Integration of health education into a school curriculum in rural India: an evaluation of challenges faced

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Program/Project Purpose: In 2008, the Global Health Initiative Spiti Valley Project collaborated with Munsel-ling School in India’s Spiti Valley to develop a health education curriculum. Spiti Valley is restricted by geographic and environmental conditions and is inaccessible for most of the year. The region is highly underserved with limited access to healthcare and education. The curriculum was first delivered in 2009 with revisions in 2010 and 2015. After 7 years, this resource has yet to be integrated into the government-mandated curriculum at Munsel-ling. This has been acknowledged and the Spiti Valley Project began to evaluate the challenges hindering curriculum implementation and proposed potential solutions.

Structure/Method/Design: The curriculum was delivered in 2009. In 2010, it was discovered that teachers were unable to accommodate the material into the course load. The Students’ Health Council (SHC) was developed to address the need for pedagogical sustainability. The SHC consisted of senior students who would be taught the curriculum to teach to younger students. In 2013, a narrative voice project determined the relevance of the curriculum in the community’s health priorities. In 2015, Munsel-ling requested a more comprehensive curriculum detailing learning objectives, lesson plans, competency goals, and assessment activities. Despite these changes and revisions, the curriculum has not been implemented.

Outcome & Evaluation: The narrative voice project revealed that the community valued the curricular content. Interviews with the school director, principal, and teachers revealed operational challenges to implementing the curriculum. Issues affecting curriculum integration include: lack of infrastructure in leaders’ roles resulting in the disbandment of the SHC, miscommunication regarding program leadership, inability to incorporate the curriculum into a packed curriculum, inconsistent schedules, student and teacher absenteeism, overworked or disinterested staff, and concurrent projects that were considered higher priorities: water purification and sanitation.

Going Forward: We will endeavor to better understand the challenges and continue to make suggestions. Structurally, solutions include developing well-described roles and setting dates for teaching. However, solutions go beyond leadership responsibilities: the location of Munsel-ling results in a constant shortage and quick turnover of teachers. Ultimately, the curriculum needs to be integrated by the school itself and its success requires further buy-in by teaching staff into the curriculum.