

GSHS

Global School-based Student Health Survey

Background: In 2001, WHO, in collaboration with UNAIDS, UNESCO, and UNICEF, and with technical assistance from the US Centers for Disease Control and Prevention (CDC), initiated development of the Global School-based Health Surveillance System (GSH). The goal of the GSH is to obtain systematic information from students and school personnel to support school health and youth health programmes and policies globally.

The GSH complements other surveillance systems and one time surveys used to measure risk behaviours among school-aged youth in several Regions. GSH was designed to use very simple surveys that can be implemented completely at little cost at the country level. More in-depth surveys can be used to provide more in-depth data on particular issues.

One component of the GSH is the Global School-based Student Health Survey (GSHS). Ministries of Health and Education use the GSHS to periodically monitor the prevalence of important health risk behaviours and protective factors among students.

GSHS purpose and methodology: The purpose of the GSHS is to provide accurate data on health behaviors and protective factors among students to:

- Help countries develop priorities, establish programmes, and advocate for resources for school health and youth health programmes and policies;
- Allow international agencies, countries, and others to make comparisons across countries regarding the prevalence of health behaviours and protective factors; and
- Establish trends in the prevalence of health behaviours and protective factors by country for use in evaluation of school health and youth health promotion.

The GSHS is a school-based survey conducted primarily among students aged 13-15 years. The GSHS uses a standardized scientific sample selection process; common school-based methodology; and core questionnaire modules, core-expanded questions, and country-specific questions that are combined to form a self-administered questionnaire which can be administered during one regular class period.



The 10 core questionnaire modules address the leading causes of morbidity and mortality among children and adults worldwide:

- Alcohol and other drug use
- Dietary behaviors
- Hygiene
- Mental health
- Physical activity
- Protective factors
- Respondent demographics
- Sexual behaviors that contribute to HIV infection, other STI, and unintended pregnancy
- Tobacco use
- Violence and unintentional injury

Capacity Building and Training: On-going capacity building and support is provided by PAHO/WHO and CDC. Capacity building focuses on questionnaire development, sample design and selection; training of Survey Coordinators; provision of survey implementation handbooks and other materials; provision and scanning of computer-scannable answer sheets; data editing and weighting; and provision/facilitation of funding and resources to assist countries.

Two workshops are provided to specially selected Survey Coordinators from each participating country. The first workshop builds the capacity of Survey Coordinators to implement the survey in their country following common sampling and survey administration procedures that ensure the surveys are standardized and comparable across countries and that data are of the highest quality. The second workshop, conducted after the field work is complete, builds the capacity of Survey Coordinators to conduct data analysis and generate a country-specific report and fact sheet using Epi-Info software provided to them.

Current status: Since 2003, the GSHS is being implemented by an increasing number of countries around the world. In case of the Americas Region, the GSHS is being implemented in Chile, Colombia, Ecuador, Guatemala, Guyana, the Cayman Islands, Jamaica, Per, Venezuela, Saint Vincent and the Grenadines, Saint Lucia, Trinidad and Tobago, and Uruguay.

Additional information about the GSHS can be obtained from the web at <http://www.who.int/chp/gshs/en/>