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TEACHERS' PREPARATION IN HEALTH EDUCATION  
AN EXPERIMENT IN THE UNITED ARAB REPUBLIC

by

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The primary school teacher is considered the best person to contribute significantly to the health of school children. He is most fitted to create "health consciousness" in his pupils. His health knowledge, behaviour, interest and enthusiasm, i.e. leadership, are indispensable for the healthful up-bringing of his pupils. Therefore, proper preparation of primary school teachers for health education meets increasing interest in the United Arab Republic.

Many attempts have been made to up-grade the teaching of health in primary schools. The syllabus of health instruction in teachers' training institutions was repeatedly revised to fulfil the requirements of prospective teachers in the field of school health and health education.

A new textbook was recently published according to the revised syllabus. Yet it is observed that the teachers of health in teachers' training institutions and health inspectors need further clarification and special training in order to be more efficient and practical in the preparation of more interested and understanding primary school teachers.

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Teachers already at work in primary schools also need more interest and sufficient understanding as regards their active role in health protection and promotion of their pupils, especially as regards health education.

Many in-service training courses, seminars and conferences were held for teachers of primary schools both at the national and regional levels; also a few attempts were made to train in the field of health education teachers of teachers' training institutions. Some of the courses for primary school teachers were held specially on school health and health education; in other courses, health was considered an item of the general training planned for classroom teachers and few in this training had a planned follow-up. Yet no organized general plan to include all teachers of primary schools in the Republic (whether student teachers or teachers already at work) was previously implemented.

In this article an organized project to up-grade health education in primary schools in the United Arab Republic is presented. This project was planned and conducted by both Ministries of Education and Public Health with the technical advice of WHO and the material assistance of UNICEF.

The project was planned with the following objectives:

1. Long-term objectives

To improve the quality and quantity of health education made available for school children, and to prepare them for assuming their active role in the promotion of health in the community, and eventually to raise the standard of health of the community.

2. Immediate objectives

To provide teachers with sufficient interest and clear understanding of their functions in the improvement of health of primary school children by:

- (a) improved health education as regards health material, methods and means of how children change behaviour and acquire health habits;
- (b) better understanding of simple health measures as regards school health activities and environmental problems and their role, as related to them;
- (c) better co-operation between school personnel, health personnel and parents for the benefit of their children.

The plan is to give proper and adequate training in health, school health and health education, for one and a half months "Phase A", to teachers and responsible personnel for preparation and guidance of primary school teachers.

These trained leaders will be responsible, in co-operation with regional health personnel, for organizing simple training courses locally for headmasters headmistresses and teachers of all primary schools in their governorates, "Phase B". It is planned that in five years all teachers working in primary schools will have had in-service training in health education, while at the same time more adequate preparation of new teachers by the trained teachers will be going on.

The leaders in "Phase A" were selected to be:

1. From the teaching staff of teachers' training institutes:
  - (a) inspectors and senior teachers of science and hygiene (80);
  - (b) teachers of school health and health education (311);
  - (c) teachers of physical education (175).

As health education and physical education have the same ultimate objectives, so interest and understanding of these teachers will strengthen health education activities.

- (d) teachers of psychology and education (186).

These teachers were selected on the assumption that they would help our project by the application of methods and means of education they teach to health education; in addition, for correlation in the psychology syllabus.

2. From the primary schools' administration:
  - (a) General inspectors of primary schools<sup>1</sup> (328), as their confidence and interest are strongly needed both for encouragement and guidance of health education activities, and contribution in planning and execution of regional training courses for primary school teachers.
  - (b) inspectors of science and hygiene of fifth and sixth grades of primary schools<sup>2</sup>.

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These inspectors are responsible for supervision and guidance of all educational activities in primary schools in their domain including health education.

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The first four grades have classroom teachers.

The first "Phase A" course was held in the summer of 1965 for six weeks in the High Institute of Public Health, Alexandria. A Joint Advisory Board was formed of representatives of the Ministries of Education and Public Health and the Nutrition Institute. This Board was responsible for the overall planning of the project. An Executive Committee of five members was formed from members of the Advisory Board to execute and follow up the training programme and also to give due consideration to evaluation of the project.

82<sup>1</sup> teachers and inspectors (according to the afore-mentioned selection) from the different governorates of the Republic attended the course. Training was in the form of lectures for all participants. In the seminars, workshops and field visits, they were divided into four groups; each group was guided by two consultants, often one from the teaching staff and the other from the health staff. A discussion guide was prepared and distributed daily.

Health education aids in form of films, slides, pamphlets and posters were selected and presented during or just after the lectures. All lectures (except four) were typed and distributed in time.

Recommendations were made by each group for each topic discussed. Then recommendations of the four groups were collected and reviewed by a committee of members from the Executive Committee and the groups.

A committee of members of the teaching staff, Executive Committee and participants was formed to rearrange the final recommendations at the end of the course. These recommendations were very helpful in exposing needs, local problems, difficulties and facilities for solution, as seen by experienced workers, in the different environmental conditions; they were discussed with the consultants.

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127 were selected but, owing to late final approval of the project, some of the selected personnel were attached to other training courses; also the Conference of the Arab Teachers of Science was being held at the same time.

The topics studied broadly were (Annex I)

1. Lectures and seminars
  - 1.1 Environmental health
  - 1.2 Physical and emotional health including
    - (a) growth and development
    - (b) personal and community health
  - 1.3 Nutrition
  - 1.4 Health services, school health services and related public health services
  - 1.5 Health education

These were presented and discussed in 84 hours of lectures and an 82-hour seminar.

2. Workshops (26 hours) in the following:
  - (a) First aid
  - (b) The comprehensive physical examination
  - (c) Health education audio-visual aids
3. Field trips (24 hours) - related health, education and social services, were visited.

#### Follow-up and Evaluation

Follow-up is planned to be made by the Executive Committee, or its representatives, in the field, so as to observe the application of this in-service training in day-to-day activities of trained teachers and inspectors (leaders).

To evaluate this training course and improve the teaching in subsequent courses, a follow-up training course of one week's duration is planned to be held after one year of field activity for all participants of this course. This will be an opportunity for presentation and discussion of activities, difficulties met and exchange of experiences. It will give some idea as to the effectiveness of the teaching and its applicability in the field. Participants can receive further training and experience in areas requiring more clarification.

Participants, after this week, will be ready to contribute to planning, execution and follow-up of regional training courses for primary school teachers.

The following were considered in the evaluation of the first course:

1. Attendance: Participants at first thought that the period of the course was too long; but after a few days, almost all of them were quite interested and enthusiastic. Almost all were active in discussions, and the teaching clarified many of their thoughts and experiences. All participants attended regularly except for rare obligatory causes.
2. Appraisal was made of the extent of the participants' comprehension of the courses by the consultants in the seminars.
3. Twenty-six of the participants presented papers about health problems in their environment and ~~sometimes~~ their opinions for solution.

These were arranged by a consultant of the Executive Committee and submitted for discussion by all after the lectures or in the sub-groups.

4. Twelve topics were chosen from the different subjects studied, and provided for research so that each participant could write an article on the subject of his interest and experience. The library of the H.I.P.H. was used for reference, in addition to books supplied from the Ministry of Public Health. These papers were corrected by the specialists and most were excellent.
5. Three questionnaires were prepared and filled in:
  - 5.1 The first was considered a basic questionnaire, to have an idea about the interest and activities of participants in school health and health education before the course (Annex II).
  - 5.2 The second was put to know the opinion of participants about the course itself (Annex III).
  - 5.3 The third was a questionnaire to know the opinion of the lecturers and consultants about the training course.

Basic Questionnaire

The results of the basic questionnaire<sup>1</sup>, to which 72 out of 82 participants replied, are:

1. The first question is intended to know if the participant is confident with his responsibilities in the health education of his pupils.

Yes: 75% ; No: 25%.

2. The next question is whether the participant believes that training courses in school health and health education are important.

Yes: 98.6% ; No: 1.4%.

This result emphasizes the need for the project.

3. The third question is to know if the participant believes that the syllabus of health education that he teaches or supervises is suitable to the health needs of the pupils.

Yes: 23.6% ; To some extent: 70.8% ; No: 5.6%.

4. The fourth question asks: "The objective of health education is to change attitudes, habits and behaviour and not just simply to provide health knowledge; does this syllabus fulfil this objective?"

Yes: 25% ; To some extent: 56.9% ; No: 18.1%.

These two questions show that responsible personnel of teachers' training institutions and inspectors of primary schools are not quite satisfied with both syllabuses. This was discussed fully in the seminars and eight recommendations were made.

5. The fifth question was put to know if any difficulties are met or observed in the teaching of this syllabus:

Yes: 24.3% ; No: 75.7%.

and in case of yes, what difficulties?

Most of the positive answers were about the lack of health education aids and reference books in schools. Some believe, lack of understanding of the objectives, the syllabus simply supplying knowledge that students study to succeed.

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This questionnaire will be repeated in the one-week course and results compared.

6. The school medical officer is considered to be the adviser of the teacher health education; therefore, this question was put as to whether the participant sometimes seeks his help.  
Yes: 22.2%, which is considered a poor percentage and this cooperation should be stressed in training, both to teachers and physicians.
7. While 47.9% are found to use reference books other than the textbook provided, some of these mention the names of two public health books, and education and psychology books, while some depend on the pamphlets of the Ministry of Public Health and mass media organizations.
8. 63 only replied to the next question and 60.3% have difficulty in finding references. This indicates that a supply of sufficient reference health books to libraries of schools, especially the teachers' institutes, is needed.
9. The next question is whether teachers<sup>1</sup> use health education aids to explain the items of the syllabus.  
Yes: 78.3% ; No: 21.7% .
10. Then, if the teachers<sup>1</sup> pay attention to guide children to practise health habits.  
Yes: 60% ; No: 40%, which is considered low.
11. This question is put to know the opinion of the participant about how far teachers are the model in health habits to their pupils.  
All teachers are good models for health habits? Yes: 10.2% (49 replied)  
Some " " " ? Yes: 72.4% (58 " )  
Few " " " ? Yes: 70.6% (34 " )
12. The next question is to know if teachers grasp different occasions to discuss some health conditions, such as accidents diseases, etc.  
Yes: 57.1% ; 42.9%.

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The "teachers" applies to both the teacher himself and the teachers under the supervision of the participant inspector.



13. Then, whether the teacher has any health education activities outside the class periods.

Yes: 37.1% : No: 62.9%.

This shows that these items should be more encouraged to strengthen the health education curriculum.

14. The help of the teacher in the solution of health problems amongst his students (in case of teachers' institutes) and among his teachers (in case of inspectors) is needed, so this question is put to find how far they help.

60% help in physical problems (70 replied)

51.5% help in emotional problems (68 " )

55.9% help in social problems (68 " )

15. This question is put to know if the teacher has sufficient experience in first aid. 17.4% only believe that they have sufficient experience. In fact most teachers were keen to gain practical experience in first aid, which shows that this is one of their important needs.

16. This question is to know whether co-operation exists between teachers of other subjects for the benefit of health education.

Yes: 11.1% ; To some extent: 66.7% ; No: 22.2%.

Training would be valuable as regards correlation and integration in other subjects taught.

17. The contribution of teachers to health services is valuable. Participants are asked if they contribute to health services.

in schools Yes: 79.7% ;

in environment Yes: 58.6% .

18. The last question was to know if pupils contribute in general health occasions, such as week of cleanliness, tuberculosis, bilharzia, etc.

Yes: 64.8% No: 35.2%.

If yes, denote how most of the replies could be grouped into:

(a) - attention to cleanliness in school and locality with the help of pupils;

(b) presentation of audio-visual aids.

Questionnaire for evaluation of the training course

Seventy-two participants replied to the questionnaire.

1. The first question asks if this study has added to the participant's knowledge as related to his work.

Yes: 91.5% ; To some extent: 8.5 ; No: --.

2. How far is it useful in your functional performance ?

Very useful: 87.3 ; Moderately useful: 12.7% ; Slightly useful:

3 &4. What subjects do you think need deleting or adding ?

87.3% said that nothing should be deleted; the remainder thought that the following should be deleted:

- (a) the comprehensive physical examination as repeated in the workshops;
- (b) industrial safety;
- (c) personal and general cleanliness;
- (d) the organization and activities of the Ministry of Public Health;
- (e) production of health education aids;
- (f) recreation and social growth.

While 50% of the participants believe that nothing needs adding, 29% want to increase the practical studies, as in the fields of first aid, preliminary nursing, suspicion of diseases common among school children, general physical examination and practical training in the village.

Teaching of some units from the syllabus is needed by some.

7% believe that the periods for mental and emotional health and educational problems should be increased.

6% want to study some health education programmes that were implemented and model projects for health education.

8% want to plan a simplified course, similar to this course, for their own use in the field.

5. What is your opinion of the periods specified for:

	<u>Long</u>	<u>Suitable</u>	<u>Short</u>
Lectures	18.6	81.4	-
Seminars	36.1	63.9	-
Workshops	1.5	38.8	59.7

This shows that more periods of practical studies are needed.

6. What is your opinion about the time of study?  
 Early: - ; Suitable: 77.3 ; late: 22.7.
7. Do you believe that the existing facilities are sufficient for the success of the training course?  
 Yes: 62.3 ; To some extent: 37.7 ; No: - .
8. What are the deficiencies you have felt?  
 (1) Only 22(30.6%) replied to this part of the question:  
 (a) Number of participants too great 13.6  
 (b) Lack of facilities for study 45%  
 (c) Weak supervision -  
 (d) " lectures -  
 (e) " guidance -  
 (2) 42(58%) replied to this part of the question:  
 (a) Situated too far 33.3%  
 (b) Transportation difficult 59.5%  
 (c) Narrow place 7.2%  
 (d) Others -
9. What is your opinion about the evaluation methods used?  
 Suitable: 98.5% ; Not suitable: 1.5% .
10. What methods of evaluation do you propose should be used later?  
 71% believe that the methods used are sufficient.  
 Some opinions of the remainder are as follows:  
 (a) Follow-up in the field to see degree of practical application;  
 (b) Some of the good articles written by participants should be read to all;  
 (c) The attendance and articles written are sufficient;  
 (d) The schools should be informed prior to the course to study and prepare field problems;  
 (e) The items of the course should be sent to the participants beforehand;  
 (f) Participants should be examined at the end of the course and given a certificate.

11. What are your recommendations to make this programme more valuable?

The following are the most common replies:

- (a) 15.3% believe that the programme has succeeded to a great extent and by its present condition is very valuable;
- (b) 15.3% need more practical work and field visits, especially in first aid;
- (c) 10% see that more health education aids are needed for the course as well as in schools;
- (d) 11.1% want that responsible personnel should be continuously in touch with them to guide them and know what they have accomplished;
- (e) 22% want that their governorates should know about them and regional training courses be held with their contribution.

Some others believe that school medical officers and rural unit physicians should attend the course Phase A, while school health visitors should attend Phase B.

Some want fellowships both within and outside the country for participants.

Questionnaire for lecturers and consultants and results of their opinion about the training course.

Only 18 replied to this questionnaire, the results being as follows:

About subjects under study.

1. What is your opinion about the subjects studied and their relevance to the needs of trainees?

Relevant: 83.3% ; Relevant to some extent: 16.7% ; Not relevant at all:-.

2. What are the subjects that the programme has missed and that need addition?

Only one said "behaviour problems";

The rest replied "nothing"

3. What is your opinion about the standard of subjects studied; are they suitable for the objectives of the programme?

High standard: 33.3%; Suitable to some extent: 66.7%; Not suitable: -.

4. Do the subjects of the programme fulfil its aims?  
Yes: 83.3% ; To some extent: 16.7% ; No: - .
5. What subjects do you think should be omitted?  
All replied, "nothing".
6. What are the social activities that were not present and you think deserve attention besides the study?  
66.6%: "nothing".  
The rest said "recreational activities and living facilities".  
Two schools were prepared for sleep and accommodated all students who wanted this.
7. What is your idea about the period of the course?  
Long: 11.1% ; Suitable: 83.3% ; Short: 5.6% .
8. Do you feel that the periods specified for the different activities were used effectively?
- |          | <u>Yes</u> | <u>No</u> | <u>To some extent</u> |
|----------|------------|-----------|-----------------------|
| Lectures | 88.9       | -         | 11.1                  |
| Seminars | 68.9       | -         | 11.1                  |
| Workshop | 66.6       | 5.5       | 28.0                  |
9. What are your recommendations so that this programme fulfils, as far as possible, its objectives?  
All the teaching staff who replied to this questionnaire said that "the programme, as it stands, is perfect", excepting four who recommended more attention to the practical side.

#### The Participants

10. Did you feel the interest of trainees?  
Most are interested: 88.9%; Nearly half: 5.5%; Less than half: 5.5%.
11. What was the cause of lack of interest (if found)?
- Subjects not treated according to conditions present: - ;
  - Lack of the practical side of the study: 16.7% ;
  - Feeling by participants that the study is not important to them: - ;
  - Other causes: - .

12. What is your opinion about the standard?

High standard: 61% ; Suitable standard: 39% ; Low standard: - .

13. What are the conditions you recommend for selection of students?

"This selection is good" was the reply of all except two, who said that the interest of the participant is important. It deserves mentioning that this was considered in the selection.

14. What is your opinion about the standard of papers presented by trainees?

High standard: 77.87%; Above moderate: 22.2%; Moderate: -; Low: -.

15. What is your opinion about the methods of evaluation used?

Do you propose other methods?

Most said that the methods used were satisfactory, except one who proposed putting a questionnaire on health knowledge before and (the same) after the course.

16. How far do you believe the students have gained?

Considerably: 72% ; Moderately: 28% ; Little: - .

17. Further observations and ideas:

Most of the observations centered around more attention to the practical side and practical application in the field;

Some see that recommendations and observations should be collected and given to lecturers and consultants for the next course;

Lectures should be printed in a book and distributed to all schools as a reference for teachers.

### Summary and conclusion

A project to up-grade the teaching of health education is planned to cover all teachers of primary schools in the United Arab Republic.

Implementation of the project is in two stages. In the first stage, adequate training in health and health education is given for 1 1/2 months to:

- (a) teachers and inspectors responsible for health education or related subjects in teachers' training institutions;
- (b) general inspectors and inspectors of science and hygiene in primary schools.

These teachers will be responsible for the preparation of more interested and learned student teachers. Also they will co-operate in the implementation of simple training courses for one month to all primary school teachers at the regional level.

The first course was held successfully in the summer of 1965 in the High Institute of Public Health, Alexandria; almost all participants were quite interested and happy with the knowledge gained, and were quite enthusiastic to fulfil their responsibilities upon return to their work.

In evaluation of the programme several methods were used:

- (a) Attendance;
- (b) Degree of comprehension and active participation in discussions etc.;
- (c) Articles presented by each participant;
- (d) Three questionnaires:
  - (1) A basic questionnaire for participants to know their opinion, interest and activities in school health education (this will be filled in again in the future one week's training);
  - (ii) Another questionnaire at the end of the programme was given to find out participants' ideas about the programme and if any changes were needed;
  - (iii) The third for lecturers and consultants to know their ideas about the course.

All results were encouraging and showed:

- (a) the need for these training courses;
- (b) the need for similar training courses on the local level for primary school teachers;
- (c) success of the programme to a great extent;

Yet many of the questionnaire results pointed to the need of more consideration to the practical side, especially in first aid and field applications. This will be considered in future courses.

Follow-up and evaluation in the field will be made by the Executive Committee or their representatives according to a prepared sheet.

Also a second training course of one week's duration, will be held for the same students, after one year's activity in the field. During this week activities undertaken, difficulties and problems met, will be presented and discussed; also additional training will be given for areas found in need.

Each of the following four years will have two similar courses for leaders. Trainees of the first course, after their week's follow-up course, will, in co-operation and with the assistance of local health personnel, plan and develop local training courses for all primary school teachers.

#### References

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3. UNICEF (1964), Plan of Operation for a Project to Up-grade the Teaching of Health Education in Primary Schools in the United Arab Republic.



Course Content for In-service Training  
in Health Education

	<u>Lecture hours</u>	<u>Seminar hours</u>	<u>Workshop hours</u>
I	12	12	-
<u>ENVIRONMENTAL HEALTH</u>			
1. School building and premises, including hand-washing and toilet facilities, class-room arrangement, lighting and ventilation, heating, kitchen sanitation, school canteen and dining hall, etc.			
2. Water supply, resources and use			
3. Refuse and sewage disposal			
4. Harmful insects and rodents, means of control and eradication			
5. Safety and safety measures			
II	12	12	-
<u>PHYSICAL AND EMOTIONAL HEALTH OF THE STUDENT</u>			
A. Growth and development			
1. Growth and development of the child and its health education implications:			
Physical			
Mental			
Social			
Emotional			
2. Problems of handicapped children and their health, education implications (including hearing, vision, physical defects mental deficiencies, speech defect and emotional deviations)			
3. Rehabilitation			
4. Recreation and its value in social growth and development			

	<u>Lecture hours</u>	<u>-Seminar hours</u>	<u>Workshop hours</u>
B. Personal health and community health	22	22	-
1. Personal cleanliness, and its impli- cation in male and female students, including personal health and grooming			
2. Communicable diseases - principles and general control measures with attention to important communicable diseases in the country			
3. Dental health			
4. Mental health			
5. Other topics of importance			
6. Nutrition:	8	6	-
Food and its relation to public health			
Food contamination and poisoning			
Health conditions in places for pre- paration, storage and consumption of food			
The school feeding regulations for persons engaged in food			
Nutrition education and role of schools			
III <u>HEALTH SERVICES</u>	12	12	10
1. Organization and functions of the Ministry of Public Health:			
School Health Service Department, Health Education Section			
Voluntary health services in the United Arab Republic, such as Red Crescent, etc.			

	<u>Lecture hours</u>	<u>Seminar hours</u>	<u>Workshop hours</u>
2. Health Services in the School periodic comprehensive medical examination; Role of the teacher in comprehensive medical examinations			
3. Health of the teacher and school personnel			
4. First aid			
IV <u>HEALTH EDUCATION</u>	18	18	16
1. Philosophy and purpose			
2. School health education as part of education community health			
3. Health problems in school and community			
4. Habits, culture and customs			
5. School day, health procedures			
6. Role of teachers in observation and screening			
7. Co-operation between home, school and community			
8. Correlation of health with other topics			
9. Health in various grade levels; criteria for determining topics			
10. Practical application in prevention of infectious diseases			
11. Health education and audio-visual aids			

Basic Questionnaire Sheet

Sir,

This programme aims at up-grading the teaching of health education, to prepare the teacher who is confident in his role of health education and train teachers working in primary schools.

We want your frank opinion to help in evaluation and improvement of future courses.

1. Do you believe that the teacher is confident in his important role of health education of his pupils? Yes  No
2. Do you think it is important to hold training courses in school health and health education? Yes  No
3. Do you believe that the health education curriculum that you teach or supervise is relevant to the needs of the pupils? Yes  To some extent  No
4. The aim of the health education syllabus is to change attitudes, habits and behaviour, not simply health knowledge; does it fulfil this aim? Yes  To some extent  No
5. Do you meet difficulties in teaching some items of the syllabus? Yes  No 

In the case of "yes", please mention some of these difficulties.
6. Does the teacher ask the help of the school medical officer in teaching some topics of the syllabus? Yes  No
7. Does he use reference books or references other than the textbook? Yes  No 

In the case of "yes", please mention some of these references.
8. Are these references easy to find? Yes  No

- |     |  |                                 |  |                                |
|-----|--|---------------------------------|--|--------------------------------|
| 9.  | Does the teacher use health education material to explain items of the syllabus?   | Yes<br><input type="checkbox"/> | No<br><input type="checkbox"/>             |                                |
| 10. | Does the teacher pay attention to guiding the children to practise health habits?  | Yes<br><input type="checkbox"/> | No<br><input type="checkbox"/>             |                                |
| 11. | Can we consider as models of health habits:  | Yes                             | No   |                                |
|     | All teachers?  | <input type="checkbox"/>        | <input type="checkbox"/>                   |                                |
|     | Some teachers?   | <input type="checkbox"/>        | <input type="checkbox"/>                   |                                |
|     | Few teachers?  | <input type="checkbox"/>        | <input type="checkbox"/>                   |                                |
| 12. | Does the teacher take advantage of school occasions to discuss health subjects, such as accidents, disease, etc.?            | Yes<br><input type="checkbox"/> | No<br><input type="checkbox"/>             |                                |
| 13. | Does the teacher have any health education activities outside the class periods?   | Yes<br><input type="checkbox"/> | No<br><input type="checkbox"/>             |                                |
| 14. | Does the teacher help in the study and solution of health problems among his students or the teachers under his supervision? | Yes                             | No   |                                |
|     | Physical   | <input type="checkbox"/>        | <input type="checkbox"/>                   |                                |
|     | Emotional  | <input type="checkbox"/>        | <input type="checkbox"/>                   |                                |
|     | Social   | <input type="checkbox"/>        | <input type="checkbox"/>                   |                                |
| 15. | Has the teacher sufficient experience to give first aid?   | Yes<br><input type="checkbox"/> | No<br><input type="checkbox"/>             |                                |
| 16. | Is there co-operation between teachers of other subjects for the benefit of health education?                                | Yes<br><input type="checkbox"/> | To some extent<br><input type="checkbox"/> | No<br><input type="checkbox"/> |
| 17. | Do you contribute to health services?  | Yes                             | No   |                                |
|     | In schools   | <input type="checkbox"/>        | <input type="checkbox"/>                   |                                |
|     | In the environment   | <input type="checkbox"/>        | <input type="checkbox"/>                   |                                |
| 18. | Do the students contribute on public occasions, such as cleanliness week, tuberculosis week, bilharzia week, etc.?           | Yes<br><input type="checkbox"/> | No<br><input type="checkbox"/>             |                                |
|     | In the case of "yes", please mention how they contribute.  |                                 |  |                                |

Questionnaire for the evaluation  
of the training course

- |    |  |   |   |   |
|----|--|---|---|---|
| 1. | Did this study add to your knowledge as related to your work?                                      | Yes<br><input type="checkbox"/>         | To some extent<br><input type="checkbox"/>    | No<br><input type="checkbox"/>              |
| 2. | How far is it useful in your functional performance?   | Very useful<br><input type="checkbox"/> | Moderately useful<br><input type="checkbox"/> | Slightly useful<br><input type="checkbox"/> |
| 3. | What subjects do you think should be deleted from the programme of this study?                     |   |   |   |
| 4. | What subjects do you think should be added to the programme of this study?                         |   |   |   |
| 5. | What is your opinion of the periods specified for the programme?                                   | Long                                    | Suitable                                      | Short                                       |
|    | Lectures   | <input type="checkbox"/>                | <input type="checkbox"/>                      | <input type="checkbox"/>                    |
|    | Seminars   | <input type="checkbox"/>                | <input type="checkbox"/>                      | <input type="checkbox"/>                    |
|    | Workshops  | <input type="checkbox"/>                | <input type="checkbox"/>                      | <input type="checkbox"/>                    |
| 6. | What is your opinion about the time of study?  | Early<br><input type="checkbox"/>       | Suitable<br><input type="checkbox"/>          | Late<br><input type="checkbox"/>            |
| 7. | Do you believe that the existing facilities are sufficient for the success of the training course? | Yes<br><input type="checkbox"/>         | To some extent<br><input type="checkbox"/>    | No<br><input type="checkbox"/>              |
| 8. | What are the deficiencies you have felt?   |   |   |   |
|    | (1) (a) Number of participants too great   |   |   | <input type="checkbox"/>                    |
|    | (b) Lack of facilities needed for study  |   |   | <input type="checkbox"/>                    |
|    | (c) Weak supervision   |   |   | <input type="checkbox"/>                    |
|    | (d) Weak lectures  |   |   | <input type="checkbox"/>                    |
|    | (e) Weak guidance  |   |   | <input type="checkbox"/>                    |

- (2) (a) Situated too far
- (b) Transportation difficult
- (c) Narrow place
- (d) Others:

9. What is your opinion about the evaluation methods used? Suitable Not suitable

10. What methods do you propose should be used later?

11. What are your recommendations to make this programme more valuable?