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HEALTH EDUCATION IN THE SCHOOL

by

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The mission of the school in our modern world goes far beyond its educational role - it has to fulfill a demanding social task, to fashion man for life.

Education is not confined to teaching children to read and write or to preparing candidates for examinations. The school should contribute to "the making of man" by providing everyone with the maximum possibilities of coping with every day problems in all fields of life. The school should not just "teach" children, unconcerned as to what they will do with their knowledge, but should prepare them for maximum proficiency in their family, professional and social life. Such requirements are all the more imperative as our times have witnessed the coming up of new élites among the people who, with no more than elementary school education, embark upon major political, economic and social public activities.

According to the formula of the French philosopher Montaigne, to make man is, in his early stage, to fill his head with soundness rather than cram it with knowledge, and further to give him total health so that he may adapt to the various circumstances life may proffer.

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Both teacher and physician should be aware of the total needs of the child and of the variety of influences which affect him :

- 1) The child should be considered in all the facets of his personality - from the biological, psychological or social angles - not one being neglected to the benefit of the others. The education and psychology of a handicapped child should never be sacrificed to medical treatment; if there exist methods to treat a fractured or paralyzed limb, there are none to redress a withered mind.
- 2) The child's health is closely dependent upon the family's general standard of living as well as upon the social, economical and cultural level of the community. Anything that improves the physical and mental health of the people and their social well-being will logically benefit children, hence any action undertaken in favour of childhood should be integrated in the overall public health programmes developed by governments.

The problem of child protection is not confined to the building of hospitals, dispensaries and social centres. It consists as well - if not to a greater extent - of a better organization of social patterns, better and healthier housing, the improvement of the families' standard of living and the development of popular education.

- 3) Children's needs differ according to the various backgrounds and ages. Consequently, in the planning of an educational programme, priorities should be established for the various tasks to be undertaken.

Two-thirds of the world's population are confronted with three essential problems : struggle against disease, against hunger and against ignorance.

In contrast, in other more privileged areas, children's welfare depends more upon the family and social background and less upon the natural environment; therefore, new problems arise: mental health, juvenile delinquency, prevention of accidents, rehabilitation of the handicapped.

In health education, the first items to be envisaged are the objective to be achieved and the definition of health.

The preamble of the WHO Constitution includes three principles on which is based all health work at present undertaken throughout the world:

Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.

The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being, without distinction of race, religion, political belief, economic or social condition.

The health of all peoples is fundamental to the attainment of peace and security and is dependent upon the fullest co-operation of individuals and States.

One of the greatest difficulties in health education is due to an inadequate knowledge of the people's reactions, and of their views, psychological and traditional attitudes towards health and disease.

For many people, health is defined by its negative aspects, namely the absence of disease and infirmity, just as peace is the absence of war, opulence the absence of misery. Such a definition is incomplete, and we must endeavour to bring out its positive elements, which will serve as a basis for our action.

If, in several instances, it is relatively easy for a physician to diagnose a pathological condition, it is far more difficult to assert that a human being is healthy. The remark of the modern writer Jules Romains that "any man enjoying good health is a man unaware of the disease latent in him" is full of deep thought and practical implications. Is it not the basis of all our modern preventive medicine?

The concept of health involves the idea of normality. But what is normality? Is it possible to outline for each individual the normality of his organic functions, of his intellectual emotional and social activities?

Normality can only exist in relation to a sampling procedure carried out in a population group of varying size but always limited in time and space. What is true for the townsman is not true for the country dweller,

what applies to the intellectual does not apply to the worker, what is good for the black child may not be so for the white child. Similarly, different interpretations are given to the concepts of health and disease :

- For some primitive populations, disease is a vengeance of the gods and the wages of sin. Besides, there is no need to go to tropical forest areas to find such interpretations. In our own countries, which we consider to be well-developed, do we not even now come across dramatic stories of witchcraft and spell-binding ? And do we not sometimes find in our subconsciousness traces of such primitive fatalistic attitudes ?

- Health and disease are but blurred entities changing with our developing knowledge. At the beginning of this century, a tuberculosis patient was a cachectic, feverish, haemoptetic patient. Nowadays, he is a person apparently healthy in whom mass X-ray examinations detected a latent pulmonary opacity.

There are many patients enjoying health artificially, in fact a therapeutic health, thanks to drugs or remedies enabling them to live symbiotically with their disease: for instance, streptomycin for cases of tuberculosis, insulin for diabetics and cortisone for rheumatism.

- Man's health cannot be considered separately from his environment and his cultural level. This is why the importance given nowadays to health stands in contrast to the indifference long existing and still to be found among some less developed population groups.

In the present stage of our knowledge a positive definition of health might include four essential points :

- 1) Health is the current and normal working of all organs of the body, and a full play of their functions.
- 2) Health is a harmonious balance of all the faculties of a man, physical, intellectual and spiritual.
- 3) Health is the presence of a potential reserve of strength which enables the body to resist those minor attacks upon his physique or morale scattered along the course of man's life.
- 4) Health implies the integration of the individual in his environment, with all the secondary reactions it entails.

Health is the full development of life, a balanced activity, an all-embracing harmony of man with "the body providing to the mind the perfect and silent service of a mechanism admirably flexible, with both the body and the mind offering the soul the unfailing support of a complex system wherein various potentialities are brought to entities". (R.P. Doncoeur).

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Health education became a necessity for a number of reasons among which we may mention the following :

- Need for knowledge: advances in modern technique have aroused in the people a thirst for knowledge which is all the greater as it applies to one of man's most precious assets, namely his health and life.

- The growing predominance of health problems in everyday life (mass health campaigns, compulsory vaccinations and medical examinations). Legislation for public health protection will be all the more effective and more easily accepted if previously public opinion is better informed.

- The advances achieved in modern medicine, widely disseminated through the press, radio and television, arouse men eager to learn to fathom the mysteries of modern science. These extension activities are not without danger. Suffice it to note the regrettably low standard of health information provided by the press at large, which enhances the lure of morbidity, the exaltation of instinct, with emphasis laid upon sensation all the more spectacular as it is dubious and enticing.

The objective of health education is to raise the level of people's health - an essential requirement to their economic and social development. Its major aims are three :

- 1) To make each member of the community aware of his personal responsibilities for the protection of his own health and that of his dependents. If, on the one hand there are numerous diseases breaking out, spreading and killing men, who can do nothing but look on helplessly and suffer, there are also many organic ailments for which, out of ignorance and carelessness, men have a large share of responsibility.

2) To emphasize the importance of public health protection problems in a harmonious community development, and to secure everybody's participation in the efforts of health authorities and voluntary organizations. It is a pre-requisite to the successful implementation of any programme of community public health protection.

3) Its objective should not only be to prevent men from dying, but to help them live, which is often a difficult venture at a time when social patterns are developing so very fast and when in some regions whole communities are thrown within a few weeks from their primitive mode of rural life to the era of jet planes, with all the consequent individual and family disruptions.

A health education programme will not be accepted by a community unless it takes account of its most pressing wishes and needs. Any action should be preceded by a survey ascertaining the actual needs of the community and its potentialities.

Health education will be successful insofar only as it urges a change in man's behaviour and instills in him an awareness of the personal efforts required for the maintenance of a sound physical and mental balance.

To begin with health education was confined to the mere teaching of a number of health rules. Now it is real education, enlisting the active participation of individuals with family and community responsibility. Its objective is less to inculcate rules than to create "a health mindedness", healthy living reflexes. Health education then is social education in the true sense of the word, leading to a greater well-being of the people.

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The basic task of a school health officer is not only to supervise the children's state of health and to intervene whenever some adverse signs appear, but also to participate actively in the implementation of health education programmes at school. This is the normal trend of medicine, the concept of which changed in the course of centuries, during which it passed through three successive stages. First purely curative medicine - the doctor's task was to provide patients with the medical care required by

their condition without any further objective than the immediate treatment of the organ affected. Then it became concerned not only with the treatment of disease but also with prevention, and since the beginning of the century this concept has been at the basis of legislation enacted for public health protection and social medicine. Without renouncing either of the above-mentioned concepts contemporary medicine added education to its curative and preventive activities, its objectives being to help man to develop his personality to the full, whatever his conditions of living.

To enable medical officers responsible for school health to tackle successfully the various problems to be solved, the French Ministry of National Education organizes every year a training course in Paris in collaboration with the Institut de pédiatrie sociale (Institute of Social Paediatrics) of the University, and the International Children's Centre.

The general programme of the six months' course consists of :

- A general review and up-to-date supplementing of the various branches of medical science necessary for a school health physician (paediatrics, mental health, child neuro-psychiatry, physiology applied to physical training and to vocational guidance etc.).
- A critical study of the working of school and university health services from the administrative and technical points of view (preventive and social medicine, problem of the education of mentally deficient children, study of school curricula etc.).
- Practical data on the organization of health education at school.

At the international level, the International Children's Centre organized two courses for physicians and school health nurses on school health problems: the first course was attended from 9 January to 5 February 1956 by 28 school physicians from 22 countries and territories; the second course included 23 participants belonging to 14 countries and territories and was held between 14 January and 10 February 1957.

The programme of these courses consisted of six parts :

- Organization and functioning of school and university health services throughout the world.
- School age physiological and pathological problems.
- School age psychological and mental health problems.
- Special education for handicapped children.
- Health education at school.
- Relations between teaching and health personnel.

In July 1959, the third International Congress on School and University Health will be held in Paris. <sup>(1)</sup> This Congress, which may be attended not only by physicians but by all those who in any capacity are concerned with school and university health problems, will consider three main items :

- 1) Communicable diseases in school environment
  - (a) Discharge from school in case of communicable diseases common in childhood.
  - (b) Case-finding, follow-up and prevention of rheumatic fever in school-children.
- 2) School environment and children's health
  - (a) Problems arising from the mutual adaptation of the child to school and of school to the child.
  - (b) The school child's health, his complete physical, intellectual and moral development.

3) Epilepsy at school.

School health physicians and their collaborators have an essential role to play in the practical achievement of health education at school, both with the teaching staff, as technical advisers, and with children for whom they are responsible.

In a lecture delivered in Paris to school health officers, Professor Robert Debré, Chairman of the Académie de Médecine, pointed to the wonderful opportunity for health education that a school medical inspection may provide. He also defined the essential objectives of health education at school to be followed :

- knowledge of the body
- balanced health
- struggle against social scourges
- soundness of the nervous system.

(1) Congress Secretariat : 13 du Four,  
Paris (6ème)



The teaching staff are the main agents of health education. They will give children elementary notions of hygiene and prevention and it is up to them to create in their classroom this "health mindedness" which is the goal of health education. To meet such responsibilities, the teachers should be well informed of the role the school is to play in the health education of the public.

- 1 The training of the teaching staff is to cover four basic fields :
  - Elementary teaching of basic sciences: anatomy, physiology, social sciences.
  - Teaching of general and individual hygiene and of the activities likely to develop physical and mental health: cleanliness, rural health, maternal and child health, first aid, nutrition, home economics.
  - Teaching of preventive medicine and prevention of social diseases (tuberculosis, malaria, trachoma) which in some countries have a high incidence in the school population.
  - Knowledge of the medico-social facilities of the area, role of public and private organizations.

As an example we may quote the practical programme we have an opportunity to suggest in some teachers' training colleges both in France and in some countries of the Eastern Mediterranean Region :

- 1) Study of the basic needs of the child from the biological, psychological and social points of view.
- 2) Study of the somatic and psychological development of the child
  - Influence of hereditary factors.
  - Influence of family and social factors.
  - Influence of school factors (adaptation of the child to school and adaptation of the school to the child).
- 3) Study of the prevailing risks threatening children and of the means to prevent them.

Such risks will vary according to regions and time. In some countries, emphasis should be laid on communicable disease control and nutrition problems, in others, on the prevention of accidents and on mental health.

- 4) Protection of the child's health at school
  - Need for close collaboration between the teaching staff and the school health service.
  - Organization and running of the school health services: medical examinations with the educational and social implications giving them full value.
  - Health education at school, its principles, methods and evaluation.
  - Relations to be established between school, families and local health services.
- 5) Special problems concerning backward children and physically, mentally and socially handicapped children.
2. Health education training will be provided by teachers' training colleges and will be continued through refresher courses for in-service personnel :
  - 1) Periodical conferences with exhibits on the occasion of educational meetings organized for the teaching staff.
  - 2) Health education "days" or "weeks" with practical exercises and demonstrations, films, exhibitions ....
  - 3) Regular distribution of health education material, magazines, posters, pamphlets. WHO and UNESCO recently issued a "Study Guide on Teacher Preparation for Health Education". This document is most valuable to all those concerned with this problem. (1)
  - 4) At the international level, the International Children's Centre organizes training courses for teaching staff. A first course was given from 13 February to 13 March 1956 and was attended by 26 participants from 20 countries and territories. A second course for teaching personnel will be held in Paris from 12 January to 21 February 1959.
  - 5) Finally, we wish to point to the assistance available to teachers from the International Union for Health Education of the Public. (2)

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(1) Guide on sale in bookshops carrying WHO and UNESCO publications.

(2) Secretariat General of the International Union for Health Education of the Public: 91, Rue St. Denis, Paris.

This Organization regularly issues an "international health education journal" which reports on practical achievements in various areas of the world and organizes international conferences every other year. The next international conference is to take place in May 1959 at Dusseldorf (German Federal Republic) and will be devoted to "the health education of childhood and youth".

In 1954 the WHO Regional Office for Europe organized in Grenoble (France) a conference on school health which laid stress on the limitations of Health Education as given to schoolchildren.

Health education, when carried to the bitter end, would result in prompting individuals to be exaggeratedly concerned with their state of health and throw them into the hands of quacks. Furthermore, some over-zealous and inexperienced health educators may create in children certain aversions or even a state of anxiety, which should be avoided.

Moreover, a health educator who would solemnly condemn before a child audience certain habits related to nutrition, drinks, housekeeping etc. (habits which those children witness every day at home) may give the child the impression that his family environment is considered unworthy, thus creating in him a state of anxiety, which in some young children may result in a tension between the family and the school.

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The first pre-requisite for good health education is the teaching through examples and a "healthy school" is therefore the essential element. Just as art cannot be taught without pencil, paper or rubber, health education cannot be practised in a dirty school deprived of sanitation and fresh air.

Health education at school should be attractive, lively and adapted to the children; it should not be limited to mere theory of hygiene which is often boring and does not strike the point. It should emerge from life; it should not be a dissemination of poorly understood medical notions, nor should it be a low-level adaptation of some university teaching. Schoolchildren are not interested in theoretical data on some aspect or other of hygiene, but in their own life with all its problems. The school medical inspection should be the starting point

- The school medical inspection should be the starting point from which to give children some notions of the meaning and value of preventive medicine.
- A local diphtheria epidemic should, for instance, be given as a practical example in a lesson on vaccination and communicable diseases control.
- It is on the occasion of a football match or any other sports competition that the teacher should speak of the role of a well-understood health education for the development of man.

A subject of health education could yield the best results if taught in schools in the following four phases :

First Phase : Its objective is to concentrate the child's interest and attention by taking as a starting point concrete observations and well-defined facts. For instance, safety education may be built up around a motor-car accident that occurred in the area and was widely commented on at home, at school and in the local papers.

Second Phase : To these personal observations made by children, the teacher shall add some considerations on the meaning of casualties and permanent disabilities which are easily prevented through safety education (by combating ignorance, carelessness and indiscipline).

Third Phase : It will be devoted to the utilization of all audio-visual media available to the teacher such as films, photographs, charts, pamphlets, posters etc.

Fourth Phase : This is the evaluation phase, which makes it possible to measure how far the ideas previously exposed have been grasped by the children. They will then be asked to present some personal work (comments on some accident; preparation of a drawing with an educational slogan on prevention; demonstration of first aid to injured persons).

Health education shall be adapted to the children's age. With young children, it will mainly aim at creating automatic reactions, good hygiene habits through simple everyday practice.

- The child will learn how to be clean: cleanliness of body and clothes, cleanliness at school and outside, (at home, in the street, in the bus...), moral "cleanliness", that is decent behaviour with his parents, teachers and schoolmates.
- The child shall learn to develop physically by a good upright posture, by breathing deeply, feeding himself soundly, regular physical exercises, which should be made as attractive as possible.
- The child shall learn how to preserve his mental balance by "immunizing" himself against the psychological shocks which unavoidably result from his contacts with his schoolmates.

For older children, the teaching will assume a more didactic trend while maintaining as far as possible a practical aspect. For instance, a prominent place shall be given to educational visits to hospitals, dispensaries, health centres, practical laboratory demonstrations (showing children tuberculosis bacilli under the microscope or tuberculosis lesions in a dissected guinea-pig), all this will focus their attention on tuberculosis far better than long lectures.

The League of Red Cross Societies is in a position to provide teachers with substantial help in organizing health education at school through its sections of "Youth Red Cross". All Red Cross, Red Crescent, Red Lion and Sun national societies have a "Youth" Section from which valuable information (1) may be obtained by the educators.

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We do not intend to discuss the relations between school and families, but we should like to lay stress on the importance of this problem. Observations show the great need for co-operation between parents and teaching staff in all fields related to the child's education. Many disturbances in children's physical and mental health are connected with family problems and only frequent contact between physicians, teachers and parents could remedy such situations.

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(1) Headquarters of the League of Red Cross Societies is in Switzerland:  
40, Rue du XXXI décembre, Geneva.

This collaboration is all the more necessary as, in addition to the immediate problems connected with children's health, it would facilitate their guidance now so complex in the rapid evolution of the world, which compels us to prepare children not for today's world but for the world of tomorrow.

Consequently, it is a requirement of our era that the child should learn to be international-minded. We become international-minded when we are aware of belonging to humanity at large, of our collective or group responsibility, of our solidarity with the community of men. Such an international spirit is difficult to achieve with adults - it is more easily realized with children who are free from any nationalistic or racial prejudice and may easily be given an opportunity to discover by themselves the dimensions of our contemporary world.

It is at school age, when the child's personality is fashioned, when the first bonds of friendship are woven outside the family circle, that this education should start; and we should make use of all audio-visual techniques available while not neglecting to bring in the child's emotional attitude. The problem which arises now and will arise with more acuteness for our own children, is to know, to understand, and to love human beings whose way of life, habits and customs have nothing in common with ours.

Margaret Mead, the famous anthropologist, reports that an Indian chief who had been assimilated in the white community for twenty years expressed his views as follows : "I understand that we should accept as our neighbour any man whether white or black or yellow or even green" - "Why green?" - "Because we must accept in advance not only those we know but also those who may come."

"The green man", is the man of tomorrow, he is the child of today whom we hope to be more tolerant, more brotherly, wiser than we have been until now. So far, education aimed at preparing men to a well-defined social function within a clearly outlined walk of life. Nowadays our trend should be towards an international education, towards an education which will respect any natural, legitimate and enriching particularities of life, an education capable of determining that common denominator existing for all peoples of the world.