



**REGIONAL OFFICE FOR THE
EASTERN MEDITERRANEAN**

**BUREAU RÉGIONAL DE LA
MÉDITERRANÉE ORIENTALE**

SEMINAR ON SCHOOL HEALTH EDUCATION

Kuwait, 14 - 20 March 1966

EM/SEM.SCH.HLTH.EDUC./9

1 December 1965

ENGLISH ONLY

HEALTH EDUCATION IN CURRICULUM DEVELOPMENT PLANNING

by

UNESCO Secretariat

1. Health, as an integral part of the physical, intellectual, emotional and social aspects of life, is a major objective of education. The two specialized agencies concerned with education and health - UNESCO and WHO - consider health education to be a major part of general education and a vital means of health promotion. The need for planned and effective health education in this rapidly changing world, with its new health problems, cultural evolution, urban migration, industrialization and new ways of living, is clear. To ensure that he takes an active interest in his own health, in that of his family and of his community, it is necessary that the educated person understand the basic facts about health and disease through a community programme which incorporates or encourages the use of health and medical services with health education and hygienic living.

2. In view of the increasing importance attached to the place of health education in the school curriculum a joint WHO/UNESCO project was undertaken over the period 1962/1964. This project was in the form of a study conducted by Professor C.E. Turner, a consultant with wide experience in the fields of both health and education, and a leading health educator for many years. Professor Turner wrote a draft document which was widely circulated among health and education specialists.

In addition, he visited a number of countries in Asia, Latin America and Africa to make contact with curriculum planning groups where the two fields - health and education - were represented. Using the pre-edition and aided by comments upon it and additional information received from ninety-four countries, Professor Turner wrote a monograph entitled "Planning Health Education in Schools". This book is being published under a joint UNESCO/WHO imprint.

3. Copies of Professor Turner's book are being made available to participants of the Seminar. The text which follows here is intended to draw the attention of participants to some of the points of view contained in the monograph, and finally to pose pertinent questions for discussion.

4. The book is above all designed to be a reference book for organizations, national, regional or local, who are planning health education programmes for schools or teacher training colleges. While an annotated agenda is proposed to curriculum committees, the author recognizes full well the varying health problems raised by the geographical, economic or social situation of the community concerned. The book does not, therefore, propose a model programme by giving detailed syllabuses, but represents rather one approach which may be adopted in its entirety, or easily adapted to the particular needs of the local situation.

5. In planning a health education programme, the curriculum committee of the school must work within a number of boundaries which will, to a great extent, define the programme. Among the factors dictating the programme is whether the outlines are prescribed by national (which is usually the case), state, regional or local authorities. Whatever the system, there should exist some latitude for initiative on the part of the teacher in developing his own plan and teaching methods. Often governmental authorities encourage local school boards to set up their own programmes. Since it is generally recognized that the single most important factor in setting up a programme is the problem of local health requirements, many countries have come to feel that the effective - because

the most realistic - solution is to leave the organization and implementation of the programme entirely in the hands of the local authorities. It is they who are in the best position not only to evaluate the needs or wants of the local population, but to analyse the available resources with respect to available personnel, facilities, and equipment.

6. Other factors which must be considered include an extensive knowledge of the general health situation of the community, and complete familiarity with the local culture: customs, superstitions, religious taboos, family structure, housing, diet and dress. The programme will reflect the level which the school seeks to reach for students leaving school. It should be oriented to the physical condition of the children before they enter school, and to how much they already know and practise at each grade level. Finally, and perhaps most important of all, is the adaptation of the teaching methods to the needs of the individual child in the context of what is considered to be the norm.

7. While the premise of Professor Turner is that health education is a continuously evolving process, each stage being applicable only to the age group for which it was designed, there are, he points out, three main things which health education should seek to accomplish at all ages. These are:

- 1) Attitude: a child must develop the desire to comply with health regulations, to have good health and to take the responsibility for it by undertaking sound health practices;
- 2) Habits: a child must develop emotionally as well as physically, must act in order to diminish disease and infection both as regards himself and his community, and he must make use of local health services;
- 3) Knowledge: he must learn about the bodily functions, be aware of the relation between mental and physical health, and know how to maintain his own health, that of his family and of his community.

8. However, since the assimilation of good health practices cannot be judged by the amount of material that has been memorized but only by the degree to which these practices are exercised, health education must be essentially behaviour-oriented. In these circumstances, hygiene and conduct become synonymous. Consequently, motivation is extremely important. The kind of motivation required varies according to the age of the child. An important determinant at almost all ages is that of growth. Since all children want to grow, they can easily be shown the relationship between healthful living and growth. These two things are intrinsically tied up with the child's idea of his own worth.

9. But the focal point of all curriculum construction must be the teacher training courses/colleges. A programme embodying an awareness of the various problems outlined above depends on teachers who already know or can be taught the material necessary for the carrying out of a successful health programme. This material includes a knowledge of: sanitation, including knowing how to dispose of waste, how to insure a proper water supply, and how to insure proper air and light; nutrition and dietary, agricultural, and economic factors surrounding it; diseases - communicable and non-communicable, contagious and non-contagious - with a knowledge of how to control and/or prevent them with drugs or otherwise; the working of the human body, its growth pattern; local culture in all its manifestations.

10. With this background in mind and after examining "Planning Health Education in Schools", the Seminar may wish to discuss the following questions:

1. Would a guide book for teachers, administrators and curriculum planners be desirable for the Eastern Mediterranean countries, or more specifically, for the Arab-speaking Member States?
2. To what extent could the outline in Professor Turner's book serve for such a guide book and what changes would have to be made?
3. How might such a project be carried out?