



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

EM/SEM.SCH.HLTH.EDUC./COM.REP."C" Rev.2
11 May 1966

SUMMARY OF RECOMMENDATIONS - COMMITTEE "C"

TOPIC: METHODS AND MATERIALS IN SCHOOL HEALTH EDUCATION

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

"Teaching" and "learning" processes are complementary. Methods and materials in education including health education are valuable to the extent that they foster learning. In employing various methods and materials, much depends upon the teachers' ability to help the pupils learn actively and effectively. Consideration must be given to basic principles of learning and the goals desired in a particular teaching - learning situation. In order that methods and materials in health education may contribute to improved health behaviour, the following points should be taken into consideration:

1. Both methods and materials should be selected and used in ways that satisfy the needs and requirements of children as well as the characteristics of the environment in which they live. In teaching health behaviour changes, teachers should not confine themselves to traditional and classical methods of education.
2. Methods and materials should be selected so as to contribute to desired goals. They should be used flexibly. The lecture method and discussion techniques may help the pupils to gain information, while discussion techniques and problem solving methods should be continued to stimulate critical thinking and actual behaviour change.
3. Conditions in homes, school, or community may provide fertile situations for pupil learning. The teacher should be alerted to possibilities for involving pupils in such events as building a new well in a village, helping

with fly control campaigns, investigating causes of school absences, or assisting with safety measures. By such methods, pupils may gain valuable understandings and develop a greater sense of responsibility for coping with the problems. Moreover, such endeavours may have a beneficial effect on the whole life of the community.

4. Simple media, if used well by a trained teacher may become valuable teaching aids. Real objects, such as foods, gardens and water supplies can serve as practical teaching material.

5. Children should be encouraged and helped to develop their own audio-visual materials such as flanelgraphs, posters, slides and photographs.

6. Resources within schools and community should be explored and used to the utmost. Health organizations both official and voluntary may provide valuable assistance with materials. Communications should be satisfactorily established between schools and sources of teaching aids so that the aids which are developed or distributed by such groups are suitable for school use. This means that schools should have active part in determining what type of health education aids they need.

7. Audio-visual materials produced for school or community use should be pretested and retested until their effectiveness and usefulness are assured. In the preparation of materials, it is to be realized that:

- a. the content should be technically sound and in harmony with desired goals;
- b. the material should be appropriate for the age level of the pupils and their cultural and social environment;
- c. materials should be attractive and understandable.

8. Evaluation of the effectiveness of health education methods and materials must be a continuous process. Evaluation may be done not only by periodic statistical surveys but also by assessment of results on a continuous basis. At all times the teacher should keep constantly in mind that educational methods and materials are aids to learning and not the learning process itself.

9. Investigation and research should be developed and encouraged to serve as basis for effective planning and improvement of teaching materials and methods.