WORLD HEALTH ORGANIZATION

REGIONAL OFFICE FOR THE EASTERN MEDITERRANEAN

ORGANISATION MONDIALE DE LA SANTÉ

BUREAU RÉGIONAL DE LA MÉDITERRANÉE ORIENTALE

SEMINAR ON SCHOOL HEALTH EDUCATION
Kuwait, 14 - 20 March 1966

EM/SEM.SCH.HLTH.EDUC./6
10 February 1966
ENGLISH ONLY

SCHOOL HEALTH SERVICES IN THE EASTERN MEDITERRANEAN REGION

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INTRODUCTION

During the last twenty years, many countries of this Region have recognized the importance of the health of school-age children, and more emphasis has been given to the school health services as more and more children are entering primary schools every year.

In the preamble of the WHO Constitution, it was already declared that "healthy development of the child is of basic importance; the ability to live harmoniously in a changing total environment is essential to such development". Accordingly, the Organization has, in the broadest possible sense, assigned an important place to the protection and promotion of child health within its global programme. This holds true both for the child still living in the rather secluded environment of the family and for the school child being exposed to the greater risk and hazards of the school environment.

In 1950, the WHO Expert Committee on school health services discussed the needs for special health services for the school-age children and for a health programme for this segment of the population, which is undergoing physical, mental, emotional and social changes. The Expert Committee, in

its report, referred specifically to the responsibilities of a country "for revising its health policies for school-age children". Compulsory education, enforcing parents by law to subject their children to the school authorities for a considerable period of time, embodies the full responsibility of the law-maker for their health and well-being. Consequently, school health services cannot be regarded as voluntary or "optional" services of the community, but as obligatory services to be provided by the law-enforcing authority, i.e. the government.

It is in the light of this responsibility of government and of the Organization's obligations that a paper on school health services was compiled to be the subject of the Technical Discussions at the Fifteenth Session of the Regional Committee for the Eastern Mediterranean. Although the factual information so far provided does not allow a comprehensive review of the school health services, it still throws some light on these services and their problems in the Region.

II SCHOOL HEALTH SERVICES

1. Organization and Administration

This varies greatly in the countries of this Region. However, the efficiency of the school health work will ultimately depend upon the particular framework of administration rather than upon the manner in which the school health team discharges its responsibilities and brings about a material understanding in cooperation with all other authorities who share services related to the school work. In view of the importance of this cooperative relationship, great advantage will be derived from integrating the administration of the school health services with the administration of the general community health programme. In the Federation of South Arabia, Iraq, Jordan, Kuwait, Pakistan, Somalia, the United Arab Republic and Yemen, the school health services are administered through the Ministry of Public Health. In Ethiopia, Iran, Qatar, Saudi Arabia and the Syrian Arab Republic, these services are administered by the Ministry of Education. In some countries, a special school health department is responsible for this service whilst in other countries, one of the administrative units in the ministry concerned deals with school health amongst other things.

The staffing of the school health department varies in the different countries, but it is always headed by a medical director. At the provincial and local level the administration of the school health activities is the responsibility of either the assistant director or the district health officer the municipal health officers or medical officers of the school health centres or units.

Private schools are covered in some countries by the established school health services, but they mostly have their own system of health care which is usually under the supervision of the school health department. In fact, many small private schools have practically no health services at all.

2. Functions

At the central level, the functions are fully or partly carried out in the different countries and mostly include: establishment of policies on protection and promotion of the health of school children; issuance and enforcement of regulations governing the school health programme; planning, organization and supervision of the different school health services, revision of curricula with regard to the teaching of health subjects, training of health personnel; budgetting and assessment of school health services and supervision and advice to local levels. At the local level, the functions of the school health teams (in school health polyclinics, centres, units, etc.) usually include periodical medical examinations, screening of school children, detection of diseases in defects, treatment of sick children and school personnel, immunization and control of communicable diseases, supervision of school sanitation, counselling of students, parents and teachers in child growth and development, participation in and extension of health education for teachers, students and parents and record-keeping.

In the villages and rural areas, the rural health centres or units are responsible for the health supervision of school children.

3. Activities

It is most encouraging to note the wide range of activities carried out by the existing school health services:

Periodical examinations are mostly carried out on all school children upon first admission to primary schools and thereafter upon admission to preparatory and secondary schools. Sometimes , a fourth medical examination is made in the third year secondary school, before completion of studies. Sometimes parents are asked to attend the examination of their children in primary schools. Teachers are not often invited or obliged to attend the child's examination. However, the parents' and teachers' presence is desirable and will enable the physician (if interested and given sufficient time) to carry out properly his function as a health counsellor to the parents, child and teacher, and allow for their necessary guidance.

Findings at medical examinations have clearly demonstrated that a fairly high percentage of children had some health defects other than dental, which required special attention and treatment.

Vaccination and immunization programmes of all school children have produced valuable results. In addition to smallpox vaccination which is compulsory in all countries of the Region, systematic immunization is reported to be undertaken partly in countries against other diseases such as: diphtheria tetanus, tuberculosis, poliomyelitis,, TAB and cholera. The vaccination calendar for re-vaccination and for booster doses varies according to the country.

Accident Prevention: Accidents are most likely to occur during school years and are an important cause of death and disability. Necessary care and measures for accident prevention are taken in most countries through health education, school health societies, precautions within the school buildings and supervision of the school environment and through the provision of schools with firts-aid equipment and medicaments.

Dental Health is being provided by the school health services or clinics in the majority of the countries, but mostly in urban areas. School health units are often equipped by mobile dental units designed for treatment in schools. 73% of the students examined through a pilot project were found in need of dental treatment.

Mental Health and Child Guidance is still lacking in the majority of countries in the Region. A few special schools for retarded children have been established and are under the supervision of the ministry of education. Mentally retarded children have their own training centres under the supervision of the ministry of social affairs. Child guidance clinics, although limited in number, have accommodated some needs.

Care for Handicapped School Children has been given special attention in some countries, where special schools have been established for the blind, the deaf-mute and paralytic children, as well as special classes for the children with visual disorders or hearing impairment. Health services have also been provided to special schools for the deaf and for the physically handicapped.

Early detection of visual and auditory defects in children is very important. Surveys to be carried out in schools might reveal in a large number of children, lateral hearing defect which might interfere with learning. It is important to discover the child who is mentally handicapped in order to ensure that special attention be given to the promotion of his health and to the special problem of his education.

Nutrition and School Feeding: Sound nutrition is closely related to educational progress. Under-nutrition is a serious obstacle to promotion of physical and mental health. Education in its turn is of importance in securing sound nutrition for the child and for the community. Any teaching concerning food must be realistically related to the food in the country.

Many countries in this Region are conscious of the nutrition problems of school children and are carrying out supplementary feeding programmes, although some of these countries are faced with budgetary difficulties, owing to their limited local resources.

Good school sanitation contributes much to the protection of the school child's health. This implies the amenities and sanitary conditions of the schools, which are also bound up with their planning and construction. Many countries in the Region are giving considerable attention to the construction of a new and adequately equipped school buildings in their long-term development plans.

However the sanitary conditions in most of the existing schools (often occupying old rented buildings) are not adequate. Most of these schools have been renovated to secure the indispensable sanitary facilities, but the sanitary conditions are still hardly satisfactory. Rural communities with limited resources are particularly handicapped in their efforts to remedy the situation. Wherever bad construction, poor ventilation and lighting, lack of washing and inadequate drinking facilities exist as well as any other unsanitary latrines or similar deficiencies, children absorb wrong ideas and learn harmful habits, difficult to be eradicated and contradictory to what they are being taught by the teachers and the school health personnel in this respect.

School health services can play an important rôle in the creation and maintenance of a healthy school environment. The school health team, the sanitary engineer and the sanitary inspector, as well as the teacher and school administrator, can make an important contribution through inspection, supervision and participation in the planning of school health facilities.

4. Prevalent Diseases of School Children

From the information made available from countries and from other sources, findings at school medical examinations revealed that, in addition to dental, visual and hearing defects, there are many diseases more or less serious, which are prevalent among the school children in this Region. Among these diseases, the following have been reported: enteric infections, parasitic diseases, such as bilharziasis, ankylostomiasis, ascariasis, other helminthic infections, amoebiasis; virus infections, particularly chicken-pox, poliomyelitis, mumps, measles, other bacterial diseases such as diphtheria, pertussis and tetanus, communicable eye diseases, mainly trachoma, conjunctivitis, skin infections, scabies and favus, tuberculosis and malaria. Many efforts are being made in most countries to get these diseases under control. Communicable diseases are often avoidable through improving the health of the school environment, the school sanitation, strengthening of health education, immunization and isolation of the sick children from school.

5. Sports and Recreation

Facilities for sports and recreation should be provided for all school children. Properly directed physical activities contribute to better growth and development and improve physical fitness. All children should be encouraged to participate in suitable physical activities after a medical review is made. Medical supervision of the school child becomes an even more responsible task when school sports, competitions and open-air physical training are concerned.

Physical training and sports have widely developed in schools of this Region and have been encouraged by governments. Camping, tours and excursions receive increasing attention by the authorities concerned. Attendance in camp is sometimes undertaken to educate children in a healthful mode of living.

6. School Health Centres

There are various types of school health centres or units at different levels of activities and staffing, which provide preventive and curative services for school children in the countries of the Region. Usually, a polyclinic in the capital, adequately equipped and staffed, serves about 20 000 - 30 000 school children. In the cities, a school health unit serves 10 000 children. In villages where school health services are a part of the rural health service, a rural health unit is responsible for about 5 000 general population and also supervises the health of school children. In some countries attempts have been made to provide one school medical officer for 4 000 - 8 000 children; one dental surgeon for 8 000 - 10 000, one school health nurse or health visitor/dresser for 1 500 - 3 000.

8. Record Keeping and Evaluation

The importance of health records is measured mainly by the extent to which they are useful to the staff in helping the child to obtain maximum health, within the limits of his potentialities.

The school health record cards used in school health services in this Region are more or less similar. Usually results of individual medical examinations, which are recorded and coded by the health worker, are checked by the physician, statistically analysed and interpreted, and subsequently registered and tabulated. However, there is no indication that the information collected is always being properly utilized.

9. Rôle of Non-Governmental and International Agencies in School Health Services

Non-governmental agencies play in general a minimal rôle in school health services in this Region, owing to the fact that the majority of schools belong to the Government. In a few countries, however, they assist the Government in fulfilling its obligations.

III SCHOOL HEALTH EDUCATION

This subject has been dealt with by many speakers and in other technical papers. However it has been felt desirable that emphasis be given to the rôle of the school health team, particularly the teacher, in school health education.

The school health service is taking an increasing part in health education in schools and, consequently, its work is also becoming more closely interwoven with education.

1. School Health Programmes

The school health programme is a unified activity in which all school personnel participate and cooperate. It cannot separate into distinct units.

a) health services, including examinations and procedures necessary to determine the health status of each child,

b) healthful school living including environmental sanitation and hygienically organized schools,

c) health instruction.

Therefore school health education is the sum of many activities performed by the teachers, the school principal, the parents, the nurse, the doctor, the sanitarian and not only lectures given in the classroom.

It is unfortunate to note that there is a lack of such unified activity in the majority of the countries in the Region.

2. Rôle of the Teacher in the School Health Team

The teacher being the key person, the health education of the child remains in his hands in view of the fact that, besides the parents, he is the only person to live with the child long enough to modify his habits and because health education is a part of general education. He is also the first one to observe any deviation from normality in the school child. Therefore, if the teacher is well-prepared in health education, he is of great help to the school physician or the nurse and even the parents by drawing their attention to any ill-defects and refer the child to them for treatment or prevention of ill-favoured development. The teacher should attend the periodical medical examination and screening of the children and help the school nurse in the daily treatment of their minor ailments as ordered by the physician, and proceed with it during her absence according to her instructions. The teacher should also assist and participate in many health activities in the school.

It has been noted from information available from many countries of the Region that there is a growing interest among school teachers in participating in school health activities, but very few of them attend periodical medical examinations or screening of children. In order to arouse teachers' interest in school health activities and towards assisting the school health team without neglecting their strictly academic studies, certain necessary adjustments to the school time-table have been suggested so that teachers would not be over-worked. Assistance by school teachers and advanced students who have been prepared by health instruction and training in health education through special short courses has been put on trial and successfully implemented in some countries.

3. The Family and the School

Since the parents have an influence on the child, they are to some extent members of the child's team. They have the most direct control in the home life of the child, and their cooperation with the school and the school health team is vital. The parents and the teacher should each understand what the other is trying to do. The parents should cooperate closely with the school and be alert to the early signs of disease or disturbance in the child, and when necessary, consult the teacher, the doctor or the nurse.

It is encouraging to note, from the information available, that good and close relationship already exists between parents and school personnel with regard to children's health and education in many countries of the Region.

IV RECOMMENDATIONS

The Regional Committee at its Fifteenth Session held in October 1965, endorsed the following recommendations:

1. School health services should be established and developed simultaneously with the educational system of a country, particularly in countries with compulsory education.

2. The responsibility for the establishment, development and supervision of school health services should rest with the Government and its executive authorities, preferably the ministries of health and education.

3. School health services should be designed and operated so as to meet the health and educational needs of all school children, taking into account the considerable physical, mental and social changes occurring during this important segment of the lifetime of the whole population.

4. School health services should preferably be integrated into the general health services of the country, forming an important part of the health services provided to the population.

5. School health services should be directed and operated, if possible, by specially trained and qualified personnel, who should be employed full-time at the central and provincial level.

6. School health departments should employ educators, sanitary engineers, social workers, statisticians and psychologists, where appropriate, in addition to doctors and nurses. In the absence of qualified personnel, use should be made of specially trained auxiliary personnel as an interim measure.

7. Plans for new school buildings, renovation of old ones, operation and supervision of existing school premises, should take into consideration recognized basic sanitary requirements. These should be codified in national minimum and optimum standards.

8. The school health programme should comprise:

a) Regular comprehensive medical examinations of children upon admission to school, at regular intervals of at least three years, and upon leaving school;

b) In addition to compulsory vaccination against smallpox, compulsory immunization against diphtheria, tetanus, tuberculosis and poliomyelitis.

c) A dental health programme including regular screening by qualified dentists, organized dental care and dental health education.

d) A health education programme for children and teachers, including teaching of important health subjects, within the curricula of primary and secondary schools as well as of teacher training colleges.

e) Nutrition education and supplementary feeding programmes.

f) Care of handicapped children, particularly those with visual and auditory defects as well as special classes or courses for the blind deaf-mute and paralytic children.

g) A comprehensive gymnastics and physical culture programme with its proper place in the curriculum, including sports, excursions, summer camps under consultation and supervision of the school physician.

h) A mental health and child guidance programme, including regular clinics, with the participation of parents and sometimes teachers.

i) A programme on safety and accident prevention in childhood.

9. School health records should be established and kept, containing major physical and health data of the individual child, findings of medical examinations, vaccinations and immunization, therapeutic measures, absenteeism and other pertinent information.

10. School health services should be regularly evaluated in regard to organization, staffing, efficiencies and deficiencies to safeguard adequate functioning.

11. School health services should be especially considered as an integral part of national development plans, in view of their importance for the health of the nation.

The Regional Committee for the Eastern Mediterranean also adopted a resolution in which it recommended that Government give high priority to all facets of school health services.[1]

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[1] Text of the resolution may be found in "Introduction to the Seminar" Document EM/SEM.SCH.HLTH.EDUC./4