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HEALTH CONTENTS IN THE TEXTBOOKS OF THE PRIMARY AND
SECONDARY SCHOOLS IN SOME OF THE COUNTRIES OF THE
EASTERN MEDITERRANEAN REGION

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I INTRODUCTION

School health education is not a matter of simply teaching children what they should know about health. It aims at helping children to change their health behaviour and thoughts. A child will change his behaviour (i.e., learn) only, when he knows the basic health facts, understands what behaviour he should follow and sees that this behaviour will lead him to something he needs.

The following points should be considered in planning for school health education:

1. Health education in the general education programme

The school health education programme should be a part of the general community health education programme so that parents go along with their children.

Schools prepare children to be happy productive citizens. Good health is a basic requirement for happy successful living. Health education aims at helping children to protect and promote their own health and the health of their families and of the community. Therefore, health education should be a part of the total education programme. It should be an integral part of primary, intermediate and secondary schools' programme.

Education in health should be a continuous process and not limited to situations in which actual health instruction is practised (formal health teaching). Therefore, in planning of health instruction curricula, overhauling of subject curricula of different grades of education is needed so that health subjects may be correlated and integrated. There should be a health education consultant on any curriculum committee and not only on those concerned with health instruction. This is especially important in the case of religious, national, social and physical education, science, biology and home economic studies.

A concentration of specific health courses supplemented by correlated and integrated health instruction represents the best type of curriculum planning to meet health needs of pupils.

2. Planning of health instruction curriculum

The following items should be taken into consideration in planning a health instruction curriculum:

2.1 Interest and both biological and social needs of schoolchildren of different ages should be studied. Many facts and practices will be found to be needed for each age group. Some of these needs will be found common to different ages e.g., cleanliness, nutrition, etc., and it is sometimes difficult to say where ideally to put them.

2.2 The subjects of the curriculum should be arranged according to priorities and some subjects could usefully be repeated in the different grades according to pupils' understanding and abilities.

2.3 Beliefs, traditions and problems of the environment should be studied so that the curriculum fits in with the solution of these problems. There should be concentration on specific problems each year. In order to ensure continuity of learning, health problems studied in each grade should be an application and continuation of those studied during the previous years and preparation for those to be studied the next year.

3. Recommended curricula for the different stages of education

3.1 Primary stage, 6 - 11 years

The primary stage of education is considered the most important, as regards health education.

In the first 3 or 4 years, no formal lessons should be specified but suggestions should be put to the classroom teacher to take every occasion to develop health habits in the children; a list of these habits could be given according to needs at different ages and examples of the opportunities that could be grasped in the classroom

and outside. Formal health teaching could begin in the fourth grade and develop in the fifth and sixth grades, when the children could ask questions or reasons for behaviour and understand why they should follow certain habits. The health material is preferably studied correlated to general science. General science gives basic scientific knowledge and health material would be the practical application on this.

The following subjects are needed in this age group:

- (a) importance and methods of cleanliness;
- (b) study of water and diseases transmitted by water;
- (c) study of air and respiration and diseases transmitted;
- (d) exercise, rest and sleep;
- (e) nutrition, food habits;
- (f) insect control.

As many of the children after this stage might leave schools for work, very simple knowledge about the structure and function of the body is therefore needed. Stress on health habits and childrens' experiences as related to items studied and their practical application is recommended.

3.2 Intermediate stage, 12 - 15 years

The importance of practising health habits are again stressed.

This age group becomes interested in general appearance, so advantage should be taken of this need as regards healthful living.

The child in this stage needs more discussion and understanding of healthful behaviour and this need should be satisfied.

Also in this age group hobbies begin to develop and should be encouraged in the field of health education; for example, first aid units, health education activities in a village, field trips and reading.

Children in this age group are more interested in their bodies, and so can be taught the structure and function of the body systems.

Therefore, the teaching continues to centre around those subjects taught in the primary grades but the material is adapted to their level of intelligence and understanding with the following items added:

- (a) anatomy and physiology of the body systems in brief;
- (b) growth and development, with some integrated sex education in the science part;
- (c) physical education exercise; importance of balance between activity and relaxation;
- (d) first aid and accident prevention;
- (e) some common diseases, that affect men and animals and methods of prevention.

The health education curriculum is preferably studied in correlation with general science.

3.3 Secondary schools

Opinions differ as regards health instruction in the secondary schools. The first opinion prefers that health be taught as a separate subject in specified periods. This opinion considers that health education, being essential for boys and girls of the secondary schools, is best treated in the same way as other items of the curriculum; and also that the health teachers need special preparation as other teachers specialized for other subjects.

The second opinion prefers integrating and correlating health teaching with other related subjects as science, biology, home economics, social sciences and physical education. For this method, teachers of the afore-mentioned subjects need to have special interest and ability in health matters. If this is the case it could be effective. Furthermore, sex matters would be easier to integrate than

teaching them separately. Whatever way is taken, anatomy and physiology of human body could be studied in more detail at this age.

As this age is the age of activity and accidents are reported to be more common, study of exercise, rest, accident prevention and first aid are recommended. Also study of common diseases (infectious and specially endemic diseases) in the environment is strongly recommended, with attempts at prevention and combat.

The adolescent emotional health, fears and conflicts, which interfere with their healthful living is well known. Therefore, the teaching of important health facts and mental health should be tied with attempts to solve some of the common health problems and worries. Family life, effect of tobacco, alcohol and narcotics are especially needed at this stage. In girls' schools, there should be a special course on maternal and child health, home nursing, nutrition, housing etc..

It is strongly recommended that the school medical officer guides and aids in health teaching in secondary schools.

3.4 Technical schools

Students of technical schools and institutes should study, in addition to the health courses given to their colleagues in the general schools, health problems related to their special occupational preparation and social life conditions. Practical application in workshops is of utmost importance; the teacher being the example.

The important items of study recommended are:

- (a) occupational health; definition, objectives and hazards of the different occupations related; ways of prevention;
- (b) personal health care of the worker;
- (c) effect of some common industries and industrial material on the health of the worker;

- (d) accidents, causes, safety measures and first aid of injuries;
- (e) development of healthful attitude towards tobacco, alcohol and narcotics.

3.5 Teacher preparation for health education

Our aims in health education will not be fulfilled, however, scientifically the curriculum or textbooks are prepared, without proper teacher preparation. It is the teacher who has the opportunity to present to schoolchildren ideas and knowledge about personal health and health maintenance, i.e., creating health consciousness in his pupils.

All personnel of the teachers profession should study public health, school health and health education on a functional rather than theoretical basis. Sufficient hours should be allowed in the timetable for health teaching. Much more care should be paid, by all means available to prepare teachers to be the model for their pupils as regards health attitudes and behaviour.

Important subjects for study are:

- (a) growth and development of children - physically, mentally, emotionally and socially;
- (b) personal health; an understanding of the essential requirements of healthful living, including applied nutrition, physical and mental hygiene, infection and immunity;
- (c) departure from normal health; medical and dental care; stimulants; narcotics;
- (d) community health services and resources; control of communicable diseases; mental health; child health promotion; environmental sanitation, including water supply, waste disposal, food hygiene and insect control;
- (e) health education;

- (f) school health programme; healthful school living; school health services; school health education; health and educational care of the handicapped;
- (g) accident prevention and emergency care.

For teachers already working in-service training by refresher courses, seminars and conferences, either totally for health education or in subject matters including health education, is very important.

The role of school medical officers in training of teachers in schools and guiding in the health education curriculum and extra curricular activities is important and should not be neglected. Also he should guide as to health education aids and resources in the locality.

II HEALTH TEXTBOOKS

Although the most important role in health education is undoubtedly played by the teacher, yet the school textbook is an indispensable and valuable aid and a means of revision for children.

Therefore, attention should be paid to the quality of health textbooks from all points. The information given should correspond to the latest knowledge and be of a high educational and scientific standard.

In the following a brief consideration of the important recommendations to be observed in textbooks of health education is given. The textbook for health should not aim simply at the acquisition of basic ideas and the memorization of some facts. It should aim at fostering health habits, changing health behaviour, and helping future citizens to solve their own problems.

1. Health material

1.1 The health material should be accurate.

1.2 It should be adapted to interests and needs of pupils. Needs of each age should be studied before advising the curriculum of health for each grade of education and ultimately the textbook.

1.3 The health material should be presented and organized so that it will be in the frame of experience of the child and related to local conditions and problems.

1.4 The health material should be adapted to the mental capacity of the children for whom it is intended. Particular care should be given to vocabulary and modes of expression used for primary schools, so that difficulties in comprehension are not added to those arising from the knowledge to be assimilated.

1.5 The method of presentation of health material in the textbooks must take into consideration the scientific methods of education as regards how children acquire knowledge and modify their behaviour. Therefore, it is recommended that educational specialists, public health specialists and teachers in charge of classes for corresponding levels of education collaborate in the drafting.

1.6 Units of instruction are valuable in health education and children can share in the planning of these units.

2. Education aids

2.1 Illustrations aid in comprehension and assimilation, especially in textbooks for beginners. Although illustrations tend to increase the cost price, especially when coloured (which is more interesting for young pupils), yet some illustrations are particularly needed to make the textbook more educationally valuable and accepted.

2.2 The health education textbook should preferably give a summary after each lesson or chapter for the points to be stressed in the subject studied; also a series of questions or a list of activities or practical work. All these give an opportunity for discussion and encourage change of ideas between teacher and pupils which are greatly needed for change of attitudes and behaviour.

2.3 It is desirable that textbooks point to reference books, pamphlets, guides for teachers or other aids available for further help to teacher and pupils.

3. The textbook itself

3.1 The appearance of the health textbook is important as it has an effect on the mental health of the pupil, especially at the primary school. The child's textbook may be the first health book in the home and so its appearance should be appealing, in spite of the extra cost needed.

3.2 Very careful attention should be paid to readability of the textbooks. The type-size and clarity are important, especially for textbooks of the first school years. Bigger type-size and wider interspacing are needed for younger pupils, which will gradually decrease to ordinary printing as they get older. The quality and colour of paper is important for clarity. The binding or cover should also be considered.

III GENERAL STUDY OF THE HEALTH CONTENTS OF THE TEXTBOOKS

The writer has studied the health curricula and textbooks of some of the countries of the Region, applying the general principles mentioned for health teaching in schools

This study could not be considered complete for the following reasons:

- (a) Some curricula are provided without the corresponding textbooks, while some textbooks are provided without the curricula. These curricula usually include suggestions for teachers, as guides to teachers, which are nearly of equal importance to the textbook provided. Also the presence of the curricula with the textbooks makes it easy to find out how far the textbook fulfils the requirements and objectives of the special curriculum.
- (b) Sometimes not all textbooks studied in a country or a stage of education are provided and so a complete idea could not be given as to what extent they fulfil the needs of children for each specific age group of pupils.

(c) No teacher's guide is provided, although this is more essential for health teaching than for any other subject.

1. Textbooks of health of the various countries of the Region were studied

Over fifty health and science textbooks of ten countries of this Region were studied by the writer. Some general remarks are made for the consideration of the Seminar participants.

In all these countries the subject of hygiene is studied in the primary stage of education mostly correlated to science. In others it is studied under the subject of general science.

In the intermediate stage some countries specify curricula for health teaching either separately or correlated with science, while in others health material studied is considered under other subjects as general science and biology. In one country no health topics that deserve mentioning are studied in this stage.

In the secondary stage of education no textbook is provided for health teaching, yet an overall study of the general curriculum reveals various health topics mentioned in the science curriculum and biology.

Nothing was provided about curricula or textbooks of occupational health for technical schools, except the curriculum of one country.

2. Health material

2.1 The health material conforms to the scientific facts and ideas in almost all textbooks provided. A few items in some textbooks are not quite in accordance with recent knowledge of public health

The writer believes that health curricula and textbooks should be reviewed continuously and revised every 3 - 5 years to ensure their

The writer believes that health curricula and textbooks should be reviewed continuously and revised every 3-5 years to ensure their conformity with the most recent development in both fields of health and educational psychology.

A few of the important health facts and behaviour in some items are not mentioned or mentioned without the necessary stress, while

2.2 The method of presentation of the health material itself is, as such, suitable.

Some chapters in many of the textbooks are perfectly presented to satisfy both scientific health ideas, as well as the recent development of educational methods. Some of the textbooks provided present the knowledge and behaviour expected as a story or in discussions, which are interesting and attractive for young children. Sometimes, however the material presented could be put in a more practical way.

2.3 Although the material presented is suitable to the age comprehension of pupils to whom it is intended in most textbooks, occasionally it is found to be somewhat complicated or difficult to understand. Rarely rearrangement of facts and grouping of others is considered preferable for easier comprehension.

3. Material presented

The material presented in the textbooks could be considered relevant to the needs of the children for whom it is prepared. With rare exceptions it is related to the problems of the local environment. Yet how far it fulfils the needs and aids in solving the local problems could not be ascertained without studying all curricula and textbooks of every stage of education in continuity.

4. Readability

The print-size and interspacing used in most books are suitable and conform to the age of the children. Most textbooks intended for young children and some for older children have big type-size and wide interspacing which make them clearer, more attractive and causes no eye-strain. In one textbook, however, the ink has blotted to the back pages making it difficult to read.

There are many explanatory figures in almost all textbooks which make it more valuable and impressive. Rare figures need correction, e.g. sinks and water closets connected in the drawing to one single pipe and an upside-down figure of a septic tank and trench.

Questions are given at the end of each chapter in some textbooks; this is very useful. Only three textbooks for teachers' schools are provided; curricula textbooks of teachers' schools need special study.

5. An overall evaluation of health contents in the curricula with recommendations for further improvement

5.1 Health education meets sufficient interest and care in all countries of the Region. The contents in health books provided, with very few exceptions, are accurate. The methods of presentation and educational aids in most textbooks are suitable. Yet revision is greatly needed of both curricula and textbooks every few years to meet the latest scientific developments in both health material and educational methods.

5.2 Recommendations for further improvement:

Owing to the fact that health teaching is somewhat different from teaching other subject matters, as it aims at change of health attitude and behaviour and not simply health knowledge, and as schools prepare children for healthy productive citizens, the writer recommends the following for further improvement of health teaching in schools:

- (a) Revision of children's essential needs and interests, both physical and biological, at different ages in the light of present progress and social and educational conditions: As these needs and interests are essential for every age in all countries, they could be studied on a regional basis.
- (b) Revision of the local problems of each environment: The national curriculum and textbooks should be sufficiently lax to fit in with different environmental conditions.
- (c) Revision of the educational programme of different stages of education (curricula, school activities, textbooks, school health activities), so that all can cooperate and coordinate their efforts to the development of the healthy citizen (physical, mental, social and emotional) and strengthen the health curriculum.
- (d) Revision of curricula and textbooks to fit the results of these studies.
- (e) Teachers' preparation and training for health education should receive special care in all countries and a teacher's guide should always be prepared along with the special curriculum of the stage of education.

IV SUMMARY AND CONCLUSION

The writer has studied some curricula and textbooks of hygiene taught to school children of some of the countries of the Region.

Part I of this paper presents briefly the principles of school health education; part II presents the criteria for a proper health education textbook; part III deals with remarks on textbooks used for the present study. These comments are general in nature as specific evaluation of each textbook might not have been beneficial to all participants.

It could be grasped from the presentation that most curricula and textbooks are suitable. They aim at almost the same objectives and ideas. Many of the health needs and interests of students for whom the textbooks are intended are fulfilled. Most of the material presented is related to local health problems. The health material almost always conforms to the most recent knowledge, with trifling points needing revision.

The writer proposes the following:

1. Study of basic, biological and social health needs and interests of children based on their age requirements.
2. Study of environmental health problems of each country of the Region, many of which will be found to be common.
3. Revision of the overall curriculum, including hygiene, of different stages and grades of education.
4. Due to industrialization plans of the different countries of the Region, the different occupations and industries should be studied in the light of local facilities and special curricula planned and added to technical schools to fulfil needs of students for health protection and promotion and prevention of occupation hazards.
5. The proper preparation and training of teachers is considered of utmost importance. The value of curricula and textbooks are greatly diminished without their interest, knowledge and confidence and the writer therefore stresses revision of their