

PROMOTION OF HEALTH SERVICES IN SCHOOL: A SYSTEMATIC REVIEW

Dr Shobha Gaikwad^{1*}, Pardeep Kumar², Dr. Jyoti Tanpure-Chopade³

1. Asst. Professor, LT College of Nursing, SNDT Women's University Mumbai.
2. Nursing Officer, Drug De-addiction and Treatment Centre, PGIMER, Chandigarh.
3. Associate Professor, College-S.V.N.H. Ayurved College, Rahuri Factory.

*Corresponding Author

Abstract

Health promotion programs have a good impact on the school community. However, a variety of factors that impact their development prevent all of them from reaching the desired results. These factors include the excessive workload of the teachers, their exclusion from the centers' instruction courses, a lack of specialized instruction, their limited time for health promotion endeavors, and the flexibility of the programs. Because they have the ability to reach all members of the population in specific age groups and instill good behavior patterns at a young age, schools are ideal locations for the carrying out of health-promoting initiatives. Schools play a significant role in hosting a broad range of health-promoting events. In order to assess the amount of published evaluations and health promotion inside schools, this systematic review set out to map the various kinds of health promotion programs and activities in schools.

Using searches in ten electronic databases (CINAHL, EMBASE, MEDLINE, Scopus, Social Science Citation Index, Web de Science, Google Scholar), a systematic review with research synthesis was carried out. Research on the promotion or health services in schools that were published in journals between 2013 and 2023 qualified for inclusion. After vetting the publications for eligibility, the research authors analyzed six of them.

Any action carried out to enhance and/or safeguard the health or all school users might be categorized as health promotion inside a school context. It is a more comprehensive idea than wellness instruction and covers programs and initiatives linked to curriculum, community connections, healthy school procedures, the social and physical setting of the school, and health services. The results show how varied health promotion is in schools, and they also identify important aspects of this variety. They emphasize the need for a deeper understanding of the why, how, and conditions under which health promotion may be effectively incorporated into various educational settings, including schools.

Keywords: health; health promotion initiative; elementary and secondary education requirements;

Introduction

Health Promoting Schools (HpS) are educational resources that are fast being recognized as essential to improving students' education overall, and especially in the health domain. The development of knowledge and abilities that allow students to reflect on their lives and make decisions about their health is given top priority in these educational establishments. By

encouraging a common awareness among all participants in the educational setting, these centers gain an attachment to the creation of instruction on the use of techniques of the spread of healthy habits. Perez-Jorge and collaborators (2021)

The Concept of Health

To effectively tackle this task, it's crucial to first consider the concept of health concerning key skills for students' success in schools. Following (Hernández et al., 2017), the educational community agrees that health, encompassing mental, social, and physical well-being, is a universal human right. Health interventions, as outlined by (Hernández et al., 2017), operate through three models: the sanitary, preventive, and socio-medical models. Prioritizing the socio-medical model aligns with Pérez-Jorge et al. (2021), connecting health with broader societal, economic, and political contexts. According to (Lorente & Laura, 2019), an individual's health significantly influences their lifestyle and philosophy, fostering identity development. Aligning habits with societal norms enables conscientious choices, enhancing overall well-being.

Health Promotion and Health Promoting Schools

In 1978, WHO, UNICEF, and UNESCO proposed health promotion measures for schools. The 1986 Ottawa Charter highlighted the importance of healthcare education for overall well-being. Schools, leading the drive for healthy lifestyles, reference the necessity to influence social and physical environments through strategic initiatives. A holistic approach involving the entire educational community is crucial, emphasizing the need for health education to empower individuals in promoting well-being (Lorente & Laura, 2019; Dialnet; Plan Estratégico de Salud Escolar)..

Rational for review

Global health and education are intertwined. Healthy adolescents excel academically, while schools fostering health contribute to social and educational objectives. Positive school experiences and strong relationships deter risky behavior, enhancing learning outcomes. Schools, beyond being workplaces, model and implement effective health promotion, ultimately benefiting students (PROMOTING HEALTH IN SCHOOLS FROM EVIDENCE TO ACTION, n.d.).

Material and Methods

CINAHL, EMBASE, MEDLINE, Scopus, Social Science Citation Index, Web of Science, and Google Scholar were among the electronic databases that were searched. The search phrases "school," "school health," "primary school," "education," and "children" were associated with health promotion. Each of these phrases was coupled with an additional search term that was directly related to decision-making. These included "school," "health promotion," and "children's school health." Subsequently, the reviewer independently evaluated a predetermined set of articles using quality assessment tools and previously made data extraction forms. Every single item on the quality rating device was discussed in public in order to reach a consensus.

Inclusion Criteria

1. The promotion of health services in schools was covered in the article.

- 2. Complete Text Papers
- 3. English-language articles of any kind

Exclusion Criteria

- 1. Articles that don't discuss how schools are promoting health care
- 2. Non peer reviewed articles

Quality Assessment

During an extensive literature review, language restrictions were not imposed on both digital and printed resources. Various search engines were utilized to identify potential reference websites. Inclusion and exclusion criteria were documented and applied, followed by a comprehensive critical review with detailed evaluation rules. Thorough quality ratings were employed to assess heterogeneity and determine the suitability of meta-analyses. To select an appropriate sample group, a meticulous method considering P.I.C.O. criteria was devised. Nurses, as suggested by (Cronin et al., 2008), must apply study results for optimal practice. Systematic assessments, per (J, 2010), involve organizing literature on a specific topic with evidence-based findings. (Cumpston et al., 2019) advocate for inclusivity of all eligible evidence in systematic reviews, emphasizing thorough evaluation for an unbiased, objective report of findings (Pippa Hemingway, 2009).

Data Collection Strategies

(Chapter 5: Collecting Data | Cochrane Training, n.d.) emphasize that gathering data is an essential part of systematic investigations since it forms the foundation for the findings. Assuring the data's dependability, accuracy, completeness, and accessibility is necessary for this. The databases for Science Direct, Embase, Scopus, PubMed, Web of Science (ISI), & Google Scholar were searched as a first stage in this systematic review and meta-analysis. In order to locate the articles, the search keywords for health promotion were "school health," "children," "health," "primary school," & "education," along with any possible combinations of these terms.

The search approach did not take time constraints into consideration, and the meta-data of the found studies were imported into the EndNote referencing management application. The lists of references utilized in each of the gathered articles were examined by hand to optimize the search's comprehensiveness.

Keywords used as per MeSH: health; health promotion initiative; elementary and secondary education requirements;

Population/Problem	Health services in School
Interest	Health promotion

Context	India
----------------	-------

Inclusion Criteria	Exclusion Criteria
Article reported the Promotion of health services in school.	Older than ten years articles
Articles written in English	Articles written in tongues except English
Studies on health promotion programs	Articles that don't emphasize promoting health
Articles that are accessible to everyone	Articles whose conclusions are not based on an assessment of the programs' efficacy
Research whose whole text was accessible	Articles of reflection

To streamline search results, I excluded research older than a decade to prioritize current findings, aligning with Lipscomb's recommendation for nurses to engage with recent literature for evidence-based practice. While acknowledging potential limitations in time-scale cutoffs, I opted for English-language articles to mitigate linguistic bias. Challenges posed by P et al. suggested potential bias in favor of English trials, but I adhered to my strategy. Employing Boolean operators and filters, I narrowed my search to 25 CINAHL, 19 Medline, and 55 PubMed papers. Utilizing a PRISMA-based flowchart, I selected six relevant publications from 99, excluding duplicates and those lacking meta-analysis focus. A list of 71 excluded papers, explained in detail, highlights common reasons such as a lack of systematic review or insufficient data in health care enhancement studies in schools.

Results

The completed papers will be examined and evaluated. The six studies that made up the study all had durations between three months and two years. The random assignment approach was used in all the experiments, and there was no discernible variation in the participant characteristics. The Oxford Centre for Triple Value Healthcare Ltd., n.d., provided a methodological framework that allowed the literature to be evaluated for quality and to promote comprehension. The overview of each piece of writing is shown in the table below.

Author/s Year	Sample/setting	Methodology and methods	Main findings

(Thakur et al., 2014)	17 Schools	Pre- and post-intervention data from a quasi-experimental research	The accreditation handbook features criteria, scores, and domains. Accreditation levels (bronze, silver, gold, platinum) have specific requirements. In 2011, 23.5% reached gold, 52.9% bronze. In 2013 reassessment, gold rose to 76.4%, bronze declined to 11.8%.
(Parikh et al., 2019)	Teenagers (n = 191), parents (n = 9), teachers (n = 78), school counselors (n = 15), & clinical psychologists/psychiatrists (n = 7)	A qualitative cross-sectional design	In regions with limited mental health services, teens and adults seek SBMHSs. Raising awareness is crucial for implementation. Diverse treatments are essential, and school counselors are pivotal in addressing adolescents' mental health needs.
<i>(Health Promoting Schools in Kerala, India. - Amrita Vishwa Vidyapeetham, n.d.)</i>	120 schools	A cross-sectional study	Kerala has high socioeconomic and health indices, however there is a lack of school-based health promotion programs. Government and educational system cooperation may transform current schools into health-promoting environments.
(Shinde et al., 2023)	100 girls and boys (aged 15–18 years old)	Exploratory qualitative case study	Sustainability in Indian schools relies on external aid, individual efforts, and government factors. Success in health interventions doesn't ensure institutional integration; research must balance sustainability planning and trial results.
(Raniti et al., 2022)	14-24 years old	A Systematic review	"School connection emerges as a key factor in preventing anxiety and depression. Further research

			is needed on diagnosis, global perspectives, and therapeutic trials for a comprehensive approach."
(Kaur, et al., 2015)	There are twenty-five senior secondary schools.	An exploratory study	Health Promoting Schools recommendations broadened nursing staff roles significantly, affecting various facets.

Discussion

This systematic review aimed to assess the effectiveness of health-promoting initiatives in educational settings, revealing a mixed landscape. While some initiatives demonstrated success, desired outcomes were often unmet. Productive individuals exhibited positive growth in abilities, proficiencies, routines, and well-being. Spanning from 2013 to 2023, the evaluated studies emphasized the role of educational institutions in fostering healthy behaviors. Scarce recent research on health-promoting initiatives underscores the need for supportive training programs, advocating for children's active involvement in maintaining healthy lives. To achieve sustainable health, all societal actors must contribute. However, the review identified gaps: studies primarily focused on students, lacking teacher-related research; a lack of a clear assessment method for health promotion in educational settings; and varying program effectiveness. Notably, only three out of seven programs yielded anticipated outcomes in promoting healthy behaviors among children. Aligning with Nilsson Lindström & Bringsén's (2022) study, effective health education integrates seamlessly into the curriculum, avoiding sporadic and ineffective efforts. The findings emphasize the importance of holistic, integrated approaches to instill enduring healthy habits in children and society..

The study acknowledges limitations such as potential publication bias due to excluding unpublished data and the absence of funnel charts or corrective techniques to assess publishing bias. Social desirability bias is recognized, but findings suggest its insignificance. The subjective nature of self-confidence assessments lacks standardization beyond individual criteria, posing a study limitation.

Conclusion

The key findings suggest the necessity of establishing family-school connections in health and education initiatives, emphasizing improved instructor preparation in health-related subjects. The communal responsibility of promoting health requires involvement from families, medical professionals, and the broader community, not solely schools. Health education should be a central yearly goal in school programming, demanding proper organization and benefiting from peer training. Teacher involvement is crucial for success, as they play a pivotal role in motivating students to adopt healthy habits. The study recommends enhancing the credentials and preparation

of health educators while emphasizing the holistic training of the educational community in health promotion initiatives.

References:

- *Chapter 5: Collecting data | Cochrane Training.* (n.d.). Retrieved August 27, 2021, from <https://training.cochrane.org/handbook/current/chapter-05>
- Cronin, P., Ryan, F., & Coughlan, M. (2008). Undertaking a literature review: a step-by-step approach. *British Journal of Nursing (Mark Allen Publishing)*, 17(1), 38–43. <https://doi.org/10.12968/BJON.2008.17.1.28059>
- Cumpston, M., Li, T., Page, M. J., Chandler, J., Welch, V. A., Higgins, J. P., & Thomas, J. (2019). *Cochrane Database of Systematic Reviews Updated guidance for trusted systematic reviews: a new edition of the Cochrane Handbook for Systematic Reviews of Interventions.* <https://doi.org/10.1002/14651858.ED000142>
- *Dialnet-Dificultades Para El Desarrollo De La Educacion Para La Sal-2476009 - DIDÁCTICA DE LAS - Studocu.* (n.d.). Retrieved November 3, 2023, from <https://www.studocu.com/es-mx/document/instituto-de-estudios-superiores-de-tamaulipas-ac/salud-punblica/dialnet-dificultades-para-el-desarrollo-de-la-educacion-para-la-sal-2476009/32858796>
- *Health Promoting Schools in Kerala, India. - Amrita Vishwa Vidyapeetham.* (n.d.). Retrieved November 5, 2023, from <https://www.amrita.edu/publication/health-promoting-schools-in-kerala-india/>
- Hernández, L. J., Ocampo, J., Ríos, D. S., & Calderón, C. (2017). El modelo de la OMS como orientador en la salud pública a partir de los determinantes sociales. *Revista de Salud Pública*, 19(3), 393–395. <https://doi.org/10.15446/RSAP.V19N3.68470>
- J, B.-S. (2010). Learning how to undertake a systematic review: part 1. *Nursing Standard (Royal College of Nursing (Great Britain))*: 1987), 24(50), 47–55. <https://doi.org/10.7748/NS2010.08.24.50.47.C7939>
- Kaur, J., Saini, S. K., Bharti, B., & Kapoor, S. (2015). Health Promotion Facilities In Schools :WHO Health Promoting Schools Initiative. *Nursing and Midwifery Research Journal*,. <https://doi.org/10.33698/NRF0187>
- Lipscomb, M. (n.d.). *Exploring evidence-based practice : debates and challenges in nursing.* 229.
- Lorente, M., & Laura. (2019). *La educación para la salud en la escuela en la adquisición de estilos de vida saludables.* <https://roderic.uv.es/handle/10550/68877>
- Nilsson Lindström, P., & Bringsén, Å. (2022). Increased Metacognition About Health and Learning in a Middle School-based Health Promotion Project Using an Action-oriented Research Model. *Scandinavian Journal of Educational Research*, 66(2), 261–274. <https://doi.org/10.1080/00313831.2020.1869074>
- Oxford centre for triple value healthcare Ltd. (n.d.). *Critical Appraisal Skills Programme.* Retrieved August 30, 2021, from <https://casp-uk.net/wp-content/uploads/2018/01/CASP-Qualitative-Checklist-2018.pdf>

- P, J., F, H., J, S., C, B., & M, E. (2002). Direction and impact of language bias in meta-analyses of controlled trials: empirical study. *International Journal of Epidemiology*, 31(1), 115–123. <https://doi.org/10.1093/IJE/31.1.115>
- Parikh, R., Michelson, D., Sapru, M., Sahu, R., Singh, A., Cuijpers, P., & Patel, V. (2019). Priorities and preferences for school-based mental health services in India: a multi-stakeholder study with adolescents, parents, school staff, and mental health providers. *Global Mental Health*, 6, e18. <https://doi.org/10.1017/GMH.2019.16>
- Pati, D., & Lorusso, L. N. (2017). How to Write a Systematic Review of the Literature: *Htpps://Doi.Org/10.1177/1937586717747384*, 11(1), 15–30. <https://doi.org/10.1177/1937586717747384>
- Pawson, R., Owen, L., & Wong, G. (2010). The today programme’s contribution to evidence-based policy. *Evaluation*, 16(2), 211–213. https://doi.org/10.1177/1356389010369636/ASSET/1356389010369636.FP.PNG_V03
- Pérez-Jorge, D., González-Luis, M. A., Rodríguez-Jiménez, M. D. C., & Ariño-Mateo, E. (2021). Educational Programs for the Promotion of Health at School: A Systematic Review. *International Journal of Environmental Research and Public Health* 2021, Vol. 18, Page 10818, 18(20), 10818. <https://doi.org/10.3390/IJERPH182010818>
- Pippa Hemingway. (2009). What is systematic review. *Evidence Based Medicine*, 1–8.
- *Plan estratégico de salud escolar y estilos de vida saludable (2016-2020) - Publicaciones - Ministerio de Educación y Formación Profesional*. (n.d.). Retrieved November 3, 2023, from <https://sede.educacion.gob.es/publivena/d/22124/19/0>
- *PROMOTING HEALTH IN SCHOOLS FROM EVIDENCE TO ACTION*. (n.d.). Retrieved November 3, 2023, from http://www.iuhpe.org/index.html?page=516&lang=en#sh_guidelines.
- Raniti, M., Rakesh, D., Patton, G. C., & Sawyer, S. M. (2022). The role of school connectedness in the prevention of youth depression and anxiety: a systematic review with youth consultation. *BMC Public Health*, 22(1). <https://doi.org/10.1186/S12889-022-14364-6>
- Shinde, S., Raniti, M., Sharma, A., & Sawyer, S. M. (2023). What happens when a whole-school health promotion research trial ends? a case study of the SEHER program in India. *Frontiers in Psychiatry*, 14, 1112710. <https://doi.org/10.3389/FPSYT.2023.1112710/BIBTEX>
- Thakur, J. S., Sharma, D., Jaswal, N., Bharti, B., Grover, A., & Thind, P. (2014). Developing and implementing an accreditation system for health promoting schools in Northern India: A cross-sectional study. *BMC Public Health*, 14(1), 1–8. <https://doi.org/10.1186/1471-2458-14-1314/TABLES/4>
- Torgerson, D. J., & Torgerson, C. J. (2003). Avoiding Bias in Randomised Controlled Trials in Educational Research. *British Journal of Educational Studies*, 51(1), 36–45. <https://doi.org/10.1111/1467-8527.T01-2-00223>

PRISMA FLOWCHART

