

# COMPREHENSIVE SCHOOL HEALTH PROMOTION



## A GUIDEBOOK FOR SCHOOL HEALTH COORDINATORS

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Comprehensive School Health Programme  
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## **Foreword**

It gives me immense pleasure to present this revised edition of The Comprehensive School Health promotion – A Guidebook for School Teachers. Bhutan has a young population and more than 40% of this population is in the various levels of schools located nationwide. Schools can do great deal to improve the health of their students which in turn can impact on their overall academic performance. Education and health are interconnected, meaning poor health will affect learning and poor educational outcomes affect health. Schools are also settings where the learning of health related knowledge, attitude and behaviour begin at an early age. Young people's experiences in school influence the development of their self esteem, self perception and behaviour. It is therefore very important that our schools promote health.

This guide provides a basic understanding about why and how should be promoted in schools. It is very practical and easy to use. There are numerous ideas for teachers to infuse health content through all the subjects in the curriculum. It can be used by the school health coordinator or any other teacher interested to make schools healthy to enable our children to grow up healthy in a safe and supportive learning environment.

I would like to urge all teachers to make ample use of this guide.

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## **Comprehensive School Health Program**

### **Background:**

The Royal Government of Bhutan recognizes that education and health are essential elements in achieving the national goal of self-reliance and prosperity evident in the huge percentage of the total budget kept for education and health annually. 24% of the 9<sup>th</sup> FYP budget was set aside for the health and education sector (BNHD, RGoB, 2005). It also places a lot of importance in the health and education of school children. This emphasis on schools is also a recognition that the learning of health related knowledge, attitudes and behaviour begin at an early age. The school life is seen as a period of rapid growth and development that shapes the future of individuals, societies and nations.

Recognising schools as an important context for health promotion, as early as 1984, a School Health Unit was established in the Education Division, Ministry of Social Services, which was later, merged with the Curriculum and Professional Support Section. This finally became the Comprehensive School Health Program in 1998: a partnership between the then Department of Health and the Department of Education. Those days around 92,267 students were enrolled in 322 schools and institutes and still an establishment of a school health program was felt necessary by both the health and education sectors.

As of March 2006, the number of students has increased to 1, 70, 000 enrolled in 512 schools & institutes across the country with a gross enrolment ratio of 84.8 % (General Statistics, 2006). Bhutan's total population is 7, 00,000, out of which about 59% is younger than 25 years, 42% below age 15 and 30% younger than age 10 (BNHD, RGoB, 2005). These very children, adolescents and youth today face new challenges in the form of rapid social change, competitive educational and employment opportunities. There is an increase of youth involvement in substance abuse, suicide, accidents adolescent pregnancies, made worse by the threat of HIV and AIDS. These new changes coupled with the fact that our population has such a high percentage of children and young people make it all the more important to have an effective school health program.

### **Importance of a School Health Program:**

Health problems interfere with students' ability to come to school, stay in school, or make the most of their opportunity to learn. Schools, even those with limited resources, can do a great deal to improve student health and thus educational outcomes.

Schools worldwide have been recognized as the best settings to address the adolescents and youth. Schools besides providing a ready-made audience are equipped with necessary infrastructure to support health promotion programs. In Bhutan, this assumes greater importance as we have a very young population and around 1, 70,000 children, adolescents and youth are enrolled in schools and institutions across the country.

Education and health are interconnected, meaning poor health will affect learning and poor educational outcomes affect health. There is synergy between the health and education sectors with a long history of working together and school based health promotion can build capacity.



School health program can address the health and education contexts in which they evolve. Today, the major causes of death, disability, injury, and illness among young people (car accidents, violence, suicide, sexually transmitted diseases, unintended pregnancies) and among adults (heart disease, stroke, cancer, lung disease, diabetes) result from a few patterns of behaviour that become established during school age years—alcohol and drug abuse, sexual behaviours, tobacco use, unhealthy diets and physical inactivity. These behaviours tax our health system, economic system and the country at large. These are preventable behaviours which can be addressed by a successful school health program. School health is an investment in a country's future and in the capacity of its people to thrive economically and as a society.

**Objectives:**

- Formulate health-related school policies;
- Provide health services in the schools;
- Provide health education in the schools;
- To encourage a sense of belonging and promote self-esteem and respect among all pupils and staff;
- To promote a safe and supportive environment;
- Work in partnership with the home, the wider community and key agencies.

**A successful school health program can achieve the following:**

**Responds to a need**

The success of the education sector has resulted in numerous schools being established and a great proportion of children attending school. School is therefore the key setting where the health and education sectors can jointly take action to improve and sustain the health, nutrition and education of children easily and previously beyond reach, thus contributing to quality and wholesome education.

**Ensures better educational outcomes**

School children can suffer from highly prevalent conditions that can adversely affect their development. Micronutrient deficiencies, common parasitic infections, poor vision and hearing, and disability can have a detrimental effect on school enrolment and attendance, and on cognition and educational achievement. In older children, avoidance of risky behaviours can reduce dropping-out from school. Ensuring good health at school age can boost school enrolment and attendance, reduce the need for repetition and increase educational attainment, while good health practices can promote reproductive health and prevent HIV/AIDS.

**Increases the efficacy of other investments in child development**

School health programs are the essential sequel and complement to early child care and development programs. School health programs hence not only ensures that children enjoy continuing good health but that those children who enter without the benefit of early development programs receive the attention they may need to take full advantage of their educational opportunity.

### **Highly cost effective strategy**

School health programs can help link the resources of the ministries of health and education in infrastructures (school) that is already in place, is pervasive and is sustained.

Whilst we are all committed to the “Education for All” goals and increasing access and quality of education for our children, one of the key elements that we should not forget is to provide them with appropriate school health education and services. If we are neglecting this, and if we are not sufficiently providing healthier learning environments, it would be very difficult to achieve our education priorities.

A child’s ability to attain her/his full potential is directly related to the synergistic effect of good health, good nutrition and appropriate education. Good health and good education are not only ends in themselves, but also means which provide individuals with the chance to lead productive and satisfying lives.

## **Roles and Responsibilities of a School Health Coordinator:**

- ✓ Establishment of a School Health Committee and formation of a School Health Club
- ✓ Conducting health education sessions with technical support from the nearest health centers
- ✓ Observing Global Days such World Water Day, World AIDS Day, World Health Day, World Sight Day, World TB Day
- ✓ Organising health related competitions, campaigns
- ✓ Promotion and maintenance of proper sanitation and safe drinking water in the schools
- ✓ Carrying out action projects such as protecting water sources, conducting cleaning campaigns within the local community, educating the local community
- ✓ Provision of health services at the school level such as visual screening, oral screening, de-worming, First Aid, Iron Folic Acid supplementation

# CHAPTER 1

## COMPREHENSIVE SCHOOL HEALTH PROMOTION

What do we mean by health?  
Why health in schools is important?  
How active health programs in schools help to develop active citizens?  
The main components of good School Health Programs.  
How schools can introduce, design and plan health programs?

### WHAT DO WE MEAN BY HEALTH?

Health has various definitions but the definition given by World Health Organization (WHO) is the one that is Health is far wider than just being clean or not suffering from any disease. Whose definition of health involves not only physical health but also mental and social Health? Being physically healthy means feeling fit and well. Being mentally healthy means being happy, well balanced and being able to use our minds and bodies efficiently. Being socially healthy means being able to live together, cooperate with each other, respect each other and learn that girls and boys have equal rights and opportunities.

Being healthy also involves maintaining a healthy environment. If the environment that we live in is polluted or destroyed, then the food we eat, the air we breathe and the water we drink are also polluted. Therefore, our health suffers.

Our school children must understand this wider meaning of health. It can be understood by planning appropriate teaching/learning activities and using active teaching methods. Throughout this book we shall see how taking a wider view of health helps to make our schools not only healthier but happier places which higher academic performance.

### THE SCHOOL AND ITS COMMUNITY

A school is not just building or their surroundings. It includes the children who learn in those buildings, the head, and the other teachers, the support workers who work in and for the school. There are health workers who visit and advise the school on health related matters. There are also parents of the school children and the community in which the school serves. All these are the partners in promoting health and healthy behaviors.

Remember: All these health partners are in some way the health workers. They can help in spreading the message that “Health is everybody’s concern”

## **WHY HEALTH IN SCHOOLS IS IMPORTANT?**

School health programme is an important aspect of promoting health through school children. It is indeed an investment in our future societies. The reasons are:-

- School children form a large portion of the population in any country. In Bhutan, 43% of the total population are school going children. Therefore, they will be able to promote health to a large number of people around them.
- We owe it to our children that they should be as healthy and happy as possible. Good health contributes to a happy childhood.
- School children study better and are happier in school if they are fit and well.
- School children who are ill miss school often and find it difficult to cope up with school's regular routine when they return to class.
- School children who are not properly fit or well cannot concentrate on their lessons and cannot perform well at school.
- Children who are unhappy or frightened cannot set their minds to their studies.
- School children are part of their family. They are often able to spread positive health messages and good health practices from school to home and to the community. They can play, talk, and spread healthy behavior to their younger brothers and sisters.
- School children are at their formative age and they are tomorrow's parents. This is the best period for molding the attitudes and practices of children. If they learn and practice good health knowledge and skill now and develop caring attitudes, they are likely to carry these forward to the next generation.
- Children who are taught to observe, to listen, to communicate, to take decision about their own health and about the health of others become not only good parents but active and useful community members.

## **THE NATURE OF HEALTH PROMOTION IN SCHOOLS**

If we consider how we can best improve the health of our communities, we realize how important the school is in meeting these goals. People become healthier by caring for themselves and others, by taking wise decisions, which affects their lives, and by influencing the society around them to create circumstances, which allows members to attain good health. Schools can promote all these qualities.

School teachers can help young people acquire basic skills to promote healthy living. These are called life skills. They include decision making, problem solving and communication.

### **School That Promotes Health Therefore**

- Is all for health, fostering it with every means at its disposal;
- Involves all school and community members in promoting health;
- Strives to set an example through Environment, nutrition, sports and recreations as well as by the way it educates children and spreads activities beyond the classroom and into the community;
- Takes action to improve all aspects of health, that is physical, mental, emotional and social health of the whole school community;  
Develops life skills in children and promotes ways of giving them responsibility, rising their self-esteem and recognizing their efforts and achievements.

### **PREVENTION: A KEY TO HEALTH PROMOTION**

There are many poor health examples for children to copy. There are many pressures on children to act in unhealthy ways. Many people do not want children to take decisions. That is why all heads and teachers in schools have a healthy responsibility towards their school students.

One of the most important aspects of health in school is to help students to learn how to prevent ill health.

- Children need to practice good health habits, good hygiene and good safety rules.
- They need to learn how to look ahead so that they understand the consequences of unhealthy behavior like not brushing their teeth.
- They need to understand that our health is closely linked to the health of others and therefore, it is important for them to spread good health ideas to their friends, younger children and to children who have not been able to go to school.

### **HEALTH PROMOTING PUPILS**

One essential component of a health promoting school is that it should have health-promoting pupils. The schools have to recognize that the children are partners in health promotion and to recognize the particular role they can play.

Children are powerful forces to promote health. They are the one asset that every school has however poor it may be. Therefore, this resource should be used carefully and correctly in promoting health. Development of life skills in children is very important.

Children need to be interested and to enjoy the activities they do. They should not be told to do tasks, which are inappropriate for them or those adults do not want to do. Choosing the methodology is vital in making the children develop life skills and be health promoting.

## **RIGHTS AND RESPONSIBILITIES**

### ***Active schools from active citizens***

Every citizen has a right to basic health knowledge and health care but also a duty actively to help others maintain and improve their health. Children are citizens and have rights and duties in just the same way as adults. In many countries, nearly half the citizens are children. If we promote health in schools in a way, which encourages children to think actively, take positive health action and cooperate in helping one other become healthier, we are promoting active citizens.

### ***Equal rights and responsibilities for all citizens.***

One of the most important responsibilities of the heads and teachers is to include all children in the health promoting activities. The heads and the teachers must understand that it is the cooperation that counts and not the sexes. When both boys and girls work together to take action for health they can show adults how effective such cooperation can be. Both sexes have equal responsibilities in health promotion.

## **FIVE COMPONENTS OF A HEALTH PROGRAMME IN SCHOOLS**

### ***Basic health instruction***

Children need to learn specific health facts and ideas to understand about health. This implies that there is a need to have a planned program to teach these facts and that there is time available to do it. The teaching methods used should be active methods so that children develop life skills.

### ***Health ideas and skills reinforced across the curriculum.***

Since every teacher is a teacher of health and at primary level teachers teach a whole class and not separate subjects, they can introduce examples and activities connected to health in much of their teachings. This helps children understand health concepts and messages better. This will also make subjects like social science, math or arts more active and more interesting.

### ***Good health practice around the school***

This involves making the school a safe and healthy place with a clean environment and the best possible nutrition for the children. All those who work in the school have a role to play in achieving these goals. There must be clear – cut school health rules and active

health responsibilities for teachers as well as children. Everyone in the school must be constantly aware of these school health rules.

### ***Health knowledge and skills spread to community***

For the school health promotion and the active transfer of knowledge from the school to the community, there should be active community participation in all the school health promotional activities. The head and the teachers should realize this and encourage active community participation.

### ***Schools health services***

The head and the teachers must establish the closest possible link with health workers so that they can work together to enhance the school health promotional activities.

## **PLANNING HEALTH PROGRAMME AT SCHOOLS**

The head and the teachers of the school should plan their own health programmes after identifying the health needs and prioritizing them. Many a times the need of the particular community or a school may differ. Therefore, the schools are encouraged to make their own health promotional activity plans considering the following:

- The plans must be within the national policies and national health priorities of the Royal Government.
- While planning communication must be there between the Comprehensive School Health Programme of the Ministry of Health & Ministry of Education and the school, and between education and health.
- Since health includes much more than just physical health, the head and the teachers must consult and include people from the other sectors like Ministry of Agriculture, Animal Husbandry, Religious body, community leaders etc. from the planning stage itself.

## **QUESTIONS FOR EVERYONE**

### **Can we afford to neglect health education in our schools?**

- ❖ Does poor health affect our school attendance, and increase “drop outs”?
- ❖ Could improved health programmes at schools result in happier children who would work more efficiently and get better exam results?
- ❖ Are we happy about our own definition of health? Do we sufficiently consider all aspects of health, that is physical, mental, social and environmental health?
- ❖ Do we have a well thought out school health plan which links different aspects of health like classroom teaching, nutrition, hygiene, sanitation, safety, growth and development?



**How far is our programme helping to produce active children and citizens to promote better health?**

- ❖ Do all teachers believe in improving the health of the school and are they aware of the examples they are setting?
- ❖ Could we be giving our children more initiative and responsibility?
- ❖ Are we recommending and using active methods that encourage children to think actively and to link health learning with health action?
- ❖ Should we become more concerned about the health and development of our future pupils (those who are yet to come to school)?

**How well are we communicating together?**

- ❖ How well do we link and improve other sectors while planning and conducting health promotional activities?
- ❖ Are we communicating what we are doing about health to the National Comprehensive School Health Programme and to the Districts School Health Committee?
- ❖ Are health and education workers working together in our area?

**Comprehensive School Health Programme**

## CHAPTER 2

### CHOOSING CONTENT THAT REALLY MATTERS

What we mean by content?

Health priorities and life skills is essential content in health programmes

National and local health priorities

Matching content to the needs and interests of children of different ages.

Life skills and development of attitude

The importance of cultural beliefs and values in choosing content.

Choosing and writing objectives at different levels.

### WHAT DO WE MEAN BY CONTENT

Content is the detailed knowledge (facts) about a health topic, skills (active thinking and action for that health topic) and attitudes (how we feel about that health topic). Therefore, while choosing the content matter, we must consider the knowledge, skills and attitude required for that particular health topic in order to change the behavior of the children.

### WHAT FACTS AND SKILLS ARE MOST IMPORTANT TO TEACH?

We must realize that nobody in the world knows all that there is to know about health and it is not at all necessary to know everything. We need to select what we want our children to learn at different levels. While choosing content we must always remember the following:

What children **MUST** learn about a health topic (absolutely necessary for all children to learn)

What children **SHOULD** learn about a health topic (not absolutely necessary but if learnt will help the children perform better). What children **COULD** learn about a health topic (nice to learn but not directly necessary). Therefore, the emphasis must be given to those content which are absolutely necessary for all schools to teach and all children to learn.

Knowing about health is only half of what is needed; we need to help children to transfer that knowledge into active thinking and action for health (life skills). Both knowing and life skills depend on the attitudes of children. Attitudes are the tendency of the children to behave in a certain way and are based on values which we hold. Some of these values are universal and some are related to particular societies and beliefs. It is important for us to be clear what our futures are. Being concerned, being sensitive, feeling, respecting others

opinions are some of the examples of attitudes. Promoting such attitudes is the most important tasks for the health education and the most difficult. Despite the difficulty, the teachers must realize that attitudes are very IMPORTANT and they should use such teaching methods that would help children learn the right attitudes.

## **HEALTH PRIORITIES**

It is important to choose health themes and prioritize them. The priority health themes must be within the national health priorities. Some health priorities are mainly related to the school children themselves or community from where the children come from. If the health themes are relevant for the schools and the community the action based on them will produce better learning in the children. Many of the important health priorities are the same for many countries of the world. The head and the other teachers must understand that it takes time for children to know, to practice skills and to realize what action to be taken for a particular health message. It is important to concentrate on a few priority key themes and messages and provide adequate time for children to master them.

### **Understanding local priorities**

The head and the teachers may not belong to the same communities where they work. It is vital, therefore, to find local beliefs and practices, and what the local community feels is their most important health problem. If the health promotional activities are based on the local health priorities, the activities will be accepted widely and learnt better.

## **PRIORITY HEALTH THEMES**

### **Food and Nutrition**

- ❖ Good food and nutrition practices
- ❖ Prevention of nutritional deficiencies (Micro-nutrients)
- ❖ Food hygiene and safety
- ❖ Breast feeding
- ❖ Kitchen gardening

### **Hygiene and Sanitation**

- ❖ Personal hygiene including care of the body, eyes, teeth, skin, clothes etc.
- ❖ Environmental health including environmental protection.
- ❖ Prevention of Hygiene and Sanitation related diseases like diarrhoea, worms, skin diseases and parasites.

### **Growth and development**

- ❖ Growth and development (both physical and mental) including growth monitoring.
- ❖ Physical activities

- ❖ Changing through puberty, including sexual awareness.
- ❖ Motherhood/timing of birth

### **Safety and safe lifestyles**

- ❖ Prevention of accidents (home, school and road) including first aid.
- ❖ Prevention of substance abuse (alcohol, tobacco, drugs)
- ❖ Prevention STIs/AIDS
- ❖ Communicable diseases
- ❖ Cough, cold, pneumonia, tuberculosis
- ❖ Insect-borne diseases e.g. Malaria
- ❖ Water-borne diseases e.g. typhoid, cholera, dysentery, hepatitis
- ❖ Measles, chickenpox.

### **Recognizing and helping the disabled**

- ❖ Blindness and deafness
- ❖ Disabled due to injuries

### **DIFFERENT AGES, DIFFERENT PRIORITIES**

The content that we select should match the age, needs and the interest of the children so that optimum learning takes place.

**Lower primary:** For lower primary level children basic health topics must be chosen. The relevant topics are:

(i)HYGIENE, (ii) GOOD FOOD and (iii) HOME/SCHOOL/ROAD SAFETY.

**Upper primary:** For this age group more themes like communicable diseases, environmental health, kitchen gardening, helping the disabled, growth and development and physical activities are relevant.

**Middle and High School Level:** For this age group more complex topics could be included. In this age group, that is at the end of their basic education many children leave school, so the teachers must emphasize on certain topics which are very important for the all round development of these children. Topics like growth and development, safe motherhood/timing of birth, prevention of substance abuse, STIs/AIDS are most appropriate. We must always remember that children in this age group (12 - 15 years) do not want adults to preach them. Therefore, it is absolutely necessary to use teaching methods where a teachers role is rather facilitating then lecturing.

## **SAME THEME BUT DIFFERENT APPROACHES**

Considering the different level of understanding, characteristics and interests of the children at different ages, same theme can be taken with different approaches. Below we take one component on the theme SAFETY, the prevention of accidents. We examine how it can be broken down into topics, which are suitable for particular student characteristics and age groups.

### **Characteristics of lower-primary children (age 6-8 years).**

- Like active approaches such as games, songs and dances.
- Are very imaginative, love stories, plays and dramas.
- Like following rules and being helpful.
- Do not understand abstract ideas such as health, safe motherhood, conservation etc.

### **THEME-SAFETY**

#### **Example of topics and activities**

##### **Topics:**

- Preventing accidents and keeping safe at home and school
- Keeping safe on the road
- What to do when an accident happens.

##### **Activities**

- Listening to a story about home accidents
- Watching plays or drama on home or school accidents.
- Learning safety rhymes and songs
- Learning road safety drills.

### **Characteristics of upper primary children (age 9-11 years)**

- Physically very active and like fun activities.
- Are helpful and like being given particular responsibilities.
- Can work together well with others.
- Are community minded and like helping at home and in the neighborhood.
- Like remembering facts and being questioned on them.
- Do not understand abstract ideas.
- Like watching and taking part in practical demonstrations.
- Need help and support while planning and doing new things on their own.

**Examples of topics and activities****Some topics:**

- Home accidents
- Road safety in the neighborhood-first aid

**Some approaches:**

- Surveys of accidents around the home
- Story writing and narrating about accidents
- Making and planning safety games like ‘snake and ladder’
- Making road safety posters and exhibiting them.
- Learning to make simple first aid appliances like slings, splints, bandages.

**Characteristics of Lower Secondary Schools (Age 12-16 years).**

- Are more inquisitive and like to know why they need to do certain things
- Are interested in solving problems
- Are interested in their own growth and development
- Like to be given responsibility and being trusted to carry things through resent being talked down to by adults.
- Can understand abstract ideas and like discussing them.

**Example of topics and activities****Some topics:**

- Safety awareness in the community
- Safety laws and responsibilities

**Some approaches:**

- Role plying, drama and discussion on consequences of unsafe behavior like rush driving.
- Making “Safety Map” of the community
- Inter-school competition on writing “safety rules” for motor vehicle.

**LEARNING AND LIFE SKILLS**

When learning about health children learn far more than just facts. They learn the skills and apply these skills in real life situation. They will be able to use these skills even after they have left schools and become adults. Sometimes, these are called life skills. Life skills are also very closely linked to the development of good attitudes.

## **LIFE SKILLS-WE NEED TO DEVELOP THROUGH HEALTH EDUCATION**

### **Practical Skills:**

- Doing skills e.g. weighing a baby, making a water filter etc.
- Organizing skills e.g. recording the weight of a baby.

### **Thinking skills:**

- Problem solving e.g. why our water at home is not safe for drinking.
- Decision making e.g. what should we do to make it safer.
- Critical thinking e.g. what is the hidden message in a poster.
- Creative thinking e.g. what games can I invent to teach my friends about good nutrition.

### **Communicating and behaving skills**

- Communicating e.g. asking, telling, finding out.
- Listening e.g. what some one is trying to tell.
- Developing empathy,(getting inside others and understanding how they feel) e.g. what does it feel like to be blind?
- Resisting pressures, e.g. how can I say 'no' to smoking and still keep my friends.
- Relation with others e.g. working together with others and respecting their ideas.
- Self awareness e.g. criticizing ones own health habits.
- Coping with stress and emotion e.g. preparing for exams and looking after a sick people at the same time.

## **Life skills and attitudes**

Attitudes are absolutely necessary in order to develop life skills. The four attitudes need to be developed through health educating in schools.

- Self respect: I want to be clean, fit and healthy.
- Self esteem: I know I can make a difference to the health of my family.
- Respect for others: I need to listen to others and respect their customs/cultures.
- Concern for others: I want to do my best to help others.

## **OUR VALUES AND HOW THEY ARE RELATED TO OUR CULTURES**

Attitudes are based on values, the guidelines people set up to tell us what is right and wrong, good or bad. Some values are the same worldwide. They are honesty, loyalty, respect for others, peace and dependability. There are values which are closely linked to different cultures and beliefs. They differ from society to society. Some of these promote positive behavior and lead to good health, whereas some may have bad effect on health.

## **EXAMPLES**

### **Beliefs and customs that promote Health**

- Respect for old persons in the community
- Grandparents letting stories to young children
- Caring for the old and the sick
- Cigarette smoking is against Buddhism

### **Beliefs and customs which harm health**

- Throwing away Colostrum (the 'first milk') of mothers.
- Not giving fluids when the child has diarrhea
- Making incision and letting out blood during some sickness.
- Causes of the diseases is due to evil spirit.

Many times schools children are faced with values that conflict. Moreover, they find that adults say something and do another. So the children do not know whether they should follow what the adults say or what the adult is doing. If children come across such conflicts, the teachers must listen, discuss and help the children to face and talk about values that produce conflicts.

## **EXAMPLE OF CONFLICTING VALUES AND CHOICES**

Karma, the 14 years old girl is an intelligent student. She has learnt about the importance of population control and family planning at school. Her mother says that family planning methods are against their religion. She tells Karma not to use any family planning methods and not to teach anyone about, it. Karma does not know what to do.

## **OBJECTIVES FOR HEALTH EDUCATION PROGRAMMES**

For any programme to be successful we need to frame clear objectives. Objectives give us directions. They define in precise terms what is to be accomplished in a given activity and serve as tools to measure the outcome or changes that have taken place in the learners after the activity is completed.

Objectives are always made at different levels. Firstly, we will need general objectives for overall health education programme. Secondly, we need objectives for each theme or unit of the health education programme. Lastly, we need objectives for each topic from the theme.



### **Level 1: General Objectives:**

These are broad learning outcomes to be achieved by the children at the end of the health education programme. These are the objectives which we need to remember every time we present health in the classroom.

#### **Examples of General objective for Health Education Programmes:**

**By the end of the Health Education Programme all children should be able to:**

1. Acquire an understanding of the meaning 'good health' which includes healthy body, mind, emotion, and relationship.
2. Understand that the health of an individual is closely linked with the environment that they live in.
3. Accept responsibilities to maintain and improve their own health and the health of others especially other children.
4. Appreciate that many conditions which cause ill health can be prevented by good health practices.
5. Understand that ill health is not because of ill luck or the result of ill-will of others.
6. Develop a desire to acquire health knowledge and skills and the ability to communicate them to others.

**The above are some examples of general objectives for overall health education programmes.**

### **Level 2: Objectives for a health theme.**

Alongside the general objectives, we need to develop theme objectives. Theme objectives are specific to a particular health theme of a health education programme. These objectives include the knowledge objectives, the skill objectives and the attitude objectives. They are narrower than the general objectives.

#### **Examples of theme objective for 'good food and nutrition practice'**

**\* Children should know**

##### **KNOW**

1. All children need good food to grow well and study well.
2. Why children need to eat a variety of food and that these different types of food are available in their houses and communities at affordable cost.
3. The importance of kitchen gardening. Eating fruits and green leafy vegetables. The kinds of beliefs and customs associated with food and feeding.
4. The importance of eating before coming to school so that they have enough

- energy to learn at school.
5. How to recognize the signs of poor feeding and malnutrition in children in their communities.
  6. The importance of feeding small children frequently.
- \* Children should**
- DO**
1. Eat efficiently as per the availability of food and local customs.
  2. Develop skill in kitchen gardening and caring for vegetable gardens.
  3. Prepare a menu for good food.
  4. Ensure that small children eat four to five times a day.
  5. Prepare good nutrition messages distribute in their communities.
- \* Children should be able to:**
- FEEL**
1. Feel responsible for getting the best nutrition available to them.
  2. Show concern for the nutrition of other children
  3. Feel pride in good food/feeding customs and show concern for those which has negative effect on health
  4. Show desire to communicate good food messages in their communities.

**Level 3: Objectives for a topic**

The health themes are divided into many topics and each topic will contain a number of activities. These objectives are usually stated in terms of children observable, behavior and they are measurable. They also include knowledge, skill and attitude objectives.

- Examples of topic, children should be able to:**
- (Knowledge objectives)**
1. list the purpose of weighing
  2. describe how to maintain weight record
  3. tell what is normal or abnormal growth
  4. tell why is it important take weight regularly
- (Skill objectives)**
1. Read and adjust the weighing scale correctly.
  2. take the weight of a friend correctly
  3. record the weight taken correctly
  4. Communicate the weight to the friend correctly and interpret whether the weight is

normal or not.

**(Attitude Objectives)**

1. Show concern for accuracy while taking weight
2. Demonstrate friendliness and practice while taking weight and communicating results.

Show concern for a friend who is underweight

**QUESTIONS FOR EVERYONE**

***Health Messages***

Have we identified minimum priority messages for our school?

Do our current programmes include these messages?

If not, how can we include?

**Life skills**

Are we educating our children to develop life skills or are we just teaching them about health?

**Different age different priorities**

Are we matching our content and methods to the age and the characteristics of our children? How can we build on the interest and the enthusiasms of the children so that they can become our partners in health promotions?

**Objectives and curriculum**

Do we have appropriate programme objectives for health education programmes?

Do we have theme and topic objectives?

Are our objectives achievable?

## CHAPTER 3

# APPROACHES TO LEARNING AND TEACHING

### PART I: PRESENTING OUR CONTENT

- ❖ A curriculum plan for health education
- ❖ The importance of facts in teaching
- ❖ Steps in developing and presenting a health topic.

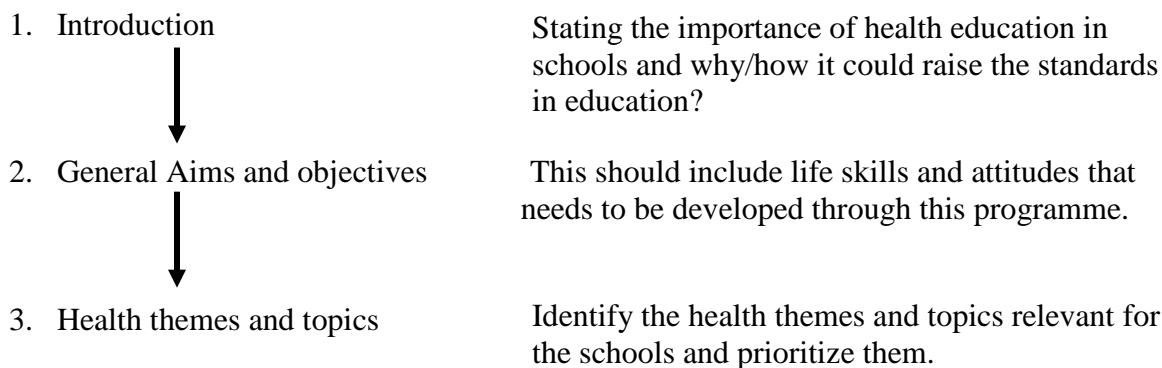
### THE CURRICULUM PLAN FOR HEALTH EDUCATION

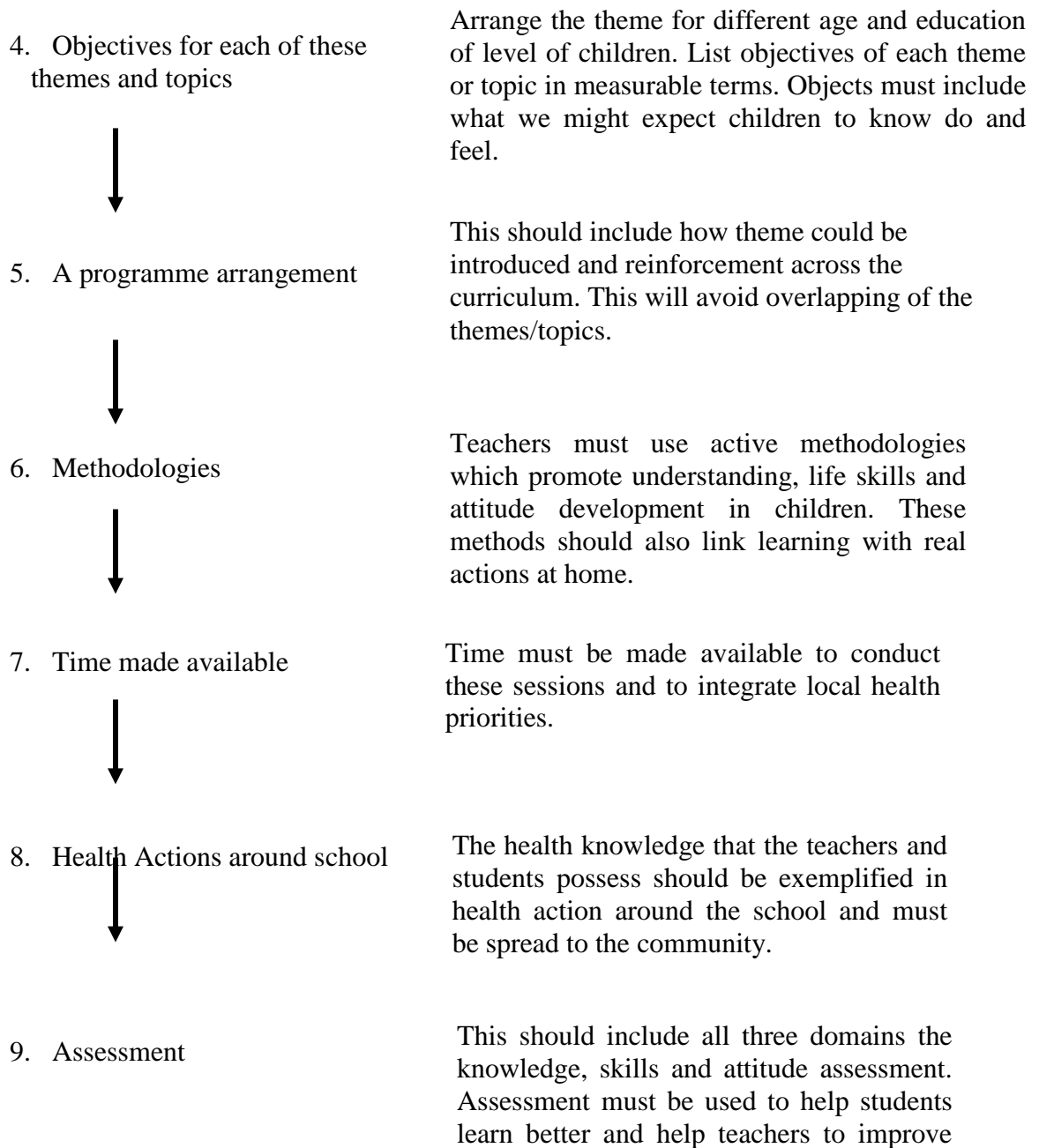
Every teacher must understand that HEALTH EDUCATION is a different kind of subject. It is not like mathematics, geography or history. It is a subject that is directly related to the health behaviour of children.

Teachers must understand what makes children behave as they do? Understanding this will help teachers design appropriate curriculum for their children.

A basic content about health and health education is introduced in subjects like environmental science, social studies and in higher classes in science subjects but the teachers need to reinforce health education contents through other subjects in the curriculum too. Reinforcing again and again will produce better learning and help children develop skills.

The following flow chart will provide an example of the contents for a HEALTH EDUCATION CURRICULUM.





If there is a clear cut content for a Health Education curriculum, it will help to reduce confusion and overlap between syllabi. It will also give more time for teachers to teach and children to learn.

### **When can we introduce new content?**

To present new health content, it is necessary to have a few special periods. Most of the health contents are taught in special units within certain subjects like science, environmental studies etc. however, school programmes are crowded and no one should expect to have a huge health content. The selection of the content must be done carefully and include only those which are absolutely necessary.

### **Some ways of reinforcing health education.**

Health sports – Class teachers can give health messages each day for 4 minutes to the children

Morning assemblies – When children present their speeches in the morning, They should be encouraged to prepare speeches/songs/poems which contain health messages.

Health workers – May be once in a month for one period, the health worker can be invited to talk to the school or individual classes regarding health messages. The health workers must be briefed about the level of understanding of the students and teachers must follow up these talks to make sure that the children have understood. Participating on special health days – When the local health workers conduct health education programmes on special health days like World Health Day, the school children can participate. This will help the children to learn themselves and help learn others. However, this type of participation should not be too often because it will disrupt the normal school routine and hinder their performance at school.

### **GETTING THE HEALTH FACTS RIGHT.**

Presenting incorrect health facts can be extremely dangerous. Therefore, it is vital that teachers gather facts correctly and present correctly. If in doubt, clarification must be sought before presentation.

Sometime the health messages that we teach are too general to be useful.

Sometimes they are only partly correct.

Sometime they are wrong.

### **EXAMPLES OF VAGUE, HALF RIGHT WRONG HEALTH MESSAGES**

**Too vague:** Eating Nutritious food is good for health

**Specific Statement:** Eating plenty of green leafy vegetables, fruits and pulses is good for health

**Half right:** Giving oral rehydration cures diarrhoea

**Correct statement:** Oral rehydration puts back the fluid and salts lost during diarrhoea but does not cure diarrhoea.

**Quite wrong:** Don't give fluids during diarrhoea, the child will have diarrhoea more frequently.

Children can be killed with this kind of wrong information.

## **STEPS IN DEVELOPING AND PRESENTING A HEALTH TOPIC**

Children need to understand health priority messages and then take actions. Actions lead to greater understanding of messages. This means that children have transformed knowledge into change of behaviour. For this reason, it is necessary for the teachers to plan a series of activities rather than one lesson. The following six steps are involved in working through a topic e.g. conjunctivitis (Red eye).

### **TEACHERS AND CHILDREN NEED TO:**

#### **Step I. Recognize**

Recognize: the importance of studying this topic e.g. Red eye is common in school going children. It can be spread from one child to another to home to community. If not taken proper care, can cause severe eye problems.

Understand: the main message, e.g. what causes conjunctivitis (Red eye) how can we prevent it. How can we control the spread of it.

#### **Step II: Study**

Find out more: what do the children know about red eye? How does the community view this problem? How many children have had it? How did they get it? How is it treated? Discuss findings: e.g. discuss the local treatment if any. Are they helpful or harmful? Discuss any other findings.

#### **Step III: Plan action**

Plan action: What can I do about red eye? Who will be the best person to help us? What can me, my friend and school do about it? When and where can we do and from whom?

#### **Step IV: Taking actions**

Take action myself e.g. Advice children not to go to bright sunlight when they have red eyes. Keep themselves then brothers/sisters eyes clean. Taking action with others-prepare a short role play on the prevention of the spread of conjunctivitis.

**Step V: Evaluate**

Discuss how the actions can be improved next time. What areas need to be improved?

**Step VI : Doing it better next time**

Discuss how the action can be improved next time. What areas need to be improved?

**REMEMBER THAT THE ABOVE ACTIVITIES CAN HAPPEN IN THE CLASSROOM, AROUND THE SCHOOL, SOMETIMES AT HOME OR IN THE COMMUNITY.**

**LEARNING AND DOING IN CLASS/SCHOOL**

**Step I: Recognize**

Learning about conjunctivitis (Red eye), its prevention OR spread.

**Step II: study.**

2. Discuss the survey finding with others:

**Step III: Plan action**

What can we do to prevent the spread of red eye? Who can help us?

**Step IV: Taking actions**

Discuss with the friends about a role play on the prevention of the spread of red eyes and what to do when this happens.

**Step V: Evaluate**

Can we remember all we learnt?

How did it go?

**Step VI: Doing it better next time**

Discuss the points for improvement for next performance.

**IN HOME/COMMUNITY**

Survey at home and with neighbors how they view this problem.  
What they do when they have red eye?



How many children have had it?

How can I help my mother to look after my small brother who has conjunctivitis?

Performing a role play for other children and community members

Can I take care of my small brother?

How did it go?

When he has red eye?

Does my mother know how to control the spread to other children?

The length of each step will vary as per the topic chosen. Each topic requires a series of steps, so it is very difficult for the school to complete many topics. This should not worry the teachers. What is important is that the topics are learnt well by the children. This in turn will allow children to think, to act and to make decisions. Remember that children are developing LIFE SKILLS, ATTITUDES, and reinforcing, VALUES. If there are too many things at a time, children may just learn facts and then behaviour and attitude will not change.

## **PART II: ACTIVE METHODS FOR LEARNING AND TEACHING**

### ***What do you mean by active methods?***

Health education requires active methods. Active methods involve the ways of learning which are fun for children and which help them remember their lessons better.

Active methods also lead to active thinking, which promote real understanding of health ideas, which develop skills in planning, in taking actions and in spreading health messages to others. They in fact help children to give the life skills, develop positive attitudes and confirm values.

### ***What is the result of using them?***

Schools have a lot of constraints. Teachers are already overburdened and many have to work in difficult conditions. No doubt that these active methods do involve teacher in extra time and effort but, they are very rewarding. They bring about more cooperation among teachers, children, parents and the community itself. It becomes easier and more fun for the teachers to teach. The teachers work WITH the children and not FOR the children. Active methods make children more responsible, more aware about their surroundings, better problem solvers and better citizens. Remember that nobody expects school teachers to try all the methods suggested or use them all

the time BUT CONSIDERING THE RESULTS OF ACTIVE METHODS IT IS WORTHWHILE THAT ALL TEACHERS MAKE A START.

**ACTIVE METHODS:** There are mainly nine active methods for teaching and learning about health.

<b>DISCUSS</b> <input type="text"/>	<b>STORIES</b> <input type="text"/>	<b>PICTURES &amp; BLACKBOARDS</b> <input type="text"/>
<b>DEMONSTRATION</b> <input type="text"/>	<b>SURVEYS</b> <input type="text"/>	<b>VISITS AND VISITORS</b> <input type="text"/>
<b>DRAMA/ROLE PLAY</b> <input type="text"/>	<b>POEMS &amp; SONGS</b> <input type="text"/>	<b>GAMES</b> <input type="text"/>

### **Telling the stories**

- ❖ Choose a story which is interesting and has simple, clear health messages
- ❖ Use simple languages. More effective if told in the children's mother tongue.
- ❖ Consider yourself as a story teller and gather children around you to put them into real situation.
- ❖ Photos, pictures and songs can be used within the story to help you to be more effective.
- ❖ Vary your voice, loud and soft, fast and slow.

- ❖ Pause now and then to allow the children to think about the story.
- ❖ Ask questions while teaching to make sure that they are with you and they understand.

### **How to involve children in the story**

- ❖ Give children to “look for” in the story before you begin. “Afterwards I will ask you about the story”
- ❖ Tell children to give the names of the characters of the story.
- ❖ Get them to help you build the story. “Sonam had a beautiful dress, what colour dress shall we make it?”
- ❖ Allow children to offer opinions and comments. “Karma did not eat before she left for school...do you think she did the right thing?”
- ❖ Allow the children to predict the action. “What do you think the lion will do?”
- ❖ Invite their suggestions. “Karma’s baby brother had high fever. She did not know what to do as she was alone at home. What do you think she could do?”
- ❖ Put the children in the character’s place. “Dorji did not know what to do.
  
- ❖ His diarrhoea was becoming worse...he does not remember exactly what he is suppose to do during diarrhoea. Can you help Dorji?
- ❖ When the story is over, ask them to consider alternatives. “suppose he had eaten that uncovered food where flies where sitting. What might have happen?”
- ❖ Allow the children to end the story and discuss about the endings.
- ❖ Help the children to relate the story to their own lives. “Has something like this ever happened to you or to some one you know?”

### **What to do after the story!**

- ❖ Let the group repeat the story, each contributing a part or retell it from various characters point of view.
- ❖ Turn it into a drama (role play) and act it out.
- ❖ Help the children to draw the story into a series of pictures and sequence them.
- ❖ Get the children to try out different endings and characters.
- ❖ Get them to tell what happened before and after the story.
- ❖ Tell them to share this story with their brothers, sisters, friends and family.

**Remember: Make sure that the children have understood HEALTH MESSASE correctly from the story.**

### **3. PICTURES AND BLACKBOARDS**

Many teachers use pictures to convey information and make abstract difficult things easier and understand.

## **How does it help?**

Pictures help the children to demonstrate PRACTICAL, PROBLEM-SOLVING, CRUCIAL THINKING, SKILLS AND UNDERSTANDING of other people (empathy)

## **Using pictures**

- ❖ To promote discussions – pictures can pose a problem directly but they can also lead us to ask “what went on before or what happen afterwards?” they can also stimulate creative work in children. Children also take part as one of the people in the picture and answer questions.
- ❖ To test observation and critical thinking in lower classes, the pictures can be used to help children to spot “right” or “wrong” health actions.

In higher classes children can learn to spot’ hidden messages “ in an advertisement

To test knowledge, understanding and to develop attitudes. Pictures can be used to show correct ingredients of vegetables and fruits that contain iron or vitamin A. they can also be used to develop attitude e.g. what do you think about this?

## **Drawing pictures**

- ❖ Teachers can give health messages and help children to put this messages into pictures on their own or in groups.

## **Creative use of black board.**

- Every class room has a blackboard and every teacher is familiar with it and its use.

## **Two suggestions on how to use blackboard creatively.**

- Built up the information on the board from children’s ideas.
- Make list and ask children to add.
- Build up pictures. Draw out lines and let children complete with their own ideas.
- Use the board as a stimulus to start discussions. Write questions: e.g. why are some children always suffering from diarrhoea? Draw pictures e.g. make a bowl with food and flies sitting in the food. Discuss what happens if this food is eaten.

**Remember: Expensive items are not necessary for drawing. Children can use chalks sticks, blackboard, just paper, pencil and crayons for drawing.**

#### **4. EXPERIMENTS AND DEMONSTRATION**

Demonstration is to show something by doing e.g. preparing a rehydration drink or making a water filter. Demonstration is commonly used while explaining health topics.

##### **How does this help?**

This methods helps the children to develop PRACTICAL and OBSERVATION SKILLS and also LOGICAL THINKING.

##### **Preparation for demonstration and experiments**

- Select a proper place
- Arrange the place so that all children can see the demonstration/experiment clearly.
- Collect all the things required.
- Give adequate time for demonstration.

After the demonstration, what next? Allow the children to practice. Each time they do it correctly, they understand it better and are likely to use it in their lives and homes. They can also show this to other children and people at home. Teachers must understand that it is difficult to learn how to do thing just by watching. Therefore, children must MAKE things, DO things, GROW things, WEIGH things, MEASURE things for themselves.

**Remember: While demonstrating, go step by step. Explain each step in simple, clear terms.**

#### **5. SURVEY**

The method used to find out, more about a health issue, what people do and how they feel about the issue is called a survey method.

##### **How does it help?**

It helps the children develop ORGANISING, COMMUNICATION, LISTENING AND PROBLEM-SOLVING SKILLS.

##### **Preparing for survey**

- Select an appropriate topic which people are not too sensitive about e.g. hygiene, accidents, diarrhoea etc.
- Explain to the children what they must do
- Make simple, clear questions.
- Make the required number of question paper
- Explain how to fill it up and hand them to the children.

### **Involvement of children**

Children can be involved at every stage, in making up the questions, in collecting information, in making charts to show results and in drawing up the survey conclusions from what they have collected.

### **Bar chart of children suffering from diarrhea to be included.**

#### **When to do survey**

Surveys do not always need to be done in class time. If the information is easy to collect and not sensitive, children can do when they go home in the evenings or during weekends or holidays. But if the topics are sensitive like alcoholism, STI/AIDS, then the teacher needs to help the children, therefore, may be done during class time.

## **6. VISITS AND VISITORS**

Visits and visitors are good methods of learning as there will be lot of interaction between the children and the visitors.

### **How does it help?**

It helps children develop OBSERVATION, CRITICAL THINKING and COMMUNICATION SKILLS with others.

## **PLACES WORTH VISITING**

- A health facility  
(BHU/Dispensary/Hospital)
- A water source or water filtration plant
- A farm
- A forestry plantation
- A market
- A factory
- A busy road
- A monastery/temple

## **What to do?**

Every community has health resources as well as people worth visiting. Many visits can be managed during class time and some can be made by children on their own time. However, great care needs to be taken in choosing and planning them.

Teachers can also invite people from the community to talk to children and answer questions of the children. This leads to a very active discussion and better understanding.

## **PEOPLE WORTH INVITING**

- Doctors, health workers, nurses
- Village health workers
- Agriculture/veterinary/forestry officer
- Village headman
- Religious leaders
- Nursery School teacher
- Traditional healers

## **Preparing with the children for visits and visitors.**

- Involve children in preparing for visits and visitors.
- Write objectives for visits
- Make list of things to look for
- Prepare the questions to be asked
- If necessary, divide children into smaller groups, each group looking at different things.

## **What to do after the visit or visitors**

- Decide on follow up needs
- Make a whole account of the visit or visitors groups by compiling the work of all the groups

## **What to do after the visit or visitors**

- Decide on follow up needs
- Make a whole account of the visit or visitors, by compiling the work of all the groups.

**Remember: Some visits by the whole class require much time and may involve cost, but if it is worthwhile for the children, it must be done.**

## **7. ROLE PLAYS AND DRAMA**

When children pretended to be someone else or speak like someone else or act like someone else, they are role playing or performing drama.

### **How do they help?**

They help children to develop all types of COMMUNICATION, PROBLEM-SOLVING and CRITICAL THINKING SKILLS. Children also develop SELF CONFIDENCE and can resist PRESSURES. They also learn to empathize.

**ROLE PLAYS** are usually simple and do not need special preparation. They can be acted out in any of the health lessons. They are important because they help children to get inside other people and understand how they feel and act out that feeling. They promote lot of discussions.

### **Examples of role plays.**

- Pretend that you are an educated mother and you are preparing a balanced food for your children.
- Pretend that you are a dirty small four year old child and that you are having diarrhoea. Act out a signs of diarrhoea.
- Pretend that you are a health worker and how you give health education on personal hygiene.

**Dramas** help children to respect and appreciate what other people feel as children are acting the part of others. Dramas created by children are much more effective then the ready-made dramas.

### **Hints for working on drama with children.**

- Decide on the health message that the drama needs to put across.
- Help children to prepare the drama.
- Don't make the drama, too long because the message may be distorted.
- Think through the story before dramatizing (reading, telling, discussing).
- If the story is too long, divide into scenes.
- Discuss the role of each character and what each character has to say.
- Try to use some costumes to male it real.
- Collect simple articles required like broom, plates, mug, bucket, stick, leaves etc.
- Allow the children to perform the drama in their own language.
- Follow up from drama.
- Ask questions to make sure that the health message is understood by the children.
- Discuss about characters, different endings and about continuation.
- Draw, write songs or poems based on drama.



➤ Plan to do it again with improvement.

**MIMES** are acting silently. Children can use mimes to perform silent health drama and sometimes can be used to test children's health knowledge. For example 'The baby is breathing like this .....(fast and short); what could be the matter?' (pneumonia).

Performing role play and drama. Drama can be taken out of classroom to others classes, to other schools, to the school assemblies, to parents and communities.

**Remember: Drama and role play do not have to be performed for other people. They can be performed by children as a part of health lessons, just to help them remember and understand better.**

## 8. POEMS AND SONGS

Poems and songs are very popular with children. They are also effective in passing health messages.

### **How do they help?**

They help children to develop **COMMUNICATION SKILLS** and **IMAGINATION**. They also raise **INTEREST** and **PROMOTE GOOD ATTITUDES** to health.

**POEMS** are particularly useful in health education to describe the way that children feel about health, about environment and about what they can do to help others. Poems can use rhymes and rhythms but they are not necessary. Just help children to paint their own pictures in words.

**SONGS** are written by teachers or professional singers/songs writers or the children themselves. Children can illustrate these songs into dance and mimes and also put their own tunes.

**Remember: When children make their own songs make sure their health facts are correct and that they convey useful messages.**

## 9. GAMES

Many games can be prepared to pass health messages to children.

## How do games help?

Games help children to develop **ORGANISING, PROBLEM SOLVING and COMMUNICATION SKILLS.**

### Types of games

- Board games like snakes and ladder
- Word games like asking children to guess the symptoms of diseases.
- The “what happened next” game. The teacher starts the story and asks children “what happens till the story is over.
- The “if I were game. This game helps children to make decision for health. The teacher asks “if you were a mother, how many children you want to have?”
- Outside games like tag, races, passing the parcel can be easily modified to pass health messages.

**Remember: Children and teacher can make and adapt many games to pass important health messages. However, sometimes serious message gets forgotten as games are such funs. ALWAYS EMPHASIZE HEALTH MESSAGES.**

### PUTTING DIFFERENT METHODS TOGETHER

Different methods can be linked while conveying health messages. Some methods, obviously will be more suitable for older children and others for younger children. Age is an important determining factor while selecting methods for teaching learning.

### Examples of putting different methods together

#### METHODS

##### IN CLASS

- Recognize/understand:  
Pictures, stories, games.  
Discussion groups, experiments  
and demonstration

Study: Discussing and recording  
what is discovered  
Making graphs, role play  
Discussion groups.

##### OUTSIDE CLASS

Study, survey and visits

### Planning action

## **Taking action** home

Taking action Helping at  
performing drama taking  
part in campaigns

Making plan, dramas pictures, and posters.

Reporting and Discussing  
Discussion about how effective it was.

Doing it better next time. Planning  
meeting to find out ways of doing  
better next time.

**Remember: When ever possible choose methods which help children think, make choices and take decisions. DO NOT underestimate children. If they are challenged and encouraged, they can do a lot more than we usually ask of them in school.**

## **QUESTIONS FOR EVERYONE**

### **A health education curriculum**

- Do we have a health education curriculum?
- Is it appropriate?

### **Time available for introducing the health education in school.**

- How can we make sure that the time to learn health education is available?
- Are all the health education topics necessary?

### **The approach to topic planning.**

- How far does the approach to topic planning make sense to us?
- Is the step-by-step approach possible for all the topics or only for some.?

### **Methods**

- Which of the methods recommended are easiest to introduce?
- Are the methods that we use now need change?
- Are we using active methods?
- Are all methods possible?

## **CHAPTER 4**

### **HEALTH ACROSS THE CURRICULUM**

- Why and how schools need to reinforce priority health content through all subjects in the curriculum.
- How using health content strengthens the teaching of different subjects.
- Different subjects and the health messages.
- Linking subjects together around a health theme.

#### **WHY AND HOW TO REINFORCE HEALTH CONTENT**

Teaching a health topic once is not enough. It has to be reinforced whenever appropriate in different subjects. This can be done in different ways by the teachers.

- Priority health topics can be linked into teaching in all subjects. Messages on personal hygiene, clean water, protecting the environment or keeping safe at home, on road and at school need to be stressed at every level. Therefore, health topics can be introduced into teaching whenever it is helpful and useful.
- A health topic/theme can be also selected as a term or year priority. Once the health topic is identified as a priority it can be reinforced through various subjects in the curriculum. Reinforcement helps children to recall, redo and react better.

#### **WHY TEACH DIFFERENT SUBJECT IN DIFFERENT WAYS AND WHY HEALTH CONTENT STRENGTHENS THE TEACHING OF DIFFERENT SUBJECTS.**

There are many subjects that we teach in school. Most of these subjects aim at teaching the children knowledge (facts and ideas) and skills (how to do things and ways of thinking) and to develop particular attitude, the whole programme aims at giving children's PACKAGE of useful KNOWLEDGE, SKILLS and ATTITUDES so that they have a firm start in life.

##### **Why many subjects?**

Different subjects help children to develop different learning and thinking skills. LANGUAGES teaches children how to communicate and put our thoughts in order. It allows children to express.

**MATHEMATICS** teaches children how to be precise and logical.

**SCIENCE** teaches children to build up evidence so that they can think critically and solve problems.

**SOCIAL STUDIES** teach children ways of understanding other people, their behaviour, the relationship between people and places in which they live.

**ART** and **MUSIC** help children to develop creative talents and also to appreciate the creativity of other people.

**MORAL** or **Values**, teaches how to preserve and appreciate **EDUCATION** help children learn to think more deeply about what is right and wrong. It helps them to confirm values.

**PHYSICAL EDUCATION** helps children use their bodies effectively. As we have seen above that different subjects help children develop different ways of learning and thinking many of us already use some subjects to reinforce health messages.

## **DIFFERENT SUBJECTS AND THE HEALTH MESSAGES.**

### **Health and Science**

Science is the main subject in which we often introduce health content. Many science lessons are related to our health.

### **What do children learn in science?**

- Children learn to **OBSERVE** and **RECORD**. They see what really is and not what they want to see after observing their record what exactly they have seen. E.g. the observation of plants growing in two pots and recording of their growth.
- Children learn to **MEASURE** and **MAKE COMPARISONS**. E.g. the plants are of different heights. Those in one plot are taller and healthier than in the other. The spaces between the plants are different. Those which are planted closer are shorter and weaker than those which are planted further apart.
- Children **ASK QUESTIONS**, **MAKE ASSUMPTIONS (HYPOTHESIZE)** and **PREDICT**. E.g. why are these differences happening? I think it may have something to do with the distance between the plants. If we plant further apart, the plants may grow better.
- Children **EXPERIMENT** and **INTERPRET RESULTS** e.g. I tried planting seeds in the two pots at the same distance apart. When the plants grew, they were much closer in size but still one plot had better growth than the other. So I decided that the distance between plants certainly had something to do with the growth but there was also something else that affected their growth.
- Children **ASK MORE QUESTIONS** e.g. so I asked myself, "what is this something else that has affected the growth?"

**Remember: While approaching health content in science lessons, we need to think like scientist, ask questions and seek answers rather than believe everything that has been told.**

<b>SOME ACTIVITIES, WHICH LINK HEALTH AND SCIENCE</b>	
<b>FOOD AND NUTRITION</b>	<b>SUITABLE FOR</b>
Finding out food values of different local foods and how these foods help us to grow well and stay healthy.	Lower/upper (L/U) primary and also lower (L) and High School (H)level
Looking at micronutrients like iron, iodine and vitamin A and why it is important for them to be in our food?	Lower Secondary and High School level.
<b>HYGIENE AND SANITATION</b> Investigating hand washing and why it is important? Different ways of cleaning teeth and what materials can we use to clean teeth?	Lower Primary level.
How can we improve our surrounding level and water quality?	Upper Primary /Lower Secondary and High School
Making pure drinking water by evaporation and condensation.	Upper Primary level and Lower Secondary school level
Investigating how sweets rot our teeth and what happens if we do not brush our teeth. school level	Upper Primary and Lower Secondary
Investigating the diseases due to unclean environment.	Upper Primary and Lower Secondary school level
<b>.GROWTH AND DEVELOPMENT</b> Experiment about breathing - Children breaths at different - rates at different age. - Recognizing danger signs in breathing (short and fast breathing)	Upper Primary and Lower Secondary school level
Investigating the physical changes at puberty and why these changes occurs.	Upper Primary and High School level
Models to show how babies are born and why trained help is needed?	Upper Primary and Lower Secondary School level
How pregnancy occurs and how to prevent pregnancy.	High School level

<b>SAFETY AND SAFE LIFESTYLES</b>	
Looking at ways to be safe on the road	Lower/upper primary level/Lower Secondary level
Investing ways of putting out fires (burning needs air)	Lower & Upper primary School Level
Looking at how brakes work and when conditions make braking on cars and bikes more difficult (friction)	High School
Investigating about substance abuse and their dangers	Lower/Upper Primary, lower Level
<b>COMMUNICABLE DISEASE</b>	
Investigating how insects breed and how to prevent their breeding.	Lower/Upper primary Level
Finding out the common water born diseases.	Lower/High School Level
How epidemics such as typhoid spread and how it can be prevented?	Lower/High School Level

## **AN EXAMPLE OF A SCIENCE ACTIVITY AND ITS APPLICATION TO HEALTH**

### **EXPERIMENT – BEST WAY TO COOL BOTTLED WATER (How to keep cool using evaporation)**

Setting up the experiment. You will need

- Six identical bottles filled with water
- Four rag string
- A bowl of water
- Fibre or elastic bands to hold them in place
- A thermometer (optional)
  
- Doing the experiment  
Stand three bottles of water in a half filled bowl of water in a sunny place outside the classroom. Wet one rag thoroughly and wrap it around one of the bottles letting the rag dip into the water. Wrap the second bottle with a dry rag. Stand it in the water without letting the rag get wet.  
Stand the third bottle in the water three bottles on the ground next to the bowl. Cover one bottle with a damp cloth, the other with a dry cloth and leave the third without any covering. Leave all six bottles in the sun for half an hour or longer.

- While waiting, children can
  - Draw the experiment.
  - Discuss what they think will happen.
- Put some water on their arms and tell each other how it felt while drying in the sun.
- Recording and discussing what happened.
  - Record the temperature of six bottles and list them in order. Coolest to warmest.
  - Discuss what caused the bottles covered by the damp cloth to be coolest.
- Apply the knowledge to health  
Discuss how this knowledge on evaporation causes cooling can be used.
  - To lower the temperature of someone having fever (by sponging with a damp cloth)
  - To cool food or drink
  - To make your classroom or courtyard cool (sprinkling water on the ground outside the house or classroom)
- Transferring this knowledge into skill and applying to our lives:
  - Using cool sponge to lower fever whenever someone has fever.

### **Health and mathematics**

When we hear mathematics, we feel that there is hardly any link between mathematics and health. But actually there is lot of mathematics that we can apply to health. In mathematics, schools mainly do two things, Firstly; children have to learn how to use the processes of mathematics, such as working with numbers measurements and shapes, as well as skills of estimating and recording results in tables and graphs. Secondly, they learn to use and apply maths to solve problems of everyday life. Using health content is effective in both.

#### **What do children learn in mathematics?**

- ❖ Children learn NUMBERS. They learn to count like counting numbers on vehicles on a main road and making an average number of vehicles passing in one hour (Road Safety campaign)
- ❖ Children learn to WEIGH and MEASURE. They weigh babies and weigh their friends (lessons on child growth) they also measure the height of the babies and their friends (lessons on child growth).
- ❖ Children learn to Estimate and record. They learn to estimate the number of children suffering from water borne disease4s and record them in graphs and tables.



- ❖ Children learn to APPLY math to healthy living. They learn to weigh and measure weight of babies and record them. Measuring the ORS and give to a child with diarrhoea.

**Remember: Children must learn to apply mathematics to solve the problems of everyday life.**

<b>SOME ACTIVITIES, WHICH LINK HEALTH AND MATHEMATICS</b>	
<b>HEALTH THEMES AND ACTIVITIES</b>	<b>SUITABLE FOR</b>
<b>FOOD AND NUTRITION</b>	
Understanding ratios in mixing food	Upper Primary
Survey of babies having diarrhea and relating the number of breast feeding babies having diarrhoea to number of bottle fed babies having diarrhoea.	Upper Primary and Lower and high School level
<b>HYGIENE AND SANITATION</b>	
Capacity of water containers, Survey of children suffering from water born diseases in your class.	Upper primary
Costing of safe water supply , Statistics on how we use water	Upper primary, Lower and high School level
<b>GROWTH AND DEVELOPMENT</b>	
Measuring weight and height of younger children	Upper primary
Making a graph on age/height and height/weight	Upper primary and Lower school level
Interpreting age/height and height/weight graph	Upper primary and Lower high school
Measuring mid-arm circumference and interpreting results	Upper Lower
<b>COMMUNICABLE DISEASES</b>	
Survey of younger children and class survey of diseases	U/L
Class survey on immunization status of children and interpreting results	U/L/H
An illness survey	L/L
<b>POPULATION</b>	
Counting family members, comparing ages	L
Understanding growth rate and making population predictions.	L/H
Understanding national data on Population	U/L/H

## **ACTIVITY: MEASURING UPPER ARM CIRCUMFERENCE**

### **What do you need to know before the activity?**

Children must know that the distance around mid upper arm is used to check if children are suffering from undernourishment. From the first to fifth year, the arm circumference does not change greatly. So between the age of one and five if the arm circumference of any child is below 12 cms, the child is undernourished.

### **How do you measure?**

Let the children estimate their own upper arm circumference and get used to. Use a marked paper strip to estimate the circumference. The arm being measured should hang loosely at the child's side. Place the strip on the left mid upper arm (half way between the elbow and the shoulder joint). Measure the circumference to the nearest centimeter.

- ❖ Measure arm circumference of the pre-school children of nearby nursery school. Record the results and interpret.
- ❖ Discuss the result among themselves and discuss how they plan to use their findings to help children who are malnourished.

### **Health and social studies**

Social studies or environmental studies look at the way of living together in their environment and depending on each other. This is the key subject when we look at the environment health.

### **What do children learn in social studies?**

Children learn to understand various health IDEAS through social studies.

### **They are:**

- Living together/depending on each other. E.g. related to food we eat, community hygiene and prevention of conditions like worms, prevention of epidemics.
- Living in and preserving our environment e.g. effects of environmental pollution and community health, soil conservation, food production, water management and use.

- Rights and duties of the citizens. E.g. rights and duties of all individual in regard to health. Health issues related to woman and children. Children's responsibility to convey health messages to their parents and fellow being.
- Children develop SKILLS, which are directly relevant to health.
- Making and using maps. E.g. locating Basic Health Units and Hospitals on a local map, making a plan of the lay out of a vegetable garden.
- Finding out information through community surveys. E.g. surveying local practices of people on treating diseases like diarrhoea, surveying attitudes of people to patients with STDs/tuberculosis etc.
- Listening to people and understanding their views and lifestyles. E.g. sharing information about food practices during common problems, what people do when someone is sick.

**Remember: Children must learn to understand the health behaviour of people, their environment and effects on health, through social studies.**

<b>SOME ACTIVITIES, WHICH LINK HEALTH AND SOCIAL STUDIES</b>	
<b>HEALTH THEMES AND ACTIVITIES</b>	<b>SUITABLE FOR</b>
<b>FOOD AND NUTRITION</b>	
Eating surveys: Maintaining your own eating diaries. Finding out what little brothers and sisters eat. Do we eat wisely and enough? How do our customs affect our eating habits?	L/U
What food other people eat in our community? How do they maintain a healthy diet?	L/U
What is malnutrition and how to recognize it? What can we do about it? Discussing distribution of food across the world: the exporters and importers why some countries have famine and others do not.	U/L
<b>HYGIENE AND SANITATION</b>	
Discussing pollution and their effects on health e.g. pollution of water by sewerage, stagnant water and spread of diseases, soil pollution etc.	L/H
<b>GROWTH AND DEVELOPMENT</b>	
Growing up and what we need for healthy growth, which helps us to grow. What effects growth? Discussing the Declaration of Children's rights. Who made it, why and how it affects us.	U/L/H L/U
<b>SAFETY AND SAFE LIFESTYLES</b>	
Discussion on who is responsible for safety at home and school	U/L
Children discussing about disasters and world safety like testing of Nuclear weapons, gas leak in Bhopal etc. Discuss who is responsible and what the consequences are.	U/L/H
<b>COMMUNICABLE DISEASES</b>	
How illness of one person affects the whole family?	L/U
Our responsibilities towards preventing diseases and control of epidemics	L/H

## **AN EXAMPLE OF A SOCIAL STUDIES ACTIVITY AND ITS APPLICATION TO HEALTH**

### **ACTIVITY: "IF ONLY" GAME BASED ON SAFETY THEME**

Some common accidents:

- 1) Baby drinks half a bottle of phenergan (promethazine) syrup
- 2) While crossing a road, my brother is knocked by a car.
- 3) My baby sister grabs a hot 'bhukari' and burns herself.

For each of the above accidents, encourage children to think as many as “if only” sentences.

**Example for no. 1 accident.**

- If only we have kept the bottle of phenargan out of baby’s reach.
- If only someone had watched the baby carefully.
- If only the top of the bottle was screwed tightly.
- If only we had thrown the bottle away.

At the end of the game, discuss how it would be possible for the children to think more about preventing accidents like the one above.

**Health and language:**

Language is one of the most important subjects in school because without language communication is not possible. We need to communicate a lot when we deal about health. Children must learn to use language correctly in order to spread health messages and in order to be health promoting children.

**What do children learn in language?**

- Children learn to USE language correctly through GRAMMAR and CORRECT USAGE. Children need to learn to speak and write language correctly. This means children need to practice grammar and sentences patterns, using past and future tenses, constructing simple and complicated sentences. While practicing to use language, children can use health examples.

**For examples:**

- Using past tense: We saved the baby from drowning. After we had saved the baby we felt happy.
- Using future tense: We will give plenty of fluids to a child having diarrhoea.
- Using conditions: If we give plenty of fluids to a child having diarrhoea, the child will not die of dehydration.
- Children learn to SPEAK, LISTEN, READ and WRITE effectively. While presenting active teaching methods in chapter 3 under discussion groups and stories, lot about speaking and listening skills have been presented. In this section we will concentrate more on reading and writing.

**READING** can be done from simple passages, which illustrate health facts to more complicated health messages.

**WRITING** can consists of a few simple sentences describing a picture to a more complicated health stories.

**EXAMPLES OF A STORY WHICH CHILDREN CAN READ/LISTEN**

**Story: ‘Not just a Cold’**

Penjore’s father and mother are out of the house while penjore stayed back home to look after his younger sister. Penjore notices that his sister is very hot, breaths fast and with difficulty. Penjore has been taught that these are the danger signs of pneumonia, which can kill young children fast. Penjore tries to tell the adults to help him take the baby to the Basic Health Unit but they tell him to wait until his parents come back. He refuses to listen and runs himself to call the Health Worker. Thus he saves the life of his sister. He knew that it was ‘Not Just a Cold’

**Based in this one story children can:**

- Answer questions to make sure that they have understood the story.
- Discuss it e.g. was penjore right to disobey his elders?
- Write other similar stories conveying different health messages.

**DISCUSSIONS** on a particular health theme can lead to preparing a story by the children themselves.

Sets of **PICTURES** can be used by children to create a story. Children can be given the picture sets and asked to discuss and write stories in twos or threes (see Chapter 3 for further suggestions on story)

Children learn to use language to **FIND** and **INTERPRET** information. Health topics are very good means of developing study habits and study skills in language. They also help children to learn independently and effectively. Here are the examples, Finding information from books:

- Children use a first aid manual to find out how to treat burns.
- Condensing information without distorting and losing the main points: Children learn about typhoid and condense the information to a few points. This condensed information can be distributed to the children to make them aware about typhoid.
- Taking effective notes: Children learn to take important notes from the health education talk given by a health worker, nurse or doctor.
- Reporting action taken: Children make a report of any health action that they have taken against some health problem.
- Group discussion and reporting: Children plan and conduct an effective discussion or how to prevent malaria in the community. They also make reports about their discussion.
- Making clear plans for action: Children plan a health activities campaign.

**HEALTH ACROSS THE CURRICULUM (The flow chart)**

## **QUESTIONS FOR EVERY ONE**

Planning health programmes

How can we plan our teaching programmes so that we can introduce and reinforce health ideas across the curriculum?

### **Materials**

Can textbooks, teachers guides, or books like children for health, be made available to the school teachers?

Do we already have some? Are they good enough?

### **Training**

Can 'Health across the curriculum' be incorporated in teacher training courses?

Can key teachers be trained?

### **Assessment**

Can we include health related content in the assessment system?



# CHAPTER 5

## HEALTH BEYOND THE CLASSROOM

- Health around the school
- Schools and their communities
- Health clubs and scouts

### 1. HEALTH AROUND THE SCHOOL

Introducing health themes and topics in the classrooms is just not enough. Health also should go beyond the classroom. The school environment must be made conducive to health and every school needs to be safe and healthy and also set a good example to the community around it. We have already said in chapter 1, that the school comprises of building, surroundings, all people who work in it and with it.

#### THE BUILDING AND SURROUNDINGS

In every school buildings and surroundings need to be safe, clean and attractive. Some schools are well built with good architectural designs, all facilities and good materials. However, there are majority of schools who do not have these advantages and facilities. Buildings are not suitable, furniture are overcrowded and are not maintained physically for many years. There may be many constraints but we can always make the schools a cleaner, safer and attractive place. As heads and teachers we must have this attitude of cleaner environment and help children develop it.

#### SOMEWAYS OF MAINTAINING SCHOOL ENVIRONMENT

- Building and surroundings can be swept.
- Grass can be cut and ditches can be filled
- Refuse containers can be made from cardboard and wood
- Pits may be dug
- Trees and flowers can be planted and looked after
- Children can be encouraged to use latrines and discouraged to dirty the surroundings
- Children can be also encouraged to keep their classrooms and surroundings clean and tidy
- Community leaders and parents can persuade people in the neighborhood not to pollute the school surrounding and not to allow animals in the school premises.

**Remember: Health promoting school must serve as a healthy setting for living, learning and working**

### **SANITATION AND HYGIENE**

There are many diseases spread from human faeces (stools) through dirty hands and yet most of them are easily preventable. The most common ones are diarrhoea and worms. These can be adequately prevented by providing clean latrines, together with sufficient amount of water to wash hands and clean water to drink. There should at least one latrine for about forty children. Latrine must be provided separately for boys and girls.

Even if latrines and water supply are poor, it is still possible to improve hygiene practices. Every teacher must encourage children to have hygiene practices even if the conditions are not optimum.

### **SOME WAYS TO IMPROVE HYGIENE PRACTICES**

- Prepare safest possible toilet rules by involving children themselves.
- Encourage children to follow these toilet rules.
- Provide enough clean, safe water for drinking and hand washing.
- Burn or bury waste

### **FOOD AND FOOD SAFETY**

We have boarding schools as well as day schools. The head and the teachers should be aware about the importance of children's diet for the overall growth and development. In boarding schools it is very important for teachers store and protect the food well and to monitor the health status of cooks and their practices. The cooks must be clean and free from any infectious disease. They should be encouraged to go for medical examination regularly.

### **SOME WAYS TO IMPROVE FOOD AND FOOD SAFETY**

- Encourage children to eat a meal before they come to schools and tell them the importance of it.
- Monitor the food which children bring to school and discuss with parents how to make it more nutritious at no extra cost.
- Monitor personal hygiene and health status of cooks.
- Monitor the food sellers. Make sure that their food is cooked properly and covered. Educate food seller to maintain hygiene.
- Advise children to buy food that are clean and nutritious.
- Stress about the importance of hand washing before/and after eating food.

## **Prepare a check list**

### **CHECK**

- Building  
Clean, repaired, safe?
- Hygiene  
Clean latrines, water for hand washing, safe water for drinking, good refuse disposal?
- Compound  
Clean, attractive, free from health hazards?
- Safety for children
  - Road and other safety hazards monitored?
  - Food safety
  - Children's food checked, hygiene of cooks monitored.

### **THE CHILDREN AND THEIR TEACHERS: SETTING A GOOD EXAMPLE**

There are many ways by which the community judges a school. They judge schools partly by the appearance and behaviour of the children and teachers. For this reason every school should insist that their children and teachers are clean, dressed tidily and behave well to outsiders. In addition to the above, in health promoting schools we are also looking for the following:

#### **a. In teachers:**

- Signs of health behavior, both in children and teachers
- Teachers who take a real interest in their own health and helping others to stay healthy.
- Teachers who are prepared to give something extra usually their free time to help promote health around the school community.
- Teachers involved in setting up and running school health committees and clubs.

#### **b. In Children:**

- Who are interested in their own health and in the health of their families and friends.
- Who take a real interest in promoting health beyond their classrooms.
- Who share and teach other children about health

### **HOW CHILDREN CAN HELP OTHER CHILDREN**

- Teach simple health songs and poems
- Show simple health skills like washing hands, cutting nails, cleaning etc.
- Keep them safe and show them how to keep themselves safe.
- Help them bring and buy good food

- Plant vegetables and trees with them

**Prepare a checklist as follows**

<b>FOR CHILDREN</b>	<b>FOR TEACHERS</b>
<ul style="list-style-type: none"> <li>- Clean</li> <li>- Active in making their school healthier</li> <li>- Helpful to others</li> <li>- Interested in and concerned about improving health</li> <li>- Proud of their school</li> </ul>	<ul style="list-style-type: none"> <li>- Clean and neat</li> <li>- Show example of healthy lifestyles</li> <li>- Knowledge about health?</li> <li>- Concerned about the health of school children and their families</li> <li>- Proud of their school's health and hygiene</li> <li>- Active in promoting health in the community</li> </ul>

Children taking responsibility:  
Children take responsibility in many ways.




**Pairing**

**Health Monitors**

**Children's health committee**

- Letting children take turns to act as health monitors for each class.
- Establishing as children's health committee with one teacher as adviser to oversee a range of health matters in the school.

**Remember: children are powerful change agents but they must receive support, praise and encouragement for the work they do. They should not feel that they are just doing extra school duty.**

#### **THINGS A SCHOOL HEALTH COMMITTEE CAN DO**

- Encourage and supervise school cleanliness
- Help make the school a safe learning and working place.
- Promote gardening/tree planting and make the school an attractive place.
- Monitor the health promoting behaviours between older and younger children.
- Oversee safety in school and road nearby
- Monitor food cleanliness and hygiene of school cafeteria
- Monitor food cleanliness and safety of water used in school.
- Eliminate mosquito/fly breeding places near the school.
- Help organize a school post for first aid.
- Maintain close links with the local health workers.
- Organize and conduct debate, quizzes sessions on health topics.

#### **HEAD TEACHER AND HER ROLE IN HEALTH PROMOTION**

Head teachers are the leaders in the schools. Therefore, when head teachers are interested in health promotion in their schools, the teachers and children follow their leader and the schools do show lot of progress in health promotions. Head teachers must encourage and help set up all the activities discussed earlier, but in addition there are four other issues worth considering.

- ✓ **School health rules.** Prepare school health rules in agreement with the teachers and children if possible. The rules must be simple, clear and could be kept by all school members.
- ✓ **Standards and monitoring.** A checklist be drawn up and used from time to time to see how the school is doing.
- ✓ **Assemblies.** Head teachers must use school assemblies to deliver health messages and ideas. They also must encourage the children to present health ideas and messages through songs, poems, stories and drama in their morning speeches.
- ✓ **Themes.** Schools also may choose a health theme to reinforce and monitor health issues. This can be done once a month or a term in the academic year depending upon how big the theme is.

## **SCHOOLS AND THEIR COMMUNITIES**

### **INVOLVEMENT AND COOPERATION**

Schools need to have cooperation of the parents and community and vice versa, in order to have successful health promotional activities. In a community like ours where the literacy rate is very low, the community is not aware of many health activities and the ways of protecting themselves and their families from diseases. If children share what they have learnt at school with their families and if parents inform the school what children have done at home, there will be tremendous health awareness.

**During the parents teachers meeting**, the school must inform the health priorities that they have identified. There should be open discussion between the school and the community to find ways of contributing to community health. One important issue every school should realize is that there are some topics like population planning, food disability which are culturally sensitive. While dealing with such type of topics teachers should think carefully as to how to approach the community. If such topics are not delivered carefully, there will be negative impact and the partnership between school and community weakens.

There are many other topics which are useful and important and yet in no way bring them into conflict with their parents and older people. Some of these are listed below:

- Growing plants and vegetables at home
- Reading stories about health and showing pictures to younger children.
- Keeping younger children safe and clean.
- Making simple covers and covering food and water.
- Practicing good hygiene
- Keeping the surroundings of the house clean
- Preventing flies and insects from breeding by filling the ditches and burning the household refuse.

### **A SCHOOL HEALTH COMMITTEE**

To have successful health promotional activity implementation, formation of a school health committee is needed. Membership may vary but the possible membership may be: the head, one teacher (the school health coordinator), one local health worker, two or three parent representatives, community leader (gup/village headman/religious leader), one village health worker and two children representatives.

### **THINGS A SCHOOL HEALTH COMMITTEE CAN DO**

- Discuss, decide and set priority health themes for school
- Decide how to approach government and community leaders, to make the school a healthier and safe place (e.g. building latrines, provide safe water, cleaning rubbish etc.
- Assist in promoting links between school and local health services like BHU/hospital.
- Improve safety and security of the school by fencing and appointing a watchman.
- Design and follow up monitoring activities (e.g. a healthy school checklist)
- Guide children and receive reports from the children's health committee.
- Give support and encourage children in the work they are doing.
- Plan and agree upon times and topics of any health fair, campaign or open day which the school may hold.
- React quickly to specific health needs and emergencies.

### **WHEN PARENTS COME TO SCHOOL**

Most schools in Bhutan organize parent teacher meeting once a year and a school fete or sports day once a year. During these events, parents come to the school. Therefore, these events should be taken as opportunities to pass a priority health ideas through exhibition of health posters, poems, songs, plays etc. the parents audience will enjoy and at the same time learn form it.

Occasionally, schools also organize special health days, fair or festivals. Such activities are best organized through intersectional approach involving the school, the health, the agriculture, animal husbandry local administration and the community themselves. Many a times these events are enjoyable and successful but they are time consuming and may involve some budget.

### **ACTIVITIES POSSIBLE AT A HEALTH FAIR/FESTIVAL**

- Dances, drama, songs and poems by children
- Games and skills with prime health messages
- Posters, pamphlets, models exhibition with health messages
- Quiz competition, story competition and debate session.
- Talks and demonstration by local health workers
- Food stalls selling vegetables grown by children and healthy snacks made by them
- Free medical examination like weight blood pressure, hemoglobin by health worker
- Free first aid teaching on common problems.
- Safe toys and health games made by children for sale

## CAMPAIGNS AND ACTION PROJECTS IN THE COMMUNITY

Sometimes schools are involved in national health campaigns and sometimes in local health campaigns relating to particular epidemics or health problems. In such campaigns, schools must work hard in hand with other sectors. Children must be prepared for the campaigns by the schools. After the campaigns are over, it is necessary to discuss with the children what they did. This will help children remember the messages better.

SOME EXAMPLES OF POSSIBLE	
<p><b>HEALTH CAMPAIGNS</b></p> <ul style="list-style-type: none"> <li>– Prevention of STI/AIDS</li> <li>– Adolescent Health issues- why it is important to know?</li> <li>– planting fruit trees</li> <li>– Road safety</li> <li>– Nutrition/Kitchen Gardening</li> <li>– teaching aids</li> <li>– Soil conservation</li> <li>– Helping the elderly and disabled</li> <li>– Immunization</li> <li>– Prevention and control of malaria</li> <li>– Substance abuse</li> <li>– Know yourself – why it is necessary to know our self?</li> </ul>	<p><b>ACTION PROJECTS</b></p> <ul style="list-style-type: none"> <li>– Protecting water sources</li> <li>– Growing vegetables and planting fruit trees around the school.</li> <li>– Toy making project as part of teaching aids</li> <li>– Tree Plantation</li> <li>– Helping local old people and the disabled</li> </ul>

**Remember: Health festivals, campaigns and action projects are excellent ways of raising health awareness but they take lot of TIME. Never try to organize more than one such event in one academic year.**

### HEALTH CLUBS AND HEALTH SCOUTS

Many schools organize health clubs.

ANTI SMOKING GROUP
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HEALTH SCHOOL
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### ORGANISING HEALTH CLUBS

Many countries organize health clubs and health camps during the holidays. Health camps are very popular. There is lot of interaction among the children and lot of exchange of ideas. But before starting them, Organizers have to find out:



Where/when to conduct?  
How many children wish to attend and for how long?  
Who will be the resource person for conducting the camps and scouts?  
What are the articles required?  
Do we need some budget?

**Remember: It is always best to start with a small manageable programme and may be expanded later.**

It is vital for children to have an active and knowledgeable health advisor who can provide accurate and up to date health information. The children should be closely supervised when they go into the community and should never be allowed to behave as if they have special knowledge which other cannot have.

Children must understand what they are doing.  
There are many kinds of clubs and groups but it is usually wise to have only one health related group in a school. If there are more than one, rivalries develop and it becomes difficult for staff to give the time necessary to help.

ANTI STI/GROUPS

RED CROSS/FIRST AID

Health groups may organize the activity around the six step approach described earlier. Following these steps will allow children to understand a problem well and to transfer that understanding into action. The following example will provide some understanding.

**Remember: Knowledge and practice change. Last year's treatment may not be appropriate this year. In health, up dating is absolutely necessary.**

### **HEALTH CLUB – SIX STEP APPROACH ON DIARRHOEA**

#### **First meeting (recognize and organize)**

- Group leader talks about diarrhoea and how children get it.
- Health worker is invited to talk on the causes, prevention and treatment of simple diarrhoea (Diarrhoea without complication)
- Health Club Member prepares a simple question from information on what families know and do about diarrhoea when their children have diarrhoea.

Between meetings children do a survey of families in their neighborhood using the question from that they have prepared. Each scout takes five families and fills in the questions.

### **Second meeting (study)**

- Scout tabulate the survey results and discuss about their findings.
- They prepare few posters on the oral rehydration fluid, other home fluids and the food that they can give when someone has diarrhoea at home.  
Between meetings children put up the posters in the community (to create awareness) with permission.

### **Third meeting (planning action)**

- Plan and rehearse a drama on good food and nutrition habits.
- Decide when and where it will be shown.

Between meeting scout go to the community and invite them for the drama that they are going to stage on the third last day of the scout camp.

### **Fourth meeting (taking action)**

- Children perform the drama on the third last day of the scout camp.
- They also include the song on fluid replacement and few other items for entertainment.

Between meetings, scouts prepare reports of what they did.

### **Fifth meeting (evaluate)**

- Children and the health workers discuss what they have done and how effective it was.

### **Sixth meeting (doing it better next time)**

- Discuss the ways and means of improving this activity next time and what are the areas for improvement.

## **SOME 'DOS' AND 'DON'T'S' FOR CLUB ORGANISERS**

### **DOS**

- \* Involve children in planning and organizing
- \* Encourage a programme with plenty of activities
- \* Organize activities in a sequence so that children can understand better and are not confused.
- \* Make sure that the activities are fun to do.
- \* Use club members to mobilize children to get involved in health activities.
- \* Make sure that children are given some kind of recognition (certificates/badges).
- \* Remember that all health information given to and given by children are accurate and up to date.

### **DON'T'S**

- \* Underestimate children and do everything for them.

- \* Organize too many talks without follow up.
- \* Organize too many activities which are not connected to each other.
- \* Make children do activities they do not want to do.
- \* Let club members believe that these activities are just for them.
- \* Take what the children are doing for granted and forget to praise and encourage them.
- \* Forget to involve the health workers.

Remember: Health clubs can be organized by the school health coordinator one evening once a month where children discuss health issues and topics.

## **QUESTIONS FOR EVERYONE**

### **Health around the school (buildings and surroundings)**

- What step can children take to improve and maintain school environment?
- How can we emphasize the priority of adequate water supply and sanitation for schools, and persuade communities and local authorities to take action?

### **Health around the school (head, teachers, and the students)**

- How can we motivate the heads to show leadership in health promotion?
- Can the school be encouraged to form school health committee?
- How can we organize inter-school competition based on health?
- How can we recognize and encourage children who show real interest to make their school healthier?

### **Schools and their communities**

- How can we make sure that children take health messages to their families?
- How can we plan events like health fair/festival which is acceptable to the community?
- How can we best involve parents in the health promotion activities?
- How can we ensure cooperation between health and education at local level?

### **Clubs and scout groups**

- How and when can we organize such groups?
- How can we make sure that all children who wish to take part are included?

## CHAPTER 6

### HEALTH SERVICES FOR AND FROM THE SCHOOL

Health services, as a partnership involving health workers, school and community, are based on the prevention of ill health at three levels.

- 1) Stopping ill health from occurring (Health Promotion and Specific protection)
- 2) Identifying problems and taking action early (Early diagnosis and treatment)
- 3) Managing health problem (Limiting disability and rehabilitating)

In the past, the concept of the school health services was that the doctor and health workers should provide health services for the school. This concept has changed over the years and now it is quite different. Still the health professionals play a very important role but they work in partnership with the head, the teachers, and the children, the parents and the community. All these people provide health care FOR the school, IN the schools and FROM the school TO the community. This kind of health care can be provided in the presence as well as in the absence of a health worker.

Working together to provide health services

#### THREE LEVELS OF HEALTH SERVICES IN AND FOR SCHOOL

There are three levels of providing health services to help children at school:

- By preventing diseases and ill health from affecting their lives.
- By taking action to help children immediately.
- By referring them to expert help if needed.

**There are also three stages at which action can be taken.**

Stage 1: Stopping ill health from happening

Stage 2: Identifying problems early and taking action at once, to that thing do not get worse.

Stage 3: Managing ill health and limiting disability, so that the children can be independent

as much as possible

**Remember: Health problems are not just physical; they can be mental, emotional or social as well.**

## **HOW THREE PARTNERS CAN PROVIDE HEALTH SERVICES THROUGH EACH STAGE.**

**Stage 1: The first level of prevention and action. Below are five key actions:**

### **Action to improve the nutrition of school children and of the community.**

- 1) It has been already stressed in previous chapters about the need to eat the best food available by the children and their families. It is also important that the children and families receive enough of some important vitamin and minerals in their diets. The three most important micronutrients are vitamin A, iodine and iron.

### **How health workers can help in improving nutrition?**

- 1) By proving correct nutrition facts to teachers so that teachers in turn spread correct and up to date nutrition messages to the children.
- 2) By emphasizing the importance of nutrition within the community through health talks, poster displays and where possible video/film shows.
- 3) By providing the information on Government advice regarding food supplement and following it up whenever possible. It is important to counter false rumors, which seem to spread about the effect of any new policy on food or medications. E.g. “The consumption of new oil or salt will make us weak”.

### **How teachers, children and their parents can help.**

- 1) By teaching and learning that well balanced diet chosen from locally available and affordable food develops children’s minds and bodies.
- 2) By ensuring that children eat wisely and bring the right food to school.
- 3) By monitoring the hygiene and health of cooks.
- 4) By ensuring that food sellers cooperate in getting nutritious food and follow food hygiene.
- 5) By helping to make sure that babies are breast fed and that good weaning practices are followed in the community.
- 6) By growing and eating fruits and dark green leafy vegetable.
- 7) By cooperating in national and local efforts to provide micronutrients and persuading others to cooperate.

### **Actions to promote good practices in water and sanitation.**

It is already stressed in previous chapter that NOTHING is MORE IMPORTANT for SCHOOL HEALTH than GOOD HYGIENE PRACTICES, ENOUGH LATRINES, CLEAN WATER for HAND WASHING and SAFE WATER FOR DRINKING.

**How health and environmental sanitation workers can help.**

- 1) By educating teachers and communities on why sanitation is important for the health of children.
- 2) By advising schools on how many and what type of latrines they need to build.
- 3) By advising schools what actions they need to take if proper latrines could not be build.
- 4) By advising schools in how to keep their water supplies clean, safe and to use wisely.
- 5) By persuading authorities to allot resources to maintain school hygiene and explaining them its importance.

**How teachers, Student and the community can help.**

- 1) By ensuring that hygiene is properly taught and that hygiene and water practices are observed everyday at school as well as home.
- 2) By ensuring that younger children are taught good hygiene habits.
- 3) By helping to raise money and promote labour to improve school hygiene.
- 4) By persuading the authorities to improve school hygiene.

**Action to improve safety at school and to teach children how to prevent accident at home and on the road.**

Teachers can teach children about the safety at school, home and on the road. They can monitor safety at school and encourage children to pass the information to their parents and friends. Teachers also can encourage children to be watchful of younger children in their charge.

**Action to make sure that children understand how their bodies change at puberty and how to protect themselves at that age against the treat of drugs and of STDs and AIDs.**

- Teachers will be mainly responsible for passing the information on changes at puberty, STI/AIDs, sexually and effects of drugs to the children.
- Health workers need to help teachers to understand the subjects and on visual aids and methods.
- Parents need to support this teaching and understand that SEX EDUCATION DOES NOT ENCOURAGE CHILDREN TO BE MORE SEXUALLY ACTIVE, RATHER THE KNOWLEDGE HELPS THEM TO AVOID STIs AND EARLY PREGNANCY.

**Action to develop life skills and attitudes in children so that they learn to feel responsibility and to gain confidence to take wise decisions regarding their own health and the health of others.**

- Teachers can help children to learn facts by providing correct information, do things by allowing repeated practice and use such actions methods that allow children to feel for things.

**Stage 2: The second level of prevention and action. There are three main areas here.**

- Checking the physical health of children in school so as to detect health problems early.
- There are various aspects to health that can be checked at schools and for many of these, health professionals are not needed.

**They include:**

- Checking for signs of diseases, in its early stages. There are many diseases which can be discovered early by check ups. Diseases like chronic malaria, asthma and tuberculosis.
- Checking for signs of worms and parasites which can effect the general health of children. Certain parasites such as ring worm, scabies and lice can easily be seen. They spread fast from one child to another and may effect many. There fore it is necessary to take actions as early as possible.
- Checking that children are growing and developing steadily. It is important to check the weight of the children to identify children who are underweight, malnourished and very small. It also helps the teachers to identify children who do not gain weight. The weight is a good indicator and before the children suffer some problems can be detected.
- Checking teeth and gums for signs of decay or any other problem.
- Checking for physical problems or disability like learning, sight, moving etc.

There are problems with which children are born but many problems develop during their schools years like sight, disabilities due to injury etc. Children need to be checked for these problems regularly. Some times just changing a child's seating in the class can make a lot of difference.

**How health workers can help**

There are many schools and few health workers. Therefore, the time spent on visits to schools by health workers need to be used effectively. Those actions which the schoolteachers cannot do must be attended by the health workers. Health workers can play a vital role in

- Undertaking periodic medical checks on school children
- Advising schools how and when to take action
- Through keeping records of their own height and weight

- Through checking for signs of worms and parasites.
- Through noticing signs of disability and referring cases to health centers.
- Through noting signs of serious illness.
- Monitoring selected children who have been identified as having special health problems.
- Helping children who are referred to them by teachers and parents.

**Remember: It may not be wise to use health workers time in taking height and weight of children. This can be done by the teachers or the children themselves.**

**How teachers, children and parents can help**

- By taking the records of height, weight and illness. Teachers can link this with subjects like mathematics. Every classroom could have his or her own health measuring scale marked on a door or wall. School can have one weighing scale too.
- Teachers can give responsibility to children to maintain their own records and to report to the school health coordinator in case of any abnormality, that is if a child fails to gain weight for more than 2-3 months.
- By running hygiene and sanitation programme with the children. They can also examine children for any parasites like the worms, ringworms, lice etc.
- By becoming aware and reporting problems with teeth, gums, eyes, hearing and disability.
- By learning how to watch out for signs of diseases in children and their friends.
- Teachers/children/parents must report the following:
  - Have fever, headache or stomach ache.
  - Suffer vomiting and diarrhoea
  - Seem not to hear or see well.
  - Have skin problems.
  - Are always sad or aloof.

By evaluating children's academic work in the classroom and noticing when children are not doing well. If they are not doing well, what could be the reason. Looking out for children with mental and emotional problems and findings ways in which they can be helped.

**MENTAL OR EMOTIONAL PROBLEMS, SOME SIGNS TO LOOK FOR**

**The Child:**

- Suddenly begins to lose interest in schoolwork.
- Doesn't do homework or does it very poorly.
- Doesn't play with friends, sits alone.
- Becomes unhelpful and stubborn in the class
- Looks unhappy and cries often
- Gets angry and violent with other children much more often than usual.
- Remains dirty and untidy.



- Regularly forgets to do what he/she has been told.
- Acts in unusual ways.

Schools are quick to spot physical illness but slow to spot mental problems. Children who are slow, lazy, sleepy, unfriendly, unhelpful, rude and naughty may be suffering from mental or emotional problem.

Children having these problems can be helped at home and in school by love, attention, understanding and kindness. In rare cases medical help may be necessary. The most important thing is to make the child TALK and teachers must LISTEN. Very often we find out that these are some problems at home and the school has to seek link with the family to solve the problem.

The common problems at home include: too much of work, violence against children at home, fights and quarrels among adults, difficulties caused by drinks and drugs, poverty, chronic sickness, death in the home, broken homes and many other. In the school bullying is a problem. Some teachers believe that bullying is a part of school and should be overlooked. This is WRONG and should not go on in a school.

Bullying is a sign of serious problem within a community and it is seen in children of families who practice it. Bullying must be stopped very easily and that children must understand that it is a WRONG action. The children who bully learn to discriminate against those who are weak and those who are different. Children who are bullied can be very badly affected, are unhappy, poor attendance, their schoolwork suffers and some children even try to kill themselves.

**Remember: Children who bully other children pose a threat to social health of a community, Bullying must be prohibited in the school.**

#### **How health workers can help**

- By giving advice to children and families who have problem.
- By finding people within the community who can help the people in need.
- By referring those with severe problems to specialists for experts help.
- By advising and training teachers how to recognize signs of mental and emotional difficulties in children and how to help children.
- By helping teachers to recognize danger signs of severe problems.
- By speaking to parents and helping them to find a solution to resolve the problem.

#### **How children, teachers and parents can help**

- Children are the first to notice problems and difficulties in the fellow mates. Therefore, children can comfort and listen to their friends with problems.
- Children are the first to encounter bullying. They can oppose to it and stop it at once.

- Teachers and parents can help by giving support and trying to find a solution to their problems. They must see the problem from child's point of view.

### **Taking action when accidents happen.**

Accidents can happen at schools, at home or on the way to home or school. Children should be taught simple first aid to save life and to prevent the condition from worsening. Children must be prepared to take first aid actions at home, at school or on the road. All schools should have a simple first aid box with appropriate contents. Health workers can guide the school on the content of a first aid box.

#### **SOME SIMPLE FIRST AIDS TO BE TAUGHT TO CHILDREN**

If every child in every school were taught:

To keep little children away from 'bhukari' cooking pots and heaters.

To keep poisons and medicines out of children's reach.

To bathe burns immediately with cold running water.

To clean cuts immediately with soap and water.

To call immediately for help if some one has severe burns, falls or is unconscious, many deaths and serious illness would be prevented.

#### **Remember: Timely First aid saves lives and limits disability**

### **Stage 3: The third level of prevention**

There are children who attend school with medical problems and which will not go away easily. There are four main categories.

- Long term medical problems such as asthma, epilepsy, heart diseases.
- Physical disabilities.
- Poverty, which often leads to under-nourishment.
- Long term emotional problems at home like parents with chronic illness, victim of violence.

### **How health workers can help**

- By advising teachers and parents how to deal with their children everyday.
- By keeping a watch and helping children and their families wherever needed.
- By teaching how to handle particular problems which may come up from time to time such as epilepsy or burst of violent behaviour.
- By proving health talks to children and teachers who represent school health committee about how they can help other children who need their support.

### **How teachers, parents and children can help**

- By not discriminating children with problems.

- By showing caring and helping attitude towards the children with problems. Once the children with problems feel that they are accepted by other children and not different from them, they can live and learn happily at school.

## **QUESTIONS FOR EVERYONE**

### **Present policies**

- Are our present health services effective in school? Do we need to revise health priorities?
- How well are partnerships between education and health sectors working in our system. Could they be made closer?

### **Levels of health prevention?**

- Do heads, teachers, children and parents realize how much they can do in primary, secondary and tertiary prevention? Would they be willing to do more? Would health workers wish them to do more?

### **Training in providing health services.**

- Do Teachers Training Institutes and Royal Institute of Health Services need to think again about their training programmes concerning health services in schools? Are they adequate or not?

### **External 'Agencies' role.**

- What may be the role of external bodies such as UNICEF and save the children in providing school health services? How can we get support from them and in what areas?

### **The need for simple guidelines**

- Are there guidelines to help schools are which wish to provide better health services? Could these need guidelines need to be prepared? What about monitoring and evaluating the provision of health services.
- How can we find out the effectiveness of health services provided? How could we provide them better?

# CHAPTER 7

## PLANNING ACTION AT SCHOOL LEVEL

- The used for planning at different levels
- The need for local planning and steps in planning
- Planning for a simple school
- Monitoring and evaluation of local and school based projects.

### THE NEED FOR PLANNING

Careful planning is the most important aspect of the success of any project. Every country makes some provision at the national level for health action in its schools and provide guidelines. There are many health topics already included in the curriculum. However, planning of school level by the head and the teachers for health actions need to be done. This is the individual **SCHOOL LEVEL PLANNING**. *Dzongkhag* wise planning, involving a number of schools in a dzongkhag to launch a small project may be done. This is called **LOCAL LEVEL PLANNING**. Sometimes planning for health actions may be even done at national level involving sample schools of the whole country. This is called **NATIONAL LEVEL PLANNING**.

### THE NEED FOR LOCAL PLANNING

#### **Local level planning must take place because of following reasons:**

- Local needs of schools, nationwide may share common problems prevailing in the country. For us, in Bhutan we have common problems like unplanned population growth threats from AIDS, Nutritional problems, pollution, alcoholism and so on. Though all schools share these common problems the understanding and impact of these problems on community differ widely. Every school is **UNIQUE**, has some difference in some context.
- Local ownership and support: If the projects are planned at National level and implemented in schools, they may not be accepted and supported by the local community. Schools are community related. Many of them require the participation of parents and local community ladders besides the children and teachers. Unless there is a general and continuing support, there is little chance of the project making a real impact on the people.

**Remember: The community, the children and teachers must understand that these activities are worthwhile and they make the children healthier and batter performing at school**

## **STEPS IN PLANNING**

**There are six important tasks in planning process**

- Purposes: Decide why you want to do this project
- General objectives: Derive general objectives from purposes.
- Project objectives: Set objectives for each stage of the project in simple measurable terms.
- Tasks: List the tasks or activities for each project objectives.

**Resources:** Assess the resources (man, money, material and time) necessary for the whole project and for different tasks. Are the resources available? If not how to get them?  
**Time plan:** Plan a time table. How much time is needed for each task and when should the project be carried out.

**Purpose:** At this stage one must clarify why the project is for and what are its aims. People who are involved must share common goals. The aims when drawn should be stated in clear and simple terms. At this stage it is also important to be aware of present and potential problems.

## **PLANNING FOR A SINGLE SCHOOL**

Each school must make their own plans to become health –promoting schools. Even if there is a national plan or Dzongkhag level plan, each school must have their own plan with their own school health priorities.

Stages in school based planning

There are ten stages involved in school base planning.

### **1. Assess interest and enlist support.**

- Who wants it? Is it necessary?
- Ask yourself: Do you really believe the idea will make a difference to the children and the school? Have you enough support on your side? Can you count it out?

### **2. Clarify with local organizers and advisors about the new ideas. Make sure that everyone understands what you are planning to do.**

### **3. Agree objectives, component, and responsibilities for health promotion activities. Set up a health committee if necessary.**

- Organize a meeting and discuss in depth with the staff regarding the activity. Form a school health committee if needed. Include two teachers as health coordinator, Health Worker, parents and children as school health committee member. Draw up a simple plan of action chart and give responsibilities to each committee member.

### **4. Agree actions to improve the health environment of the school and to provide health services in consultation with local health worker.**

- Involve staff, few interested parents and some children to discuss on how to help the school to improve health environment of the school and how to organize school health services.
5. Agree on a ‘working curriculum for the school’ which would be compatible with the existing health education content of the official school curriculum.
    - Analyze the existing school curriculum and find out whether any health priority topic for school needs to be included.
    - From a working groups of teachers to discuss and agree on the school health themes to be covered. The working group should decide which class will take what health action topics and how will they go about it.
  6. Agree health action topics for each class and how these would fit into school themes and official curriculum.

**Examples of some health action topics for different classes**

**Classes 1-2: Keeping clean, safety and our food**

Class 3: clean safe water, worms infestation

Class4: 1 Road safety 2 water borne diseases such as diarrhoea and typhoid

Class5: 1 food hygiene 2 insect borne diseases

Class 6: 1 food for the family 2 child growth

Class 7: 1 Disability 2 STDs/AIDs

Class 8: 1 Substance abuse 2 our bodies growing and changing

Class 9: a alcoholism and its effects 2 prevention of STIs and pregnancy

Class 10: 1 population growth and birth spacing

**VARIOUS OTHER TOPICS COULD BE INCLUDED.**

7. Agree HOW HEALTH ACTION around the school is to be managed and monitored by the children and clarify the roles of children’s health committee, class health monitors and any out of class activities such as health clubs..
  - Involve as many children as possible and give real responsibilities. Give clear guidance on what you actually expect them to do and they will usually line up to your expectations.
8. Decide on any school event which might be organized during the year and how much time school can give for national events and campaigns.
  - Events like a school fete with a stall or two can be totally devoted for a health promotional activities or it can be a Health Fair or participation in a national event such as World Health day or No Alcohol day. Such events are extremely valuable but time consuming. Therefore, the schools should not organize and commit for too many events in an academic year.

9. Decide what training and resource material is necessary and whether it is possible to get.

- Health is an ever changing field. Today what is right, may not be so tomorrow. Therefore, training is vital and should be ongoing. The teachers should have access to right health messages. Some relevant resource material like facts for life children for health, first aid books should be made available to the teachers. Teachers must consult these books.

10. Decide how all the activities would MONITORED and EVALUATED during and at the end of the year. Who will do it?

- It would be valuable to have both inside outside monitoring for a school health programme. If it is not feasible to have an outside evaluator, schools themselves can monitor the progress by using monitoring checklists (discussed with simple in chapter 9). Quiz sessions can be also administered to find out the progress and competency tests can be designed and administered by the children and for the children.

### **Planning at classroom level**

Planning can be done by individual teachers even at classroom level in order to introduce health topics and for providing health in schools.

Planning for classroom level is easier in lower classes because an individual teacher takes classes for all subjects, where as needs a lot of coordination between teachers takes different subjects. If there is no discussion and coordination, there may be a lot of duplication which makes children bored. It is necessary to make a year plan and divide which teacher should take what. Class teachers can act as coordinators.

### **Under each health theme, teachers need to decide the following:**

- What are the objectives? Always state the objectives that are available, measurable and target oriented. State them in simple, clear terms.
- How many lessons will be needed to put the health theme across? Teachers must confirm the main messages and must understand that too many messages are not necessary.
- How should the unit be sequenced, so that the six steps discussed in Chapter 3 can be covered? Teacher should clearly list the activities that children are expected to do between lessons in their families and communities.
- How can the unit be supported across the curriculum in other classes? Teachers must find out the ways and means of supporting this unit in all classes by all teachers.
- What outcomes can be expected?
- Teacher must be clear in their minds what they want the children to learn and what they want them to do.

- How can we find out what children have learnt and how they have changed? Teachers must think and plan how they are going to monitor and evaluate the unit and the children.

## **AN EXAMPLE OF PLANNING CLASS UNIT ON FOOD FOR FAMILY HYGIENE**

### **Objectives:**

#### **Children know and understand:**

- That all children need food for their minds as well as their bodies.
- That all children need to be given food frequently and that they need a variety of food for their growth.
- That all children as well as adults need access to the food available in the family
- That orange
- or yellow fruits and dark leafy vegetables are easy to grow and necessary for providing vitamins and minerals.

#### **Children know how to**

- Find out what kind of food is available in the community and how often children are given food.
- Spread messages on the importance of mixed diet and on kitchen gardening.

#### **Children develop attitudes**

- Of concern for those food for not able to gain access to the right kind of food.

#### **Five lessons with home activities in between.**

1. Understanding about food for family (find out about food habits in our families)
2. Dangers of not eating mixed diet and what makes people not to eat mixed diet (survey of food health and types of food available in the community)
3. Discussion on the finding of survey and planning how children can spread the messages on the importance of mixed diet and on kitchen gardening. Children prepare posters on mixed diet and tips on kitchen gardening.
4. Discussion on the work prepared and planning for a nutrition education session for parents on teachers and parents meeting day at school.
5. Feed back from the National Education session.

#### **Activities across the curriculum (often needs cooperation and collaboration between teachers)**

- Writing or telling a story related to food for family (language)
- Making graphs on the types of food holds having kitchen gardens (Maths)
- Discussing the role of local health services and school in improving food habits of the community (social science)
- How spacing and putting manure help plants to grow well in a kitchen garden (Science Experiment)



- Making posters and nutrition games (Art/craft)

#### **Output expected in the Nutrition Education session for parents**

- Talk from health workers on the importance of mixed diet.
- Songs and plays on kitchen gardening and food habits.
- Posters exhibition and explanation
- Question/answer sessions among parents, children and health workers.

#### **Evaluation**

- Feed back from the parents
- Survey about what parents have learnt at the meeting
- Test/quiz on children designed by the children themselves.

### **MONITORING AND EVALUATION OF ACTIVITIES AT SCHOOL LEVEL**

It is remembered that the most important evaluators are WE who are involved in planning and implementing the programme. We can judge whether things are going well or not.

**Remember: The schools and activities grow, change and adapt. If they do not do so or if our plans do not expect them to do so, something is seriously wrong.**

What needs strengthening and what needs changing. The more we are there, involved in the planning process, the more we are consulted, the more we are committee, the more chance we will have of shaping the activity to meet our need. Monitoring and evaluation is dealt in chapter 9.

### **MOVING ON FROM A SMALL, MAN AGEABLE ACTIVITY**

The effectiveness of health promoting schools depends on schools and communities understanding it, wanting to do it and feeling they own it. Large government and international programmes will not be effective must come from within the school and community and not from outside it. Therefore, the head and the teachers play a crucial role in making a school health promoting school. We must spread simple clear, few health messages at a time and not overload with too many.

### **ALL HEALTH PROMOTING SCHOOLS SHOULD HAVE**

- A school health committee
- Two teachers as health coordinators with support from the head
- Children involved in health services both from inside and outside the school.
- Regular monitoring of food brought, sold or supplied to children.
- A good safety programme.
- A plan to identify health priorities sets objectives to meet them and evaluates whether objectives have been achieved.
- At least one school event a year where parents are involved in health action.

- A sense of responsibility among children and teachers to help others to be healthy.
- Pride in the health record and health actions of their school.

**Remember: When you plan actions, they should be with in the national policies and national health priorities.**

### **QUESTIONS FOR EVERYONE.**

- Getting local/school activities started.
- How can the interest for health promoting schools be identified and stimulated?
- How can local people persuaded to identify their own health priorities and organize their own health programmes?
- How can we identify resources and who can best support the activity?

### **Learning to plan effectively**

- How can we help schools to develop and plan programmes?
- How can we ensure that whatever the school is planning is realistic?

### **Supporting the schools to grow strong**

- How can we sustain the activities and programmes of health promoting schools?
- How can different schools be organized to help encourage and support each other?

### **Moving on**

- How can we spread the health messages carefully, clearly and slowly?

## **CHAPTER 8**

### **ORGANISING TRAINING AT SCHOOL LEVEL**

- Who needs what kind of training
- Why training is necessary
- How to organize courses for teachers
- Other ways of in-service training

#### **NEEDS FOR TRAINING**

Health promotion in schools is quite a new concept. In order to make schools, health promoting schools, proper training of all those involved is necessary. We are asking many people to acquire new knowledge, to take on new way of thinking, to practice new methods, to trust and cooperate with different people and to change their attitudes towards health in schools. Therefore, to have all these, training is a MUST.

At the national level, the **National School Health Committee (NSHC)** is responsible for organizing training for the people who are responsible for school health promotion. It is also the responsibility of the NSCH to give orientation training to programme planners, the trainers, the managers and the evaluators. At the school level the training is important for those who are directly involved in and with schools: the heads, the teachers, the local health workers, few children, few parents and community leaders. The NSHC trains one or two teachers from each school for health promotion and these teachers in turn must organize training for those who are going to be involved in health promotional activities in their own school.

#### **ORGANIZING TRAINING AT THE DZONGKHAG AND SCHOOL LEVEL**

##### **WHO ATTENDS?**

- The heads, as they are vital to the success of the health promotion programmes.
- The teachers who are directly responsible for implementation of the programme.
- The health worker who will be used as a resource and a technical guide.
- Few children representatives.
- Community members such as the representative of parents to the school management board.
- Involve community leaders and officials from other Government sectors during the opening and closing sessions in order to ensure cooperation.

## **The training programme**

When organizing any training programme remember **DON'T's and DOS**

### **DON'T's**

- Do not overload it – take a limited amount but thoroughly. Health ideas are difficult and challenging. If wrong health messages are learnt and spread they will do enormous damage to health promotion programme. Therefore, give plenty of time for the participants to understand the health facts and ideas fully.
- Don't build your programmes around talks alone. While training people on health topics, lectures and talks should be minimized. Participants learn better by doing and not by listening.

### **Dos**

- Do ensure the course atmosphere is pleasant and friendly, that those attending enjoy it and that they are comfortable and have good food. This will ensure cooperation and participants will take steps forward towards change.
- Do set clear objectives for the course so that everyone understands what they are expected to do. Display them and refer back to them frequently.
- Do ensure that there are adequate and relevant resource materials available and that participants know how to use them. The course also should guide the participants from where to get materials if they want to read more.
- Do use methods that you expect participants to use while they train other people. Always use ACTIVE METHODS and not lectures. Lectures do not provoke active thinking.
- Do ensure that large part of the course is taken up with participants developing plans and materials that they will be able to use after the course is over.
- Do always include children in courses so that other participants can see for themselves that children can think, act, plan and are very creative.

## **EXAMPLE OF A TRAINING PROGRAMMES**

- 1. SCHOOL BASED**
- 2. DZONGKHAG LEVEL.**

## EXAMPLE OF SCHOOL BASED TRAINING PROGRAMME

<b>Topic</b>	:	<b>Personal hygiene of the school children</b>
<b>No. of days</b>	:	<b>1 day (9 A.M to 5 P.M)</b>
<b>No. of participants</b>	:	<b>15-20 (relevant teachers, few children and representatives of parents to school management board)</b>
<b>Organizer</b>	:	<b>Head and school health coordinators</b>
<b>Recourse person</b>	:	<b>Head, school health coordinators and a health coordinators and Health workers</b>

### The timetable

Time	Date
9 AM to 10 AM 10 AM to Noon	Opening & introduction to the training topic. Discussion of the training objectives.
10 AM to 12 Noon (to be conducted by health worker)	Importance of improving personal hygiene of the school and children. Common diseases associated with poor personal hygiene and how these diseases will be prevented by improving personal hygiene of the children.
12 Noon to 1 PM	Lunch Break
1 PM to 3 PM	Group activity: the participants are equally divided into 3 groups.  Group 1: work on the common hygiene related diseases prevalent in the school. Prepare an action plan on improving hygiene and preventing these diseases. Group 2: compose a song on maintaining good personal hygiene,. They also write a story on the consequences of not maintaining hygiene and give an appropriate story title. Group 3: identifies subjects to integrate personal hygiene topic in the existing curriculum and prepare a plan for HOW and WHERE to integrate.
3 PM to 4 PM	Group presentation and discussion on the group activities.
4 Pm to 5 PM	Agreement on a plan of implementation. Who will be responsible, what/when/how? Evaluation and closing

This kind of training programme can be organized for different priority health topics, may be once a month or once in two months. Teachers must be prepared to give their free time so that regular program does not suffer.

## EXAMPLE OF SCHOOLS BASED TRAINING PROGRAMME

Topic	:	The concept of health promoting schools
No. of days	:	5 day (9 AM to 5 PM)
No. of participants	:	15 (heads, school health coordinators of all schools under that dzongkhag)
Organizers	:	Dzongkhag Education Officer (DEO) who had been trained
Resource person	:	1 doctor from dzongkhag hospital, 1 health worker and DEO

### The timetable

Time	Morning	Afternoon
<b>Day 1</b>	Opening and discussion of course objectives. The concept of health promoting schools, discussion of what it means and what our schools. How to link these programmes with the communities.	Assessing needs and priorities. Choosing and discussing both learning and health needs of the school. Listing health needs and learning health themes from the list
<b>Day 2</b>	Group activity 1-Divide the participants into 3 groups of 5 each. Each group takes 1 priority health theme each and discussion about it. The groups sets objectives, identifies resources, identifies actions that children and communities can take on this theme, examines the active sex stage approach discussion in chapter 3 and how this approach can be linked with this chosen theme.	The group examines all the nine active methods. Then they choose one method each suitable for the priority health theme that each group has chosen. Presentation of group activity 1 by the group leaders of all three groups.
<b>Day 3</b>	Group activity 2-The participants resume their small groups and discuss the activities outside classroom. Each group takes different areas, Group 1 – Healthy school environment Group 2 – School health committee Group 3 – Campaigns and action projects in the community Each group prepares an action plan on the above topics.	Presentation of group activity 2 by all groups. Introduction to preparing a topic (unit) plan. Group activity 3 – participants resume their small groups. Each group selects 1 topic for 1 class from one of the priority health themes. They plan a sequence of lessons and out of class activities for the chosen topic. They also develop assessment criteria for this activity.
<b>Day 4</b>	Group activity 3 continues Presentation of group activity 3 by the group leaders, followed by discussion	Introduction of making action plan for each school in the dzongkhag. Group activity 4 – participants work/discuss in their group about action plans for schools.
<b>Day 5</b>	Group activity 4 continues. Groups prepare action plans for their schools They also prepare a/evaluation checklist.	Presentation of group activity 4. Agreement of a time-table for the next term. Course evaluation, summary and closing

## **OTHER TYPES OF IN-SERVICE TRAINING**

Most of the training take place through courses but the most common ways of learning new skills and changing practice happen on the job.

### **On the job-How do we learn on the job?**

By visiting each other and working together.

By visiting other people and discussing with them what they have done, we learn new ideas. We can also peck and choose what is relevant and appropriate for use. At the same time if we know that someone is visiting our school we do prepare and can have fruitful discussion. Receiving feedback on the activities will indeed help us to improve next time.

### **Help on the job**

When we are learning to do something new, the most important helpers are the people with the same background and experience. That is what training and appointing advisory teachers in school is necessary.

### **Planning and writing together**

Teachers and health workers working together to prepare some useful material for school is an excellent idea. Ideas can be shared from both health and education. The groups can come out with some excellent, useful, relevant material.

Areas for planning and writing together

Preparing lesson plans for a particular group of children

Preparing health action plan for school

Preparing health activity sheet

Suggestion for dramas, songs and poems

Writing health stories

Evaluating children's works like poster and models

Preparing reports on the activities done by the school.

### **Guided reading, viewing or listening followed by discussion**

Teachers and health workers may read some chapters related to health promotions from a book and could meet for discussions following reading. They can clarify doubts and plan activities based on the reading.

### **Self help seminars at schools and outside**

It is not always necessary to have experts to help us learn. All of us must have the attitude to keep ourselves updated. We can form Health Study Group and share our ideas and experiences. Topics could be selected and time table prepared for the seminar. Few seminars a year would be good enough to start with.

<p><b>Remember: When planning for training, real training needs should be considered rather than the need to spend budget within a giventime.</b></p>
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## **QUESTIONS FOR EVERYONE**

### **Approaches to teacher education**

- Do we adequately train teachers on health promotion?
- Do we plan teacher education effectively?

### **When courses are organized**

- Do we involve the right people including the children?
- Do we set effective objectives for our courses and attempt to measure them?
- Do we plan our courses carefully and realistically?
- Do we allow plenty of time for discussions and practical work?

### **Alternative education to courses**

- Do we plan and implement other ways of in-service education like help in the job?
- Do we plan visits, guided reading and self-help seminars?



## CHAPTER 9

# MAKING A DIFFERENCE: MONITORING AND EVALUATION

Part 1: The WHYS and HOWS of Evaluation

Part 2: Evaluation tool and checklist

### **What do we mean by evaluation?**

Monitoring and evaluation are the integral components in the process of education and are absolute essential. Some people use the word monitoring to describe what we do when we observe a programme and collect information about it, where as evaluation is used to describe the judgments people make when they have collected it. In fact, there are many overlaps in the meaning between these two words and in this chapter we use only one word.

### **EVALUATION**

Evaluation is the organized and continuing effort to examine the several dimensions of a programme or activity for the purpose of improving it. Evaluations are not academic exercises instead they are practical and necessary. Evaluations tell us whether a programme is failing or has worked very well. Both are important to know in order to plan future activities.

### **Why and when do we need to evaluate?**

Many people are frightened by the word evaluation but there is nothing unusual or different about it. Evaluation is carried out to:

- Find out why, when and how of an activity programme/project at the beginning of it.
- Monitor the progress of an activities/programme/project during the process.
- Measure achievement and shortfalls at the end of activity/programme/project.
- Measuring immediate and long-term impact of an activity/programme and project. Evaluating health promotion is a bit more difficult but absolutely necessary and still requires evaluating AT THE BEGINNING, while planning and setting up the programme; DURING, while doing it and AFTER when we have done it.

**Remember: Two key questions at every stage. Have we done it effectively? What difference, in what way and to whom have we made.**

## Changes we are looking

We must always look for changes in three ways:

- Knowledge and learning skills. Do children and people know more than before? Do they understand better? Do they know ways of finding more? Do they know how to listen to others and communicate with them?
- Practice: Are they doing new things? Are they doing them better? Are they doing them regularly? What has changed?
- Attitudes: Have their attitudes changed towards themselves, towards others and towards their environment?

By testing knowledge and skills: we have already emphasize that children should learn correct health facts. Wrong knowledge about health can result in losing our lives. It is quite easy to test knowledge by administering questions.

The best way to find out what children have learnt it by administering a same test at the beginning (pretest) and at the end of the session (post test). Use exactly the same questions before and after learning the topic. There are many types of questions but objective type questions are the best.

Example of three different types of objectives questions (This example is applied to evaluate the activity in chapter 7 – planning class unit lesson on Food and Family).

Example 1: One correct response question of Food and Family. For each statement there is only one correct answer. Circle the alphabet of the correct answer.

**1. The carbohydrates are:**

- a) Body building food
- b) Energy giving food
- c) Protective food

**2. Dark green leafy vegetables contain lot of:**

- a) Vitamins and minerals
- b) Protein and fat

**3. All children need variety of food for:**

- a) The physical growth alone
- b) Growing fat
- c) The healthy growth of body and mind

Example 2: True and false questions on the Food and Family. Some of the statements are true and some are false. Tick the ones that you think are true.

- a) Orange and yellow fruits contain a lot of vitamin A (true)
- b) Kitchen gardening is just waste of time (false)
- c) Never give fruits when a child has fever. (false)
- d) All family members should have equal access to food. (true)

**Example 3: Fill in the blanks questions on Food and family.** Fill in the blanks with a suitable word.

1. If a child's weight remains same for \_\_\_\_\_ (two) months, something is wrong.
2. A child should be weighed \_\_\_\_\_ (every month) till the age of three years.
3. Children may go blind due to lack of \_\_\_\_\_ (vit. A)
4. A child under three years of age needs food \_\_\_\_\_ or \_\_\_\_\_ (five or six) times a day.

**Other ways of testing knowledge, skill and attitude.** Give simple problems and ask children to respond or write or role play. You can observe the behaviour and attitude.

**Examples of such problems.**

1. You have a baby at home with diarrhoea. What will you do?
2. Your mother plans to grow only chillies in your kitchen garden.

**Remember: Objectives types questions must be framed carefully and they test a wide range of knowledge.**

### **HOW CAN WE FIND OUT WHETHER CHANGES ARE TAKING PLACE**

In order to find out whether changes are taking place, first we need to be clear what changes we are taking to achieve. These are the objectives.

Objectives are essential and they need to be clear and possible to measure. They guide us on what to evaluate. Once we find out how far we are meeting objectives we can then take decisions about what action to take. Evaluation provide information on what to make decisions.

**Remember: Changes in attitudes and life skills may not be easy to measure precisely but should not be neglected.**

### **SEVEN WAYS to find out whether we are moving in the right direction.**

1. By keeping diaries and records. All those who are involved could keep health diaries. The school health committee could keep records of all the activities. This will help the teachers and children to review and follow up some of the activities.
2. By talking and discussing with people. Discussions can be done in a group but we need to plan it. The group discusses the health programme that was conducted and the organizers direct the decision to some important issues and records the result. Sometimes talking individually to children, parents, teachers or community leaders using a list of questions which bring out real optimum rather than what you want.

### 3. By observation

- By looking at the building and surroundings
- Is the school clean, tidy or just the same
- By looking at regular practices around the school.
- Is there any change in sanitation and water use practices? What about food hygiene and practices?
- Has provision for safety and first aid been improved? Are teacher and children practicing simple preventive health actions regularly?
- By observing change in the way children act and behave.
- In order to find out what children are doing to keep themselves and others healthy and whether their attitudes have changed, we need to look into the following four aspects.
- Have they made or done some thing in relation to health promotion like composing poem, song, making a poster, writing a story etc. if they have done any of these ask them to show to everyone and share their views. Encourage children in whatever they have done.
- Observe whether their health behaviour has changed at school. Are they cleaner, tidier and more helpful to the children who need their help.
- Find out whether they have taken ideas home. Ask children to tell you what health actions they have done at home. Find out whether their behaviour at home has changed. Ask the parents and older siblings about children's action at home.
- Find out from school heads, other teachers and local health worker what their views are on children's achievement. The people who invest money would like to know the effect of the school health programme. At least the school heads and health workers may be able to say we think here is less scabies this year or that the school attendance is good and that there are less children suffering from diarrhoea. Some information are valuable and provide reasonably good feedback.
- **By observing changes in teachers and the community.**
- Note whether the behaviour of the teachers, children, parents and other community member have changed towards healthy behaviour. Are they showing more interest in health and safety matters? Are they taking actions on the recommendations provided by the school?

**Remember: Observation made using simple observation checklist will provide systematic health information. Whenever possible use them.**

4. By finding out whether attitudes have changed. Measuring attitudes is not an easy task but is the most important. The main aim of health promotion in schools is to help children develop positive attitudes towards health which will stay with them even after they have left school.

- Set some indicators as listed below to compare results over a period of time. When observation and recording using indicators are done fairly well, they should tell us a great deal about attitude change.

List of indicators

Regular attendance at school. Days off sick or for some other reason.

Evidence of attendance in any health activity, e.g. club, project, committee.

Evidence of helping young children at school or home; new activities with them.

Involvement in keeping the school and home environment clean.

Evidence of active and responsible action towards the health and safety of others.

Change in hygiene habits or keeping up new habits (such as washing hands)

Change in eating habits, such as always eating before going off to school or eating more fruit.

Special interest and involvement in any new health priority identified by the school. Has the child done something new or special, such as making a poster or taking part in a play?

Evidence of children becoming more creative and questioning in their school work.

General impression of a child's interest liveliness in class.

- Ask observers from outside may be other Government sector to comment on whether schools and children have changed. They could visit the school from time to time and find out the following:

Is the school clean and attractive? Do the children play a role in it? Do they seem proud of it?

Are any new hygiene or safety improvements visible?

Can teachers and children identify priority health needs and say what they hope will improve. And how this might take place?

What evidence is there of recent health activities. Things that children have made up, done or written about?

Do these activities show signs of thought and initiative, or are they mostly confined to songs and slogans copied from somewhere else or repeated year in and year out, thus made up for the school and not by the school?

What new evidence is there of children taking ideas to others? Can they tell you about it?

- **Ask children to respond to role playing situations. Some of the role playing situations are.**
  - You have a baby sister who is having diarrhoea. Your mother prevents you from giving food to her. What can you do and tell.
  - A new child of two years is brought into your family. Her parents have died. The child is under weight and sometimes cries what do you do?
  - Ask teacher whether the health promotion programmes have led to any changes in the way they think about health and about children's role in the health promotion. This answer may indicate that their views about what children can do have changed. Teachers may even think differently about health practices, about the role of children in health promotions or even about the way they prepare and teach their classes.

6. By finding out whether the programme has had any effect on teaching learning practices in other subjects.

We have already discussed in chapter 3 about nine active methods used in health education programme. Teachers may use these active methods while teaching other subjects. In order to find that out we need to ask the following questions.

- In what other subjects do teachers use these methods?
- Can learning in other subjects be applied straight away in the home? How?
- Do you encourage children to apply their knowledge into practice at home?
- Do you find these active methods more thought provoking?

By finding out whether the programme has made any difference to the school as a whole. Many a time people use a health programme report that they have changed the life of schools. Some may be positive, some may be negative. The heads and organizers will have to deal with both the positive as well as negative. They also have to assess which one is more frequent and most important. At this juncture, the most significant question to ask to find out the overall impression is **DO** you want the school to carry on with such programme? If so why? If not why not?

## **HOW CAN WE FIND OUT WHETHER THE ORGANISATION AND MANAGEMENT OF SCHOOL HEALTH ACTIVITIES ARE EFFECTIVE.**

We need to evaluate our planning as well as the results we have achieved to find out the effectiveness.

- **At planning phase – before any action has been started in school, we need to be asking the following question;**
  - Have the right people be consulted?
  - Do they understand and approve the purpose of the programme?
  - Have the health workers been involved from the beginning?
  - Do all those have to take action know and understand the purpose and activities?
  - Have needs been identified carefully and prioritized?
  - Has any effective plan of action been made?
  - Are the objective and tasks realistic?
  - Have the people carrying out actions are involved in planning phase?
  - Are these sufficient resource to enable the plan to work?
  - Is there any sufficient resources materials? Can it be easily used? Is it medically correct?
  
- **When the classes taking part are identified, the following questions need to be asked.**
  - Have the classes taking part in the health activity been well identified?
  - Have the training plans to give right training for those who need is made?
  - Are the objective for the training clear, relevant and workable?
  
- **When training takes place**
  - Was it effectively organized?
  - Are all appropriate people trained?
  - Did it meet the objectives?
  - Were effective plans made for follow up and further training?
  
- **As the health activities starts**
  - Are there working group or committee responsible for the activities at the school level?
  - Are they clear about the plans and do they understand their role in making this activity a success.
  - Have they included evaluation of activities so that every one knows what to look for and what suggestions to make if needed?
  - As the purpose understood by all teachers and children in the school?

- Can they see how it will help them?
- So is it necessary to evaluate at every stage if we expect the programme to be successful.

### **WHO EVALUATES?**

The evaluation should be carried out by the people who plan the programme, who manage it and work with it. People tend to believe that monitoring and evaluation is best done by outside but it is not true. Of course, outsiders do have some roles in providing feed back. People who are directly involved will know better what the programme is trying to achieve and when they are asking questions to find out, they will know it is being achieved or not. The evaluation team for a school health programme could be the head, school health coordinators, local health workers one or two parents and the few children.

### **THE MOST IMOPRTANT QUESTIONS**

Good monitoring and evaluation give us EVIDENCE on the effectiveness of a programme. In order to make wise decisions two things are essential.

- First: We need to know what the objectives are, so that we can see how far our programme has reached.
- Second: We need to know which are the most important question to ask.
  1. Here are eight most essential questions.
  2. As a result of the programme have the children (and the teachers) learnt more about health?
  3. Ha it changed the way they think and act?
  4. Has it contributed to the way that children learn and apply what they have learnt?
  5. Has it improved the school as a whole in any way?
  6. Has it, in any way, helped to link the school closer with the community?
  7. Has it brought the head and the teachers closer to the community health workers?
  8. Has it been planned and organized efficiently and with the participation of all those who are taking part?
  9. Has it been worth the effort spent on it?

If most answers are YES, programme is worthwhile. If most answers are NO, lot of thinking must be done.



## **PART 2: EVALUATION TOOL**

A checklist for health promoting schools

### **WHO IS CHECKLIST IS FOR**

The following checklist can be used by

- The people from outside the school; to assess how far schools are becoming health promoting.
- By people inside the school; to check progress of school in their attempts to become more health promoting.

### **SCHOOL – THE PLACE**

<b>SL. NO.</b>	<b>ITEMS</b>
1.1	School the place
1.2	Is learning place. Clean/hygiene?
1.3	Is learning place safe?
1.4	Is learning place well cared?
1.5	Are the surroundings attractive with garden?
1.6	Are the surroundings clean?
1.7	Are the surroundings well maintained?
1.8	Are the surroundings safe?
1.9	Road crossing safe
1.10	No electrical hazards
1.11	No mosquito breeding places
1.12	Grasses cut and cleaned.
1.13	Are these adequate latrines (1 for 40 children)
1.14	Are the latrines kept clean?
1.15	Are the latrines usable?
1.16	Is the best washing facilities available? For the school
1.17	Are hand washing facilities available?
1.18	Does the school have a rubbish pit?
1.19	IS the rubbish burnt in the pit?
1.20	Does the school have proper drain?

COMMENT

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## THE CHECK LIST

The checklist is divided into SIX headings. Each heading carries a different weight, age and points can be scored. One point for every YES and no points for NO it can also be used with out scoring.

### Headings

1. School – the place
2. School - the people
3. School – the health education programme
4. Keeping in touch
5. Health services in and for the school
6. General impressions

YES

NO

### School: The people

1. Are the children clean and tidy?
  2. Do children demonstrate good hygiene practices?
  3. Do older children retrain from habits like smoking/drug abuse/alcohol?
  4. Are the children evidently interested in making the school health promoting?
  5. Do they try to make other children clean and healthy/safety conscious?
  6. Do they try to promote good health habits in others?
  7. Do teachers set good health examples?
  8. Are they committed to health promotions at school?
  9. Do heads and local health workers give full support for health promoting activities?
  10. Does community show interest and involve themselves in the school health activities?
- Does the community support and encourage their children to be health promoting?

COMMENTS \_\_\_\_\_

Do they give full support and encouragement to children?

**School: The health education programme**

1. Is the content relevant to the health needs of the learner?
2. Is content related to the age and interest of the children?
3. Is the content realistic in terms of resources?
4. Is the content effectively followed and taught?
5. Is the time available managed adequately?
6. Are the messages reinforced across the curriculum?
7. Is there flexibility to meet changing needs and interest?
8. Are effective and challenging methods being used?
9. Are effective and relevant materials used?
10. Do teachers involve students in active learning and thinking?
11. Do teachers make learning enjoyable and interesting?
12. Do they involve all children and not just some?
13. Do methods and learning material link learning in the classroom with life skills at home?
14. Do health topics reinforce across the curriculum help strengthen learning and understanding in the subjects in which they are used?
15. Do the children transfer learning from school to the community?
16. Are children involved in planning community activity?
17. Are culturally accepted approaches used while implementing programme?
18. Is the day to day progress of the health programmes being monitored?
19. Are the participants involved in evaluation the programme?
20. Is action taken and feedback received?
21. Are all involved interested in finding out the impact?
22. Do they find out the impact through continuous assessment of children?
23. Does the evaluation assess the impact of health action on children and their families?

COMMENT: \_\_\_\_\_

**INFORMATION AND COMMUNICATION**

**Information and communication**

Are there effective channels of communication between teachers health workers and with other sectors in the community?

Are information and materials used and shared?

Does the school effectively communicate with the appropriate people about their activity?

Are the teacher trained adequately to carry on the health promoting activities?

Is the training relevant and effective?

Is the training ongoing?

Are people with knowledge, skill and experience used for conduction training?

COMMENT \_\_\_\_\_

## HEALTH SERVICES

SL.NO.	ITEMS	YES	NO
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### Health services

1. Is the local health service working in partnership with the school for health promotions?
2. Does it put a high priority in helping schools?
3. Is it giving support and advice to school in dealing with the health problems?
4. Does the school take action to provide health services at all three levels?
5. Prevention of ill health?
6. Identification of children with health problems?
7. Treating and referring sick and unhappy children?

COMMENTS\_\_\_\_\_

### GENERAL IMPRESSION

1. Is the school a true community with every one towards a common goal?
2. Do the children care about making their communities better places?
3. Does the school raise self esteem of children and teachers?
4. Are all children proud of their school?
5. Do they feel safe and happy in it?
6. Are the children respected?
7. Do all children feel that they have equal chances?
8. Do the children feel that they are valued?

COMMENT\_\_\_\_\_

### QUESTIONS FOR EVERYONE

The identification of evaluation

How can we persuade people that evaluation is necessary from the beginning of the programme?

How can we persuade people not to be frightened of evaluation and that it helps us to do things better than to point out what we have done wrong?

Who evaluates?

How can we persuade every body who is with the project are evaluators and that they can evaluate themselves, rather than waiting for outsiders?

How and when we can evaluate ?

How can we ensure that simple base line data are collected before starting of programme so that comparison can be made?

How can we make simple and workable plan for evaluating our programmes.

Who would be responsible for implementing this plan?  
The tools of evaluation?  
What kind of materials need to be produced to help use evaluate systematically?  
How far can we make use of the checklist?  
How often do we need to review the evaluation tools?  
How can we make sure that evaluation leads to improvement of action?

**Remember:**

All these health partners are some way the health workers. They can help in spreading the message that health is everybody's concern.

**A SCHOOL THAT PROMOTES HEALTH THEREFORE**

Is all for health, fostering in with every means at its disposal.  
Involves all school and community members in promoting health.  
Strives to set an example through environment, nutrition, safety, sports and reactions as well as by the way it educates children and spreads activities beyond the classroom and into the community.  
Takes action to improve all aspects of health, that is physical, mental emotional and social health of the whole school community.

Develops life skills in children and promotes ways of giving them responsibility, rising their self-esteem and  
Develops life skills in children and promotes ways of giving them responsibility, rising their self-esteem and recognizing their efforts and achievement.

**TEACHERS AND CHILDREN NEED TO:**

Step 1: Recognize and understand(red eye)  
Recognize: the importance of studying this topic e.g. red eye is common in school going children. It can be spread from one child to another to home to community. If not taken proper care, can cause severe eye problem.

Understand: the main message, e.g. what causes conjunctivitis (Red eye), how can we prevent it. How can we control the spread of it.

Step 2: Study

Find out more: What do the children know about red eye? How do the community view this problem? How many children have had it? How did they get it? How is it treated.  
Discussion finding: e.g. Discussion the local treatment if any. Are they helpful or harmful.  
Discuss any other findings.

Step 3: Planning action

Plan action: What can I do about red eye? Who will be the best person to help us? What can me and my friends do about it?  
When and where can we do and for whom?

#### Step 4: Taking action

Take action myself e.g. do not expose to bright sunlight when I have red eyes. Keep my and my small brother' eye clean. Taking action with others; prepare a short role play on the spread and prevention of conjunctivitis.

#### Step 5: Evaluate

Discuss the action taken e.g. What did we do? Was it effective? Who listened to us? How can we improve next time? Who shall we include?

REMEMBER THAT THE ABOVE ACTIVITIES CAN HAPPEN IN HE CLASSROOM, AROUND THE SCHOOL, SOMETIMES AT HOME OR IN THE COMMUNITY.

Remember that nobody expects school and teachers to try all the methods suggested or use them all the time BUT CONSIDERING THE RESULTS IF ACTIVE METHODS IT IS WORTHWHILE THAT ALL TEACHERS MAKE A START.

#### DISCUSSIONS

STORIES

PICTURE & BLACKBOARDS

#### DEMONSTRATION

SURVEYS

VISITS & VISITORS

#### DRAMA/ROLE PLAY POEMS & SONGS GAMES

Remember: while choosing discussion topics for older children, consider wider health problems.

Remember: To make sure that the children have understood HEALTH MESSAGE for the story.

#### Diagram of advertisement

Remember: Expensive items are not necessary for drawing. Children can use chalk sticks, blackboard, just paper, pencil and crayons for drawing pictures.

Remember: While demonstrating, go step by step. Explain each step in simple clear terms.

Remember: Tact and care are needed to make sure that information collected is used to convey a health message without hurting feelings or causing embarrassment.

#### PLACES WORTH VISITING

#### PEOPLE WORTH INVITED

- A health facilitators  
Health workers, nurses  
(BHU/Dispensary/Hospital)
- A water source or water filtration plant
- Village health workers
- Agricultural/veterinary/forestry officer
- A forestry plantation
- Engineers
- A market
- Village Headman
- Religious leader
- A factory
- A busy road
- Nursery school teacher
- A monastery/temple
- Traditional healers

Remember: some visits may whole class require much time and may involve cost bit if it is worthwhile for the children, it must be done.

Remember: drama a role play do not have to be performed for other people. They can be performed by children as part of health lessons, just to help them remember and understand better.

Remember: which children make their own songs make sure their health facts are correct and that they convey useful messages.

Remember: children and teachers can make and adopt many games to pass many important health messages. However, sometimes-serious message gets forgotten as games such funs **ALWAYS EMPHASIZE HEALTH MESSAGE.**

Remember: when ever possible choose methods which help children think, make choices and take decisions, **DO NOT** underestimate children. If they are challenged and encouraged, they can do a lot more then we usually ask of them in school.

Remember: when we introduce health messages in the subjects, we not only put the health messages across but the messages also help meet the needs of these subjects.

Remember: while approaching health content in science lessons, we need to think like scientist, ask question and seek answer rather than believe everything that has been told.

Remember: children must learn to apply mathematics to solve the problems of everyday life.

Remember: children must learn to understand the health behaviour of people, their environment and efforts on health, through social studies.

Remember: health promoting school must serve as a healthy setting for living learning and working

Remember: children are powerful change agents but they must receive support, praise and encouragement for the work they do. They should not feel that they are just doing extra school duty.

Remember: health fair/festivals, campaigns and action projects are excellent ways of rising health awareness but they take lot of TIME. Never try to organize more than one such event in one academic year.

Remember: it is always best to start with a small manageable programme and may be expanded later.

Remember: knowledge and practice change. Last year treatment may not be appropriate this year. In health updating is absolutely necessary.

### **Specification**

1. Paper Size - A4
2. Pages -102 (including cover page)
3. Paper quality - GSM 350
4. Cover - Glossy paper with RGOB logo (colour)
5. Text - Black
6. Quantity -1000 copies
7. font size -12