A STUDY ON DEVELOPMENT OF PLANS FOR A SELECTED GOVERNMENT SCHOOL TO BECOME A "HEALTH-PROMOTING SCHOOL " IN THE FUTURE

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ABSTRACT

Background: A school focused on health promotion is where the entire school community collaborates to deliver cohesive and advantageous experiences that safeguard and enhance student health. So in this study, we will make plans for the school to become a "Health-Promoting School" in the future. Consult with the school's headmaster, assistant headmaster, and governing body. On a selected government higher secondary high school in Panakua Gram Panchayat, Bishnupur 1 block, West Bengal, India.

Methods: A school-based cross-sectional study was conducted from 28/09/2024 to 27/10/2024. Data were collected through a future plan-based interaction process and analysed using EXCEL and JAMOVI 2.6.17.

Result: From a total of cent per cent(9) components, an estimated 44.4% (4) are expected to be ongoing. Moreover, 33.3% (3) are anticipated to reach completion within 6 months, while 55.6% (5) will require 12 months. The same proportion, 55.6% (5), is projected for those extending to 18 months. Additionally, 66.7% (6) are forecasted to span 24 months, 33.3% (3) will extend to 30 months, and finally, 33.3% (3) are slated for completion in 36 months.

To facilitate the creation of a "Health-Promoting School" in future, the school's headmaster, assistant headmaster, and governing body identified (22) categories of resources.That saturated cent per cent(9) of components. Out of 22 types of resources,RE1(A) comprises 77.8% (7), RE2(B) and RE3(C) each account for 22.2% (2), RE4(D) represents 11.1% (1), and RE5(E), RE6(F), RE7(G), and RE10(J) each also make up 22.2% (2). RE8(H), RE9(I), RE20(T), RE21(U), and RE22(V) each account for 11.1% (1). Additionally, RE11(K) is at 22.2% (2), RE12(L) is at 55.6% (5), RE13(M) is at 33.3% (3), RE14(N) is at 44.4% (4), RE15(O) is at 22.2% (2), RE16(P) is at 22.2% (2), RE17(Q) is at 22.2% (2), and RE18(R) and RE19(S) each represent 33.3% (3).

Conclusion: The study outlines a comprehensive plan for transforming the selected government higher secondary school in Panakua Gram Panchayat into a "Health-Promoting School." The collaborative efforts of the school's leadership and governing body have identified the targeted timeline and resources necessary for this transition.

Keywords: Primary Prevention, Health Education, Health Promotion, School Health, Future Plan.

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INTRODUCTION

Health promotion involves empowering individuals to take charge of their health and enhance their well-being. It focuses on providing the tools and resources necessary for people to gain greater control over their health outcomes and make positive changes in their lives. Achieving a state of total physical, mental, and social well-being requires individuals or groups to recognize and pursue their goals, fulfil their needs, and adapt to or manage their surroundings. Thus, health is viewed as a valuable asset for daily living rather than just a goal to be achieved. It is a constructive idea that highlights the importance of social and personal resources, as well as physical capacities. Therefore, health promotion is not solely the duty of the health sector, it extends beyond just health-related aspects of lifestyles to well-being. [1]. A health-promoting school is an environment where everyone in the school community collaborates to offer students cohesive and beneficial experiences that support and safeguard their health. This encompasses both the official and unofficial health curricula, the establishment of a safe and healthy school atmosphere, the availability of suitable health services, and the engagement of families and the broader community in health promotion efforts.[2].

In India. Rashtriya Bal Swasthya Karyakram (RBSK) helps check the health of children from birth to 18 years old, looking for health problems early and ensuring kids get the care they need. Rashtriya Kishor Swasthya Karyakram (RKSK) is launched for teenagers aged 10 to 19, focusing on their health needs, including nutrition, mental health, and education about safe practices. Lastly, the Ayushman Bharat School Health Program (SHP-AB) aims to improve the health of school children. These programs focus on supporting children by offering health services and encouraging healthy habits. By working in unison, they aim to help children and teenagers maintain their health and succeed in school.[3-5]. Despite these programs, there have been difficulties in implementing them effectively. Many of the planned activities and interventions have not been successfully implemented as intended. This means that while the programs aim to improve health for children and teenagers, there are still gaps in how they are carried out in schools and communities. [6-8].

The programs are mainly carried out in a top-down way, meaning decisions are made at higher levels without much input from the adolescents themselves. This approach does not empower young people to take charge of their health and well-being. Most of the health interventions focus only on basic health screenings and do not consider the overall development of children. Minimal involvement of teachers, parents, or the community in these programs. Additionally, there hasn't been enough emphasis on improving health literacy among adolescents or involving them in planning, implementing, and evaluating school health programs. This lack of engagement limits the programs' effectiveness in truly supporting young people's health and development.[9-11].

In West Bengal, 50% of schools do not have health education in their syllabus curriculum. Almost all the schools do not have regular medical checkups for students or school personnel. 30% of the schools have regular morning inspections of their students, and 70% of the schools do not have regular morning inspections of the students. Cent per cent of the schools do not send the student's health records to their parents and cent per cent of schools have no personal health records of their students. 40% of the schools did not have any control and preventive measures for various communicable diseases .45% of the schools did not have fire safety facilities. [12].

Multiple studies have been conducted that demonstrate the efficacy of health promotion interventions for enhancing children's decision-making skills and reducing the burden of diseases among school-aged populations[13-15]. However, plans to help a school become a "Health-Promoting School" are not mentioned. Effective "Health-Promoting School" plans will not only reduce morbidity in the long run, but they will also reduce the economic burden.

So in this study, by future plan-based interaction, we will make plans for the selected school to become a "Health-Promoting School " for the future. By consulting with the school's headmaster, assistant headmaster, and the school's governing body. On a selected government higher secondary high school in Panakua Gram Panchayat, Bishnupur 1 block, West Bengal,india.

OBJECTIVE

- To prepare a plan for the school to become a "Health-Promoting School" in the future.
- To explore opinions among the headmaster, assistant headmaster, and governing body regarding the time and resources needed for the school to become a "Health-Promoting School" in the future.

MATERIALS AND METHOD

A school-based cross-sectional study was conducted from 28/09/2024 to 27/10/2024 in Panakua Gram Panchayat, Bishnupur 1 block, West Bengal, India. There are two government higher secondary high schools. The researcher selected one of them randomly using a simple random process.

Quantitative research methods were applied and data were collected through a future plan-based interaction process. Consult with the school's headmaster, assistant headmaster, and governing body. The data were analysed using Excel and JAMOVI 2.6.17.

The researcher targeted nine (9) different components regarding "Health promoting school" during a future plan-based interaction process among the study participants.

Necessary permissions from authorities were also obtained before conducting the study. Consent forms and information sheets were in the local language. To avoid ethical issues researcher obtained written consent from the school's headmaster, assistant headmaster and school's governing body for plan-based interaction.

SOCIO-DEMOGRAPHY OF THE SCHOOL

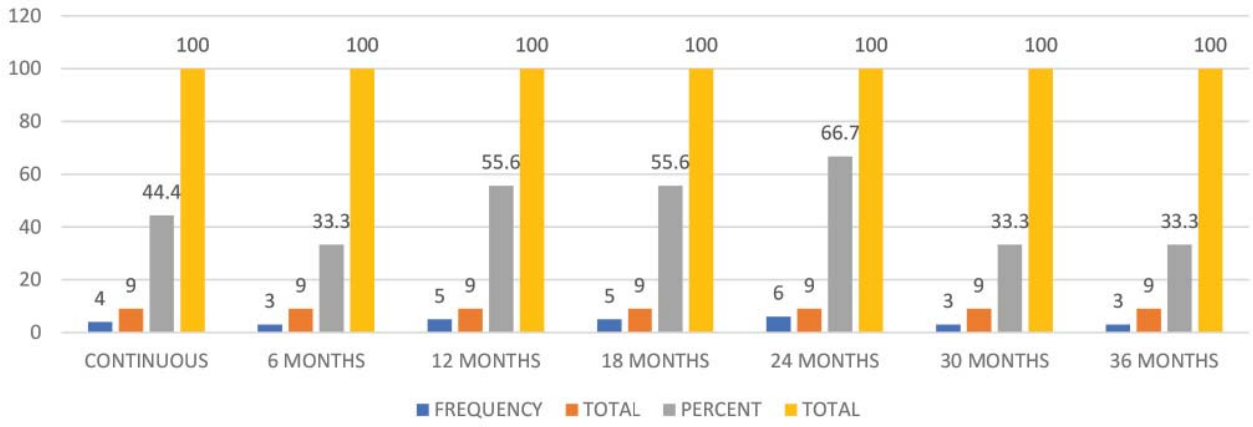
The Higher Secondary High School located in the Panakua Gram Panchayat, under the Bishnupur 1 Police Station, is situated in the South 24 Parganas district of West Bengal, India. The school has a total of 1,600 students, with 770 males and 830 females. There are 43 teaching staff members, including 21 female teachers and 22 male teachers, along with 7 non-teaching staff. The school has 37 rooms spread across 3 floors, covering a total area of 57,599.998 square feet. A new building is currently under construction.

Plan To Make Development Of "Health-Promoting School Plan": Components regarding plan-based interaction to develop a "Health Promoting School " in future, Resources and their code or short form that help to develop a "Health Promoting School " in future and Frequency distribution of expected time to develop "Health Promoting School" in future are explained in Table 1,2 & Figure 1.

Table 1: Components regarding plan-based interaction to develop a „Health Promoting School „ in future.	
SL NO	**COMPONENTS**
1	PHYSICAL COMPONENT
2	PHYSICAL ACTIVITY
3	PSYCHOSOCIAL COMPONENT
4	NUTRITIONAL COMPONENT
5	BASIC HEALTH SERVICES
6	HEALTH EDUCATION
7	TEACHERS AND OTHER STAFF
8	COMMUNITY RELATIONSHIP
9	SCHOOL HEALTH POLICIES/LEGISLATION

Table 2: Resources and their code or short form that help to develop a „Health Promoting School „ in future.		
RE	**RESOURCES**	**CODE**
RE1	NON GOVERNMENTAL ORGANIZATION	A
RE2	GOVERNMENT OF INDIA	B
RE3	GOVERNMENT OF WEST BENGAL	C
RE4	MEMBER OF LEGISLATIVE ASSEMBLY FUND	D
RE5	MEMBER OF PARLIAMENT FUND	E
RE6	SCHOOL FUND	F
RE7	EDUCATION BOARD WEST BENGAL	G
RE8	PUBLIC HEALTH ENGINEERING DEPARTMENT	H
RE9	PROFESSIONAL TEACHER	I
RE10	DIETICIAN	J
RE11	COUNSELLOR	K
RE12	DEPARTMENT OF HEALTH GOV OF WEST BENGAL	L
RE13	SCHOOL COMMITTEE	M
RE14	DEPARTMENT OF HEALTH GOV OF INDIA	N
RE15	PUBLIC HEALTH NURSE	O
RE16	AUXILIARY NURSE AND MIDWIFE	P
RE17	ACCREDITED SOCIAL HEALTH ACTIVIST	Q
RE18	HEALTH EDUCATOR	R
RE19	EX-STUDENTS	S
RE20	WEST BENGAL DISASTER MANAGEMENT AND CIVIL DEFENCE DEPARTMENT.	T
RE21	PUBLIC WORKS DEPARTMENT GOV OF WEST BENGAL	U
RE22	CENTRAL PUBLIC WORKS DEPARTMENT GOV OF INDIA	V

Figure 1:Frequency distribution of expected time to develop "Health Promoting School" in future.



RESULT

From a total of cent per cent(9) components, an estimated 44.4% (4) are expected to be ongoing. Moreover, 33.3% (3) are anticipated to reach completion within 6 months, while 55.6% (5) will require 12 months. The same proportion, 55.6% (5), is projected for those extending to 18 months. Additionally, 66.7% (6) are forecasted to span 24 months, 33.3% (3) will extend to 30 months, and finally, 33.3% (3) are slated for completion in 36 months.

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DISCUSSION

Health-promoting school is a physical space and an ecosystem where educators, administrators, and the governing body work together to prioritise student well-being. The proposed plan for the selected school to become a “Health-Promoting School “ will aim to implement structured health initiatives in the selected government higher secondary schools in Panakua Gram Panchayat, Bishnupur 1 block, West Bengal, India. Engaging with the headmaster, assistant headmaster, and the governing body is crucial for fostering a supportive environment for these initiatives. This collaborative approach aligns with existing literature that emphasizes the importance of stakeholder involvement in the success of health promotion efforts in educational settings.

However, challenges remain, particularly in ensuring consistent implementation and addressing the diverse needs of the student population. The findings suggest that contextual factors, such as community resources and an accountable timeline towards health, will significantly impact the effectiveness of the plan. Future research should explore these variables and assess the long-term outcomes of health promotion initiatives in this specific school context.

A study conducted by Jatinder Kaur[13] et al. (2015) examined the effective practices and deficiencies in schools within Chandigarh and Punjab. The researchers concluded that Health Promoting Schools (HPS) serve as significant environments for enhancing health outcomes. Nevertheless, substantial uncertainty persists regarding the available facilities in these educational institutions that would enable their classification as health-promoting. The research conducted by Suja Karkada[14] et al. (2016) concluded that, when effectively implemented, HPS can enhance children's decision-making skills. Vikram[15] et al. (2017) stated that prevention and health promotion are essential to tackle the burden of diseases among children. The evidence suggests that schools, as health-promoting environments, can play a crucial role in empowering all members of the school community and their partners to gain greater control over their health and improve it.

Lawrence[16] St. Leger et al.(2007) reviewed several publications and listed numerous studies conducted over time that demonstrated the effectiveness of health promotion strategies in schools. These strategies are essential for promoting overall well-being in various areas, including nutrition, mental health, physical activity, and drug abuse prevention. A study by Rentala S[17] et al.(2019) provided research evidence showing that offering mind-body interventions to adolescents in school settings significantly reduces anxiety, depression, and stress. This finding suggests a greater opportunity for primary care providers to implement such interventions in schools.

LIMITATION

First, the cross-sectional design limits the ability to establish causal relationships between the implementation of health promotion strategies and actual health outcomes among students. As data were collected at a single point in time, it is challenging to assess the long-term impact of the proposed health-promoting initiatives.

Second, the study was conducted in a specific government higher secondary school in Panakua Gram Panchayat, which may limit the generalizability of the findings to other schools or regions. The unique context and characteristics of this school may not reflect the conditions in different educational settings.

Additionally, the reliance on self-reported data from school administrators and governing bodies may introduce bias, as responses could be influenced by their perceptions or expectations regarding health promotion initiatives. This could affect the accuracy of the data collected.

Furthermore, while the study identified various categories of resources necessary for the implementation of a health-promoting school, the evaluation of these resources was not exhaustive. Future research should consider a more comprehensive assessment of available resources and their actual utilization in promoting health within the school environment.

Finally, the anticipated timelines for the completion of various components of the health promotion plan are based on projections that may not account for unforeseen challenges or delays in implementation. This uncertainty could impact the effectiveness and sustainability of the health-promoting initiatives in the long run.

CONCLUSION

The study outlines a comprehensive plan for transforming the selected government higher secondary school in Panakua Gram Panchayat into a "Health-Promoting School." The collaborative efforts of the school's leadership and governing body have identified the targeted timeline and resources necessary for this transition. The projected targeted timelines for implementing various components indicate a structured approach, with a significant portion expected to be completed within 36 months.

The identification of 22 categories of resources will further strengthen the foundation for this initiative, ensuring that the school community will be well-equipped to foster a health-promoting environment. This research highlights the critical role of school-based health promotion

initiatives in enhancing student well-being and underscores the potential for positive health outcomes through collaborative planning, targeted timeline and resource allocation. The findings will serve as a valuable roadmap for other educational institutions aiming to adopt similar health promotion strategies.

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