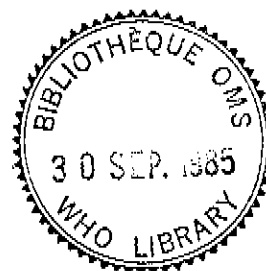




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*France*  
SCHOOL HEALTH SERVICES: AN EFFECTIVE APPROACH TO EDUCATION  
FOR HEALTH: AN EXAMPLE FROM HAUTE SAVOIE, FRANCE

*Health educ* by

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Introduction

If they are to play an effective part in health education, school health services should take an interest in all aspects of the life of schoolchildren, covering individual health, family environment, school environment (including workshop and physical education activities, recreation, catering, etc.) and school-related factors (journey to school, school transport, sports, amusements, etc.) as well as being concerned with their life tempo and all the persons with whom they are in frequent contact.

Such a knowledge of the children and their way of life makes possible both an individual and a collective educational approach, not only as regards the children themselves but also their parents, the school administrative and service personnel, and all technicians whose activities have some impact on the children's environment.

The structures and mode of operation of the French School Health Service are such as to enable it to play a very special role in this field, for the service consists of a certain number of teams, the different components of which are complementary. These teams include physicians, nurses, social assistants and school psychologists whose specific and coordinated action makes it possible to cope with a whole range of problems encountered by the school-age child, naturally including the educational aspect.

The work of the School Health Service in Haute Savoie is to be sure, not a model but a good example of how to find and carry out certain tasks calculated to improve the quality of life of the children and to increase their chances of scholastic and occupational success. The School Health Service of Haute Savoie has endeavoured to satisfy real educational needs in regard to health by considering the child as a whole and trying to coordinate all the activities that centre on him.

Haute Savoie is a Department with some 500 000 inhabitants, including 113 000 schoolchildren. The Department shows rapid population growth:

- + 10.4% between 1975 and 1982, as against
- + 3.1% for France as a whole,
- with an excess of immigrants over emigrants,
- a young and active population,

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- a level of unemployment lower than for France as a whole,
- a society which is becoming more and more tertiary,
- housing which includes 23% of accommodation in secondary residences,
- a stable foreign population (9%) consisting mainly of Italians, Algerians, Portuguese, Spaniards and Turks,
- activities dominated by two mono-industries: tourism, screw-turning and metal working.

From the health viewpoint, the statistics are as follows:

- 1 hospital bed per 108 inhabitants,
- 1 physician per 510 inhabitants, a figure slightly lower than the regional average (1 per 490),
- 60% are general practitioners, distributed throughout the Department,
- 1 commune out of 3 has a general practitioner,
- the 39% specialists are concentrated in the urban areas,
- there is one paediatrician per 16 500 inhabitants.

#### School health

The service comes under the School Inspector. It is directed by a chief medical officer for the medical activities, and by a chief social assistant for the social service.

The Department is divided into nine sectors; each sector is directed by a medical officer, who is the team chief, and comprises some 10 000 pupils, which is a very heavy burden, the officially desirable figure lying between 5 and 6000 pupils.

#### Main activities of the Haute Savoie School Health Service

So as to achieve our desired objectives, which aim at assuming overall health care responsibility for schoolchildren, our programmes have had to be very diversified and have included:

- I. activities carried on directly on behalf of children and adolescents, considered individually,
- II. activities carried on directly on behalf of children and adolescents, considered collectively,
- III. activities carried on indirectly on behalf of children and adolescents,
- IV. activities in liaison with other partners concerned with school-age children.

#### I. ACTIVITIES CARRIED ON DIRECTLY ON BEHALF OF CHILDREN AND ADOLESCENTS

The activities common to all the teams in the nine sectors and that are regarded as priority ones have been:

- (a) Medical examination of children on entering primary school.
- (b) Occupational guidance medical examination.
- (c) Examination of pupils who require special care.

(a) This medical examination which consists of a health check-up takes place at the end of the infant school period and covers children entering their sixth year of age. These check-ups are always carried out in close cooperation with the teachers and the parents are always convened, for we feel that strong participation on their part is essential. This examination presents a unique opportunity for obtaining a real knowledge of the child and a better idea of the family environment, which often has consequences for the young that show up after a varying period of time.

This thorough medical examination makes it possible to determine whether the child will have any subsequent need for special surveillance.

It also affords an opportunity for the regular health education of the parents, especially as regards nutritional problems, vaccination, oral hygiene, and sleep, which often leads to a discussion of sleep and the tempo of family life.

(b) Vocational guidance medical examinations

We have endeavoured to see as many as possible of the young pupils in secondary level schools ("collèges") whom it is planned to train in technical schools.

Unfortunately, for reasons arising essentially from the inadequate number of our staff, we do not always succeed in carrying out all these examinations although they seem very important to us.

It is always very regrettable to have to reorientate, during the course of their studies, young people who must change their type of training for grave medical reasons. It is more serious still when a young husband with a technical diploma must change his occupation because practice of the trade he has learned is formally contraindicated.

Finally, when these medical examinations take place before the child, family and teachers have finally chosen the child's vocation, it is easier for us to explain and make them understand the importance of certain pathological states in relation to occupation. Our technical role may sometimes be essential in ensuring that situations badly accepted are not over-dramatized.

(c) Pupils needing a special follow-up

1. Pupils attending special classes

Certain classes group together pupils who cannot follow the usual school course like the others because their scholastical or mental level is too low.

In these classes there are often pupils coming from very underprivileged socio-cultural milieux who require thorough medical examination, of which an educational dialogue is an important component. Moreover, liaison with educational teams (teachers-psychologists) and the social services are often necessary, for in addition to their intellectual deficit, these children often have many problems of an affective, hygienic, psychiatric or social nature, as well as problems of maladjustment or delinquency.

Only an all-inclusive approach to the health care of these children has any chance of improving their condition.

2. Seriously handicapped pupils included in normal education

The school health team has also a very useful role to play in the case of children who are handicapped or suffering from serious illnesses and attending school. This year we found 117 such cases in Haute Savoie, including 35 with cerebro-motor handicaps, 24 cases of severe deafness, 11 with poor sight, 3 poorly controlled cases of severe epilepsy, 11 cases of trisomy 21, 15 cases of psychiatric illness and 19 other children suffering from various other serious conditions.

Problems connected with the integration of such handicapped pupils are naturally very varied and each case must be considered separately.

The behaviour of these young people is often disturbed by their illness and their treatment. The school medical officer should always be available to the families and to such disturbed or distressed pupils, whose absences, sometimes repeated, can hardly fail to have an adverse effect on their school results.

Help must be given in ensuring that these situations are not taken too tragically either by the families or the teachers, who are sometimes reluctant to accept certain handicapped or sick children in classes that are often already overcrowded. It is desirable for these children to be able to live in a normal school environment, but the teachers must be well informed of the nature and possible consequences of these handicaps or complaints.

The school medical officer then acts as an intermediary and adviser, he should get into touch with the teams giving treatment, so as to be familiar with the possibilities and limits of these children who must neither be overprotected nor exposed to unnecessary risks.

When such an experiment in the school environment proves to be a failure then the school health team, in close liaison with the teachers, psychologists and parents, must examine the possibilities of placing these children in specialized institutions better suited to their particular handicap.

### 3. Pupils attending technical schools

In these schools, our medical examinations are restricted essentially to pupils attending workshops that are considered dangerous (use of dangerous machines, handling toxic products, particularly noisy surroundings). During these examinations we regularly have discussions with the young people and lay special stress on the need to make proper use of the means of protection placed at their disposal, while explaining the risks they run in the event of negligence.

Apart from these individual approaches, which are common to all school health teams in the Department, we perform a certain number of medical examinations in response to real needs that must be assessed by each sector team. The aim is for all of us to carry out:

Medical examinations adapted to the requirements of the pupils, for it does not seem that nowadays there should be a rigid timetable for school medical examinations. After the first examination, a normal child will be seen again at certain periods of his school-life, varying in frequency from case to case. When a child poses problems, then a note "to be followed-up" is entered in his medical file. For some of these children an examination may be necessary one or more times a year.

The families are kept in touch with through health booklets or, failing this, health reports on which the examination findings are entered.

When a serious abnormality is discovered, then a letter-card is sent out, informing the family and requiring them to arrange for an examination by a physician of their choice. A reply must be returned to the school medical officer under sealed cover and marked confidential, using the same letter-card.

Teachers are asking for medical examinations more and more frequently, sometimes because of behavioural disturbances and failures in school work, which require a very full check-up of the child so as to decide what action should be taken in an effort to prevent the possible development of complete maladjustment and sometimes delinquency.

It also sometimes happens that certain more or less serious complaints do not cause the children and their families sufficient concern to lead them to consult a physician, e.g. the case of obese children who may be regarded by the families merely as greedy but otherwise in good health, but who in fact need medical care. This type of child or adolescent may have psychological or other problems that have led to or maintain bulimia, and in such cases an attempt must be made to discuss the situation with the young person.

The medical examination may present a special opportunity for a young person, who is then alone and without his parents, to be treated as an adult by the physician who can appeal to his understanding, intelligence and sense of responsibility for his own future. The physician can make the young person aware of the risks and advantages for his future of the

decisions and attitudes he will take. Such an inter-person dialogue is often very educational and beneficial, even when the medical examination is not regarded as a voluntary step. Many young people, in fact, accept and appreciate this sometimes reassuring obligation when they can discuss matters without feeling themselves to be judged, but rather understood and counselled without any preconceived ideas.

(d) Evaluation of activities carried on directly on behalf of children, considered individually. In carrying out medical examinations the school health staff has always tried to satisfy the real needs of the school population in each sector and has programmed its activities from this viewpoint.

All individual medical examinations include an educational component:

- directed to the parents during the first health check-up,
- directed to the pupils during all the other examinations.

Such educational action seems to us particularly important for adolescents, and often gives an opportunity to return on an individual basis to subjects already dealt with on a group basis, especially problems concerning sexuality, contraception, the tobacco habit, and vocational guidance, and interrelational difficulties with adults and other pupils.

Even if the primary aim of such medical examinations would seem to be prevention, practically all of them have an educational dimension which continues to be one of the aims and major concerns of our school health service.

## II. ACTIVITIES CARRIED ON DIRECTLY ON BEHALF OF CHILDREN AND ADOLESCENTS, CONSIDERED COLLECTIVELY

These are essentially health education activities.

(a) The main topics dealt with have been as follows:

- general and oral hygiene,
- sexuality, contraception, sexually transmitted diseases,
- nutrition,
- the tobacco habit,
- alcoholism, drug addiction,
- sleep,
- vaccinations.

In some sectors the topics to be discussed have been chosen by the pupils themselves.

(b) Place, methods, equipment

In most cases these sessions take place in the school premises, i.e. in the classrooms, audio-visual rooms, or infirmary, but also in certain public premises (youth and cultural centres).

Nurses have participated essentially in the infant and primary schools, usually in school hours, not during medical examinations, and often in the presence of the teachers. The latter have sometimes helped in making more thorough or preparing the educational action concerned, especially for subjects such as the tobacco habit, nutrition, accident prevention, and oral health.

In the case of secondary and technical education, the medical officers, sometimes with the help of school social assistants or other participants not in the service, have dealt

mainly with sexuality and contraception, sexually transmitted diseases, drugs, the tobacco habit, and alcoholism, and also with the importance of the health booklet and contraindications for certain types of occupation.

The equipment employed varies, but we make use essentially of audio-visual montages coming from various organizations or personally prepared by school health service medical officers and nurses.

In dealing with contraception we also show the pupils various devices that are actually used, e.g. pills, IUCDs, diaphragms and condoms. We also have various documents, tracts and brochures that are handed to parents and children, especially ones dealing with oral hygiene and milk-teeth, nutrition, prevention of accidents in the home, vaccinations and the tobacco habit.

(c) Assessment of our health education activities carried out on a collective basis

Although the assessment of the effectiveness of our health education activities is inadequate, it would seem very desirable to retain and strengthen it.

Thanks to these activities a considerable amount of advice can be given; they are in great demand by pupils and are well followed by the teachers. We have not always been able to use knowledge assessment questionnaires before and after such collective action because of lack of time and staff.

It appears that if behaviour and mental attitudes are to be changed, then such educational activities should be repetitive, prolonged and varied in regard to methods and presentation. In general, one such collective action has very little effect! On the contrary, a return on a collective or individual basis to subjects already dealt with in the media is much more convincing, especially if such action can be repeated.

The broad participation of teachers in these educational programmes seems very desirable, since only they can carry on really repetitive and permanent action vis-à-vis their pupils.

III. ACTIVITIES CARRIED ON INDIRECTLY ON BEHALF OF CHILDREN AND ADOLESCENTS

These are:

1. Activities relating to the environment.
2. Adult training activities.
3. Participation in certain meetings, councils and committees.

1. Activities relating to the environment

These involve our intervention as concerns:

- environmental hygiene (premises, workshops, catering),
- ergonomics, architecture, school furniture,
- the life tempo of the children.

School health teams intervene whenever they find:

- lack of cleanliness in classrooms, dining-halls, restrooms or toilets,
- inadequate heating and lighting,
- premises which are badly sound-insulated and too noisy,
- physical education rooms whose equipment seems unsuitable and dangerous for children.

Medical officers in the Service have also intervened to prevent animals that are vectors of allergens being bred in classrooms when more suitable quarters could have been found for them.

Medical officers responsible for technical education establishments regularly visit the workshops, see that they are properly equipped and ensure that the safety measures are properly observed.

Canteens and school catering are always inspected by our service, and a regular knowledge of the menus, visits to kitchens and dining-halls give rise, when necessary, to advice and comments directed to those responsible for school catering.

#### Ergonomics, architecture, furniture, life tempo

Since all schools in France are being gradually equipped with microcomputers, school medicine has considered the ergonomic problems connected with the use of such equipment in the school environment. In Haute Savoie this work has led to a circular giving recommendations for the installation and use of microcomputers in schools, which circular has been sent to all the schools in the Department.

Our services have also reported serious architectural defects in schools, as well as furniture that can harm the vertebral posture of the pupils.

We also intervene so as to improve certain life tempo factors, especially in infant schools in order to encourage a siesta.

#### 2. Adult education work

- We frequently organize meetings with parents and teachers to talk on subjects such as drug addiction and problems of adolescence, life tempo and sleep, and nutritional problems in children.
- Several medical officers and nurses have participated in training communal personnel for dealing with various aspects of school hygiene.
- Talks on our service and its activities have been given in schools of nursing.

It follows from the above that our health education work goes well beyond the school population and reaches all occupations and sectors whose activities have a direct influence on the life of children. It is considered that the importance of this kind of health education in the school environment should not be underestimated. Educational activities which are only too often forgotten are nevertheless essential if the health of the children is to be improved.

#### 3. Participation in certain meetings, councils and committees

We are regularly invited to attend meetings and councils regarding the schools for which we are responsible. Because of our work-load, which is very heavy, we are not always able to attend regularly and, if we do attend, it is essentially when the agenda concerns the health of schoolchildren.

We participate mainly in multidisciplinary committees engaged in studying cases of children showing a marked scholastic maladjustment. There, our presence is very desirable and helps towards a better knowledge of children who are in difficulty. Moreover, these meetings give us an opportunity for seeing our medical, social and educational partners.

As a school health service we should, in fact, closely collaborate with all persons who are concerned with the schoolchildren in our sectors.

#### IV. ACTIVITIES IN LIAISON WITH OTHER PARTNERS CONCERNED WITH SCHOOL-AGE CHILDREN

Our service works in frequent liaison with all the social, communal, departmental or mutual aid services in order to report cases of children or families in difficulty that we have encountered during our medical examinations. We must also sometimes contact the legal authorities to inform them of children who are victims of bad treatment or whom we feel are in danger.

Liaisons with the psychiatric services for children and juveniles are also frequent and necessary.

We are also in contact with the hospital services, general practitioners and paediatricians regarding the children whom we refer to them.

In addition we cooperate with certain physicians in the Department who participate in health education programmes. In this case, cooperation and coordination are essential to make our educational activities coherent and effective.

Our relations are regular and satisfactory with the departmental heads of the French Health Education Committee, the Departmental Drug Addiction Control Association, the various parents' associations and certain sports associations.

Through these relationships we can tackle every aspect of the life of young people and contact all the persons and services connected in some way or other with them, that may have some influence on the quality of their lives, both in and out of school.

We feel that such an overall approach to child care is quite essential.

#### CONCLUSIONS

It would seem that all the activities carried on, even if imperfectly, by the School Health Service of Haute Savoie, have played an effective part in the promotion of young people's health.

On the whole, our service is recognized, appreciated, requested and listened too, not only by teachers but also by the families and children.

Despite an inadequate number of staff and sometimes difficult geographical conditions, our school health teams have shown themselves to be very motivated and often even enthusiastic in carrying out their task of coordinating prevention and health education. The whole service is aware of the importance of this very inclusive approach to caring for children, and of work programmed in accordance with set objectives, taking into account the priority needs in each sector.

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