SOUTH PACIFIC COMMISSION

# REGIONAL WORKSHOP ON HEALTH EDUCATION TECHNIQUES, WITH PARTICULAR EMPHASIS ON SCHOOL HEALTH EDUCATION

(Noumea, New Caledonia, 19 - 23 July 1982)

## R E P O R T



Noumea, New Caledonia
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# I. INTRODUCTION

The Twenty-first South Pacific Conference approved the holding of a Workshop on Health Education Techniques.

The 1979 Regional Workshop on Health Education Methods and Techniques had, as one of its objectives, the introduction of innovative approaches and techniques in educating the community about health. The plenary and group sessions stressed the importance of school health education as a basis for educating the developing community.

The objectives of the 1982 Workshop were of two sorts:

General objectives. The Workshop will stress the need for co-operation between health and education services and the concept of school health being a community problem, demanding a community approach. The Workshop will also emphasise that education is not only the gaining of knowledge but also includes the forming of attitudes and habits, and that health education should receive greater recognition in the school system, particularly at the rural level.

Specific objectives. An analysis of the situation in the South Pacific will be made in relation to the above-mentioned.

- Practical solutions will be sought to promote school health education as a community asset.
- Methodology of work and techniques will be developed to integrate health education into school curriculum and to teach it at primary level in the rural situation.

The Workshop took the form of plenary and group sessions. This encouraged interaction among the participants and allowed exchanges of experiences.

The Workshop brought together representatives of American Samoa, Cook Islands, Fiji, French Polynesia, Nauru, New Caledonia, Vanuatu, Wallis and Futuna, and Western Samoa. The participants were from Health and Education Departments.

It was officially opened by the Secretary-General of the South Pacific Commission, Mr Francis Bugotu.

A drafting committee of two French and two English participants was elected to prepare the summary report and provide feedback to the organisers.

The Workshop was directed by Mrs Marie-Claude Teissier, SPC Health Education Officer. She was supported by two consultants, Mrs Nancy Rody, a nutritionist from the University of Hawaii, with experience in school health education programmes in the South Pacific region, and Mrs Lois Kennedy, from the School Curriculum Department, Queensland Department of Education, Brisbane, Australia.

## II. PROGRAMME

Monday 19 July

| | |
|---|---|
| 9.00 a.m. | Opening ceremony<br>Photo |
| 9.30 - 9.45 a.m. | Coffee break |
| 9.45 - 10.00 a.m. | Election of the Chairperson, Vice-Chairperson, Rapporteurs<br>Adoption of agenda |
| 10.00 - 11.30 a.m. | Presentation of country statements |
| 11.30 - 1.30 | Lunch |
| 1.30 - 3.00 p.m. | Presentation of country statements (cont'd) |
| 3.00 - 3.15 p.m. | Coffee break |
| 3.15 - 4.30 p.m. | Presentation of country statements (cont'd) |
| 4.30 | Meeting of the drafting committee |

Tuesday 20 July

| | |
|---|---|
| 8.30 - 9.30 a.m. | School health education and community involvement (plenary session followed by general discussion) |
| 9.30 - 9.45 a.m. | Coffee break |
| 9.45 - 11.00 a.m. | Analysis of successful school health education programmes in the South Pacific (group work) |
| 11.00 - 11.30 a.m. | Group report and discussion |
| 11.30 - 1.30 | Lunch |
| 1.30 - 3.00 p.m. | Analysis of problems in carrying out school health education in the region demanding a community approach (group work) |
| 3.00 - 3.15 p.m. | Coffee break |
| 3.15 - 4.30 p.m. | Group report and discussion |
| 4.30 | Meeting of the drafting committee |

Wednesday 21 July

| | |
|---|---|
| 8.30 - 9.30 a.m. | Integration of health education into the school curriculum and the school system at primary level and in a rural situation (plenary session followed by general discussion) |
| 9.30 - 9.45 a.m. | Coffee break |
| 9.45 - 10.45 a.m. | The co-operation between health and education services, the integration of health education at school involving the community (plenary session followed by general discussion) |
| 10.45 - 11.30 a.m. | How to integrate health education into school curriculum at primary level in the South Pacific region. What major health topics should be taught and their order of priority? (group work) |
| 11.30 - 1.30 | Lunch |
| 1.30 - 2.00 p.m. | Group work (cont'd) |
| 2.00 - 3.00 p.m. | What can be done in the South Pacific to improve co-operation between the health department, the education department and the community to make health education real and alive? (group work) |
| 3.00 - 3.15 p.m. | Coffee break |
| 3.15 - 4.30 p.m. | Group reports on the two subjects |
| 4.30 - | Meeting of the drafting committee |

Thursday 22 July

| | |
|---|---|
| 8.30 - 9.30 a.m. | Methods of teaching health education activities in primary school (plenary session followed by a general discussion) |
| 9.30 - 9.45 a.m. | Coffee break |
| 9.45 - 11.30 a.m. | Developing learning activities packages from some health subjects (group work) |
| 11.30 - 1.30 | Lunch |
| 1.30 - 3.00 p.m. | Developing learning activities packages (cont'd) (group work) |
| 3.00 - 3.15 p.m. | Coffee break |
| 3.15 - 4.30 p.m. | Group work presentations |
| 4.30 | Meeting of the drafting committee |

Friday 23 July

| | |
|---|---|
| 8.30 - 9.30 a.m. | Discussions on the issues developed through group work |
| 9.30 - 9.45 a.m. | Coffee break |
| 9.45 - 11.30 a.m. | Discussion and final report |
| 11.30 - 1.30 | Lunch |
| 1.30 - 3.00 p.m. | Adoption of the report |
| 3.00 - 3.15 p.m. | Coffee break |
| 3.15 - | Closing ceremony |

## III. LIST OF PARTICIPANTS

| | |
|---|---|
| American Samoa | Mr Roy Fua<br>Health Education Officer<br>Faga'alu Hospital<br>PAGO PAGO. 96799 |
| Cook Islands | Mrs Ngamata Bryson<br>P.O. Box 109<br>Public Health Department<br>RAROTONGA |
| | Mrs P. Maui<br>Department of Education<br>RAROTONGA |
| Fiji | Miss R.L. Mudaliar<br>Curriculum Development Unit<br>Ministry of Education<br>SUVA |
| | Mrs Lili King<br>Curriculum Development Unit<br>Ministry of Education<br>SUVA |
| French Polynesia | M. O. Anihia<br>Infirmier diplômé d'Etat<br>Bureau d'éducation sanitaire<br>Direction de la Santé et de l'Hygiène publique<br>PAPEETE, Tahiti |
| | M. A. Teiti<br>Instituteur<br>Bureau d'inspection pédagogique<br>Service de l'Enseignement<br>PAPEETE, Tahiti |
| Nauru | Dr D.A. Dabwido<br>Nauru General Hospital<br>NAURU<br>Central Pacific |

List of Participants (cont'd)

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| | |
|---|---|
| Vanuatu | Mr Yvon Georges Lingbu<br>B.P. 177<br>PORT VILA |
| Wallis & Futuna | M. P. Felomaki<br>Instituteur<br>Ecole de Mata'utu<br>MATA'UTU, Wallis |
| Western Samoa | Miss Nu'ufou Petaia<br>Lecturer in Science<br>Secondary Teachers College<br>APIA |
| CONSULTANTS | Mrs Nancy Rody<br>1061 F. Kolokolo Street<br>HONOLULU<br>Hawaii 96825 U.S.A. |
| | Mrs Lois Kennedy<br>15 Ferry St<br>Sherwood. 4075<br>BRISBANE<br>Australia |
| SPC SECRETARIAT | Mme Marie-Claude Teissier<br>Health Education Officer<br>(Director of the Meeting) |
| | Miss Judith Whitmore<br>Development Officer<br>Mobile Training Unit for Community Development |
| | Dr R. Taylor<br>Epidemiologist |
| | Mr D. Gile<br>Interpreter |
| | Mr H. Pichon<br>Interpreter |
| | Ms P. Stephens<br>Interpreter |
| | Miss V. Magele<br>Secretary to the Meeting |

## IV. SUMMARY OF COUNTRY STATEMENTS

9. In most countries in the region there is a reasonable degree of collaboration between Health and Education Departments.

10. In some countries there are specific health programmes for schools - with some documents available for teachers.

11. In others, for example, the French territories, there are no specific programmes, but the teaching of health is incorporated into other subject areas.

12. In all countries there is a need to include health education in teacher training programmes.

13. Parents' Associations and other members of the community should be active participants in all school health education programmes, so that the change of attitude in the school will be reinforced in the home.

## V. SCHOOL HEALTH EDUCATION AND COMMUNITY INVOLVEMENT - by Nancy Rody

14. The knowledge and skills that are the outcome of a school health education programme have the potential for a profound effect on a student's future. Health education is education for personal action, and for this reason is one of the most important subjects to be taught in school. However, because the health behaviour of the student is affected even more by the social and economic environment in which he or she lives than by his or her personal choices, it is vital that school health education programmes be involved with the social and economic systems of the community.

15. Community involvement in school health education programmes can take many forms. Because food availability is an important factor in nutrition, efforts to insure that school canteens and town shops sell inexpensive and nutritious snack foods, such as cold, drinking coconuts instead of cold sodas, can have a very beneficial effect on a student's diet. Parent groups can be involved in providing a safe and healthy school environment through clean water supplies, good toilet facilities and adequate kitchen equipment and rubbish disposal. Parents and other knowledgeable persons in the community, such as health workers, can be involved in classroom projects which involve the health status of the students and their families.

16. One of the underlying principles of education is that knowledge is a creative product developed out of a process of observing, sharing, interacting, criticising, and ultimate acceptance by some community group. The classroom can be used to replicate these communities. Students should be encouraged at the earliest age to contribute to the community in which they live. Many factors bear on skill, knowledge, attitude and behaviour acquisition. Many are outside the domain of the school to directly influence. The degree of community involvement in a school health education programme is directly related to its potential for success.

## VI. REPORT OF THE GROUP WORK ON ANALYSIS OF THE SUCCESS OF, AND THE PROBLEMS MET IN CARRYING OUT, SCHOOL HEALTH EDUCATION PROGRAMMES

### COMPONENTS OF HEALTH EDUCATION PROGRAMMES

17. From the various group discussions, the following common ideas emerged:

1. There should be an official health programme for schools.
2. The planning of the programme should be an inter-departmental effort.
3. The programme should be implemented by teachers.
4. Teacher training programmes should include health education.

18. There were, however, a number of diverse ideas that came up because of the widely varying socio-economic backgrounds of the countries. These are listed below:

1. The community should be actively involved in the health programme of the school.
2. Suitable resource personnel and resource materials should be made available for the planning and implementation of the programme.
3. Health should be either integrated with other subject areas or treated as a separate subject.

### GROUP WORK

#### At whom is the programme aimed?

19. The programme is aimed at all the partners in the educational system, according to the structures to which they belong.

#### Why do we need health education?

20. In order to make people aware of the RESPONSIBILITY they have to protect their own health, their family's health, and the community's health.

21. To place special emphasis on personal/group responsibility for health.

22. To help a child become well integrated into society, to feel comfortable, well adjusted. Social integration will be better if school produces physical, mental and social well-being. School is a favourable environment for stimulating awareness in the young, who are not yet deeply influenced by customs, traditions and beliefs.

23. Since good health is fundamental to the harmonious development of individuals and communities, our group felt that improvement of the health situation through prevention (e.g. control of social evils) is an essential prerequisite for the development of Pacific Island peoples.

Children's needs, interests, problems

Needs

- Food: must be adequate in quantity and quality
- Healthy lifestyle: adequate rest, sleep, comfort
- Love
- Physical activity
- Pleasant environment, with the support of a balanced, well-structured family.

Interests

- Models the child can identify with
- Opportunity to be different, admired, better than others

Problems

Problems exist, but their impact varies according to the child's personality. Problems sometimes arise from incompatibility with what the school requires and what the family can provide.

Place of health education

Health education can be completely integrated into what are called "awareness" (or general knowledge) subjects with a formal syllabus. These subjects are, by definition, meant to further the children's overall development.

Who will design the programmes?

- A committee made up of teachers, health educator(s), public health officers, government officials (the latter only in connection with funds and facilities).
- Campaigns should be organised every year along the lines of those that proved effective in the past.

24. Adjustments will have to be made to the common "core" programme according to the needs of communities and in consultation with local health and education authorities. To obtain community involvement, some programmes should be aimed at children, others at adults, so as to achieve unity of thinking, but always along the lines of an official core programme.

25. We feel that there will be problems in achieving these goals. In order to pinpoint these problems, action should be confined to pilot projects in selected areas, where tangible results can be expected in the short term.

26. All volunteers should be accepted, provided that operations are co-ordinated by a central Health Education Authority.

## VII. INTEGRATION OF HEALTH EDUCATION INTO THE SCHOOL CURRICULUM, INVOLVING CO-OPERATION BETWEEN HEALTH AND EDUCATION SERVICES - Lois Kennedy

### REVIEW

27. We have established in our workshops that we have a clear commitment to the concept of health education as a necessary part of our whole education process. We have clarified some of our problems and determined many of the needs of our children. Now we will have to plan for the solutions to the problems and the satisfaction of these needs.

### AIMS

28. We must consider our general aims of education, and the particular aims of our own education system, and these aims will provide a framework within which schools may more readily define curriculum objectives. The translation of these aims into practice depends on the schools, the quality of their programmes, the teachers, community support and the learning experiences provided. Education is concerned with individual development, healthy physical growth, the acquisition of the skills knowledge, attitudes and interests required to fulfil our aims. Health education is concerned with developing and promoting the knowledge, attitudes, values and behaviour essential to individual, family and community health. It is the role of the school to share the responsibility of health education with the home and the community.

### PLANNING

29. When planning the integration of health education into the school system, or restructuring an existing subject to improve its effectiveness, a number of questions need to be asked and answered, to define the parameters of the subject and the procedures that must be followed. The answers will present a framework within which it is hoped each country will be able to determine an approach suited to its distinctive circumstances and priorities.

### QUESTIONS - PLANNING

- Who is the programme for?
- Why do we need health education?
- What are our beliefs about what health education should do?
- What are the health needs, interests, problems and concerns of the children?
- Where will health education be taught in the curriculum?
- Who will develop the health education programme?
- Who will implement the programme?
- What will the programme be?
    - guidelines that each school/community can adapt,
    - specific content and objectives for all schools.

. How much time do we need to teach health education?

30. The answers to these questions will help us to plan guidelines for the development of a health education programme -

1. A programme with objectives, content, learning experiences, resources and evaluation techniques.

2. Health services in the school and in the community, which can provide medical appraisals, dental care, immunisation and first aid.

3. A healthy school environment.

4. Support services such as teacher training, inservice courses and advisory help.

PROBLEMS

31. There are bound to be a number of problems, with time, with teacher background and competence in health education, and with poor health practices in the community. Rural areas will have particular problems with lack of communication, isolation and lack of resources, and meeting the exceptional needs of rural areas becomes a pressing concern.

32. To minimise some of these problems it may be advisable to launch a pilot programme on a small scale to be able to evaluate the result with minimum outlay.

## VIII. GROUP REPORTS ON WHAT ARE THE MAJOR HEALTH TOPICS TO BE TAUGHT IN THE SCHOOL CURRICULUM IN THE SOUTH PACIFIC REGION

SUGGESTED MAJOR HEALTH TOPICS

1. Personal hygiene
2. Nutrition, growth and development
3. Disease and prevention
4. Safety and first aid
5. Recreation and sports
6. Community health.

CONCEPTS

1. (a) Cleanliness/Grooming
   (b) Dental care
   (c) Sanitation
   (d) Suitable clothing.

2. (a) Body development
   (b) Diet for strength, energy, growth and repair
   (c) Usage of drugs.

3. (a) Local infectious diseases
   (b) Immunisation
   (c) Health habits.

4. (a) Dangers
   (b) Road safety
   (c) First aid awareness.

5. (a) Exercise
   (b) Rest and relaxation
   (c) Good sportsmanship.

6. (a) Safe water supply
   (b) Proper waste disposal
   (c) Role of the child in the family
   (d) Role of the child in the community.

OBJECTIVES

1. Learn values of cleanliness
   (a) Practise healthy habits
   (b) State methods of personal cleanliness.

2. Pupils
   (a) are made aware of the importance of body development
   (b) learn the uses and effects of food in the body
   (c) choose foods that are good for health
   (d) understand the structure and functions of parts of the body.

3. Pupils
   (a) know what infectious diseases are, and their causes and effects
   (b) practise habits that aid in preventing the spread of diseases
   (c) understand reasons for immunisation.

4. Pupils
   (a) identify dangerous situations
   (b) carry out safety procedures
   (c) practise first aid.

MAJOR HEALTH TOPICS TO BE TAUGHT IN SCHOOLS

33. It was noted from the group reports that most of the topics suggested were common to all countries in the region. The topics are:

1. Personal hygiene
2. Nutrition, growth and development
3. Disease prevention
4. Community health and environmental hygiene
5. Safety and first aid
6. Recreation and sports.

34. Generally, the concepts prescribed for the above topics were the same, but there were varying opinons as to which topics certain concepts belonged.

## IX. METHODS, STRATEGIES, LEARNING EXPERIENCES RELATED TO HEALTH EDUCATION IN PRIMARY SCHOOL - Lois Kennedy

35. The health education curriculum can be thought of as the "what" to teach in health. Ideally it is designed to meet the health needs and interests of pupils and must be flexible enough to provide for individual differences from school to school and class to class, and child to child.

36. Initial health behaviour is almost entirely dependent on what parents consider desirable or undesirable health practices. Through rewards and punishments the child will acquire certain health practices, many of which will be continued throughout life. Encouraging desirable health practices by providing appropriate health learning experiences provides the foundation for the development of sound health attitudes and knowledge.

37. It has been found that three factors are influential in determining health behaviour:

- pleasure - we accept the risks involved in poor health behaviour in exchange for pleasure (nutrition);
- rationalisation - we rationalise our health behaviour because any potential threat appears to be so far removed (smoking);
- fear - an immediate factor, not a long-lasting one.

38. Although these factors may seem rather pessimistic, they are useful references when determining what is the most effective approach to teaching health education. We can see that health education will be more meaningful to children if its focus is on their present health actions. Consideration of growth and development characteristics of children will help us to determine the more suitable approach. At certain developmental stages, children are more inclined to establish health practices, at other stages, attitudes, at another, knowledge.

39. From this consideration we can evolve a pattern of instructional emphasis.

- in the early years (4-6 years), the development of health practices;
- in the middle primary years (7-9 years), when children are most impressionable, the development of attitudes. At this stage, through the acquisition of desirable health attitudes, health practices already established will be reinforced;
- in the upper primary years (10-12 years), the knowledge to sustain, reinforce and support the practices and attitudes becomes important. The child is in need of objective health information at this stage. Such information will help in making informed decisions regarding health behaviour.

40. This parttern of course is flexible and there must be flow both ways. Children at early primary level are certainly capable of understanding, using information and forming attitudes, and of course it is never too late to establish positive health practices. The emphasis on approaches is what we need to keep in mind, and this emphasis will help us to determine the approaches, the teaching strategies and learning experiences most useful for health education.

41. Most of what children learn comes through the senses of hearing, seeing, tasting, touching and smelling. The more the senses can be used, the richer and more lasting the learning experiences will be.

42. Learning is an individual and progressive experience. Each child learns in his own way and at his own rate of speed.

43. The teacher's main job is in motivation. Children can be effectively motivated to learn more about health when they:

. see meanings and relationships in what they learn,
. are assigned tasks that are not beyond their abilities,
. know and understand what is expected of them,
. participate in activities that are meaningful,
. gain recognition of their accomplishments,
. can relate what they are learning to what they are doing each day at home, at school and in their community.

44. The curriculum is "what" to teach - methods are the "how to". When choosing the methods to be used in teaching health education we must take into account:

. teacher skill,
. time,
. available space, equipment, resources,
. child's educational needs and capabilities.

45. Variety is important. Too much stress can be placed on equipment and resources. Imagination and creativity can be more successful and children enjoy more well-prepared activities in which they can take part and even make from their own resources.

46. The best methods for teaching health are those used in the effective teaching of any other subject.

47. The lists of methods, strategies and activities is of course not exhaustive. In our workshop groups we can look at the suggestions, add others we have found successful and delete those not practical for our own situation. This list will be useful in choosing appropriate methods and learning experiences when we develop units of work for different age levels.

48. Learning experiences in health can be made more memorable through the use of teaching aids. Some of these aids are inexpensive and easily obtained; others involve more cost. There are a number of free and inexpensive materials in health - newspapers, magazines, etc. - and children will be able to help with the collection.

Planning a unit of work

Steps

. Determine age group

. Choose contents

Consider - background
- interests
- needs
- abilities
- present knowledge and bahaviour of children

. Define what you want children to do

. Choose appropriate method

- Can integration or correlation be planned with other subjects without losing health concepts?

. Choose learning experiences

. Resources

- Materials to be collected
- Agencies/consultants who can offer support

. Evaluation

- Has knowledge and understanding developed?
- Has there been a change in children's health attitude and health practise?
- Was the method used interesting, fun?

## X. GROUP REPORTS ON METHODS OF TEACHING HEALTH EDUCATION IN PRIMARY SCHOOL

49. In the final session, groups chose topics from those suggested for a school health programme and identified methods, activities and resources (personnel and materials) for the teaching of these topics. The planning was for the age groups 4 to 12 years, with emphasis on the involvement of the community in the teaching activities.

### Comprehensive development of learning activities on certain health topics according to age group

50. The topics chosen were:

Group 1 - Nutrition.

Group 2 - Hygiene - control pests.

Group 3 - Safety and first aid.

## X-A. REPORT OF GROUP I

## METHODS OF HEALTH EDUCATION IN PRIMARY SCHOOL

## TOPIC NUTRITION

NUTRITION

| CONCEPTS | AGE | TOPICS | OBJECTIVES | ACTIVITIES | MEANS (teaching aids) | COMMUNITY INVOLVEMENT |
|---|---|---|---|---|---|---|
| Nutrition = balance of body functions<br>Imbalance < undereating / overeating | 6 to 7 years | The different essential food groups<br>Children: - Notions of good and bad<br>Community: - Notion of balance - Medical supervision - Health book - Health card | - Achieve harmonious growth: must eat enough but not too much<br>- Acquisition of good habits<br>- Learning to brush teeth<br>- Protect teeth (importance of protecting first teeth) | - Reading, writing, singing, language<br>- Drawing<br>- Cooking<br>- Mime<br>- Puppets<br>- Audio-Visual aids | - Handbooks, posters<br>- Pictures<br>- Cooking equipment, supply of foodstuffs (parents)<br>- Schoolroom equipment (+ parents)<br>- Radio | - Ad hoc assistance<br>- Parents<br>- Health educators<br>- Doctors<br>- Clergymen, traditional leaders, government officials, etc. |
| | 8, 9, 10 years | - Body-building foods<br>- Protection foods<br>- Energy foods<br>- Know where to find them and how to use them | - Acquire good food habits<br>- balanced meals<br>- meals at regular times of day<br>- fresh foods<br>- know how the digestive system works and how to look after it | - Elementary science<br>- Research on the topic and subsequent classroom work<br>- Monographs (cutting out and pasting of pictures, producing a handbook) | - Research and visits that can subsequently be used as a base for classroom work (documents, photos)<br>- Children make posters, flannelgraphs<br>- Audio-visual methods, collections, picture assembly, comic strips | |
| | 11 to 12 years | - Need to chew properly<br>- Cleanliness<br>- Introduction to nutrition and saving on food | - Revise and expand notions previously acquired<br>- study functions of teeth<br>- tooth care and tooth decay<br>- Introduction to food-related diseases<br>- parasitic diseases<br>- poisoning<br>- malnutrition<br>- Know how to choose local products | - Elementary science with emphasis on practical work | - Posters, meals (school and home)<br>- Talks by specialists and meetings of the school and community<br>- EXHIBITIONS OF STUDENTS' WORK, which make the children feel important<br>- Calling on help of mothers from different ethnic groups to prepare traditional meals | - Enlisting the co-operation of the community, which can:<br>- introduce children to new food products<br>- add variety to normal meals |

## X-B. REPORT OF GROUP II

## METHODS OF HEALTH EDUCATION IN PRIMARY SCHOOL

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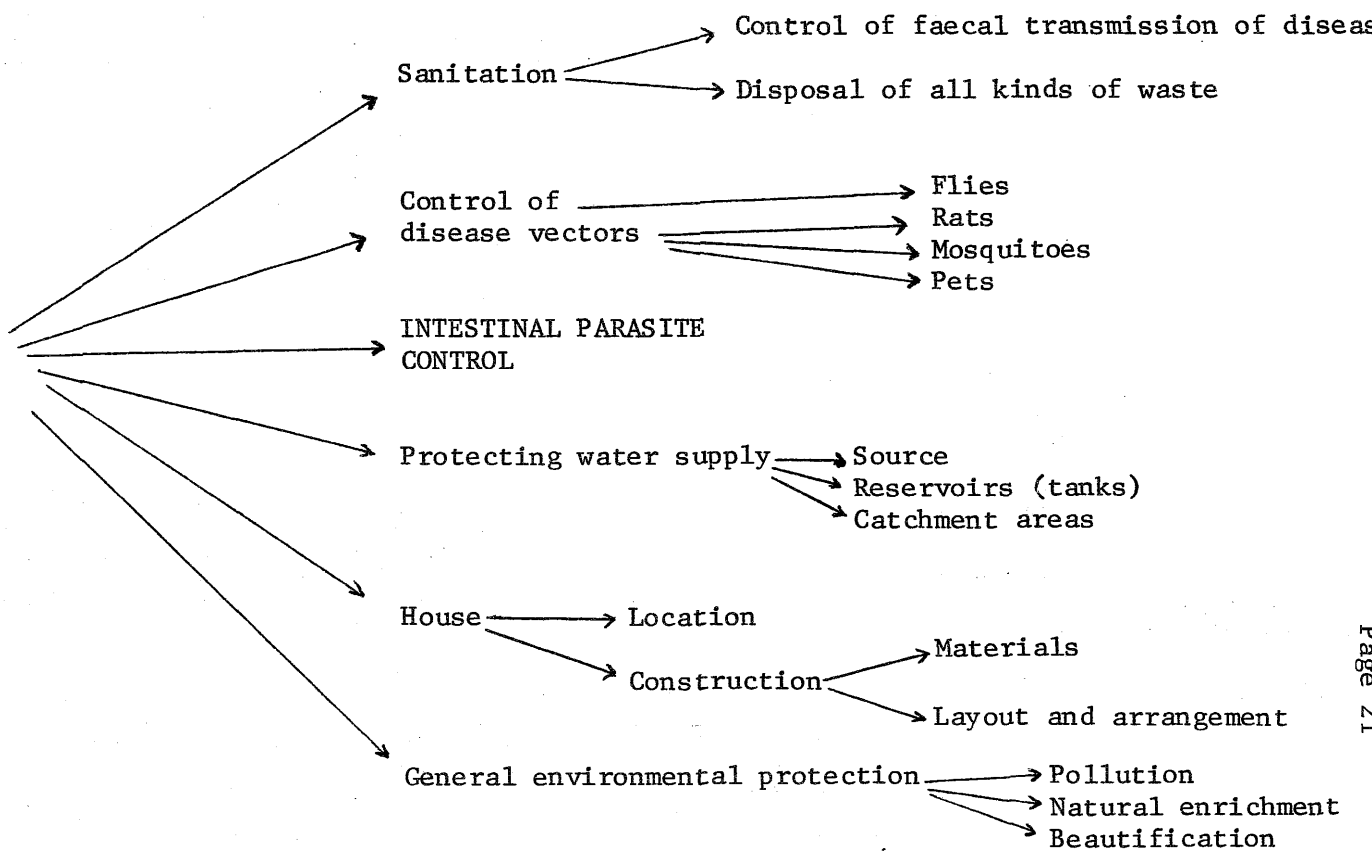
The group chose to concentrate its work on the general concept of HYGIENE, along the lines suggested by the consultant.

GENERAL CONCEPT

HYGIENE

Objectives

SPECIFIC CONCEPT COMMUNITY HYGIENE



AN EXAMPLE OF HOW AN OBJECTIVE CAN BE DEVELOPED

CONTROL OF DISEASE VECTORS  INTESTINAL PARASITES - ROUNDWORMS

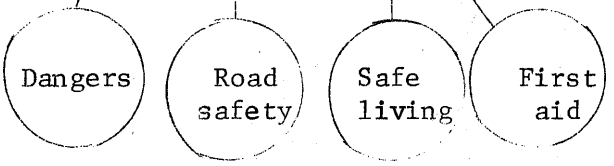
| AGE GROUP | COGNITIVE OBJECTIVES - KNOWLEDGE | PRACTICAL EXPERIENCE | TEACHING AIDS | ACTION IN THE COMMUNITY | RESOURCES | ADMINISTRATIVE ACTION |
|---|---|---|---|---|---|---|
| 4 to 6 years | - Visual recognition of parasite, which is an intestinal worm: roundworms<br>- Awareness of origin of parasite<br>- Transmission | - Observation - comparison - measurement (using parameters that are easy to evaluate)<br>- we begin acquiring personal hygiene habits, attitudes, reflexes and behaviour<br>- modelling | - Use of worm<br>- Representation<br>- Descriptive details<br>- Washing hands - frequently - at meals, recess times, handwork lessons, sport<br>- Pictures to colour | - Survey of families' health<br>- Specialists to give information to the community, use of the media<br>- Information about hand hygiene | - Obtain a roundworm<br>- Flannel-graph<br>- Plenty of WATER to be available<br>- Cameras<br>- Magnifying glass<br>- Microscope<br>- Projector<br>- Screen<br>- Video equipment | - Medical examination<br>- Co-ordination of health and education services |
| 7 to 9 years | - Diagrams and basic principles of functioning of digestive system<br>- Characteristics common to all parasites<br>- Recognition and enumeration of symptoms<br>- Recognition of possible localisations of parasites | - We continue practising the above-mentioned habits until they become reflexes<br>- Learn to sterilise water, to wash vegetables, to protect food (from flies, dust, etc.) | - Series of slides showing cartoons<br>- Drawings, graphs, diagrams<br>- Posters: wall-charts | | | |
| 10 to 12 years | - Revision of diagram of digestive system and of digestive functions<br>- Anatomy of the parasite concerned<br>- Lifecycle and general features<br>- Classification of species<br>- Study of favourable environment for parasite development<br>Appropriate technology: latrines, water filters. | - Practise reproducing the worm by drawing<br>- Practise explaining and spreading knowledge acquired<br>- Revise and elaborate on precautions to be taken<br>- Put intellectual and technological acquisitions into practice with a view to producing basic equipment<br>- Models<br>- Excreta disposal by building latrines etc. | - Slides in the form of photographic reproductions<br>- Investigations in the community with posters prominently displayed<br>- Visitors from outside the school (health educators, doctors, nurses)<br>- Experiments<br>- Analysis of results with a view to production of statistics | - Similar equipment | | |

## X-C. REPORT OF GROUP III

## METHODS OF HEALTH EDUCATION IN PRIMARY SCHOOL

TOPIC: SAFETY and FIRST AID

Sub-Topics:




Objectives: At the end of this programme, pupils should be be able to:

(a) Identify dangerous situations.

(b) Apply first aid.

(c) Practise safety procedures, and

(d) State reasons for practising safety procedures.

| TOPIC | AGE | CONCEPT | |
|---|---|---|---|
| SAFETY AND FIRST AID | 6 to 7 years | A. Dangers indoors & outdoors<br>Fire; suffocation from plastic bags; sharp objects; poisoning; choking; electricity. | A. |
| | | B. Care of sores, cuts & wounds. | B. |
| | | C. Road safety<br>Care on the road; walking and riding. | C. |
| | | D. Safety at school and other places<br>Daily routine; safe playing area; safety on the beach. | D. |
| | 8,9, 10, years | A. Dangers indoors & outdoors:<br>Fire: hot fat; sharp objects; cuts and wounds; falls; poisoning. Electrical/gas appliances | A. |
| | | B. Treatment of cuts, sores, burns. | B. |
| | | C. Proper use of the road, therefore, preventing accidents, i.e. use pedestrian crossing, foot-paths, identify road signs. | C. |

| ACTIVITY | RESOURCE |
|---|---|
| Fire: Poster; discussion; making and drawing of pictures & posters.<br>Suffocation: Demonstration by teacher.<br>Poisoning: Experiments.<br>Sharp objects: Posters. | A. Fireman; nurses; films; posters. |
| Demonstration; role play. | B. Red Cross officers; nurse. |
| Posters, films; road safety drills; role play; games. | C. Traffic officer ; police officer. |
| Coastal field trips; life saving lessons; games. | D. Principal Phys.Ed.; Phys. Ed. Teacher; life guard; Red Cross; boy scouts; films; charts. |
| As for age group 6 to 7 years | A. As for age group 6 to 7 years. |
| As for age group 6 to 7 years. | |
| As for age group 6 to 7 years. | |

| TOPIC | AGE | CONCEPT | ACTIVITY | RESOURCE |
|---|---|---|---|---|
| SAFETY AND FIRST AID. | 8,9, 10, years | D. Safety practices at school and other places:<br>Proper behaviour in games and sports; orderliness at school | D. As for age group 6 to 7 years. | |

## XI. RECOMMENDATIONS

Recommendation No.1

The Workshop recommended that all teachers receive training in health education.

Recommendation No.2

The Workshop recommended that the South Pacific Commission reproduce resource material on health education for distribution to countries/territories.

Recommendation No.3

The representatives of the French territories recommended that an official administrative structure be established, where the parties concerned, namely the Department of Education and the Department of Health, would each be represented, to design and implement health education programmes for schools.

ANNEX 1

## STRATEGIES, METHODS AND ACTIVITIES FOR TEACHING HEALTH EDUCATION

. Audio-Visual
. Bulletin boards
. Buzz groups
. Cartoons
. Chalkboard
. Charts and graphs
. Choral speaking
. Collecting
. Committee or group work
. Cooking food of places studied
. Crossword puzzles
. Current events
. Dances of places or periods studied
. Debates (for older pupils only)
. Diaries
. Discussions
. Dramatics
. Exhibits
. Films
. Filmstrips
. Flannelboards
. Flashcards
. Flow charts
. Games
. Interviews (sometimes tape recorded)
. Jigsaw puzzle maps
. Listening activities of many kinds
. Maps of many kinds, and globe
. Mobiles
. Mock-ups (enlargements to more than life size)
. Mock panels, broadcasts, and telecasts
. Modelling in various media

. Making models
. Montages and/or collages
. Murals
. Music
. Newspapers and magazines
. Notebooks
. Open textbook study
. Panels and roundtables
. Pen-pals
. People as resources
. Photographs taken by pupils
. Pictures
. Plays
. Poetry
. Posters
. Problem solving or inquiry
. Puppets
. Questioning of many kinds
. Radio programmes
. Reading of many kinds
. Recording
. Reporting
. Role playing or sociodrama
. Sand tables
. Scrapbooks (individual and/or class)
. Service projects
. Slides
. Source materials
. Story-telling
. Surveys
. Talks by teachers, pupils, visitors
. Tape recordings
. Television
. Tests of various kinds
. Textbooks
. Time-lines
. Transparencies

. Trips
. Word association devices
. Workbooks or response books
. Writing for materials
. Written work of various kinds

ANNEX 2

## AN UNFINISHED CHECKLIST OF RESOURCES

Activity cards
Archives
Artefacts
Audio-tapes
Brochures
Bulletin boards
Cartoons
Case studies
Cassettes
Census findings
Chalkboard
Charts
Collages
Collections
Computer-assisted learning packages
Cross-sections
Crossword puzzles
Diaries
Dioramas
Documents
Excursions
Exhibits
Field studies
Films
Filmstrips
Flags
Flannelboards
Flashcards
Flow charts
Games
Globes
Graphs
Guest speakers
Interviews
Item banks
Jigsaw puzzle maps
Journals
Letters
Line sketches
Logs
Magazines
Maps
Mobiles
Mock-ups
Mock newscasts
Making models
Montages
Murals
Music
Narratives
Newsletters
Newspapers
Novels
Overhead projector transparencies
Paintings
Pamphlets
Parents
Pen-pals
People
Periodicals
Photographs
Pictures
Poetry
Posters
Questionnaires
Radio
Readings
Recipes
Recordings
Reports
Reproductions
Research findings
Role plays
Sand tables
Scrapbooks
Simulations
Slides
Sociodrama
Specimens
Stamps
Statistics
Stencils
Stories
Surveys
Tables
Talks
Tape recordings
Television
Tests
Textbooks
Time-lines
Touring guides
Transparencies
Trips
Video
Workbooks ...