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HEALTH EDUCATION IN SECONDARY SCHOOLS - THE PATTERN IN PAKISTAN

by

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I ADMINISTRATIVE SET-UP OF HEALTH EDUCATION

Health education in schools in Pakistan is carried out by the Ministry of Health and Ministry of Education in close association with the two provincial departments of health and education.

There are three health education bureaus in the country, i.e., Directorate of Family Planning and Health Education and two provincial health education bureaus, working in close co-operation with all the sister ministries and official and non-official agencies, which are connected with the health and social welfare of the people. They maintain contacts with the Departments of Education, Social Work, Labour Welfare, Basic Democracies and the Bureau of National Reconstruction.

One health educator is posted in each of the six Regions of West Pakistan and four Regions of East Pakistan under the control of two provincial health education bureaus in the Health Department. Regional health educators carry out health education activities in the schools, rural health centres, MCH centres, school health clinics, family planning clinics, etc. Through this set up a large number of schools in the villages are also covered (80% of the population in Pakistan lives in the villages). Activities of these regional health educators are co-ordinated by the health education officers in the provincial health departments and the health education wing of the provincial education department.

The need for health education of school children is essential in Pakistan, as it influences the formation of correct health habits among the children. This is particularly important in the rural areas where most of the school children belong to the lower socio-economic group and have to withstand various health hazards from poor home sanitation, malnutrition, unsafe water supply, insanitary excreta disposal, etc. They need proper health information about safer living, and workable health ideas should be given to them as to how these poor health situations could be transformed into conditions for healthful living.

II HEALTH EDUCATION NEEDS OF SCHOOL CHILDREN IN PAKISTAN

The health education needs of school children in Pakistan are as follows:

(a) To develop an understanding about the existing health problems, and how to solve them;

(b) To develop awareness about the existing communicable diseases and to develop the habit of taking regular immunization;

(c) To keep the children healthy by early diagnosis and treatment of diseases and defects;

(d) To sensitize the children about the need for proper nutrition in the formation of good health and the need for balanced diet in their daily meal to maintain the normal physical growth and development;

(e) To create awareness among the guardians and parents about the health needs of the children in the home;

(f) To maintain a good environment in the school, conducive to the health of the school children;

(g) To develop the active interest of the community people in understanding local health problems, and in finding satisfactory solutions so that a healthy community environment is ensured for the children;

(h) To develop awareness of the special health needs of school-girls and to prepare them for good motherhood by imparting health, food sanitation and preservation, and personal hygiene relating to the special female problems;

(i) To develop a sound mental health education programme for school children through their active participation in various recreational and community activities;

(j) To facilitate social development of the children for their happy adjustment with other children and respective environment through involvement in various social activities.

The school health education programme should cover all the health problems that could be faced by the children during their school, home and community life, and it therefore becomes the shared responsibility of the school, home and community. However, the public institutions of health and education are vitally interested in this field and have taken important steps to discharge this public responsibility.

III THE ROLE OF HEALTH EDUCATION AS PART OF THE CURRICULUM

The school plays an important role in the health education of students. It has a unique contribution to make and a particular service to give which no other instructional agency can duplicate. Health education is important for the students of secondary schools, as most of the students will never again have an opportunity to receive organized health instruction.

Health education through classroom instruction provides a good educational background for the school children in understanding the existing health problems and the need of practising proper health habits in their daily life.

In secondary schools health education is included in the courses on physical education, general science and social studies. Home economics, an elective subject of the girls in the secondary schools, includes sufficient numbers of topics on health and hygiene. Health education is included as an integral part of physical education in the existing curricula of all schools. Health education includes three periods a week for physical education. Periods are allotted in such a way that every child has an opportunity to learn the techniques of games, athletics, educational gymnastics, apparatus and agility work. Provision is made for health education in the existing curricula, but, in actual practice, many schools still do not allot enough time for teaching health to the school children. One of the objectives of school health education is to facilitate the formation of correct health habits, and a more functional approach is needed in this respect. It could be achieved by providing and guiding school children through various health education opportunities in the school environment.

Health education, as included in general science, social studies and home economics, has been considered not very adequate and insufficient to meet the health education needs of the pupils. - In most schools the subject is taught by teachers who do not have sufficient training in health education. Health education is taught as part of the other subjects. There is a shortage of suitable books on health education for use in schools, except for elective physiology and hygiene.

In developing an effective school health education programme in Pakistan, the right kind of attitude and cooperative spirit have not always been forthcoming from heads of schools and medical officers of school health services.

However, gradually the school authorities are realizing the value of a school health education programme, the school medical officers are gaining more interest in their work and both sides are becoming more co-operative.

Inadequate facilities, including limited space, poor school building, insufficient arrangements for light and ventilation, improper seating arrangements, inadequate provision for safe drinking water and sanitary excreta disposal system, exist in many of our schools and adversely effect the formation of better health habits of school children and students. Lack of adequate educational material on different health topics is also a great handicap in teaching health education in the schools.

Before 1960, i.e., before the publication of the Report of the Commission on National Education, physical education was regarded as a compulsory subject in the examination up to class VIII in Government high schools. However, it was not taught as a compulsory subject in many non-Government high schools and no examination was held in the subject. Hygiene was taught as a compulsory subject up to class VIII and as an elective one in classes IX and X. Health education was included in hygiene classes, but proper emphasis was never given to health education in the syllabus of secondary schools before 1960.

In 1948, a committee on "Physical Education of Youth" was set up to prepare a report on the ways and means to be adopted for the development of the health and physical culture of the youth of Pakistan. This committee was held under the chairmanship of Pakistan's Minister of Education and comprised all the directors of public institutions, vice-chancellors of the universities, representatives of the armed forces of Pakistan, and a number of voluntary organizations including Boy Scouts, Girl Guides, Red Cross, St. John's Ambulance Society, etc.

In November 1948, this Committee sent out an exhaustive questionnaire to all educational institutions, directors of public instruction, vice-chancellors, sports controlling bodies and other persons known to be interested in the physical development of youth. Some of the deliberations and recommendations of the Committee were as follows:

(i) The Government to sponsor, organize and develop a well-planned scheme of physical recreation for the people of Pakistan, which should include the development of health services, improvements in the techniques

of supervision and instruction, nutrition and balanced diet. Schemes were submitted for games and sports, physical training, recreational activities, provision for playing fields and stadia in the country. In order to raise the national standard of youth, arrangements for expert coaching were suggested.

(ii) The Committee further felt that better types of men and women be trained and employed in the educational institutions. Salaries, status and grades of physical instructors be raised in order to attract talented persons to this profession. It was suggested that untrained personnel should not be employed as physical directors or supervisors in the institutions.

(iii) Health services and health supervision to include physio-medical examination, follow-up work for defective and sub-normal children, first aid and home nursing facilities to be provided on an adequate scale or part time medical facilities to be provided in all institutions, etc.

(iv) Arrangements for free mid-day meals in schools be provided for the poor at nominal charges. Better education and publicity measures be adopted.

(v) Play centres and clubs offering physical and recreational activities of children, youth and adults be organized in addition to the required instruction received according to the curriculum.

In 1959-60, the Commission on National Education laid special emphasis on the teaching of health and physical education. An extract from this report states:

"It is universally accepted to-day that education should be concerned with the all-round development of the individual, i.e., intellectual, emotional, social and physical. These aspects of his life are inter-related, and a child who is emotionally upset, a social misfit, or unduly susceptible to physical fatigue cannot do his best intellectually. It is for this reason that physical education related to the whole personality of the child is to be regarded as part of the integrated life and programme of the school and not merely as an added activity. Physical education has become a much more inclusive field than callisthenics and drills; it includes provision for promoting the health of the school child, for guarding him against illness and weakness, and for the correction of defects and compensation of handicaps.

It must concern itself with matters of hygiene and public health for these reasons. Physical education must be accepted as having an exceedingly important place both in the programme of education in schools and ultimately, therefore, in the development of the nation."

During the secondary school period, pupils are undergoing important physical changes and emotional adjustments. Health education may be planned for such schools according to the needs of students and the different types of schools they attend, namely schools for blind and handicapped children. A considerable number of handicapped children begin to feel happy when physical education allows room for special programmes for them. If the defects are removed, it helps the child to grow up into a normal child.

One of the major problems confronting teachers of physical education is the variation in physique of different pupils. These are considerable, even at the elementary stage, but as the child grows older the divergencies become much more marked. The rapidity of physical growth depends largely upon the onset of puberty, which may be regarded as the dividing line between the middle and secondary stages of education.

Throughout this stage some pupils will be well-built and some slight; some will be robust, whilst others will be under-sized; some will be hard-working and others will be lazy. Some pupils will acquire physical skill easily, others only after great effort, whilst a few will scarcely acquire them at all. Some pupils will be slow, others quick and accurate, whilst a third group will be clumsy and awkward.

The rapid growth of limbs during this stage often produces awkwardness in children who have previously been balanced and agile. This awkward stage in the lives of pupils should be met by the teachers with tact, sympathy and understanding. Ridicule should be avoided and helpful encouragement offered to them at this critical time. The problem then is to provide a syllabus of physical education which will meet the different needs of widely varying physiques and capacities and yet will contain a solid core of training applicable to all types.

The syllabus which is recommended will only be an effective instrument if teachers are sufficiently well-trained to interpret it in relation to the requirements of the individual pupil. This, in turn, requires a close study

of the attitudes and aptitudes of different pupils for varied activities so that the needs of the individual are met as fully as possible. The syllabus which follows is, therefore, the central pivot, whilst its interpretation by the teacher will provide the necessary variations to meet individual requirements and capacities.

The main objectives of physcial education and health (primary and secondary levels) as set by the Curriculum Committee are as follows:

1. To develop and maintain the physical, mental and moral health of the child.

2. To develop socially acceptable traits and qualities of character, i.e., courage, honesty, fair play, truthfulness, etc., for making the child a useful and good citizen of Pakistan.

3. To develop the desire and ability to participate in any wholesome physical recreation.

4. To develop co-ordination of nerves and muscles, the qualities of perseverance, understanding that order and discipline are essential for success in group activities and the team spirit.

5. To cultivate an interest in games and sports and to encourage personal cleanliness.

Some of the most important items in the physical and health education syllabus for secondary schools may be enumerated as follows:

1. Cleanliness
2. Sanitation
3. Ventilation
4. Purities and impurities of water
5. Drainage and refuse disposal
6. Disinfectants
7. Exercises
8. Group activities
9. Games
10. Education gymnastics
11. Personal hygiene.

As regards the integration of some of the subjects of secondary schools, such as general science, social studies and home economics, some significant topics are mentioned below:

1. Role of air, water, heat and light in human life
2. Necessity for food and balanced diet
3. Houseflies and mosquitoes
4. Circulatory and digestive system
5. Personal hygiene
6. Hospital and child welfare and health and recreation centres
7. Public sanitation
8. Clothing
9. Helping the sick to get well.

Thus we find that at least some provision on health education has been made in the existing curriculum of the primary and secondary schools, if not quite adequate. Our teachers constitute the most important aspect of our national building programmes. With a little interest and devotion to these important programmes, they could perform a fundamental duty by helping the studentsto understand their basic health problem. They can inculcate good health habits among the students by creating a sound concept of healthful living and changing their faulty attitudes. They could thus prove themselves useful in the health promotional programme of children and pupils. In Pakistan the education departments are paying priority attention to this national problem by introducing suitable health education programmes as part of physical education in all schools and teacher training institutions.

The teacher should act as a model to his class. He must therefore be tidy in dress and active in his movements, whilst his personal hygiene must be of the highest order. The physical education teacher should supervise the personal hygiene of his students and call their attention to any shortcomings. He should pay special attention to the care of clothes and foot-wear, and to the hygiene of eyes, ears, nose, teeth, hair and nails of all his pupils. Particular attention should be paid to postural and other defects. An entry concerning all such defects should be made in the pupils' school medical record, and suitable remedial exercises be given to the pupils.

Training in the technique of major games and athletics forms an integral part of the physical education programme, but in our schools only the minority of pupils play games for the school teams or represent the school in athletic competitions. Due attention should be paid to the training needs of these outstanding athletes, but other pupils need physical education more. The teacher should give a general hint as to how the annual sports day can be made more effective.

In planning education gymnastics, which covers a wide field, no teacher's guide-book or syllabus of physical education along modern lines is available. The exercises for boys and girls differ because of different physiques and aptitudes.

The new syllabus assigns greater responsibility to the teachers. A heavier syllabus and a greater respect for the child's personality will necessitate harder work for the teacher and a new attitude towards his profession. Most teachers are known to be indifferent to regular study in the subjects they teach. Their knowledge seldom goes beyond what they learnt during their own college days or training. This state of affairs will have to be changed, and teachers will have to form the habit of studying up-to-date literature in their respective subjects and keeping themselves abreast of the times. They will have to know how to use the latest and best teaching aids.

The extent to which the teacher's efforts can make the new curricula and syllabuses really effective is limited. Many teachers do not possess the qualifications required for understanding the full import of the new educational outlook, defined by the Commission on National Education, to which the Curriculum Committee has given the form of the curricula and syllabuses. A large number of teachers have not received the necessary training. Those who were fortunate enough to be trained have not had the benefit of refresher courses, and their knowledge of teaching techniques is very old.

Careful investigation and research into the abilities of children in Pakistan have proved that the amount of information and knowledge that children are able to absorb and assimilate depends to a considerable extent on the techniques of teaching. With the improvement of teaching aids and techniques of instruction much more knowledge can be absorbed in a specified time.

The Curriculum Committee is strongly of the view that the amount of knowledge which an educated citizen needs to meet the demands of a scientific society can only be given to the pupils if teachers of good quality are provided and effective teaching aids, charts, graphs, maps, films, radio, tape-recording, models, booklets, posters, exhibits, television, etc., and other information media, are placed at their disposal. If the means of instruction are not improved in these two directions, the curriculum and the syllabuses will remain a dead letter in the case of most schools, and educational reform will hardly serve its purpose.

In secondary schools teachers should be asked to teach students by small group discussions, practical demonstration, films, outdoor excursions, etc.

A. HEALTH EDUCATION ASPECTS IN THE CURRICULUM OF TEACHERS' TRAINING INSTITUTIONS

Efforts should be made at the national level to give liberal assistance to teachers' training institutions, in order to improve their practical health programmes, health syllabuses, text books and other materials used for practical demonstration purposes; teachers should lay great emphasis on the teaching of personal habits, which facilitate health, basic cause of diseases and their prevention, importance of vaccination immunization programmes and the need for improved school sanitation. In-service training, seminars, workshops and refresher courses will be included in the syllabuses of teachers' training institutions. The new syllabuses of teachers' training institutions should place more emphasis on health education, so that the teacher is fully prepared while under training. Once properly trained the teachers will find satisfaction and prestige in their performance. The teacher is the soul of the education system. Let it be a live soul!

The programme of teacher training will need careful planning. The shortage of qualified and trained teachers in different subjects will have to be assessed. In the case of new subjects like practical arts and home economics courses, where the training of teachers needs foreign assistance and where the introduction of the subject needs imported equipment, the training programme will have to be undertaken according to the availability of expert advice and equipment.

The syllabuses of all teachers' training institutions includes health education as a compulsory subject. The curriculum is mainly concerned with the teaching methods of health education, but it is also important to study the actual status of health education in the schools at the same time.

The main objectives of physical education in teachers' training institutions are:

1. To discuss the present situation in schools with regard to health.

2. To develop a background of professional knowledge about child growth and development, personal and family health and working relationship between official and voluntary agencies.

3. To develop understanding and appreciation of a healthy physical environment and how it is maintained.

4. To develop skill in health education and working co-operatively with others in this sphere.

5. To develop understanding of relationship between school and community health and collective functioning of various official and voluntary agencies for promotion of school health.

6. To develop a standard of personal health practices which will help to maintain the health of the individual and serve as an example to pupils.

In East Pakistan provisions have been made in almost all teachers' training institutions for a doctor-cum-hygiene teacher who extends all kinds of health services to the trainees, and in some training institutions free medicines and full time compounder are also provided during the training period. The importance of a healthyclassroom environment is always impressed upon the trainees. In this respect the subjects like education in psychology, child development, physical education and health education encourage the teachers to provide good health education services in the schools.

Besides all these training programmes, sometimes orientation courses on school health services are also held for school medical officers, school teachers, sanitary inspectors and health assistants in co-operation with the Directorate of Health Services and the Education Extension Centre.

Topics of health education are integrated with other subjects in the teachers' training institutions. The following are subjects written against the name of those institutions in which most of the health education topics are integrated in East Pakistan:

Teachers' Training College (Dacca)

1. Health education and hygiene (general).
2. Health education and hygiene (special-practical).
3. Sciences.

Teachers' Training College for Women (Mymensingh)

1. Physical education.
2. Child development.
3. Home economics.
4. Hygiene.
5. Science.

Junior Training College (East Pakistan)

1. Health education.

Primary Training Institution

1. Movement and hygiene.
2. Citizenship and rural uplift.
3. Child development.

College of Physical Education (Dacca)

1. Anatomy and physiology.
2. Health education and first aid.
3. A. Healthful school training;
   B. School health services;
   C. Health instruction, first aid (practical).
4. Some other topics on physical education.

Teachers' Training College (Mymensingh)

1. Physical education.
2. Hygiene.
3. Education psychology.

Institute of Education and Research

1. Communicable diseases.
2. Mental health.
3. Physical environment.
4. Health evaluation.
5. Field work (collection of data on the basis of actual variations to various institutions).
6. Use of illustrated charts for diagnostic purposes.

In 1955, the Government of West Pakistan started junior and senior diploma courses in the Government College of Physical Education at Walton Lahore. The aim of these diplomas was to train teachers in physical education for schools and colleges. A fully-fledged women's wing was also established at this college for the training of women physical education teachers in West Pakistan.

Junior Diploma Course is meant for teachers after passing high school examination. Urdu is the medium of instruction for Junior Diploma. This Diploma consists of six theory examination papers dealing with the following subjects:-

1. Principles and administration of physical education.
2. Theory of movement in physical education.
3. Theory of games.
4. Theory of physiology.
5. Anatomy of physiology.
6. Health education, hygiene and first-aid.

The following points are included in the paper on this subject

Hygiene and its aim;
Personal and sex hygiene;
Air and its circulation;
Housing, diet;
Drinks, sanitation, cleanliness and bath;
Disinfection;
Rest and sleep;
Contagious diseases;
Germ-carrying diseases;
Diseases and infection;
Common athletic injuries;
First-aid to injuries.

Practical examination consists of six papers on teaching of games, gymnastics, ability in skills, sports and tournaments, skill in coaching and officiating.

Senior Diploma Course is meant for graduate teachers; the medium of instruction is English. There are six theory examination papers and four practical examination papers.

Items included in the paper on health education, hygiene and first-aid are as follows

Health education and school curriculum;

The practice of health habits, body and mind;

Conditions of bodily health;

Biology and health;

The progress towards healthy condition of a health environment;

Hygiene and its aims;

Personal and sex hygiene;

Air and its circulation;

Housing, drinks, dietetics and nutrition;

Sanitation, cleanliness and bath;

Disinfection;

Rest and sleep;

Contagious diseases;

Diseases and infection;

Common athletic injuries;

First-aid to the injured;

Mothercraft and infant care (for women students).

In West Pakistan, the teacher pupil ratio is one physical education teacher for every 250 pupils.

According to the Commission on National Education all teachers' training colleges in the country will have to adopt their methodology to modern techniques and lay greater emphasis on the use of modern training facilities and utilization of available local material. Such an approach will have not only educational but also economic value for the country.

IV THE ROLE OF HEALTH EDUCATION AS PART OF THE SCHOOL HEALTH SERVICES

Health education in schools is carried out by the school health services unit and health education units, under the control of provincial health departments. Each regional health education unit in West Pakistan consists of one health educator, one projectionist, one artist, one driver for the van which is equipped with projection camera and tape-recorder.

School health services unit in West Pakistan comprises of:

One medical officer

One compounder

One laboratory assistant

One radiologist.

Some units are not mobile and, instead of a radiologist, a nurse or health visitor is posted with the School Medical Officer.

Recently, in some areas of West Pakistan with the cooperation of education and health departments, a medical check-up of all students has been started in the rural areas where school health services could not be extended, with funds made available by the Education Department for payment of medical officers. This is an important step in spreading health education activities in the rural areas through the cooperation of teachers and physicians. The school health programme needs to be interpreted in the home. Health education should be the collective responsibility of home, school and the community through teachers, school physicians and health educators. Many disturbances in students' physical and mental health are intimately connected with family problems. Contacts between parents, teachers and school physicians can prove very useful in such cases. The health visitor, nurse, compounder and other health workers should take an active part in the health education of parents and students.

School health clinics, if properly organized, can play an important part in bringing about a favourable change in the attitudes of students with regard to their health. School physicians should cooperate with the teaching staff in planning the health education programme of the school.

In East Pakistan, the Health Department, besides providing health services to the students through its school health programme, shares a good deal of responsibility in the field of school health education both in the rural and urban areas with the Department of Education, school authority and community at large. In the urban areas the school medical officers have been entrusted with the responsibility of organizing health education activities in the schools in cooperation with the teachers and the allied agencies in the community. So far as the rural areas are concerned these activities are organized by the local public health personnel, such as medical officers of the Rural Health Centres and the Thana Dispensaries, Sanitary Inspectors and Health Assistants. The Health Education Centres Headed by trained Health Education Officers, extend all possible cooperation in the organization and development of health education activities in the schools.

The special responsibilities of school health programme in East Pakistan are:

1. Examination and scrutiny of the plan of school buildings:
   (a) soil and site,
   (b) location and construction,
   (c) sanitary arrangements such as ventilation, illumination etc.
2. Co-ordination Committee: The function of the Committee is to suggest ways and means for improvement in the school health services.
3. Training programmes: Organizing short orientation courses on school health and health education for school medical officers and teachers of the secondary schools.
4. The health services rendered by the Health Department are as follows:
   (a) To organize health talks in the schools
   (b) Health examination of students
   (c) Immunization of the students against cholera
   (d) Free supply of spectacles to the deserving students
   (e) Each medical officer has to examine about 4000 students a year in the schools included in the circle.
   (f) Treatment of minor ailments of the students
   (g) Reference to the students, who have gross physical or mental defects, to the specialists
   (h) To follow up the treatment
   (i) Inspection of premises of schools and attached buildings
   (j) Organizing sports, games, youth welfare committee and school health committees
   (k) Selection and training of students to work as health monitors
   (l) Supervision of mid-day meal in conjuction with the teacher of physical education
   (m) Training in first aid and talk on nutrition to teachers and students

(n) The school teacher and health monitors have to assist the school health team in the following ways:

(i) Inspection of sanitary conditions

(ii) Inspection and maintenance of school buildings and cleanliness of school premises

(iii) Health parade

(iv) Measurement of height and weight

(v) First aid and accident prevention

(vi) Preparation of records for school medical officer

(vii) Organizing school health committee and parent - teacher conference.

To protect the school children from any disease or physical defects, there is at present provision for periodic medical supervision and follow-up of the school children by the school medical officers appointed under the Directorate of Health Services, East Pakistan. Medicines are supplied free of cost to treat minor ailments and defects. School children suffering from major diseases and defects are referred to the nearest hospital for proper investigation and treatment. Spectacles are given free of cost to the needy school children having defective vision. To protect the school children from various communicable diseases, proper immunization is given regularly. But more effective medical help to the school children is not possible due to the shortage of medical officers and lack of proper transport facilities for them. For effective care of the ailing children there should also be provision, if possible, for school health clinics and a reserved ward in the hospital.

Nutritional needs for school children

The East Pakistan Nutrition Survey of 1962-64 has shown that a large number of school children are suffering from malnutrition and, as such, they are the victims of many diseases due to nutrition deficiencies, i.e. anaemia, eye-diseases, rickets, underweight, gum lesions, etc. To meet the nutritional needs of the school children, however, there is provision for a school lunch programme in many primary and secondary schools of East Pakistan.

There is provision to distribute among the school children various vitamin tablets free of cost to cure nutritional deficiencies. There is also provision for nutrition education to the school children in the class room in order to develop correct food habits among them according to the concept of balanced diet.

Parents' interest regarding health needs of children

To create awareness among the parents and guardians of the health needs of the school children there is provision for holding of occasional meetings of the guardians, teachers and health workers through various activities, i.e., health exhibition, health talk, etc. However, more effective ways and means should be devised to create in them a correct attitude towards the problem and help them have a realistic approach in this respect.

Various health hazards of the children

In many schools the existence of unhealthy environment is responsible for the various health hazards facing children. Many school buildings particularly those located in the rural areas do not give adequate protection to the children from rain, heat and cold. Some of the school buildings in the urban areas are located in congested places having poor light, poor ventilation and no play ground. Many of the schools, particularly private schools, enrol more children than the space available in the school building permits. In many schools, particularly those located in the rural area, there is no provision for a safe source of drinking water, safe source of excreta disposal and, least to mention, provision of soap and mirrors. In most schoolsthere is no provision for a hygienic food stall from where the children may get safe food. As such, the children are exposed to various water-borne and food-borne diseases. To solve this problem, the Government of East Pakistan is gradually improving the school building and school environment. If this programme is followed vigorously and sincerely this problem may shortly be solved in an effective manner.

The School Health Committee

The health of the school children cannot be considered in isolation from the community health problems. The health problem of the community has a definite influence upon the health of the school-going children. Under the school health education programme there is provision to create an awareness among the community people about the local health problem and to enlist their active participation for solving the same in co-operation with the school and other local community agencies. There is provision for forming a school health committee, by taking mebers from the community leaders, various community agencies, community social workers, community health workers, etc., as well as from the school children and teachers.

Recreational facilities

For the development of sound mental health of the school children, recreational activities are essential. In the absence of recreational facilities, the school children may get involved in various anti-social activities. This factor is particularly responsible for the increasing incidence of juvenile delinquency in the schools of urban areas. Considering the need of recreation for school children, the Directorate of Public Instruction has made it a condition precedent to have a playground attached to a school before giving recognition to a new school. Besides recreational activities, the school children should be involved in various physical activities, e.g. gardening, cleaning school premises, etc. This will inculcate the spirit of dignity of labour and will divert their minds from evil thoughts.

Health needs of girl students

The school health education programme should focus on the special health needs of the girl students. After school education, many girl students get married and start family life. Through the school health education programme they should be given the basic family education relating to health, e.g., various aspects relating to maternal and child health, food sanitation and preservations, home economics and personal hygiene relating to the special female problems, etc. The existing home economics syllabus, however, includes some of the above-mentioned aspects of health education.

Social activities

To facilitate the social development of the school children, it is necessary that various social activities should be organized. Many schools, however, have a regular programme of various social and cultural activities, visits to interesting places, and meetings and gatherings. These activities, of course, should be organized on a wide scale covering as many schools as possible.

Direct health education services in schools by the health education officers are as follows:

1. Assisting teachers in making health instruction meaningful and practical through the utilization of group discussions, field trips, and through the relation of information material to personal family and community health programmes, and other health education techniques.

2. Assisting in correlating health instruction with other parts of the school health programme and other school subjects.

3. Encouraging active participation of school representatives in community health programmes, health councils, etc.

4. Motivating teachers to assume the important role they can play in health programmes.

5. Bringing up-to-date material to the attention of teachers and drawing their attention to new scientific information.

6. Assisting teachers in the interpretation of both school and community health programmes; to assist them in improving their observational and screening techniques, use and upkeep of cumulative health records.

7. Working through parent groups in helping parents gain an understanding of good health practices and to motivate them to provide facilities, services and develop attitudes for the good health of their children.

V RECOMMENDATIONS FOR IMPROVING THE EXISTING SCHOOL HEALTH EDUCATION PROGRAMME

1. In order to provide effective health education to school children, the school curriculum may include health education as an independent compulsory examination subject both at the primary and secondary levels. The subject should be taught by a teacher trained in health education. A health education training programme for the teachers should be organized regularly, so that at least one teacher from every school may receive intensive training. A separate period should be allotted in the school time table for teaching health education.

2. Health education in the teacher training institutions should be improved by providing a teacher with specialized training in health education to every teacher training institution.

3. More co-ordinated effort among various related agencies and personnel should be initiated for the effective working of the school health education programme.

4. Effective periodic evaluation procedure should be evolved to assess the strength and weaknesses of the school health education programme, and accordingly changes in the programme should be made from time to time.

5. Regular health education conferences and in-service training programmes should be launched in both the urban and rural areas with the cooperation of the school management committees, teachers, block-development members, local influentials and the public health personnel.

6. There should be provision for at least one school health clinic for every 2000 students.

7. There should be adequate provision for necessary equipment for school health education, including material like text books, journals, health films and other reading material on health.

8. There should also be a regular survey of the health status of the school children to determine the intensity of the problems and to design and develop health education programmes accordingly.

9. Schools and communities are the two fundamental areas where health education takes place; therefore, they should be given top priority in a national health education programme.

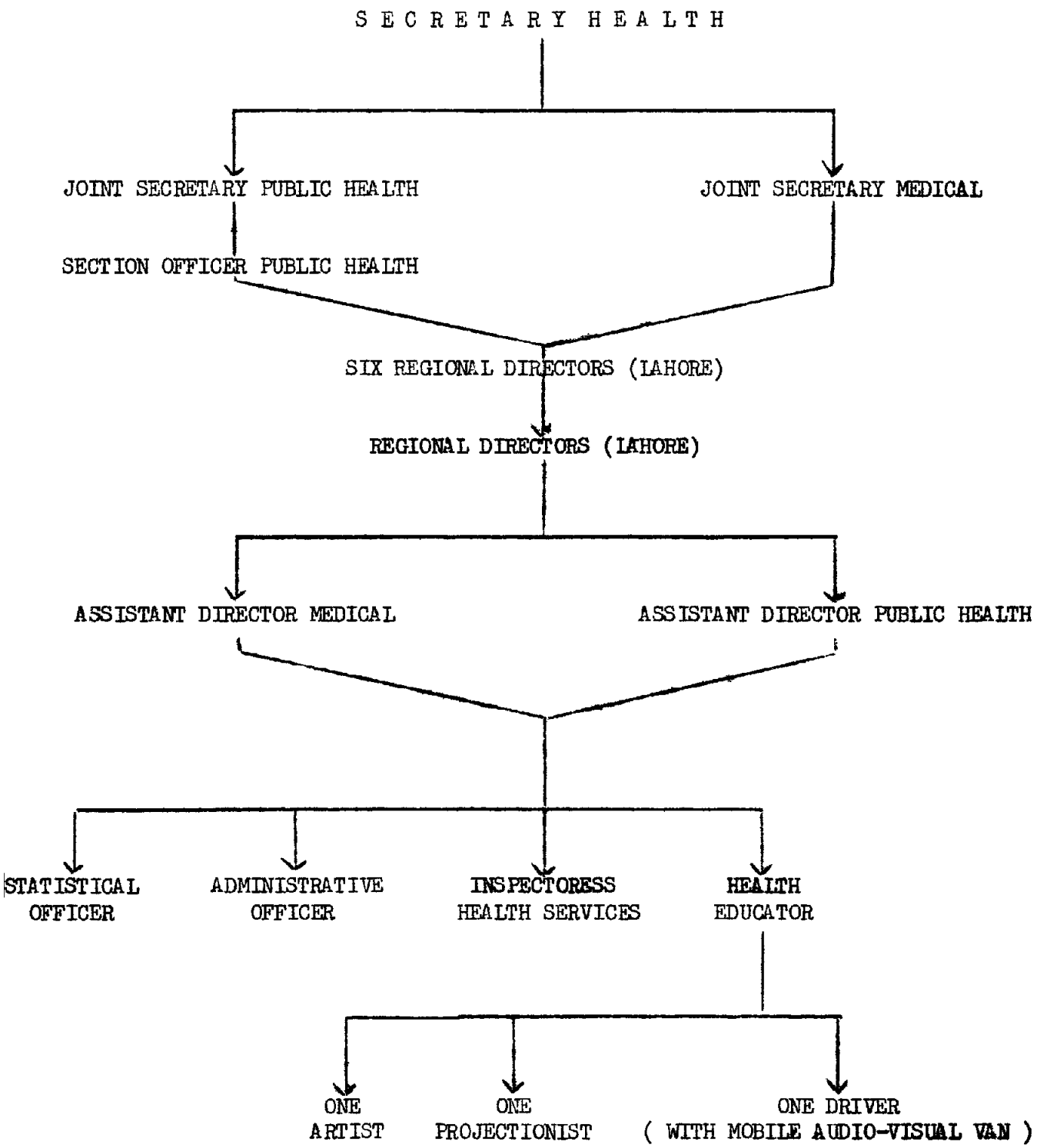
10. Each and every health and social worker, whether voluntary or government, should actively associate himself in motivating community, school community and school population for adopting a wholesome attitude towards health education.

11. There should be co-ordination and co-operation in all the social groups working for the improvement of schools and communities.

12. All the media of mass communication should be utilized foran effective health education programme for secondary schools.

ANNEX I

HEALTH EDUCATIONAL SET-UP AT PROVINCIAL LEVEL IN WEST PAKISTAN
(SHOWING ONE REGIONAL SET-UP IN HEALTH EDUCATION)



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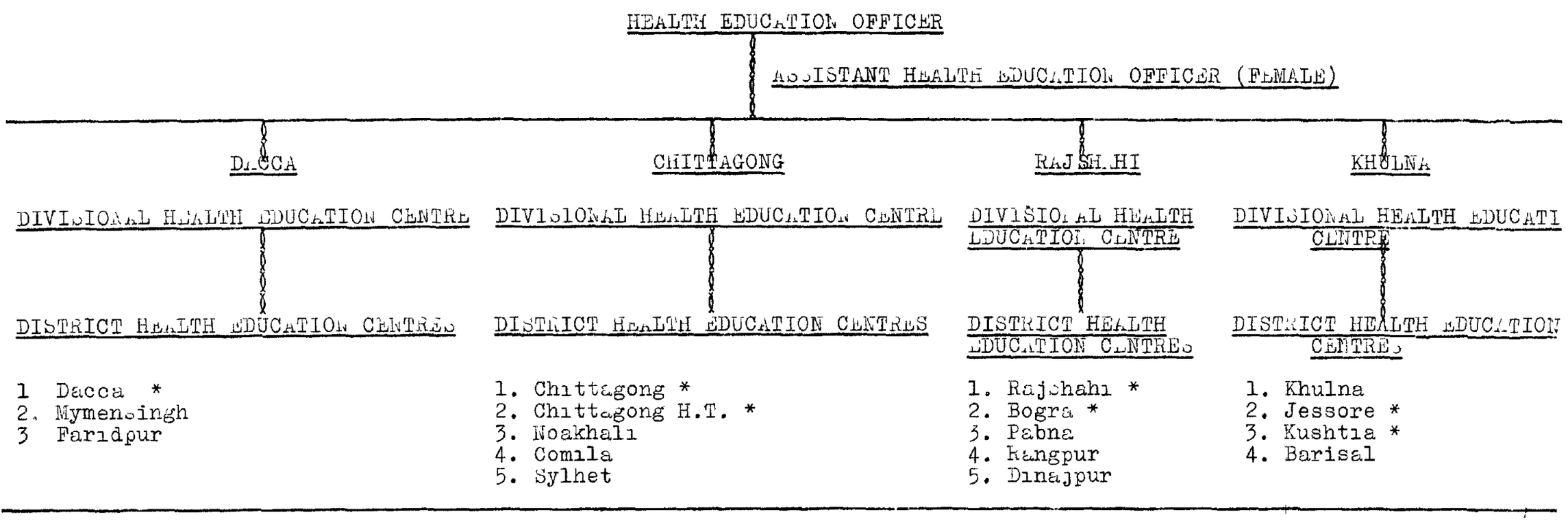
ANNEX II

SET UP OF
HEALTH EDUCATION BUREAU
DIRECTORATE OF HEALTH SERVICES
GOVERNMENT OF EAST PAKISTAN



N.B. :- * The Health Educators for these centres were recruited and given 6 month in service training last year. Two of them however, resigned after training, three have gone to the American University of Beirut for professional training and the remaining two are awaiting opportunities to go abroad for professional training this year, if it is feasible.