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DASH
Education

Making schools

By Fatima

WHAT is the major cause of disease in our society? Is it are environmental conditions, living conditions, malnutrition issues or simply ignorance? The prevailing health conditions in Pakistan are appalling. At least 40 per cent of children under the age of five are malnourished and the infant mortality rate in the country is 8.4 per cent.

The general health of Pakistan's 140 million citizens is amongst the poorest in the world. Health problems seem to be accelerating due to the lack of health awareness.

The majority of Pakistan's population lacks proper knowledge of how common diseases in the country such as anaemia, hepatitis, diarrhoea etc. are caused. This ignorance leads to the occurrence of various infectious diseases in children as well as the adults in their contact.

The lack of awareness in this country is due to poverty coupled with illiteracy. Out of the 40 million children within the 5 to 15-year age group, about 22 million are estimated to be without schooling. Some never have access to education, while others drop out of school before completing their primary education.

"Globally, we need to achieve a much better balance between preventing disease and merely treating its consequences. This can only come about with concerted action to identify and reduce major risks to health," says Christopher Murray, MD, Ph.D., and Executive Director of WHO's Global Programme on Evidence for Health Policy.

Once a system is created that can explain and define the causes as well as the symptoms of common infectious diseases, people's awareness will gradually increase, leading them to live a healthier lifestyle. For instance, if a child is told how to brush his or her teeth or use *misanak* properly, he or she will avoid bleeding gums as well as dental caries. Many children have weak eyesight due to unhealthy reading habits and poor nutrition. If they are encouraged to eat a balanced diet and taught how to take proper care of their eyes they will not develop serious eye diseases. Small oversights can become life threatening. Schools provide an ideal opportunity to work with children to promote the health of the children and their families as well as to prepare them for their future lives.

The majority of health problems occur due to lack of hygiene and cleanliness. Teachers can affect lives in a community if they are equipped with the knowledge on how to educate children about cleanliness and its benefits.

In order to encourage schools that pro-

mote health (and to test whether having such schools does in fact have a positive effect on the overall enhancement of both school and community health and quality), the Aga Khan University Institute for Educational Development (AKU-IED) approached the Child-to-Child Trust at the University of London's Institute of Education in 1995.

As a result, Hugh Hawes, one of the co-founders of the Child-to-Child Trust, and Dr Tashmin Khamis, who had completed her PhD on nutrition in the UK, visited AKU-IED in 1997 and initiated a four-year pilot action research project in collaboration with Save the Children. The project has been termed as the Health Action Schools (HAS) Project.

The purpose of this research project was to develop prototypes of health-promoting schools and determine whether the child-to-child methodology of teaching health education could achieve the following: Increase health knowledge; change the health behaviour of children, their families and staff at schools; increase children's retention at school; improve skills and self-esteem. The project is based on the so-called 'child-to-child' approach that believes children, rather than being passive and dependent on adults, can become active participants in promoting the health of their communities. Spanning the domains of both education and health, it originated in an international partnership between health and education professionals, and is supported by the Institute for Education and Institute of Child Health at the University of London. While the focus of this approach is on health promotion, the definition of health encompasses the mental, social and emotional health and development of children, as well as their physical health.

If children are rendered passive in the classroom, then their potential to learn, and to act upon their learning, is compromised severely. Without their participation, there is little learning actually taking place. By participating in the full cycle of the child-to-child approach — from understanding, relating to their own lives, planning and taking action and evaluating — children become engaged in a cycle of critical thinking, action and reflection.

At the start of the initiative, the HAS team visited around 40 schools in Karachi, looking for a selection of schools with different characteristics in which to pilot the HAS approach. Five schools of varying backgrounds were then opted into the action research project. These contrasting schools — government (urban and semi-urban), private (upper-class and middle-class), and community based — reflect the range of



educational contexts in the country. In addition to the five pilot schools, the HAS project has also supported other schools in Karachi and various formal and non-formal education programmes throughout Pakistan in the adaptation of its model for school health education and promotion.

At the inception of the project, a preliminary needs analysis was conducted, assessing both the health knowledge and needs of Pakistani schoolchildren as well as the traditional health beliefs and customs of primary school communities. Training of teachers was then used as the vehicle for school improvement; hence enhancing teachers' skills was the main focus.

The teachers from these pilot schools received training in health education and the child-to-child approach as well as something called 'fun active methods enhancement' (FAME).