

GTZ Basic Education Department

Module Health Education

Health Education – a component of Primary Education Projects



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1. General introduction

Objective of the modules

The series of small modules on different education – related subjects are meant to **complement** the basic education concept paper of GTZ.

They will cover the following subjects:

Bilingual education,
Gender
Youth
Learning and teaching materials
Teacher training
Community participation
Quality assurance
Monitoring and evaluation
Research
Non-formal education
Health education
Practical learning
Environmental learning and science.

All the modules are organised as follows:

- in the section “background information” we give an overview with the objective to understand the importance and the challenges the topics present in an education development context.
- In the section “approaches and methodologies” we describe and examine the attempts made by the GTZ assisted projects to improve and implement concepts and approaches related to the topics.
- In the section “from theory to practice” we describe our main experiences and our proposals how these topics could promote a sustainable education development.
- In the section “outlook” we summarize our observations and we draw some basic conclusions

2. Background information

Health hazards pose problems worldwide with social, cultural, economic, political and legal implications, and health issues have reached the top of the policy agenda in most developing countries.

The World Bank acknowledged their salience by dedicating its World Development Report 1993 to Health. These concerns are based on the simple fact that health is central to the concept of development

The lofty goal of sustainability in development has often been elusive partially due to the fact that development projects have not always taken into account the idea of integrated development and socio-cultural integration.

The World Health Organisation defines Health in its fullest sense as

“a state of complete physical, mental and social wellbeing, and not merely the absence of disease or infirmity.”

Morbidity and mortality rates are mainly due to preventable causes, e.g. lack of water and sanitation facilities, malnutrition and the constraints range from lack of education, cultural attitudes, shortage of health services, overemphasis on curative rather than preventive concepts, gender relationships.

We believe that a lot of the above mentioned problems can be addressed by health education delivered during school education. We claim that the existence of health education is both necessary and possible in school education.

Health and Education are inseparably linked, and in its fullest consideration School Health Education could enhance not only school results of the children, but also improve the quality of life for school children.

Health Education in schools aims at improving the pupils health status and improving the school environment and can provide an effective and continuing reinforcement of delivery of health information.

Disease reduction and nutrition interventions in schools can have a positive impact on enrollment, attendance and school performance of pupils.

A key element of a school health education programme is an accurate assessment of the knowledge, attitudes and behaviours of the young people at whom the programme is targeted.

Health Education builds on various disciplines and requires interdisciplinary knowledge:

MEDICINE

ANTHROPOLOGY

EPIDEMIOLOGY

STATISTICS

SOCIAL
MARKETING

**HEALTH
EDUCATION**

PSYCHOLOGY

SOCIOLOGY

COMMUNICATION

NURSING

Such an approach would be appropriate if we consider to integrate the interdisciplinary knowledge into classroom approaches and to guide such programmes by a clearly defined education policy and school health policy.

3. Approaches and Methodologies

A school health programme should be developed within the context of the traditions, beliefs, values and educational and behavioural norms of the society. Teachers should be aware of the implications of preconceptions related to children's home and family environment.

In school health education there are many sound reasons for working in collaboration with parents and other members of the community in whatever way is appropriate. Since family and community members are in daily contact with their children, they themselves and their representative organisations should be actively included at all stages of the development and the implementation of the school programmes.

The classroom environment can have an important impact on the effectiveness of school health education. Preventive health measures are more effective in an environment that accords with the targets of a healthy school environment.

Many opportunities for informal health education occur to reinforce the school based health education. Developing strategies and implementing measures that gain

acceptance of such opportunities should be integral parts of school health programmes.

Teachers play an important role to contribute to pupils health. They need training in order to enable them to choose the most appropriate style and strategy for health education which requires interactive and participative teaching and learning methods. Curriculum development and teacher pre- and inservice training remain priority areas to make teachers better health promoters.

4. From theory to practice

We continue using the term **Health Education** as it is still the most widely used in the context of formal education.

The terms **IEC** (Information, Education, Communication) and **Health Promotion** have evolved during the recent years. Health Promotion as a holistic approach developed where the whole school is a health project and where health and education officials, teachers and their representative organisations, pupils, parents and community members are engaged in efforts to make the school a healthy place. Below we try to define the terms:

HEALTH EDUCATION

Any combination of learning experiences designed to facilitate voluntary adaptations of behaviour conducive to health

HEALTH PROMOTION

Any combination of health education and related organizational, economic, and environmental supports for behaviour of individuals, groups or communities conducive to health

IEC - INFORMATION, EDUCATION, COMMUNICATION

Includes all forms of planned exchanges with identified audiences aimed at effecting changes in behaviour and/or attitudes. Planners determine which behaviour patterns and/or attitudes in the target population to address through IEC. Interpersonal communication, community mobilisation and mass media are used as mutually reinforcing tools.

Health Education includes classroom teaching, teacher training and changes in the school environment that support healthy behaviours.

Increasingly, health learning has become an important component of the national curriculum. It is mostly part of subjects such as science education, environmental education and/or social studies.

Topics include: safe water for personal, domestic and community hygiene, adequate nutrition, food sanitation, waste disposal, drug abuse, AIDS and sexually transmitted diseases, life skills, violence, disability, oral health, common diseases, family life education, sex education.

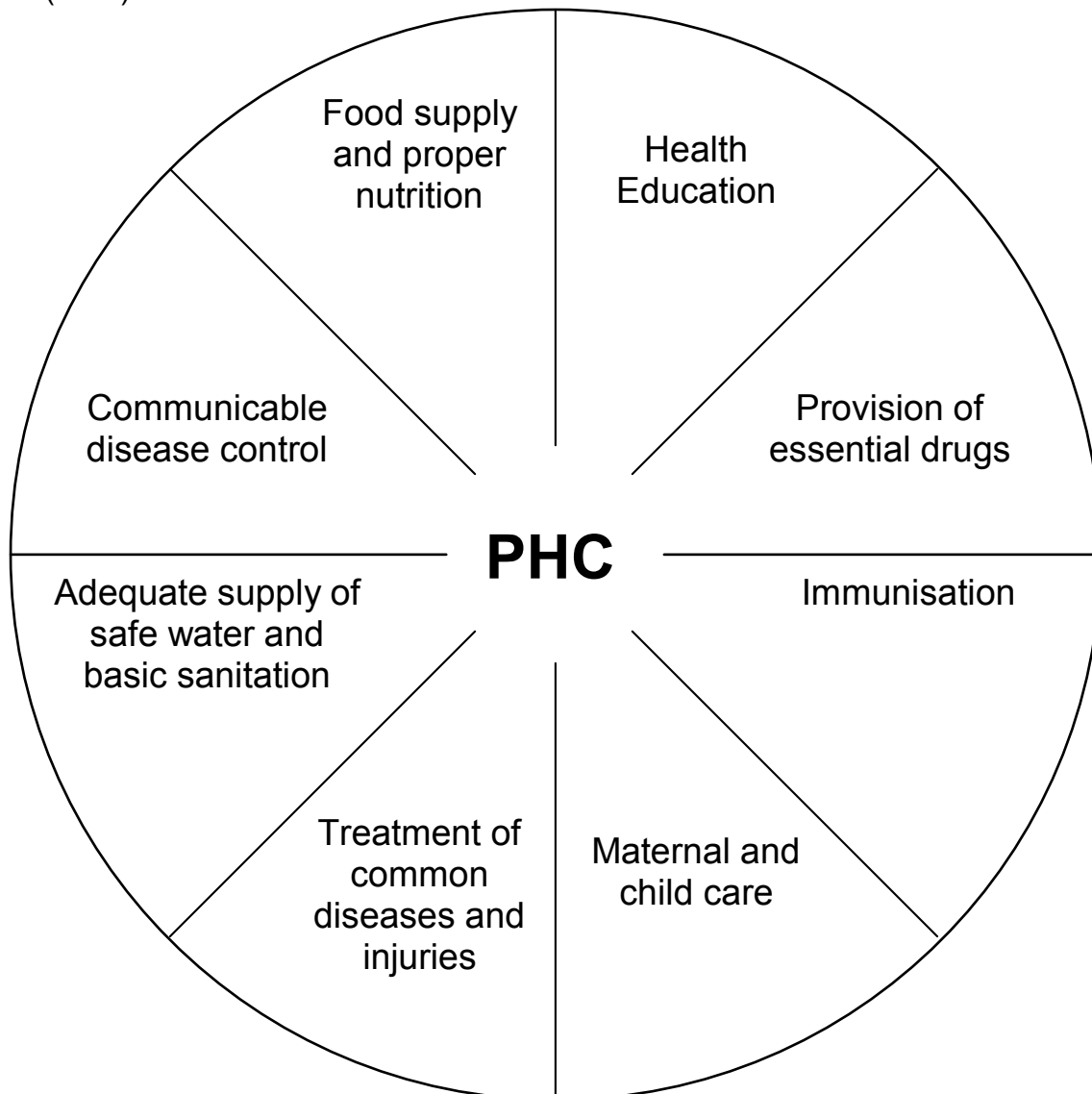
Health benefits are gradual and they may not be easily recognizable during the lifespan of a project as one cannot create a simple cause – effect relationship. However, health status is a very sensitive indicator for development, and together

with its partners, GTZ is working on ways of exploring the evidence of whether and how health education has contributed to an improved health status of pupils and teachers.

A variety of indicators is used for the monitoring of school health projects.

They refer to the change of behaviour, the incidence of various diseases (parasitic infections, malaria), the nutritional status (iron, iodine, vitamin A deficiencies, height for age, weight for age), the quality of school health services, the school environment (number and adequacy of functioning toilet facilities, adequacy of water supply, safety, physical aspects of classroom environment).

Health Education is seen as an important element in the context of Primary Health Care (PHC):



Within the framework of GTZ supported primary education projects, some of the above mentioned elements have been integrated, depending on the projects' main focus.

The following examples are drawn from different GTZ supported projects which have the following features in common:

- Promotion of innovative curriculum content and participative teaching and learning methods

- Support of improved school infrastructure
- Support of co-operation between schools and parents/community

MALAWI

Health Education is integrated into **science education** and is taught as examinable subject.

GTZ-supports Malawi's education sector with the
 Malawi German Primary Science Education Project
 Malawi German Basic Education Project, Zomba District
 Malawi Integrated Inservice Teacher Education project

In order to improve the science teaching and learning in Malawian Primary schools, GTZ supported the Malawi Institute of Education of the Ministry of Education with the introduction of the new curriculum for science and health.

This includes the development and production of suitable teaching and learning materials, e.g. pupil's activities books and teachers' guides from standard 5 to 8 and the teacher pre-service and in-service training.

The scope of health education topics is wide ranging, e.g.:

Good eating habits, food and family size, food nutrients, keeping the body clean, looking at our body, growing up and changing, common accidents, first aid, what is AIDS, preventing HIV/AIDS, caring for people with AIDS, common diseases in Malawi (Malaria, worms, bilharzia, dysentery and cholera).

Zimbabwe

Health education is integrated into **environmental education**, and the project Better Environmental Science Teaching helps to improve quality in environmental science teaching and learning in primary schools.

Health and Pollution is one topic among nine: Water, Soil and Grass, Trees and Forestry, Crop Plants and Animals, Health and Pollution, Energy and Fuels, Weather, Materials and Technology, Landform and Maps. They appear in every grade with different contents and concepts for each year.

The sequence chart of Health and Pollution for grade one to seven is shown in annex.

In addition, with support of the IEC Family Planning and Health Education Project, the development of a National School Health Policy and a School Health Manual have been initiated as a collaborative effort of the MoH and MoE

YEMEN

The Yemeni – German Project Health and Environment Education at Primary Schools in IBB and Abyan provinces involves parents and the community from the beginning (participatory rapid appraisals) in taking their ideas and proposals as starting points for improving school infrastructure, rehabilitation measures and development of teaching and learning materials.

Instead of waiting for instructions from the top, community resources are mobilised to rehabilitate sanitation facilities, repair gutters or clear compounds from mosquito breeding grounds. Pupils and parents are sensitized for health and environment problems within their community.

Joint activities of community members to improve primary school infrastructures lead to more participation, self-esteem and responsibility.

If the community members decide along with the others, appropriate participative organs and democratic control and transparency start to develop, enhancing the decentralisation process.

Parents meetings have an important role to play to monitor the activities and to advise the school leadership. Competent parents, interested teachers and individuals are elected into participation committees for the duration of a specific task which is managed by the committee. A functioning district and provincial education administration can support the participants and evaluate the experiences made.

NEPAL

This example has been chosen as it is representative for the shift to the “settings-approach” in **Health Promotion**.

The Urban Hygiene and Environment Education Programme as a component of the Urban Development through local efforts Programme has emerged, as favorable changes in waste handling behaviors also need a solution through educational and not only technical efforts.

The overall goal is improved public awareness and public participation in solving the waste problem.

Educational aspects are integrated into the framework of waste management by co-operating with different groups of the municipal population through governmental, nongovernmental and municipal institutions.

Co-operating partners for the formal education system are the Basic Primary Education Project of the Ministry of Education, the Curriculum Development Center and the District Education Office.

Health Education materials in vernacular languages for grade 1 to 5 pupils in Kathmandu and in the urban areas of the Kathandu Valley deal with solid waste handling (composting, recycling, cleaning, disposal).

This topic has become part of the health and environmental curriculum in schools.

An assessment has shown considerable increase of children who dispose waste directly in containers, who can classify leftovers, who can identify various possibilities to reuse waste as valuable, who know that diseases can be transmitted by dirty hands.

Focusing on one specific health topic captured the imagination and interest of pupils, teachers and parents.

5. Outlook

In this paper we stressed the need for embarking upon health education for the purpose of achieving a sustainable development. There are many health education interventions, however we believe that there have not been enough real and conscious attempts at bringing the actors and resource persons in these projects together.

With regard to the impact of the GTZ assisted projects on the ultimate target groups, evaluation reports of school health activities from almost all sites provided some encouraging evidence that school-based health education activities can bring about changes in knowledge and sometimes in behaviour and health.

The Yemen project indicated the need to set up community support through the involvement of community-based organisations in the planning and implementation of project activities such as improvement of school infrastructures and to use the project as a mechanism to reach the whole community.

The Zimbabwe project placed emphasis on such educational principles as the need for interactive teaching and encouragement of the active participation of learners in the teaching and learning process representing a departure from the traditional one-way-transfer.

The Nepal project as far as the development and marketing of the conceptual model is concerned can be regarded as highly innovative in showing how difficulties owing to the complex and demanding nature of the undertaking should be solved

As far as longer-term impacts of the school health programmes on the younger generation are concerned, follow-up and/or tracer studies are necessary to answer such questions. The success will also to a large extent depend on leadership by opinion leaders and people of high integrity which would influence the healthy living of the entire community.

Mobilising education to reinforce primary health care needs new alliances of individuals, groups, health and social service professionals and policy makers.

References:

Project Progress Review reports
World Health Report, 1998
WHO Global School Health Initiative papers
Draft Health Education concept paper, Basic Education Department, GTZ, 1998

COMPONENTS OF HEALTH EDUCATION	POSSIBLE CHALLENGES	POSSIBLE RESPONSES
Sex education	Recognising different cultural responses to sexual health, e.g. discriminating attitudes towards the girl child, teacher behaviour in the gender context	Emphasis on fight against HIV/AIDS Integrated in Family Life Education, Population Education, Moral Education Teachers to promote peer-to-peer approach Gender Violence Awareness Co-operation with Health Services
Substance abuse (alcohol, tobacco, illegal drugs)	Recognising acceptability : value ridden issue (what is socially acceptable)	Smoking policy for school staff and parents Policy to recognise potential difficulties and to devise appropriate strategies
Nutrition	Recognising the wide variety of food, yet unavailable for many (temporary hunger)	Adequate nutrition Examples of healthy eating Adequate food sanitation School garden projects Supplementary feeding programmes Co-operation with nutrition programmes
Water and Sanitation Personal, domestic and community hygiene	Recognising culturally specific requirements	Environmental improvement: school sanitation facilities, waste disposal Co-operation with sanitation programmes, health services and community-based NGOs
Common diseases (Malaria, Bilharzia, dysentery, parasitic infections)	Relevance to the local epidemiological situation Knowledge-attitude-gap	Co-operation with health services
School Health Services	Effective collaboration between education and health personnel School-based treatment for common diseases	Systematic screening, referral and follow-up Quality assurance circles Follow-up on immunizable diseases

TOPIC 5 : HEALTH AND POLLUTION

GRADE 1	GRADE 2	GRADE 3	GRADE 4	GRADE 5	GRADE 6	GRADE 7
The human body is made up of different parts.	People use the senses of sight, hearing, touch, taste and smell to survive in the environment.	Waste materials left lying around in the environment make places untidy and unhealthy.	Humans and other animals have a system for breaking down the food they use so that the food and water can be absorbed into the body.	Bilharzia and malaria are diseases caused by parasites.	Humans reproduce when the mother's egg and father's sperm join in the mother's womb.	The heart pumps blood to all parts of the body.
These parts have different functions.	Other animals, including birds, use their senses to survive in the environment.	Some waste materials attract flies, cockroaches and other small animals.	The food is used by the body for different purposes.	Bilharzia and malaria can be stopped from spreading.	Humans have reproductive organs.	Blood moves through arteries, veins and capillaries.
Some domestic animals have body parts similar to human body parts.		Water can be polluted in many ways by different materials.	Food that is not absorbed by the body comes out as waste.	Germs are very small living things.	Our bodies have a natural immune System.	Blood carries oxygen and digested food to different parts of the body.
		There are ways of preventing water pollution.	Gutworms are able to live in the digestive tract.	Germs cause sickness and disease.	Immunisation helps the natural immune System.	Blood carries waste products from different parts of the body to the lungs and kidneys.
			Gutworms can cause sickness and weakness by using digested food.	Germs can be spread from one person to another in different ways.	Children need to be immunised against the six child killer diseases.	Air passes in and out of the lungs through the nose, mouth and windpipe.
			There are ways of preventing the spread of gutworms.	Germs can be spread from other animals to people.	There are sexually transmitted diseases (STDs).	The movement of the rib cage enables people to breathe.
				Diarrhoea and sore eyes are caused by germs.	Some STDs can be cured whilst others can only be controlled.	In the lungs, the blood absorbs oxygen and releases carbon dioxide.
				The salt and sugar	Acquired Immune	Some air is

				solution (SSS) can be used to treat diarrhoea.	Deficiency Syndrome (AIDS) destroys the immune System.	unhealthy and dangerous.
				Germs can be prevented from spreading.	STDs including AIDS can be prevented.	
				Diarrhoea and sore eyes are caused by germs	Some STDs can be cured whilst others can only be controlled	In the lung, the blood absorbs oxygen and releases carbon dioxide
Source: Ministry of Education and Culture	Curriculum Development Unit 1994,Zimbabwe			Salt and sugar solution can be used to treat diarrhoea	Acquired Immune Deficiency Syndrome (AIDS) destroys the immune system	Some air is unhealthy and dangerous
				Germs can be prevented from spreading	STDs including AIDS can be prevented	