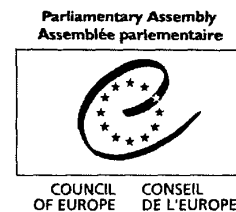


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Education for balanced development in school

Report
Committee on Culture, Science and Education
Rapporteur: Mr Anatoliy Korobeynikov, Russia, Socialist Group

Summary

The main task of school is to convey knowledge. School should also help to preserve and improve the health of pupils in the school environment throughout schooling.

On the basis of a survey on the situation in certain member states, and in particular the Russian Federation, the report concludes that it is necessary only to use teaching methods which help improve children's health, to promote health education and to provide high quality physical and sports education.

It is recommended that the Council of Europe support the WHO European Strategy for child and adolescent health and development, collect and analyse the basic data on this issue and co-operate more effectively with UNICEF and other relevant organisations.

I. Draft recommendation

1. The Parliamentary Assembly believes that an essential task of schools is to ensure the balanced development of pupils, enabling them to adjust to a varied and rapidly changing world. Though their main task is to convey knowledge, schools should also help in preserving and improving the health of pupils and promote health education and universal values. The World Health Organisation (WHO) defines health not only as the lack of disease and physical defects, but also as a state of full physical, mental and social well-being.
2. The information technology revolution is intensifying the education process. Ensuring that the added pressure does not harm schoolchildren's health is a new task calling for co-operation among politicians, teachers, doctors and other specialists.
3. The Assembly considers health, as well as intellectual development, to be essential ingredients in the overall development of children and young people. The Assembly notes that in some Council of Europe member states the state of health of school and pre-school pupils gives cause for concern. In some countries children suffer from illnesses which, to a certain extent, are linked to the school environment and living conditions, such as spinal deformation, myopia, neurasthenia, nervous exhaustion and swelling of the thyroid gland. The problem of obesity linked to an unbalanced diet in certain European countries is also causing serious concern.
4. Various factors may have a negative effect on children's health, including social and economic hardship, environmental disturbances and unsuitable school and pre-school infrastructure.
5. Other causes of unbalanced development are linked to risk factors in the school system which have not been sufficiently studied and understood by society, such as ergonomic factors. Risk factors at school affect children's health in complex ways, not necessarily coming to the attention of teachers, doctors and parents until the symptoms become visible, which may be much later.
6. Many schools in the Council of Europe's member states successfully practise teaching methods which take pupils' health into account. More specifically, these methods are used in the WHO European network of health-promoting schools. In this respect, the Assembly stresses the importance of continuing and stepping up this co-operation between the Council of Europe, the European Commission and WHO which has been going on since 1992.
7. The Assembly expresses deep concern about the health effects of the consumption by young people of alcohol, cigarettes and drugs and about the increasing violence. It also refers to its Recommendation 1169 (1991) on education for health and drugs misuse in the member states of the Council of Europe and the European Community. In so far as this problem is also the consequence of educational stresses, it has to be addressed by means of improvements to the education system.
8. In general, a proactive approach should be fostered, in which the following principles are applied:
 - 8.1. only teaching methods should be used which help to improve children's health or their balanced development and which take their age and individual particularities into account;
 - 8.2. psychologists, education specialists and doctors should be effectively involved in the development of teaching methods and infrastructures;
 - 8.3. a health culture should be forged through various disciplines, including sex education;
 - 8.4. high quality physical and sports education should be provided;
 - 8.5. healthy food should be served for school meals;
 - 8.6. every child's health and development should be monitored throughout schooling;
 - 8.7. information on child's health should be gathered and exchanged among member states.

9. The Assembly believes that a health education component should be incorporated into training programmes for teachers and other school staff. Parents, pupils, psychologists, doctors and social workers should be regularly kept abreast of developments and co-operation between parents and teachers should be improved.

10. The Assembly notes that the media and advertising have become a major influence on young people. The media, particularly television, should be more aware of the importance of children's and young people's health. The media should be encouraged to promote balanced individual development.

11. The Assembly considers that healthy living and the balanced development of schoolchildren should be priorities in the Council of Europe's member states. Accordingly, it recommends that the Committee of Ministers:

11.1. strengthen the WHO European Strategy for child and adolescent health and development, for example by launching an awareness campaign;

11.2. collect and analyse, in close co-operation with UNICEF, WHO and other interested organisations, basic data on illnesses which may be linked to the school environment and carry out studies on the interdependence of education and health. The findings could then be used by the Council of Europe's member states to devise national policies;

11.3. consider the possibility of drafting, in close collaboration with other competent international organisations, a European charter to combat youth violence and reinforce existing mechanisms;

11.4. identify, study and promote best practices in health protection in the school environment;

11.5. invite the governments of members states to:

11.5.1. organise initial and in-service teacher training to include the health dimension in teaching;

11.5.2. pay special attention to protecting the health of immigrant children, in view of their low level of social protection, the language barrier and the need for them to adapt to a new social and geographical environment and climate.

II. Explanatory memorandum by Mr Anatoliy Korobeynikov

1. Introduction

1. Education is an essential commodity. Economic growth is not merely a matter of accumulating material wealth and services, but also of developing knowledge and creative skills, and creating conditions conducive to balanced personal development. Economic competition between states has shifted from the production sector to science and education.

2. In today's world the ultimate aim of education must be to develop balanced individuals capable of adapting in a varied, rapidly changing world.

3. Balanced individual development depends essentially on the individual's health. However, there is growing concern about the steady decline in schoolchildren's health. Schools are clearly a reflection of society and do not bear all the responsibility for their pupils' problems. The balanced development of children and young people depends on a whole range of socio-economic, environmental and cultural factors, and it is unfair to blame schools alone for children's health problems, for example, when most of the blame clearly lies outside the school system.

4. Specialists have increasingly focused on "school risk factors", however, which include stress linked to teaching methods, an organisation of teaching and extracurricular activities incompatible with pupils' biorhythms, and inadequate teaching methods (out of phase with the children's age and stage of functional development). Little research appears to have been done into these risk factors and little is known about them, yet they are the cause of considerable physical and emotional stress, inevitably leading to the deterioration of children's health, undermining the vitality of successive generations and gradually destroying the genetic heritage.

5. Although young people in western Europe remain among the healthiest in the world, there are problems there too. According to the WHO European Office, alcohol kills almost 55,000 young people in Europe every year. Between 60 and 70% of Europe's young people have tried smoking by the age of 15, the highest levels being recorded in Greenland, Germany, Slovenia and Ukraine.¹ In some European countries the situation is even more alarming because of the serious socio-economic problems and the lack of material and financial resources in the education infrastructure.²

Percentage of pupils who consider their state of health average or poor³

Country	Girls age 11	Boys age 11
Ukraine	43.7	27.2
Lithuania	35.3	23.4
Russia	34.4	22.3
Greece	32.1	13.4
Croatia	15.8	11.2
Netherlands	14.2	12.2
Denmark	14.5	10.9
Austria	15.9	8.6
Hungary	14.0	9.9
Poland	14.4	9.7
Spain	4.4	5.3

¹ Facts and figures, the WHO European Office, Copenhagen, 8 September 2003.

² Press release, the WHO European Office, 3 June 2004.

³ Currie C et al., eds. "Young people's health in context. Health Behaviour in School-aged Children", (HBSC) study: international report from the 2001/2002 survey. Copenhagen, WHO Regional Office for Europe, 2004.

Percentage of pupils who consider they are in good health⁴

Country	Boys age 11	Boys age 15	Girls age 11	Girls age 15
France	62	55	53	40
Austria	55	46	51	37
Finland	46	46	39	37
Russia	38	29	23	14
Poland	31	25	26	13
Estonia	26	24	23	10

These tables show the very different perceptions schoolchildren in different European countries have of their state of health. In Spain, for example, only 4.4% of 11-year-old girls consider their health to be poor to middling, while in Ukraine the figure is 43.7%. The same applies at the other end of the scale: in France 62% of 11-year-old boys consider themselves in good health, compared with only 38% in Russia.

6. Although the United Nations Convention on the Rights of the Child, particularly in articles 3.3 and 24.2, attaches priority to the healthy development of children, it contains no machinery for implementing this fundamental idea. Nor is there any such provision in most domestic legislation. As a result, the education systems in many countries barely allow for the fact that the complex health problems affecting schoolchildren stem not only from medical causes but also from a combination of risk factors found in schools. Without substantial changes in the education process, making full allowance for pupils' ages and personalities, it is impossible, even with the educational means available and substantial medical assistance, to reduce the threat to their health and improve their chances of balanced development. The solution to all these problems requires a coherent approach at both the national and the European level.

2. Education in Europe

7. Europe has rich cultural and educational traditions. It has known the scholasticism of the Middle Ages, the humanism of the Renaissance period and the pragmatism of the bourgeoisie. Yet Europe has given the world scores of the most prominent humanists, including Rabelais, Montaigne, More, Campanella, Pestalozzi, Ushinsky and many others. Their ideas about human fulfilment remain pertinent and appealing even today.

8. This is why Europe's governments and institutions continue to do their best to ensure that their educational systems are worthy of the continent's outstanding traditions. The Council of Europe has always taken an interest in educational issues. The European Cultural Convention (1954) and the Cultural Fund form the framework for its activities in the field of education. The Steering Committee for Education deals with educational matters in Europe on a daily basis. The Standing Conference of European Ministers of Education of the Council of Europe member states meets once every three years. In spite of the constant efforts of most European States and international organisations, there is no denying that education today fails to rise to the challenges of our times and must therefore be reformed and improved.

9. Access to basic education is already general in Europe: almost the whole population has received primary education and basic secondary education. However, political and economic changes in Eastern Europe have not had much effect on basic education. The main reason for this is insufficient budgetary resources.

⁴ Komkov et al., "physical activity, health and lifestyle of schoolchildren", international conference documents, 1996.

10. In the Rapporteur's opinion the following fundamental principles in the field of education are on the agenda for many European countries:

- i. giving all children access to proper pre-school education;
- ii. developing a positive attitude to education and culture in all children and young people;
- iii. preserving and building up children's health at school and making balanced individuals of them;
- iv. providing teachers with more scope for creative initiative;
- v. improving the quality of teaching and education by including the values of humanism;
- vi. systematically involving parents and society at large in matters concerning schoolchildren's development;
- vii. defending universal democratic values, while allowing for each country's traditions and for inter-cultural exchange;
- viii. developing the principles of democratic self-management in schools;
- ix. facilitating the exchange of new information and experience and seeking common solutions to health problems in the European school community.

2.1 *WHO European network of health-promoting schools*

11. The European Network of Health-Promoting Schools (ENHPS) is a programme of the WHO European Office aimed at creating a group of "model" schools where emphasis is placed on promoting pupils' health. The idea of such schools was first put forward at the beginning of the 1980s. The first experiment was attempted in 1991 in Hungary, the Czech Republic, Slovakia and Poland. The Council of Europe, the European Commission and the WHO signed an agreement to develop the project under their joint aegis. The programme was officially adopted in 1992.

12. The purpose of these experimental schools is to promote health and provide a healthy environment in which to live, work, study and develop. These results are achieved through an effective partnership between teachers, pupils, parents and civil society. The schools are characterised by a complex approach aimed at providing healthy living conditions for staff and children. Their role is to create means and possibilities of monitoring and improving the health of pupils and teachers. This also means adapting their management structures and teaching methods. Special attention is paid to discouraging smoking, providing healthy school meals, monitoring health and hygiene, the safety of school buildings, and also to developing democracy in schools, being more open to the outside world and addressing the problems of violence, oppression and fear.

2.2 *The situation in Russian schools*

13. According to official Ministry of Public Health statistics, only one third of schoolchildren in Russia enjoy a satisfactory state of health, compared with 50% ten years ago. The percentage of children in very good health is no higher than 10% for the youngest pupils, 6% for middle-school pupils and 3% for the older classes. The workload in upper secondary schools is greater than the norm, while the time devoted to physical exercise is two or three times less than is physiologically necessary. By the end of secondary schooling 50% of pupils have health problems that affect their choice of profession or fitness for military service. It is becoming a serious national security problem for Russia.⁵ The question of the positive or negative effects of education on children's health in nursery and other schools is not being given the attention it deserves by the authorities, in spite of the public concern it generates every year.

14. There is a link between pupils' and teachers' health. The results of surveys carried out in St Petersburg show that 67% of teachers consider their health unsatisfactory or poor. Only 40% do not suffer from stress. The strain on teachers is bound to rub off on their pupils sooner or later.⁶

⁵ Report on children's health in the Russian Federation, Moscow, 2004.

⁶ Documents of the international conference on "Health, teaching and education in the 21st century", Moscow, 2004.

15. Physical development of pupils at a school in Serguiev Possad (near Moscow) in 1996:

Physical development parameter	Number of pupils concerned per class				
	9A	9B	9C	9D	Total
Delayed biological development	11	4	9	9	33
Spinal deformation	20	20	20	18	78
Flat feet	22	23	22	18	85
Weight problem	13	12	13	9	47
Poor eyesight	14	7	8	4	33
Total number of pupils in class	23	23	22	18	86

Various factors not related to the school environment are obviously at work here, but the school environment is not alien to this situation, which is fairly typical of Russian schools.

16. Teaching techniques have been developed in Russia which clearly show that it is possible to tackle these different school-related pathologies using pedagogical techniques alone, without medical intervention. These health preservation techniques are used in thousands of Russian schools, with excellent results. In school number 103 in Jeleznogorsk, for example, gender-differentiated teaching is practised in the primary classes. In the period from 2001 to 2005 between 23 and 35% of final-year pupils obtained better marks. All the boys are fit for military service, their eyesight is three times sharper than in ordinary schools and they have no spinal deformations.⁷ In Russia as in other countries of eastern Europe, experience shows that gender-differentiated teaching in primary education can produce positive results. This raises the question of redesigning curricula for boys and girls and training teachers to teach the new curricula. Experiments in numerous schools in Europe in this field should help to harmonise teaching in primary classes.

17. In Russia the first teaching methods aimed at preserving pupils' health by making class work more dynamic appeared in 1979. At the time the Soviet Medical Science Academy recommended applying them in schools. The founder of the theory and practice of these methods was the Doctor of medicine Dr Bazarni. Later, in 1989, these methods were approved and recommended by the Russian Ministry of Health in the form of the federal programme: "Primary prevention methods for school-related pathologies". The system uses teaching methods based on psycho-physiological laws that help to release the child's physical and mental potential. It includes separate classes for boys and girls, the organisation of dynamic classes (involving more movement), visual stimulation of the imagination and other teaching methods.

18. In the Russian Federation a bill is in preparation to amend the part of the Education Act concerning pupils' health priorities. It will make schools more responsible for health matters. Regular checks must be carried out on pupils' health to evaluate school-related pathologies.

3. The link between education and health

19. The positive or negative link between the education process and schoolchildren's health does not get the attention it deserves from public authorities and NGOs. The success of health promotion programmes also depends on the quality of teaching programmes and whether they are conducive to the healthy physical, mental and social development of pupils.

20. The WHO defines health not only as the lack of disease and physical defects, but also as a state of full physical, mental and social well-being. Preserving and improving health, in this broad sense of the word, is not only a personal matter but one of concern to society as a whole.

⁷ Documents of the international conference on "Health, teaching and education in the 21st century", Moscow, 2004.

21. The education process must be suitable for the child and must adapt to the child's capabilities, not the other way round, where teaching is imposed on the child, with all the unhappy consequences that entails. We must also do away with all the causes of violence in schools and consider the possibility of preparing a special charter to tackle this problem.

22. The adverse effect of school risk factors is exacerbated by the fact that they act in combination, over a long period of time. The various symptoms develop gradually and do not attract the attention of teachers, doctors and parents until visible pathologies develop. The continuous intensification of the education process places children under greater stress. Constant stress leads to nervous exhaustion and, in children, to fatigue, headaches and sometimes swelling of the thyroid gland. UNICEF and WHO recommend the compulsory iodisation of salt. This is an important recommendation, but one which addresses the consequences rather than the cause. As early as the 18th century doctors linked the causes of "school goitre" to the school environment.⁸ In the 20th century Russian researchers demonstrated that the development of goitre in schoolchildren is directly proportional to the pressure on the pupils. This widespread swelling of the thyroid gland in schoolchildren is the result of unsuitable teaching methods.

23. The passage from primary to secondary education is a time when children are more vulnerable, as the information they are required to assimilate grows in quantity and complexity. Appraisal becomes more important, and even essential. Teacher-pupil relations and relations between the pupils themselves become more complex, with a correspondingly greater risk of conflict situations arising.

24. Parents, the public and politicians must seriously address the excessive "physiological cost" of obsolete and new untested educational techniques. The issue is all the more important as there are teaching methods in all European countries that more or less do away with the problems of "school diseases" altogether.

25. In many schools, especially in Eastern Europe, there is a great need for pre-school and school facilities for children who are frequently ill, children with musculoskeletal, speech, eyesight, hearing or mental disorders, etc. These children's needs should be catered for not only in polyclinics and health centres but directly in educational establishments.

26. It takes time and considerable effort by governments and societies to raise public awareness of health issues and radically change adults' attitudes to their own health and that of their children. Continuity of education and successful results are achieved through the combined efforts of families and schools, on the basis of shared views on the balanced development of children. In order to improve the impact of family relationships on the development of children and adolescents, the lifestyles of children and parents must be studied and compared, and conclusions drawn to serve as a basis for concrete action at the national and local level.

27. The following measures should help to protect and improve health in schools:

- i. laying the foundations for school teaching methods that respect children's health;
- ii. monitoring children's and young people's health;
- iii. assessing the efficacy of health-promoting measures taken by schools;
- iv. setting up health protection structures;
- v. training serving and future teachers in healthy teaching methods.

⁸ D. Pissarev, in the journal "Enseignant", No. 9, p. 216, 1865.

4. The health of children and young people as a basis for healthy living

28. Physical training is often considered essential to schoolchildren's physical development. As a subject of study, however, it is approached from the rather narrow perspective of mere physical exercise and an incentive to practise sport. Physical training can help to develop dynamic individuals and contribute to their physiological, physical and mental improvement. Team sports must be practised in schools not only for physical development but also to develop a spirit of solidarity.

29. Although there are various approaches to preserving and improving schoolchildren's health (nutrition, ecology, hygiene, preventive medicine, remedial pedagogy, etc.), attention to health in education and the encouragement of physical activity are the two most important factors, playing an essential role in the development of the body's physical, but also mental capacities.

30. The time children spend at school is also important. Children generally become much less physically active when they start school. In conventional teaching only 10 to 18% of the time children spend in school is devoted to physical activities. As a result, children become less adaptable and tonic, and lassitude sets in. According to the WHO European Office, most young people are physically passive. Fewer than 40% meet the minimum weekly requirement for physical activity.⁹

4.1. Schoolchildren and physical activities and sport (as a %)¹⁰

A Norwegian researcher found that out of 229 first-year pupils only 5% carried themselves properly.¹¹ This cannot be remedied simply by increasing the number of physical education lessons and sports clubs. Ordinary lessons must be made more dynamic, without detriment to the educational content, so that children can satisfy their natural need for movement. Strange as it may seem, this approach makes children more attentive, more motivated and keener to learn.

Country/Region	Do no sport at all	1-4 hours per week	4 hours per week or more
Austria	10	39	51
Germany	14	38	48
Denmark	15	46	39
Finland	17	47	36
Wales	18	59	23
Hungary	19	45	36
Norway	19	49	32
Belgium	22	37	31
Scotland	22	51	27
France	23	45	32
Poland	23	54	23
Sweden	25	47	28
Estonia	29	45	26
Northern Ireland	29	46	25
Czech Republic	33	44	23
Lithuania	37	37	26
Spain	40	44	16
Latvia	46	43	11
Russia	47	39	14

31. One of the main tasks of education is to impart national and global values, taking the best cultural works as examples. Schools must help children and young people to understand that a healthy and peaceful life depends on harmony between the spiritual and the material, the personal and the public, the national and the global.

⁹ WHO European Office press release, June 2004.

¹⁰ Documents of the international conference on "Physical education, sport and the health of the nation", 1996

¹¹ Henrik Seyffarth, TA VARE PA KROPPEN I DAGLILGIVET, Universitetsforlaget.

32. Considering the imbalance between education and upbringing, and the very low level of spirituality in modern society, Council of Europe member states must give priority in their education policies to the work ethic, moral values, the law, culture and the environment.

33. Nowadays schools try to impart too much information. Often however, a mind trained to take in facts is disconnected from moral values and therefore stunted in its development. The German scientist Weissmantel said: "Discovering how to exploit the unexplored creative capacity children possess will have even greater consequences than the discovery of atomic fission".¹²

34. Today mental health problems in children are steadily increasing. Nervous disorders and negative physiological and psychological development indicators in children and young people are real. The WHO conference in Helsinki in 2005 examined mental health issues and made it clear that some two million young people in Europe suffer from mental health problems. In June 2005 our Parliamentary Assembly adopted a report on "Improving the response to mental health needs in Europe".

Mental health of pupils in Germany in 2002¹³

	Pessimistic (%)	Optimistic (%)
More frequently prone to stress	68	58
Frequent loneliness	62	50
Frequent exhaustion	64	48
Quick to tire	58	43
Frequent back aches	42	34
Frequently nervous	41	27
Inability to concentrate	34	20
Poor health	36	18
Sleep disorders	27	12
Often sad	36	10

35. What are the reasons behind this picture? There are many reasons, but the fact that five days a week pupils spend much of their time at school suggests that parents and teachers should do more to correct and improve the psychological atmosphere in schools. The ever increasing demands of the education process regularly lead to stress in pupils. Surveys carried out in Latvia under the WHO project on children's health in Europe showed that 52% of pupils were afraid of their teachers and that over 46% were subjected to humiliation.¹⁴ And in the United Kingdom, six out of ten boys and seven out of ten girls say that school lessons make them very tense.¹⁵ At the same time an interesting experiment conducted in Latvia on co-operation between doctors and teachers revealed that after two years the health of younger pupils in an experimental school was better than in an ordinary school.

36. Repeated physical violence, verbal harassment and intimidation in schools are an increasingly disturbing problem. In London a survey carried out at the request of the Mayor, Ken Livingstone, revealed that more than 60% of pupils considered bullying a serious problem in the city's schools. A survey carried out by the National Society for the Prevention of Cruelty to Children (NSPCC) showed that 90% of young girls were victims of persecution and two teenage girls out of three confessed to bullying their peers, without feeling the slightest pangs of guilt. In view of the gravity of the situation and the fact that other Council of Europe member states experience similar problems, the rapporteur proposes in the draft recommendation preparing a European charter to combat violence in schools, or strengthening the existing legal instruments.

¹² Documents of the international conference on "Health, teaching and education in the 21st century", Moscow, 2004.

¹³ Schwerpunkt des Gesundheitsberichterstattung des Bundes. Gesundheit von Kindern und Jugendlichen. Robert Koch-Institut, Berlin 2004.

¹⁴ Documents of the 2nd international conference on "Sport and Health", 2004.

¹⁵ "The Times", 22 June 2004.

37. In many countries of Europe suicides account for a large share of mortality among young people. A hundred years ago those who attended the international congress on school hygiene in Nuremberg in 1904 reached the following conclusion even then: children at school are chronically overworked, which has negative effects on their development and health.¹⁶

38. In schools all over Europe teachers and all the other parties involved must be perfectly aware of the importance of: developing a healthy lifestyle in pupils and their parents; designing lessons in such a way that pupils do not consider them as a pointless chore; teachers' awareness of the place the subject and classes they teach occupy in the general task incumbent on teachers of promoting balanced development; imparting knowledge to pupils, but also motivating them and interesting them in the subjects studied and the world around them.

WHO statistics on children who enjoy school (as a %)¹⁷

Country/Region	Girls age 11	Boys age 11
Austria	60.4	59.8
Portugal	58.4	38.9
Greece	55.2	48.1
Germany	52.5	47.5
Latvia	47.8	37.2
Norway	44.1	42.3
Belgium	33.0	22.3
Poland	30.6	22.8
Hungary	30.4	21.9
Ireland	30.3	20.4
England	28.4	25.2
Ukraine	28.4	21.7

This report also analyses the pressure of school work on children, which differs from country to country. The older the children – the more they feel the pressure. 15-year-old girls feel the pressure more than boys the same age, whereas no such difference exists in the 11-13 age group. The greatest pressure on children in all age groups is found in Lithuania and Malta, where almost 44% of 11-year-olds and 65-80% of 13-15-year-olds say they feel under great pressure at school. In the Netherlands, Belgium and Germany, on the other hand, children feel under much less pressure. The pressures school places on children must be taken into consideration when monitoring children's health in school.

39. The purpose of teaching balanced development is not to increase the health care dispensed to children in school but, on the contrary, to reduce the frequency of medical consultations. It should also attenuate the effects of congenital disorders and prevent new health problems. Ideally education should not jeopardise health but help to improve it.

40. Drinking, smoking and drug consumption are a deplorable sign of the deterioration of children's health in Europe. In France, for example, about 25% of 18-year-olds are cannabis consumers.¹⁸ Statistics show that the situation is also worrying in Germany.

¹⁶ The essential tasks of school hygiene, Odessa, 1904.

¹⁷ Currie C et al., eds. "Young people's health in context. Health Behaviour in School-aged Children", (HBSC) study: international report from the 2001/2002 survey. Copenhagen, WHO Regional Office for Europe, 2004.

¹⁸ WHO European Office press release, June 2004.

Percentage of smokers in the 12 to 17 age group in Germany¹⁹

Year	Old federal Länder	New federal Länder
1993	21%	20%
1997	27%	34%
2001	26%	33%

Alcohol consumption in the 12 to 19 age group in Germany (2001)²⁰

	Rarely or never drink	Drink once a week	Drink more than once a week
Boys age 12-19	30%	39%	31%
Girls age 12-19	40%	20%	40%
12-13 age group	85%	1%	14%
14-15 age group	50%	16%	34%
16-17 age group	21%	37%	42%
18-19 age group	22%	37%	41%

The rapporteur is convinced that the appeal of these drugs stems from lack of affection or the state of depression young people feel. The results of a number of surveys show that most pupils fairly often suffer from loneliness, anxiety, fear and lack of affection. This is fertile ground for drug addiction. To fight this scourge it is therefore preferable to resort to pedagogy rather than repression or even medical treatment.

41. Council of Europe member states should develop and introduce awareness-raising activities to alert young people to the long-term risks of smoking, drinking and drug consumption, as well as measures to prohibit the sale to and consumption by children and adolescents of alcohol, tobacco and psychoactive substances.

42. It is important to provide all children and adolescents, particularly children of immigrant populations, with equal social and cultural opportunities and services conducive to a healthy lifestyle. The low level of social protection enjoyed by migrants, the language barrier and the need to adapt to new social and geographical conditions can trigger neuroses, weaken immunity systems and generally undermine their health. As the number of children of immigrants is bound to increase in some Council of Europe member states, the relevant European institutions need to carry out systematic research on their development and their state of health.

5. The problems and perspectives of health-promoting education

43. The modern general education system is not working, partly because it is based not on methodological considerations that take children's needs into account, but on the amount of information transmitted. The tendency to choose between broader or deeper knowledge is not the answer. The former is economically unsound, and the latter unrealistic, as it undermines children's and teachers' health. There is a third way, however: to reconsider the strategy and purpose of teaching and the methods used, then to review teachers' professional skills and the manner in which education is managed.

44. The aims of the education system should be redefined to include both the transfer of information and techniques conducive to balanced development. All children should learn to read and improve their ability to express themselves orally and in writing, as well as developing their taste for music and the arts, all of which are essential to harmonious development.

¹⁹ Schwerpunktbericht des Gesundheitsberichterstattung Gesundheit von Kindern und Jugendlichen. Robert Koch-Institut, Berlin 2004.

²⁰ Komkov et al., "physical activity, health and lifestyle of schoolchildren", international conference documents, 1996.

45. In recent years certain European countries have been more concerned with poor performance in schools than with schoolchildren's health. At the same time, they are forgetting that what children get out of their schooling is not just a matter of knowledge and experience, and that their physical, mental and social well-being also depend on it in many ways. This problem is so widespread that it requires the combined efforts of schools and municipal, national and European authorities.

46. The causes of poor health in schoolchildren are not only medical but also pedagogical and material. They include:

- i. the increasingly heavy workload.
- ii. the disappearance of the values of work and art from the basic school curriculum;
- iii. the fact that ignoring the particularities of each child hinders the development of gender-specific imaginative and emotional faculties, allowing for no differentiation;
- iv. the replacement of sloping, child-size desks by standard-size flat-topped desks (where the angle of vision distorts the letters).

47. In order to contribute fully to the balanced development of schoolchildren and children in pre-school establishments, education must be built on:

- i. full knowledge of the children's health and intellectual faculties, and measures to improve them;
- ii. educational methods, programmes, textbooks and school facilities developed in an education psychology and social medicine perspective.

48. The widespread use of computer technology in education is a problem which deserves special attention. It considerably increases the amount of information with which a person has to deal and is tiring for the eyes, which can lead to chronic fatigue. This makes the development of methods and techniques to protect schoolchildren's eyesight particularly urgent. Daily computer use contributes to the appearance of asthenopia (eye strain). This situation calls for action on the part of computer engineers and the computer industry in general.

49. In order to improve the work of European schools to ensure the balanced development of children and young people, the Council of Europe and UNICEF could help to improve the criteria for assessing education programmes, teaching methods and textbooks, taking into account the schoolchildren's age and mental and physical characteristics.

50. The media have a powerful influence over children's tastes and behaviour which could usefully be evaluated in a separate report. Research is needed to determine the exact role of the mass media, particularly television and the Internet, in their intellectual and moral development. Producers of television programmes and films, videos, computer games and electronic publications should be encouraged to develop products that help children and young people to develop their moral values and creative abilities.

51. Unfortunately the media tend to consider children as consumers who are easy to influence. The information they impart does not always take into account the age, gender and geographical differences between these young consumers. It is important to sound out the views of children and adolescents on their everyday problems, their needs and their grudges against society and the adult world. A European Internet site on education and health should be developed.

52. Despite the abundant literature on health issues, many countries still lack information on the basic health needs of young people. The Council of Europe, WHO, UNICEF and other international organisations could join forces to increase the circulation of literature on balanced development and health promotion and foster the wider dissemination of literature on children's health in pre-school institutions and schools. The Council of Europe could take the initiative to produce a series of books for parents on child health and development, and help to produce European encyclopaedias on the subject (based on translations of national publications).

6. The school environment and children's health

53. In order to protect the health of children in school and pre-school institutions, it is important to check the printed matter, toys and equipment they use from the health and hygiene standpoint. At the 4th Ministerial Conference on Environment and Health, held in Budapest on 24 June 2004, it was announced that over five million children die every year as a result of unhealthy living conditions. In Europe thousands of cases of non-compliance with health and safety standards for children's products are registered every year. For the record, most toys which do not meet the required standards are made in China.

54. Nutrition is another problem that must not be overlooked when considering products for children. This issue must be addressed in the form of a partnership between schools and parents. In some countries school meals are well organised. In Spain, for example, parents and schools work together to guarantee food quality and most children actually eat better at school than at home. In Liverpool, in the United Kingdom, school meals are free for 80-90% of primary school pupils. In many European countries menus are drawn up by nutritionists.

55. In 2003 the European Forum on "Eating at School – Making Healthy Choices" was held in Strasbourg. Participants focused mainly on obesity among schoolchildren, which is a problem in many Council of Europe member states which affects one third of all girls and one fifth of all boys according to the WHO European Office. By way of an example, in 1995 only 9.6% of children in England between 2 and 10 years of age were overweight. By 2002 the figure had risen to 15.5%. Where they do not already exist, therefore, strict controls are needed to improve the quality of school food, which should be high-quality and at the same time affordable.

56. A child's body can absorb up to 50% of the lead present in food products, compared with 10% for adults. Lead is particularly dangerous for a child's brain. Between 15 and 18 million children in the less developed countries suffer from irreversible brain damage caused by lead poisoning. In Europe 4.4% of children have the same problem.²¹

57. School furniture can also be harmful to children's health and development. According to research by Professor P. Bacle (United Kingdom), 36% of children in the 11-14 age group suffer from back pain because of school furniture.²² The widespread use in school furniture in certain countries of woodchip and fibre boards bonded together with formaldehyde resins is also bad for the health.

58. The Council of Europe's member states must develop national action plans to prevent environmental hazards to children's health, including in the school environment. They should contribute more actively to the implementation of the Action Plan for children's environment and health in Europe (Budapest 2004). In Croatia, for example, all school equipment is inspected annually and school kitchens and catering facilities are also regularly inspected.²³

59. All the countries of Europe should introduce a stricter health classification for products for use by children and define stricter health regulations for application to school supplies.

7. Monitoring children's health

60. In the modern context, it is extremely important to monitor schoolchildren's physical, mental, moral and intellectual health. Instead of costly medical check-ups, which are generally infrequent and often superficial, an effective means should be found of monitoring children's physical and mental health in schools on a permanent basis.

61. This monitoring could be based on:

- i. taking into account the children's age and also biological and environmental factors;

²¹ WHO European Office press release, June 2004.

²² Mednovosti.ru documents.

²³ Report of the Ministry of Education and Sport of Croatia.

- ii. combining two monitoring techniques – official statistical reports and the individual monitoring of schoolchildren's health;
- iii. cross-checking information on schoolchildren's health with data from other sources, in particular health protection bodies;
- iv. official standards concerning school curricula, workload, teaching methods and content;
- v. systematic assessment of the impact of the educational environment on children's health.

62. It is important that the monitoring data be comparable within each country and from one Council of Europe member state to another. Developing health databases at the school, municipal, regional, national, and pan-European levels would make it possible to determine priorities for preventive measures, parallel action and readjustments. It is the job not only of the education authorities, but of authorities at all levels who are responsible for coordinating the activities of the different government departments, to identify the underlying links between causes and effects and to detect "school risk factors" in time for the proper administrative decisions to be taken without delay.

8. General conclusions

63. The main goal of education is not to impart information but to develop physically and mentally mature individuals. This means using teaching methods that suit the age and individual characteristics of schoolchildren, not piling too much work on younger pupils, assessing curricula and textbooks from a psycho-pedagogical and physiological viewpoint, systematically monitoring the teaching dispensed and persuading health and education ministries to organise medical check-ups jointly at the end of every school year.

64. Initial and further professional training for teachers must include training in the preservation and promotion of pupils' health. Teachers and other school staff are not sufficiently aware of the possible negative effects of the school environment on pupils' health. Furthermore, teachers' salaries in eastern European countries oblige them to take on additional work, too much of which can have an adverse effect on their health, and in many cases on their work and their relations with their pupils, and ultimately on the quality of the education they dispense and on their pupils' health. The "healthy teacher – healthy pupil" principle must be encouraged in every possible way.

65. The Council of Europe could recommend to the governments of its member states, in co-operation with WHO and UNICEF, organising regular seminars on health at school in training centres for school doctors and nurses, teachers, child psychologists, gym and sports teachers and school administrators.

66. Every effort should be made to co-ordinate the work of the different government departments involved in education, health, culture, welfare, environmental protection and physical training and sport. This co-ordination should include national, regional and municipal programmes to protect pupils' health. Steps must also be taken to improve the legal framework in this field.

67. Efforts should also continue to improve information and awareness activities warning young people about the long-term risks of smoking, drinking and drugs, while at the same time discouraging violence at school. The value of good health and healthy living should be taught by teams of teachers, doctors, psychologists and other specialists. Co-operation between the Council of Europe and WHO in the framework of the health-promoting schools network should be reinforced.

68. The Council of Europe should pay special attention to more effective co-operation between national bodies, international organisations and research centres in elaborating health-promoting programmes for schoolchildren and ensuring the timely detection of abnormalities in children's development at different ages.

69. Education in healthy living and harmonious development must be matters of national priority. In every country schools should transmit the values of health and healthy living, thereby protecting the lifeblood of the nation.

70. In view of the ever increasing flows of migrants in Europe, serious consideration needs to be given to the possibility of drafting a European convention on school and pre-school education for children of immigrants and children adopted abroad, or to extending the Council of Europe's existing legal instruments.

71. National Parliaments should pass laws regulating the responsibilities of teaching establishments, education authorities and governments vis-à-vis the health of children in schools and pre-school establishments.

72. When we think about young people, we feel that we can influence the future. We know that many necessary things can wait, but not where children are concerned. We must do all we can to make the balanced development of children and young people a reality, not just a dream.

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Reporting committee: Committee on Culture, Science and Education

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Members of the Committee: Mr Jacques **Legendre** (Chairman), Baroness **Hooper**, Mr Josef Jařab, Mr Wolfgang **Wodarg**, (Vice-Chairpersons), Mr Hans Ager (Alternate: Mr Peter **Schieder**), Mr Toomas **Alatalu**, Mr Gaqo Apostoli, Mr Emerenzio Barbieri (Alternate: Mr Francesco **Tirelli**), Mr Rony Bargetze, Mrs Marie-Louise Bemelmans-Videc, Mr Radu-Mircea Berceanu, Mr Levan Berdzenishvili, Mr Italo Bocchino, Mr Bořidar Bojović, Mrs Anne **Brasseur**, Mrs Kirsten Brosbøl, Mr Osman **Cořkunođlu**, Mr Vlad Cubreacov, Mrs Maria **Damanaki**, Mr Joseph Debono Grech, Mr Ferdinand Devinsky, Mrs Kaarina Dromberg (Alternate: Mrs Sinikka **Hurskainen**), Mrs Åse Gunhild Woie Duesund, Mrs Anke Eymer, Mr Relu **Fenechiu**, Mrs Blanca Fernández-Capel (Alternate: Mr Iñaki **Txueka**), Mrs Maria Emelina **Fernández-Soriano**, Mr José Freire Antunes, Mrs Siv Friedleifsdóttir, Mr Piotr Gadzinowski, Mr Ian Gibson (Alternate: Lord **Russell-Johnston**), Mr Eamon **Gilmore**, Mr Stefan Glăvan, Mr Luc Goutry, Mr Vladimir Grachev, Mr Andreas Gross, Mrs Azra Hadžiahmetović, Mr Jean-Pol Henry, Mr Rafael Huseynov, Mr Raffaele Iannuzzi, Mrs Halide Incekara, Mr Lachezar **Ivanov**, Mr Igor Ivanovski, Mr Shavarsh Kocharyan, Mr József Kozma, Jean-Pierre Kucheida, Mr Guy Lengagne), Mr Peter Letzguş, Mrs Christine **Lucyga**, Mrs Jagoda Majška-Martinčević, Mr Bernard Marquet, Mr Andrew **McIntosh**, Mrs Giovanna Melandri, Mr Ivan Melnikov, Mrs Fausta **Morganti**, Mrs Christine **Muttonen**, Mrs Miroslava **Němcová**, Mr Edward **O'Hara**, Mr Guilherme de Oliveira Martins, Mrs Elsa Papadimitriou, Mr Andrey **Pantev**, Mrs Antigoni Pericleous Papadopoulos, Mrs Majda Potrata, Mr Lluís Maria **de Puig**, Mr Anatoliy Rakhansky, Mr Johannes **Randegger**, Mr Zoltán Rockenbauer, Mrs Anta Rugāte, Mr Volodymyr Rybak, Mr Pär-Axel Sahlberg, Mr André Schneider (Alternate: M. Jean-Marie **Geveaux**), Mr Vitaliy Shybko, Mr Andrey Skoch (Alternate: Mr Anatoliy **Korobeynikov**), Mr Jerzy Smorawiński, Mr Ninoslav Stojadinović (Alternate: Mr Branko **Ružić**), Mr Valeriy **Sudarenkov**, Mr Aleksander **Szczygło**, Mr Mehmet **Tekeliođlu**, Mr Ed van Thijn, Mr Vagif Vakilov, Mrs Majléne **Westerlund Panke**, Mr Emanuelis **Zingeris**,

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