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THE EFFECTS OF FORMAL EDUCATION ON THE HEALTH OF CHILDREN

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1. Introduction

The state of health of a particular child at a given point in time is the result of very complex interactions between a variety of biological and environmental factors, of which the school is just one, though possibly the most important one, as far as the health problems of schoolchildren are concerned. Because the school is important with respect to health, because it is a manifestation of society and because it can be changed in a negative or a positive direction, an attempt to analyse the specific risks inherent in the school system, together with its positive potentials, appears justified in spite of the many uncertainties connected with any study of single factors in a complex network.

2. Effects on the health of children by the school as such (not including health education)

In the following list of the most important health problems of children and adolescents some specific negative and positive effects of the school will be mentioned. The final part of the paper will be devoted to special health promotion measures within the school system.

2.1 Accidents

Accidents represent the first cause of death in the age-group under consideration. In many countries, the rate of mortality from accidents is increasing. For every child killed in an accident, there are many more suffering from lifelong handicap as a consequence of an accident.

NEG: Children aged 5-9 years are not mature enough neurophysiologically or psychologically to adapt to modern traffic conditions, yet many of them on their way to and from school, are daily forced to become part of daunting traffic systems devised by and for adults.

NEG: For adolescent boys the chief cause of serious accidents is riding motorcycles or motorized bicycles. One of the reasons for their frequent risk-taking behaviour may be the stress imposed by the school (see below).

POS: Attendance at school almost certainly reduces the period of exposure to accident risks; the accident rate would therefore probably be higher if it were not for the system of compulsory schooling.

2.2 Nutrition

Because of a serious lack of knowledge concerning the nutritional requirements and the actual eating habits of children in the age-groups under consideration, any analysis of the possible effects of education is speculative in nature.

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NEG: The direct influence of the school is probably weak, but there is almost certainly an indirect effect - again through the stress caused by the school - on extreme forms of mal-nutrition: obesity and anorexia nervosa.

POS: School meals may provide a valuable complement if nutrition in the home is inadequate (e.g. in the developing parts of the European Region, or for families with mothers working full-time); for all children they may contribute to the formation of correct eating habits, and, if combined with education in home economics, sound habits of food purchasing and preparation.

2.3 Infectious diseases

NEG: In the developing areas of the European Region the spread of infections through the school may still represent a serious problem (e.g. tuberculosis).

NEG: While the industrialized countries have brought most killing and handicapping infectious diseases under control, a new epidemic of parasitic infestation of the hair and skin of schoolchildren represents a growing problem in many countries.

2.4 Chronic diseases

NEG: Though the school certainly does not cause chronic diseases, it may contribute to the aggravation of the suffering, for instance through the exposure of allergic children to a variety of allergens, etc.

NEG: Entry into an environment which is not suited to a chronically ill or handicapped child may cause considerable stress and unhappiness if the transition is not prepared very carefully.

POS: Any chronic disease and handicap entails a great risk of a distorted self-image developing in the adolescent. Here, a good school with understanding teachers (and peers) which provides the highest possible level of integration may offer a unique chance for such an adolescent to arrive at a positive yet realistic self-image and hence achieve greater satisfaction with his existence.

2.5 Physical growth and development

NEG: Though existing knowledge is insufficient for a definite evaluation of the risk involved with the sitting position imposed by the school, (anomalies of posture, etc.), it can be stated without exaggeration that the modern school does not provide enough physical activity for the promotion of optimal functional development.

POS: The few hours of compulsory physical training are perhaps the only chance of ensuring physical development in many children whose leisure has become more and more passive (e.g. watching television).

2.6 Intellectual development and learning capacity

Learning is the main performance expected from a child in school, and failure in this respect places a child at very high risk of becoming a "social failure".

NEG: School entry may be a shock for children from families with values, language and attitudes distant from those of the school, as well as for slightly retarded children or those with specific difficulties (dyslexia, minimal brain dysfunction, etc.). Difficulties in performance will often result in labelling, with well-known deleterious effects.

NEG: The "streaming" experienced by children 10 years of age and older very often results in a distorted self-image of those assigned to the lower groups. Quite frequently, not only the child but the whole family is affected by this process of segregation.

NEG: Those for whom learning is not a rewarding experience tend to leave the school early and become "drop-outs", or at least to refrain from further learning as adults.

POS: In spite of what has been stated above, intellectual development is the area where the school has the most pronounced and beneficial effect on the majority of children. This means not only an increase in knowledge and capacity, but also a very positive contribution to identity formation.

2.7 Emotional development

NEG: The pressure to perform may create anxiety and psychosomatic symptoms, even in gifted children. In the extreme form this leads to school phobia and serious learning difficulties.

NEG: Developmental deviations, especially during the prepubertal period, entail a risk of rejection by teachers and peers. This may well cause depression and constitute one of the reasons for the increasing rate of suicides among adolescents.

POS: The school obviously favours the development of peer relationships, which is a necessity for healthy emotional development.

POS: A devoted, tolerant and accepting teacher is in a position to provide much of the support and love which many children from unhappy families lack.

2.8 Sexual development

While it appears difficult to point to direct effects of the school on biological sexual development, there is certainly a conscious or unconscious transmission of values and attitudes through the school. Depending on the personality of the teachers, this process may have both positive and negative aspects.

2.9 Social development

NEG: Successful adaptation to the norms prevailing in the school, to the pressure to perform, is for the majority of children the most critical achievement if social deviance is to be avoided. This has two main negative consequences:

- If adaptation takes place, it creates uniformity, loss of imagination and innovative forces, a loss which is deplorable not only for the children themselves, but also for society as a whole.

- If the adaptation process is unsuccessful, it contributes greatly to alienation, to a distortion of the self-image and to social deviance in its passive, withdrawing (e.g. alcoholism, drug abuse) or aggressive (e.g. delinquency) forms.

POS: For children at risk of becoming social deviants from other causes (unsatisfactory family relationships, etc.), the school may provide a supporting, even therapeutic, environment, if it is seen not primarily as an institution in charge of producing the highest possible amount of skills and knowledge, but as a place where human beings are given the chance to develop all aspects of their personality in a network of warm and living relationships.

3. Special health promotion measures within the school system

Some of the health hazards described in the previous paragraph have been known by school authorities for a long time. School health services were originally created in order to mitigate their effects and to prevent permanent damage. Another main task of the school health services has been to remove those health problems which constitute a direct obstacle to learning (sight and hearing defects, etc.). More recently, however, it has been recognized that the school is not only a potential threat to the health of children, but that it has many inherent possibilities for the promotion of health in a positive sense. Health education embraces all specific attempts to influence the behaviour of the children in such a way that the chances of their attaining good health increase.