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An Exploratory Study of the Critical Need for School Health Programs in Lebanon

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Abstract

Schools play a vital role in establishing healthy behavior patterns among young people which carry these patterns into adulthood. This article explores and collects information about school health programs and health practices in Lebanese schools. The investigation goal is to provide baseline information to school policy makers, administrators, and educators as they plan and implement coordinated school health policies and educational programs that can promote healthy behaviors among the Lebanese youth. Data for the study was obtained from extensive literature reviews and questionnaire surveys of school principles; in addition, interviews were added to the data results. The survey was conducted in the spring of year 2013.

Key words:
Health Care, Health Program, Health Services, Lebanon, National Health Care Reform, School Health Education.

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1. INTRODUCTION

Students' emotional and physical health has been a key factor in the ongoing debate about schools reform. Many researchers affirm that student health is a strong predictor of academic performance. Researches confirmed that healthy, happy, active and well-nourished youth are more likely to attend school, be engaged and ready to learn. Moreover studies consistently document that poor emotionally and physically healthy, chronic medical conditions and stress-induced inability to concentrate translate into lack of achievement for students, Clayton S, Lee C, Buckelow S, Brindis C. (2002); Hanson, T.L., Austin, G.A. & Lee-Bayha, J. (2003/4); DeBate, R.D., Thompson, S.H., (2005); Crews, D.J., Lochbaum, M.R., Landers D.M., (2004); Strong, W.B., Malina, R.M., Blimkie, C.J., Daniels, S.R., Dishman, R.K., Gutin, B., Hergenroeder, A.C., Must, A., Nixon, P.A., Pivarnik, J.M., et al. J.Pediatr, (2005).

This article explores and collects information about school health educational programs and practices in Lebanon. This document investigates issues in the Lebanese school health programs and practices. Data for the study was obtained from questionnaire surveys of schools principle; in addition interviews were added to the data results.

2. LITERATURES REVIEW

2.1 SCHOOL HEALTH PROGRAMS

The school health education helps to empowers individual, allowing students to make educated health decisions. Health education is "the process of assisting individuals… to make informed decisions about matters affecting their personal health and the health of others" (National Task Force on the Preparation and Practice of Health Educators, 1985). Today school health education is seen as a comprehensive health curriculum. It is a blend of community, schools, and patient care practice; "Health education covers the continuum from disease prevention and promotion of optimal health to the detection of illness to treatment, rehabilitation, and long-term care", (Glanz, Karen, G., Rimer, B., and Marcus, F., 2002).

School health programs incorporate the joint hard work, efforts and resources of 1) Education, 2) Health, and 3)Social Service in order to provide a full programs and services that promote healthy behaviors while enhancing academic performance among young people. The school health programs bring together the following eight components: "1) health

services; 2) health education; 3) efforts to ensure healthy physical and social environments; 4) nutrition services; 5) physical education and other physical activities; 6) counseling, psychological, and social services; 7) health programs for faculty and staff; and 8) collaborative efforts of schools, families, and communities to improve the health of students, faculty, and staff" (Fisher, C., Hunt, P., Kann, L., Kolbe, L., Patterson, P., and Wechsler, H.,2013) .

2.2 THE IMPORTANCE OF SCHOOL HEALTH PROGRAMS

Give young people the knowledge they can use throughout their lives to keep themselves and others alive and healthy, productive, and content is very important. School health programs can enhance young generation knowledge and attitudes about health. It also can help them to build up communication, critical thinking, decision making, and self-management skills. School health programs also can help young people to think about how to live their lives; and build up ethical character such as such as caring, honesty, fairness, responsibility, and respect for self and others (Lickona, T., 1991).

2.2.1 EDUCATIONAL OUTCOMES

Lowry, and others, showed that young generations who are unhealthy are more likely to learn less than those who are healthy. On the other hand, persons who attain more learning are healthier and carry out less health risk behaviors, furthermore their offspring are also healthier and carry out fewer heath risk behaviors, (Lowry, R., Kann, L., Collins, J., and Kolbe, L., 1996). The Council of Chief State School Officers and Association of State and Territorial Health Officials, suggesting that, "Healthy kids make better students, and better students make healthy communities, (Council of Chief State School Officers and Association of State and Territorial Health Officials, 2000).

2.2.2 SOCIAL OUTCOMES

Schools are the central institutes that build up younger generation. Schools affect not only the academic maturity of students, but their mental, emotional, and social development as well, (National Research Council and Institute of Medicine and Committee on Community-Level Programs for Youth, 2002). Schools in Lebanon should build systems that

address persistent barriers to student learning and psychological, emotional, and social development.

2.3 LEBANON- POPULATION

Lebanon is a small Eastern Mediterranean country with a geographical area of 10452 sq/ km, and a population around 4,055,000 million, including 500,000 refugees from different nationalities, most being Palestinians (UNRWA, 2001). The main languages used in the country are Arabic, English, and French. Ethnic background is an important factor in Lebanon. The country encompasses a great mix of cultural, religious, and ethnic groups, with a diversity of 18 religions.

Lebanon is a middle income country. The Lebanese civil war from 1975 to 1990 had a damaging effect on the economy of the country. Huge funds in restructuring the Lebanese infrastructure started in the early 90's after the end of the civil war. In consequence, there was an increasing financial deficit and public debt resulting in slowing of the growth on a national scale. Since 1999, and increasing in poverty with the rapidly increasing public debt and minimal growth effect the country severely, (NHHEUS, 1999). The population of the young between the ages of 5 and 24 is 40.1% of the total population of the country, (Table 1), (NHHEUS, 1999).

Table 1 – Age Structure of the Population

AGE	%
0 - 4	8.0
5 – 14	20.0
14 - 24	20.1
24– 44	29.4
45 - 64	15.1
> 65	7.2

NHHEUS- 1999 (5)

3. RESEARCH STUDY

3.1 RESEARCH MYTHOLOGY

This study investigates the school health programs and practices at Lebanese school. The investigation examines school health issues and gaps. This effort led to an understanding that can guide governments, professionals and educators to evaluate, modify, and develop school health programs in the Lebanese schools. The research results were based on the findings of literature search and on the data gathered from the questionnaire surveys and the interviews. The surveys instrument of the study was a paper survey that was used to gather data from 50 principles from 50 different schools ranging from middle to secondary schools selected from various areas in Lebanon. Each school principles completed a 10 minute

questionnaire surveys; in addition interviews were added to the data results. The survey was conducted in the spring of 2013. The questionnaire surveys and the interviews were administered in Arabic language.

The schools chosen for this study were an array of ethnicities and socio-economic levels. The principles from all the different schools were treated as a single group; therefore no distinction was made among the schools. This study was conducted in a manner that protected the confidentiality of the participants. The instrument used in this study was a questionnaire administered in paper and pencil form. Survey items were developed based on an extensive literature review as well as querying participants using an exploratory questionnaire. The study gathered quantitative data to answer the research questions.

3.2 RESEARCH QUESTIONS

The objective of this research was to determine issues and the gaps in the Lebanese school health programs and practices. The results can strengthen our understanding and guide governments, professionals and educators to evaluate, modify, and develop school health programs in the Lebanese schools. In this research study, the following research questions were addressed. The gguiding research question:

Q1. Do Lebanese schools have school health programs?

Q2. What are the some of the weaknesses of the school's health programs?

Q3. What are the actions need to be taken in order to plan, implement, and evaluate fully functioning coordinated school health programs in Lebanese school?

3.3 INSTRUMENT

The instrument used in this study was a questionnaire administered in paper and pencil form. Survey items were developed based on an extensive literature review as well as querying participants using an exploratory questionnaire. The instrument used in this study was administered in Arabic language and translated to English to serve up this research. The instrument addressed the factors, Issues, and gaps in school health programs in the Lebanese schools. The questionnaire had a 3-point Likert-type scale from disagree 1 to agree 3 was adopted for evaluation. The survey was 1 page in length and took each teacher approximately 10 minutes to finish. In order to validate the content of the survey, three

expert professors were asked to evaluate the survey questionnaire. The data collected was entered into the computer and analyzed.

4. DATA COLLECTION AND ANALYSIS

Survey implementation and collection: During April 2013, I visited the school's principles who agreed to participate. The school's principles were given the opportunity to be involved in the study; the school's principles who decided to participate signed a paper acknowledging that this study was voluntary and that it was understood that all information would remain confidential. Each school principle was given the survey to be completed. By mid April, I collected 50 surveys questionnaires from 50 different schools. The data collected from the survey was entered in the SPSS software, for further analysis. A short fifteen mints interviews' was carry out with each school principle to further discuses issues about school health program.

5. DATA RESULTS

In gathering information regarding school health programs and services currently available in Lebanon, we focused specifically on the following areas:

- What school health programs services were available at the time of the study?
- Who deliver the school health programs?
- Who utilized these services?
- What are the costs of pursuing interventions?
- What are the hindrances of the school's health programs?
- What are the actions need to be taken in order to plan, implement, and evaluate fully functioning school health programs?
- In what demographic settings where they available?

The results of the survey were evaluated and analyzed.

5.1 STUDENT HEALTH RECORDS AND MEDICAL SCREENING

Student health records maintained by school employees are considered to be part of the education record. The results of the survey showed that all the school surveyed 100% reported that the schools maintain the student's health record of their students.

The Lebanon Ministry of Education require all the school to conduct students' annual medical screening in order to protect, preserve and promote the health of students. The students' annual medical screening is obligatory by the Lebanon Ministry of Education. All the school surveyed 100% reported that the school health program conducting a general health exam for all the students every year. The Lebanon Ministry of Education assigns the doctors who can conduct the students screening. The purpose of the yearly health examination is to evaluate health status, screen for risk factors and disease. Schools do not receive any funds from the government toward the students' annual medical screening. The medical screening cost the school $2 per a student. All the school surveyed 100% reported that the annual medical screening is funded 100% by the Parents contribution Fund.

5.2 SCHOOL HEALTH INSURANCE AND FUNDS

The Lebanese government does not fund the public schools health Insurance. The results of the survey showed that all the school 100% reported that schools do not receive any funds toward school health insurance. 90% of the school reported that they funded the school health insurance by the contributions of parents. 10% of the school reported that they do not have school health insurance, or any kind of insurance that covers any urgent care or an injury.

In most countries school health programs is funded by the government, but the Lebanese public schools are heavily dependent on funds obtained from other sources. All the school surveyed 100%, did not receive any funds from the government toward school health programs and health services. Lebanese school health programs are 100% funded by the contributions of parents due to the inability of government to meet even basic school financial needs.

5.4 SCHOOL HEALTH ADVISOR

Lebanese schools do not have highly educated health professionals. All the school we surveyed, 100%, did not have doctor, nurse, or a social worker. With increasing demand for the school health care services and a high cost to access a medical care, a health advisor use instead of professionals' health care providers. The task shifting of health care functions from professionally trained doctors and nurses to school health advisors are considered to be a

means to make more efficient use of the school health services currently available and improving the health of the Lebanese students at low cost.

The health advisor is a school teacher who is chosen by the school to provide basic health and medical care services in the school. The School health advisors are given a limited amount of training, supplies and support to provide essential primary health care services to students. The School health advisor work for 15 hours per week to assist in health related issues in school. The reminding if her time she works as regular teacher teaching one or more subjects within the school curriculum to students. Subjects include Geography, History, Mathematics, French, English, Arabic, Science, Social Sciences or Computer Science.

5.5 THE VOICE OF SCHOOL PRINCIPLES

School principles claimed that school health program has been neglected in the Lebanese public schools. Lebanese public schools face major issues with this program. The following are some of the deficiencies in the school health program as reported by School principles:

- Lebanese public schools lack basic medicine and first aid kits.
- School health programs lack the financial support
- Schools lack qualified health education teachers
- Schools lack nurses' and doctors' visits
- Schools lack social workers. School principles complain that they have many social problems among students
- Schools lack health room - a place where students can be treated if they get hurt - and health room supplies
- Schools lack health education for students, parents and teachers
- The schools' play grounds are unsafe
- Schools do not offer healthy breakfasts to students
- Schools lack monitoring the quality of the health adviser performances
- Working hours of the health adviser are insufficient only 15hours/week.

It is time for the government and the Lebanon Ministry of Education to take seriously the critical importance of ensuring that all students are healthy, engaged and ready to learn. By

doing so, we will increase the chances of successful academic outcomes for all Lebanese students

2.4 HEALTH EDUCATION IN LEBANON

The school health education has been integrated in the Lebanese public schools education curriculum since 1987, nevertheless the performance of this curriculum has never been evaluated, (GSHS, 2005). Today school health education is seen as ineffective. The results of the survey showed that 90% of the school principles reported that school health education in the national educational curriculum is inadequate and ineffective. Less than 20% of the school principles reported that their schools offers additional health educations to students through volunteers, nonprofit societies or institutions; 80% of the school principles reported that their schools do not offers any health educations to their students. Global School-based Student Health Survey (GSHS) found weaknesses in the current Lebanese health curriculum, and recommended to upgraded and developed the Lebanese School Health Program in the education curriculum to include new curriculum objectives. Several objectives have been revealed in respect with the growth and development of the students in order to enable him to practice the health rules leading to his physical, psychological, and mental development, (GSHS, 2005).

2.5 HEALTH RISK BEHAVIORS AMONG LEBANESE STUDENTS

World Health Organization in collaboration with the Ministry of Health and the Ministry of Education conducted the Global School-based Student Health Survey (GSHS), in Lebanon in 2005/6, in order to evaluate the health risk behaviors and protective factors of schools children in grades level (7th, 8th, 9th). The results of the survey indicated several areas of concern:

- 19.5% of students had at least one drink containing alcohol in the month preceding the survey. Of those who drank, almost 40% drank two or more drinks on the day they drank.
- Fifteen percent of students are at risk for becoming overweight.
- With respect to attitudes towards sexual and reproductive health education, almost 50% of students were supportive of such discussions taking place in school classes.

- 20% of students had never heard of HIV/AIDS.
- The topics of mental health and violence were the most distressing,
  - Almost 40% of students felt so sad or hopeless in the last 12 months that they stopped doing their usual activities.
  - Sixteen percent seriously considered suicide.
  - Related to violence, 40% of students were physically attacked by a parent, and 25% by a teacher.
  - 50% have been in a physical fight one or more times in the last year.
  - And over 30% state that they have been bullied.
- The protective factor of parental supervision seems to be rare. About 4 in 10 students reported that their parents/guardians never or rarely really knew what they were doing with their free time in the last month.

  (GSHS, 2005).

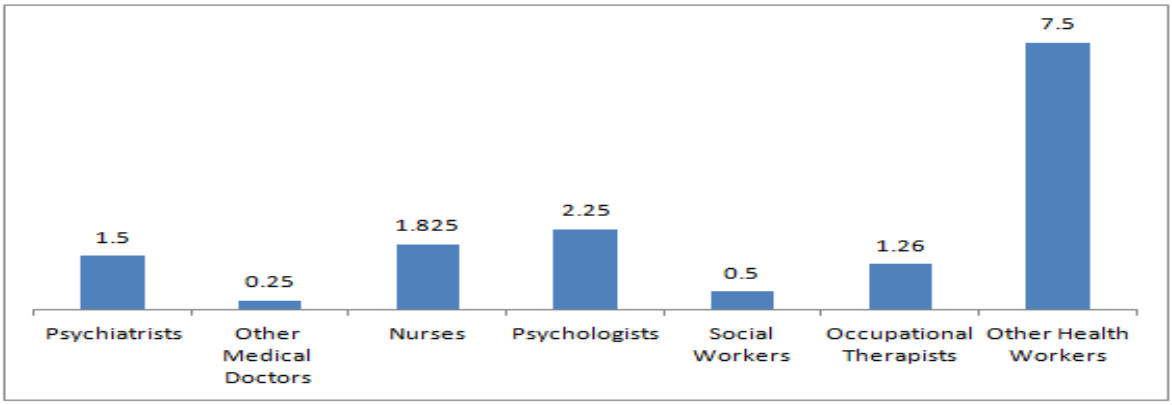
2.6 SOCIAL HEALTH IN LEBANON

Lebanon has undergone many wars, political conflicts throughout its history. As a result a large number of Lebanese people have been exposed to war-related traumatic events at some point in their lives. Large number of Lebanese people shows signs of mental health disorders - primarily mood disorder and anxiety. Statistic done by The World Health Organization Assessment Instrument for Mental Health Systems (WHOAIMS), revealed that 90% of the Lebanese people with mental health disorders did not receive any treatment. More than 90% of mental health care are offered by the private sector and getting paid by the patients, (WHO-AIMS, 2010).

Social health care becoming increasingly overburdened by the cost, and not having enough staffs. According to the World Health Organization Assessment Instrument for Mental Health Systems (WHOAIMS), it estimated that the total number of Social health services provider per 100,000 populations is 15.1; among the 15.1 only 1.5 psychiatrists, 2.25 psychologists, 0.25 other medical doctors not specialized in psychiatry, 1.825 nurses, 0.5 social workers, 1.25 occupational therapists, and 7.5 other health or mental health workers per 100,000 population. The number of professionals graduated in 2009 is as follows: 0.125 psychiatrists, 0.75 psychologists, 0.125 social workers per 100,000 populations. And between

1-20% of psychiatrists immigrate to other countries within five of the completion of their training, WHO-AIMS, 2010).

GRAPH 1 - HUMAN RESOURCES IN MENTAL HEALTH (rate per 100.000 population)



In terms of support for child and adolescent health, 1% of primary and secondary schools have social health professional, and a few schools between 1-20% have school-based activities to promote Social health and prevent mental disorders.

6. DISCUSSION

Numerous of research has provided evidence of the direct association between the health of students and their academic achievement. Healthier students have better ability to concentrate, better productivity, less discipline problems, better achievement, and more engaged in the classroom. The effect of health on school achievement should not be underestimated. Data from the survey and from the literature review should alert us. Lebanese students engage in risky health behaviors such as drinking, unhealthy eating, little or no physical activity, mental health and violence. Beyond health and academic consequences, student health problems such take an economic toll on schools. Schools have to deal with the expenses of offering additional resources and staff time to students whose academic performance or behavior suffers due to health problems. The data from the School principles interviews showed that Lebanese public schools face major issues and deficiencies in the school health program.

Improving young generation wellness helps them to succeed in school. It is important that government and schools policymakers should take the following steps:

- Hiring school health education teachers, school counselors, or school nurses in all Lebanese schools.
- Assessing and establishing guidelines for health and physical education, school nutrition programs, and school health services.
- Update Health education curricula and instructional practices, and assess student achievement.
- Develop and disseminate policy and resources to support Lebanese school in institute school health councils.
- Make sure that students have access to services that encourage physical activity.
- Establishing wellness programs for school staff members.
- Providing professional development for school staff responsible for delivering school health programs.
- Identify community-resource personnel and programs that complement school health policies and make these available to schools to foster community-school partnerships.
- Developed a technical-assistance plan to strengthen the efforts to improve student learning, and define professional development needs.
- Provide additional resources to improve school health programs through its publications, communications networks, and technical assistance.
- Identify appropriate media campaign materials and resources that can help local health agencies and schools promote positive health messages and programs for youth.
- Establish frameworks for allocating funds to support local school health policies and programs.

7. CONCLUSION

Reducing health-risk behaviors among young people is a complex effort that requires cooperation and collaboration among many partners and agencies. Government and policymakers should establish processes for identifying, developing, and disseminating resources for supporting coordinated school health programs and put into practice health guidelines at the Lebanese schools. They should identify resources that may possibly be utilized in improving school health programs.

Departments of education and health should make every effort to coordinate structured programs that address the health needs of young people (e.g., Health, chronic disease, physical activity, Safety, nutrition, and tobacco control); and to discourage unhealthy behaviors in order to reduce young people's risk for chronic disease later in life

To ensure that these structured programs can: 1) provide high-level team members to coordinate, support, and evaluate school health programs; 2) build a training and development system for health and education professionals; and 3) draw together different organizations to develop and coordinate programs that address the health needs of young people.

In view of the fact that all children necessitate sensible guidance for a healthy future, school health programs should be established in all Lebanese schools. Encourage young people to assume healthy behaviors that minimize the possibility of chronic diseases is a constant challenge and should be the aim of school health programs. Accomplishing this objective necessitates that Government and policymakers to accept the opportunity and responsibility to effectively put into action and enhance school health programs.

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