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NATURE AND SCOPE OF SCHOOL HEALTH EDUCATIC

by

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This is a time of change in public health and in education. Old goals and methods are being reevaluated and new ones explored. Many health problems plaguing nations over the years are now within reach of prevention or control. New health problems are rising as conditions which engender them develop. Urbanization, human mobility, modern agricultural practices, and industrialization are among social and technical developments affecting health. As peoples' expectations for a better life expand, and as an increasing number of children attend school, educational leaders are reappraising their goals, curricula,and methods. The great explosion of knowledge is likewise making its impact on education. In the mids of these dynamic changes, school health education is also changing.

I have been asked to discuss the nature and scope of school health education, to suggest criteria for determining health education needs, and to propose ways of evaluating school health education practices. This is a very large order. To keep within bounds, I shall focus on objectives, content and methods in the light of changing times and needs, stressing fundamentals which have formed the bases for school health education theory and practice over the years.

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What is school health education?

School health education, as the term will be used here, is that education for health which takes place within schools or under the general guidance of school-related personnel. In one sense, it is a process by which agents of education, such as teachers and health workers, exert their influence so as to affect the health behaviour of pupils. In another sense, it may be thought of as the changes which occur in health behaviour, individually or collectively - that is, in what people understand, how they feel, and what they do in respect to health. Though the primary focus in school health education is on pupil health, school health education programmes must deal actively with health needs of home, school, and community. Pupils do not live in a vacuum; their health is affected by conditions around them and the school, through its educational efforts, can play an important part in improving these conditions. School health education, then, can be thought of as dealing with the full range of health needs that in any way impinge upon the well-being of pupils, and of the homes, schools, and communities in which they live and work.

School health education includes individual health counseling, informal health teaching (and learning), and systematic health instruction. Some of the most important health education takes place on a one-to-one basis between pupils and teachers or health workers who are in direct contact with a child. The child who is malnourished or who has an eye infection needs individual assistance as may also his parents. The young person who attends a clinic because of ill health needs to understand what may be wrong with him and what he himself may do to become well. Health is frequently a personal matter requiring personal attention. Individualized health education is an essential part of every school health education programme.

Opportunities for informal health teaching and learning occur throughout the school day. In rural areas where children may help with basic sanitation needs, such as providing water, disposing of wastes, and handling of food, the pupils with guidance can often work out safe and sanitary procedures, even with the simplest of equipment, and learn important health principles in the process. In many communities, modern school buildings have been constructed, providing

facilities which pupils must learn to use in a safe and sanitary manner. If pupils can have a part in adjusting lighting and seating, or in inaugurating cleanliness and safety measures, at the same time learning why certain measures are preferable to others, much worthwhile health education can take place. Within community life, opportunities likewise exist for informal health education. In some countries, for example, young people serve as volunteers in clinics and hospitals and in other community health efforts, thus, learning through firsthand experience about health needs as well as resources and programmes available to deal with needs. Daily events, when adequately exploited by educators and health workers, can become teachable moments that not only add realism and interest to health education but may bring results in desirable health action.

As important as individual health counseling and informal health teaching are, they need to be accompanied by systematic health instruction. Such instruction may take place through separate health classes or be incorporated in other parts of the curriculum such as in science and home economics. The manner in which this is done varies widely from school system to school system. Possibilities for carrying out effective health instruction no doubt will become a major concern during this Seminar.

Objectives of school health education

Objectives of school health education are determined in large measures by health needs and developments on the one hand and by broad purposes of education on the other.

As health conditions change, goals for health education in schools may likewise change. I cannot dwell here on significant health developments in the Eastern Mediterranean Region. Though this Region has made rapid strides in the control of such diseases as malaria, tuberculosis, and trachoma I am told that much yet remains to be done, nevertheless, to eliminate these and other debilitating diseases. In this Region, as in other parts of the world, malnutrition, poor personal hygiene practices, chronic illness, and insanitary environment demand constant attention.

In the past, education on health dealt mainly with personal health habits and the nature and cause of illness and disease. In many instances, little positive action for improvement was possible with existing knowledge. However, modern methods of prevention and control make feasible such additional objectives as fostering use of preventive and treatment facilities. The introduction of BCG vaccination and chemotherapy for control of tuberculosis is an example. Many health problems today can be solved only through the widest understanding and cooperation of the people concerned. In recognition of this fact the World Health Organization, in what has now become a classic statement, has said:

> "The aim of health education is to help people to achieve health by their own actions and efforts. Health education begins therefore with the interest of people in improving their conditions of living, and aims at developing a sense of responsibility for their own health betterment as individuals, and as members of families, communities, or governments."[1]

Universally, educators are restating broad purposes of education in the light of changing times. Schools of the past, tradition bound, existed primarily to transmit and perpetuate knowledge from one generation to another. In contrust, goals commonly expressed by educators today include increasing national unity, strengthening citizenship, raising the literacy rate, and educating people to become responsible and productive members of society. In one country, an educational policies commission has recently stated that a pervading (though not sole) purpose of education is to develop in people the ability to think. This commission believes that it is to this purpose that schools must be oriented if they are to perform their traditional tasks yet meet the changing demands of society.

The time has arrived when leaders in school health education must redefine objectives to be more nearly in harmony with the changing goals of education. No longer can schools be satisfied with the mere transmission of health facts.

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1 Expert Committee on Health Education of the Public. First Report, World Health Organization Technical Report Series No. 89. Geneva, Switzerland, World Health Organization, 1954, p.4.

Important as facts are, facts alone are inadequate to evoke improvements in health behaviour which are so necessary for a strong and productive citizenry. Objectives in school health education must be directed toward helping children to attain health goals on a rational basis and through their own actions and efforts.

A discussion of school health education objectives would not be complete without mention of social, political, economic and religious factors that influence the nature and scope of health education efforts. Though these factors vary widely from country to country, and even within countries, they must be taken into consideration when developing objectives. To illustrate, in most cultures the home exerts the greatest influence on the child. By the time the child reaches school, many of his health habits have become well established. Throughout school years, the values he attaches to health are often determined by those values held within the family unit, values often deeply rooted in tradition. A question not easily answered is to what extent the school should disturb child-parent relationships through promoting health objevtives that run counter to those in the home, especially when home objectives are contrary to sound health practices. School objectives must often be modified or adapted to be consonant with values held by the home and other social institutions outside the school. Yet, should not the schools seek to influence these values in appropriate ways? It is hoped that during the Seminar this subject can be explored in respect to specific health needs and problems.

In determining and fulfilling health education objectives, schools may find common cause with agencies and organizations within the community. Governmental agencies, as for health, social welfare, and agriculture, in influence health objectives through the policies they set and the funds they provide. Voluntary health associations and fraternal and civic groups have health education goals and programmes which often can be synchronized with those of schools. Professional organizations in the fields of health and education can provide valuable leadership. The teachings of the great religions are cogent with health implications and religious leaders are potential colleagues for health betterment. Through community development

efforts and other concerted programmes, these many individuals and groups may unite for the common purpose of improving the health and well-being of both children and adults.

Content of school health education

While objectives help point the way for health education, the content provides the substance. Sound school health education, as already stated, deals with health needs and interests of children and of the homes, schools, and community of which they are a part. It takes into account psychological, sociological, cultural, political and economic factors, and the availability of resources. It is based on scientifically sound health facts. What we teach, then, must be determined by a variety of factors if it is to become translated into desirable health action.

In some areas, standard health teaching syllabi developed at national, provincial, or local levels prescribe what shall be taught in each grade. Too frequently, the untrained or unimaginative teacher follows these guides with little consideration for local health conditions. The child of a coastal community and the child living in arid lands have the same basic nutrition needs but foods available to each may be quite different. Sanitation problems are universal but assume different forms under varying environmental conditions. While one community may have little or no water, another may have enough water but so highly polluted that special measures must be taken to make it safe for human consumption. Certain diseases may be more prevalent in one area than in another. Health teaching guides can be helpful in suggesting content of health education. Their value is increased however, if they are used flexibly and in accord with regional or local conditions.

In realistic health teaching, the needs of the children themselves should have primary attention. These needs are related largely to biological processes, such as eating, elimination, exercise and sleeping; to preventing or controlling conditions which may cause or aggravate physical defects, illnesses, disease, and injuries; and to sound emotional and social development.

Though such needs persist throughout life, they vary in their manifestations at different maturity levels, thus suggesting possible changes in teaching emphasis as children progress through school. By analyzing developmental characteristics of children at different age levels and under differing cultural conditions, and by considering childrens' readiness to learn and breadth of interest, a rational basis can be reached for the selection of health education content. Though some generalizations can be made on this basis, each teacher should be encouraged to determine in his own situation the specific child health problems requiring attention at a given time. I must stress emphatically at this point, however, that teachers and other school personnel responsible for training the young need the help of medical authorities in locating and defining these problems.

Mention has been made more than once of home, school and community health needs which also may become the foci for productive health education in schools. Here again, health authorities can help point out those needs demanding special attention in a specific locality. Several such needs have already been suggested in this paper. We may ask, nevertheless, how each of these needs could become a subject for study, and perhaps even for action, among schod children as well as the community at large.

Methods of school health education

Methods of health education are determined not only by the nature of a problem but also by ways in which learning takes place. Learning is an active process occurring through the learner's own efforts as he interacts with his environment. Learning has both an emotional and a rational basis. It is more than mere absorption of knowledge.

In many school systems, health euucation methods have not kept pace with other methods of education. Yet health education, a more recent innovation in many schools, could take the lead through experimenting with methods applicable to a wide range of interests.

Too frequently health has been taught by rote learning and health facts have been studied with little or no plan for their translation into action. A course outline for primary schools in one country contains such precepts

as "I drink filtered water for dirty water gives disease. I do not drink water from the canal"; "I know how to protect myself from mosquitoes"; "When I grow up I will not drink alcohol"; and "My ears are very clean. I do not put my crayon in my ears". No one would question the intentions behind such statements which the children are asked to repeat. However, one might question their effectiveness in bringing about changed behaviour. Though objectives may be pertinent and the facts sound, such teaching too often fails to bring desired results. Children need to work actively on problems meaningful to them in order to convert theory into practice. The problem-solving method is one effective way.

In creating situations which foster learning, it is well to recognize that self-set goals have strong motivational value and problem-solving methods, when properly used, provide a rational approach to decision making and action. Learning of more lasting value is likely to occur when pupils themselves, individually or in groups, select problems from real life situations and take steps to solve the problems. Such an approach is more than an intellectual exercise. Facts gathered in the process are better understood, retained, and applied when they are oriented toward action. Individual or group commitment may result in lasting behaviour change.

Though problem solving is only one of a number of methods which can be used advantageously in school health education, it has been stressed here because of its pertinence in contributing to desirable health goals. Other methods often used in health education include various forms of discussions, dramatizations, field experiences, experimentation, and the use of audio-visual materials. "Learning through doing" had become an axiom in education. Participation of pupils in health action programmes and through volunteer services provides a practical way of putting this principle into practice.

Criteria for determining health education needs

Throughout this paper such criteria have been suggested directly and through implication. From the standpoint of the child himself, one must consider the needs and interests that are characteristic of his level of growth and development as well as his particular problems, interests, or needs.

One must likewise consider factors surrounding the child that may affect his health. Some problems are unique for a specific child and demand an individualized approach for their adequate solution; other are common to groups of children and can be dealt with through group instruction. Many, however, are community-wide in their scope and require concerted study and action on a community-wide basis.

Evaluating school health education practices

Foremost in evaluating school health education should be an attempt to determine whether a programme is accomplishing what it has set out to do. Since school health education today aims to bring about health improvements in the pupils themselves, and in conditions surrounding the pupils, then such questions as the following need to be pursued: Is the health of an individual child or a group of children better as a result of a specific health education effort? Are the children taking more responsibility for their own health commensurate with their stages of development? What are their attitudes toward a specific health study? Are they passively following instructions or are they enthusiastically and intelligently working to bring about a health improvement? What changes are evident in the home and community as well as in the school? Unfortunately, in working for a limited time with a group of children, a teacher cannot always hope to find clear evidence of progress or of achievements attributable to his own efforts. Pupil health progress is often slow; results of teaching are cumulative and may extend over many years. Yet through observation, interviews, study of health records, surveys and other evaluative procedures, improvements may be discernible. Moreover, schools can obtain information which will be invaluable in planning future health education programmes.

School health education practices may also be evaluated by examining the programme itself to determine whether its objectives, content, methods and materials follow generally accepted standards in health and in education and are appropriate to a specific situation. Many of the points developed in this paper suggest directions for such evaluation so will not be repeated here.

Evaluation is an essential part of every well-planned school health education programme. To be meaningful it must be built into the programme from the start and become a continuous process. Only when pupils, teachers, parents, health workers and community leaders share in evaluation, and use the information gained, can lasting health progress be expected.

In concluding this statement on the nature and scope of school health education, recognition is given to the influence of those whose responsibility it is. At the heart of every sound programme are teachers who are professionally qualified, emotionally adjusted, and genuinely interested in children and their health. The degree to which teachers succeed in the difficult and ever changing task of health education is dependent not only upon their training, but also upon the support and guidance they receive from medical leaders, health authorities, school administrators, and the public.