



SEMINAR ON SCHOOL HEALTH EDUCATION

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SUMMARY OF RECOMMENDATIONS - COMMITTEE "B"

TOPIC: STRENGTHENING HEALTH EDUCATION IN THE CURRICULA
OF ELEMENTARY AND SECONDARY SCHOOLS

(Amendments as per suggestions of participants at the Closing Session)

I HEALTH EDUCATION CURRICULA

A) The aim of health education curricula is to inculcate in students from the very beginning health attitudes, habit patterns and practices together with an intelligent understanding of the "why" and the importance of these topics.

B) Time-table

1. Health education should form a part of the primary school's curriculum in such a manner as to commensurate with other school subjects.

The subject should be incorporated into all other school subjects. Every opportunity should be seized to dwell on a pertinent aspect of the subject. However, this intermittent treatment should not be haphazard, but, rather, within a carefully studied framework and a general plan.

2. It is advisable to allot a separate period for health education in the time-table of intermediate and secondary schools to ascertain that students have acquired an accepted standard of health education.

C) The syllabus or curriculum of health education in schools should comprise the following broad principles of health and ecology:

1. Personal and environmental cleanliness - cleanliness of foodstuffs, drinking and bathing water, clothes and utensils, fresh air, air pollution etc.

2. Health habits, practices and attitudes - reading habits, posture, barefootedness, personal hygiene, table manners, proper use of bathrooms, disposal of waste, etc.

3. Nutrition - gradation from such topics as the importance of a varied and balanced diet as well as eating habits to a systematic study of nutrition. The causes and prevention of malnutrition and vitamin deficiencies.

4. Human anatomy and physiology with reference to common physiological disorders and care of different systems.

5. The meaning of health and disease, dangers of infection, preventive measures, microbes and parasites.

6. Sanitation of the environment.

7. Endemic and common infectious and parasitic diseases, their symptoms, dangers of infection, preventive measures, inoculation and vaccination.

8. Elements of mental health - some principles of applied psychology. Sex education as an aspect of physical and mental health education. Girls should be given, in addition, at the onset of puberty, a short course in feminine hygiene, mother craft, prenatal, infant and child care. This latter topic should be done in close cooperation with the Ministry of Public Health.

9. First aid, safety and home nursing.

10. Public health facilities existing in the locality, as well as nationally, should get due consideration.

The curriculum should be re-evaluated, revised and developed at 5 years' interval.

D) The above-mentioned outline of health education curriculum serves both rural as well as urban schools, but emphasis shifts to characteristic aspects and special problems in each area.

E) Health education in vocational and agricultural schools should have a firm broad basis of general health principles. The curriculum should be elastic and modified to suit the different specializations. In other words,

the curriculum should cater for the health needs of the specialized student (and future worker) in his trade in addition to his needs as a member of the community at large.

F) In out-of-school youth activities, health education in the form of pertinent topics should be discussed and practiced when appropriate.

G) Adults in literacy programmes should be exposed to health education in two ways:

1. Through incorporation of health topics in the reading matter.
2. In a more tangible and practical way through demonstration and practice of health activities, in accordance with development plans in the area.

II NATURE OF CURRICULA AND CO-CURRICULAR ACTIVITIES

A) The schools' syllabi and curricula should deal with community problems and programmes both theoretically and practically with special emphasis on the pupils' active participation in practical efforts for the solution of these problems in cooperation with community authorities.

B) Over and above the health education curriculum mentioned previously which encompasses all pupils, those who are so minded may be encouraged to do co-curricular work of health nature.

This should be designed as an extension of the curriculum for those pupils who are strongly inclined to and attracted by this type of work.

III METHODS AND MEANS OF HELPING SCHOOLS TO ATTAIN HEALTH EDUCATION GOALS

School authorities and teachers should be helped to fulfil their duties regarding health education in the following ways:

1. They should be trained properly in health education and health practices. The training should bring them up to a high level of competence in health subject matter and techniques.
2. They should be prepared to plan co-curricular health activities in schools. Their ingenuity and creative abilities should be encouraged in order to facilitate their work as health leaders and examples.

3. Textbooks should be well written and amply illustrated and they should be an enlightening factor.

4. Supervision of health education should be active and energetic and it should take into consideration up-to-date methods and data.

Supervisors should be technical people belonging to both the Ministry of Education and the Ministry of Public Health. These should form a consultant body to the school authorities in health matters and should work in close co-operation with each other.

5. Family and parent education whether through parent-teacher associations, instruction and mass media, home visiting or any other means should be encouraged and developed.

6. It is recommended that teachers should be put in better socio-economic status since so much is required from them in terms of work and responsibility. This certainly will help teachers towards emotional stability which will reflect well on their students.

7. Encouragement of local authorities to take more active interest in the health activities of the school.

8. Greater and closer co-operation between the Ministry of Education and the Ministry of Public Health at all levels is essential.

It is particularly recommended that the doctor and nurse of the school should work very closely with the school authorities and consider themselves as part of the school system. An interdepartmental committee should be set up to co-ordinate work between the two Ministries and help in the attainment of full co-operation. Furthermore, the standard of public health should be equally raised to facilitate health education in schools.

9. Schools being part of the community, should not be only an exact replica of this community, or representing a section of it, but, should be a projection of what the community aspires to be in future. This concept also comprises the design of the school, its sanitary conditions, maintenance, amenities, etc., in such a way as to make school environments an inspiration to a more healthy community and a higher standard of living.