4. HEALTH EDUCATION THROUGH EXTRACURRICULAR ACTIVITIES IN LEBANON

Process and Challenges

INTRODUCTION

This chapter describes the extracurricular health club initiative in public schools in Lebanon, the challenges encountered, and the impact on the health of its youth members. In the context of this discussion, health is defined in its broader, more holistic sense in line with much contemporary research and the Ottawa Charter for Health Promotion (WHO, 1986) as encompassing aspects of students’ physical, psychological, and social wellbeing.

COUNTRY BACKGROUND

Lebanon is located at the eastern end of the Mediterranean Sea. Its land area of 10,452 square kilometers makes it one of the world’s smallest countries. It has a population of approximately four million, over 80% of whom live in urban areas (Daher et al., 2002; WHO, 2006). About 1.6 million people live in the capital Beirut and its surroundings (Daher et al., 2002; WHO, 2006). Lebanon is home to various cultural, ethnic, and religious groups.

In October 2005, the World Health Organization (WHO) surveyed Lebanese students in Grades 7, 8, and 9. With respect to dietary behavior, the survey, known as the Global School-Based Student Health Survey (GSHS) (WHO, 2007), revealed that almost 15% of the students risked becoming overweight. Their diets lacked various nutrients, notably calcium, and the majority of them had a very poor intake of fruit and vegetables (no more than one portion per day). This situation could be mostly explained by the regular intake of fast food and eating outdoors. Good hygienic practices were widespread, but dental health was poor because many students were failing to brush their teeth at least three times a day and just over one in four had not seen a dentist in the previous two years. About 20% of the students had never heard of HIV/AIDS. However, half of them supported discussing sexual and reproduction topics in class.

The survey also showed an alarming increase in alcohol consumption and more students in the younger age brackets taking up drinking; almost 20% of the surveyed students had experienced the negative consequences of getting drunk, while 3% reported having used drugs. About one third of the students
reported not being taught about the dangers of drinking alcohol or using drugs in any of their classes during the past year. The GSHS data on youth mental health indicated that 16% of the students had seriously thought of committing suicide and 11% had actually attempted suicide. Girls were more likely than boys to report suicide ideation. Risk factors for suicide ideation included poor mental health (felt lonely, worried, sad, or hopeless), substance use (got drunk, used drugs), victimization (bullying, sexual harassment), and lack of parental understanding (see also Mahfoud, Afifi, Haddad, & Dejong, in press, in this regard).

RESEARCH ON HEALTH EDUCATION

Schools have always been recognized as a focal setting for health education (Laurence, Peterken, & Burns, 2007; Mukoma & Flisher, 2004; Yang, 2010). Extensive literature exists suggesting that extracurricular activities in schools can be associated with improved academic achievement and enhanced social capital; these claims have not, however, been systematically tested, and there is little known about their effects on health-related behaviors and wellbeing.

According to Shulruf, Tumen, and Tolley (2007), there is little research offering theoretical justification for extracurricular programs in schools. Although research of this kind has not been conducted to the same extent as that relating to formal education theoretical frameworks, what has been done suggests that participation in extracurricular activities generally has positive effects on student outcomes across a range of domains (Barber, Eccles, & Stone, cited in Shulruf et al., 2007). Studies arguing primarily for the positive impact of extracurricular activities refer to positive associations, rather than causal relations, between partaking in extracurricular activities and educational attainment, student motivation, aspiration, and attitudes (Broh, 2002; Shulruf et al., 2007). Fredricks and Eccles (2008) suggest that participation in school clubs and out of school recreational activities is associated with higher self-esteem, higher grades, and less adoption of risk-taking behavior.

Conversely, lack of participation in extracurricular activities has been associated with adoption of risky behaviors such as smoking tobacco, marijuana use, and very low consumption of fruits and vegetables (Kaplan et al., 2003). Feldman and Matjasko’s (2005) comprehensive literature review on extracurricular activities for high school students in the United States indicates that while these extracurricular activities are viewed as important for adolescents’ development and academic achievements, the exact features of how participation in these activities contributes to students’ outcomes remain unclear.

On the whole, sustainable programs promoting mental health are most valuable when implemented through the health promoting schools’ framework and complemented with a supportive psychosocial climate within the school (Buijs, 2009; Cushman, 2008). However, it is worth differentiating between health promoting activities and health promoting schools. A school may implement different interventions and programs to address various health issues, but if these