2012).

The conference indeed served as a vehicle to hone knowledge and skills for the schoolchild's future. It called for community

involvement with societal action involving parents, nurses and school advocates to disseminate accurate, up-to-date health information in collaboration with other diverse (multidisciplinary, interdisciplinary and trans-disciplinary) practitioners.

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