



**Dear Readers,**

Welcome to our second edition of the Newsletter!

Many of you who have been attending our meetings regularly may have now become familiar with the concept of a health promoting school and the fact that a health promoting school improves young people's abilities to take action and generate change. Young people's empowerment enables them to influence their lives and living conditions. This is achieved through a school's policies and practices, which provide opportunities for children to participate in critical decision-making. This is evident in United Nation's Child rights convention (articles 13 and 14), which addresses a child's two fundamental freedoms: *freedom of expression; freedom of thought.*

When a child enters school, the school, along with the parent also becomes responsible for protecting the rights of these vulnerable children. However in Pakistan, the issue of children's rights is rarely addressed by schools. Children usually have no awareness of their fundamental freedoms. There is little consensus on it. Most restrictions on children's freedom are dealt with privately and informally at home or at school.

We need to consider our role in raising awareness about the fundamental rights of a child in our schools and communities. Through our association, we can strive to raise awareness about the importance of child's right policy in every school of Pakistan.

*Dr Shabnam Ahmed*

## **The Economy and Development of a Country Depends on People's Good Health** *Professor Anita Ghulam Ali*

The Sindh Education Foundation (SEF) is a member of HEALTH Association. SEF initiated health education and promotion activities in 100 Community Supported Schools (CSS) in three districts (Larkana, Dadu and Malir) of rural Sindh in 2001. Professor Anita Ghulam Ali, Sitara-e-Imtiaz, an eminent educationist and managing director of SEF, shares her experiences about SEF's work on health education and promotion.

I believe that health and education should go together. Health education is linked with mental health, change in attitudes, change in habits and change in perceptions. Awareness and prevention should be the first priority. We should teach children how to prevent and protect themselves from getting ill because healthy children will make better students. It is very important that teachers prepare children to get immunized and learn small and very simple things through which they can address health related issues at their own level first. As we move towards the grassroots level, we find that lots of issues are related to health. One of the issues, for example, in education is the dropout

rate: if we do not have a healthy community, obviously we are going to have regular dropouts.



**Professor Anita Ghulam Ali**

If a child is not well, especially if he or she has some disability, whether physical (therefore visible) or invisible, such as deafness and

dyslexia, then that child is disadvantaged. Teachers should be able to identify at least the most common impairment or weakness in children whether it affects the hearing, seeing, comprehension, and understanding among students. Any kind of incapacity can be carried over a long period. I believe that teachers must be educated and trained in health education and, as we learnt in our partnership with AKU-IED, we need our teachers to be able to identify health problems of children. We don't need to take children with special needs out of school and put them into hospitals or teach them separately. However teachers must be able to identify impairments and may give more

attention to the child, or the child may have to be treated a little differently.

I cannot think of any other relationship as close as that of teacher and student, where you have an opportunity to know so much about the child. In some cases, the teacher is even closer than the mother. The teacher probably has a better opportunity than the mother to discuss personal problems. Unfortunately in the rural areas teachers have the advantage of being educated, whereas the mothers are (generally) not.

There are some misconceptions among communities that we need to change. One that comes to mind is that “to be healthy you should eat more meat”. But we need to change this perception so that they realize that vegetables and pulses have nutritive value and a lower risk than meat to heart diseases. We really need to give teachers insights about how important it is for a child to be healthy. As a result, we decided to initiate health education program in our Community Supported Schools (CSS) in partnership with AKU-IED in 2001

In my opinion the teachers, by virtue of their profession, have more freedom than they realize. What stops them from discussing issues not immediately related to the subject? What stops them from taking activity based initiatives? There are many ways to integrate and update information and introduce new ideas. The most important thing is that one must be fully committed to whatever one has chosen to do. To always be in search of more about everything that touches life and living. And, then, be able to share it with someone else.

During our health education programme in the CSS, the greatest impact we saw was the change in the community’s attitude towards our team, as they began to realize that

we really cared for them. A definite change in practices followed, especially in the children. They were very proud to tell stories, such as, that someone had diarrhea and they prepared ORS and gave it to the sick person and he became well. In this way the team was able to inspire the younger generations to do things for the community.

During the project we also faced some challenges; basically those challenges were due to prevailing deprivation of the community. We asked them to drink boiled water, but there was not any water, and if water was available to them they did not have fuel for boiling the water.



Another challenge was that our team of young people, and the community, especially senior citizens, thought that they knew more than the team. So, why should they listen to the team and change their habits. They had been doing things in a particular way for many many years and changing habits was not as easy as changing clothes. It needs self persuasion and discipline. I have told my team that they need to show a lot of patience, tolerance and good humor. They need to understand that the community has to learn, as much as they do, as to how best is to communicate with others. It is stupid to be arrogant and appear to know everything, while the community also might think nothing of education or urban dwellers!! We need to be patient; we should not expect miracles and or instant results. We need to understand that what we are trying to do is to completely change a people’s way of life by convincing them that it is best for them. The only way is to talk to them and try to

point out to them that what is being proposed are some options.

After four years of health education intervention in the CSS, we have come to the conclusion that every SEF program needs to incorporate health education at the appropriate level. Ideas generated in the school environment have a lasting impact. Also, we need to convince the government to focus more on health education programs, because it is worthwhile and it should be given priority. I believe that it does not require much thought to understand how and why the economy and development of a country depends on people’s good health. Enabling environment helps children realize their full potential, which ensures sustainability and a secure future.

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The Convention on the Rights of the Child (CRC), the most widely signed human rights convention in the world, has been in place for ten years, yet we are still witness to obvious violations of the convention world-wide. The basic principles of the United Nations and certain relevant human rights treaties and proclamations reaffirm the fact that children, because of their vulnerability, need special care and protection; and places special emphasis on the primary caring and protective responsibility of the family, the need for legal and other protection of the child before and after birth, the importance of respect for the cultural values of the child’s community, and the vital role of international cooperation in achieving the realization of children’s rights.

(Visit the given website to find out more about Convention on the rights of the Child: <http://www.wcc-coe.org/wcc/what/jpc/echoes/echoes-20-10.html>)

## HEALTH Sessions

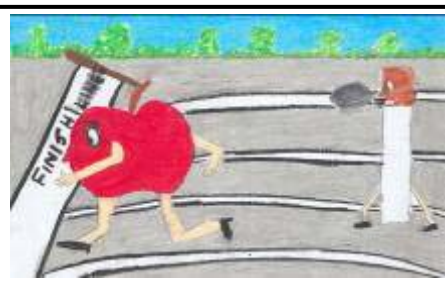


A session on “How to Protect your Heart” was conducted by Dr. Khawar Kazmi (Cardiologist) on Sept 18, 2004, at AKU-IED. Thirty-five teachers and children attended the session. This was followed by a planning session on the same topic on Oct 30, 2004.

A Session on “Hazards of eating Ghutka and Chalia” was conducted by Dr. Javaid Khan (Professor Pulmonary section) on Jan 29, 2005 at AKU-IED. Twenty-five teachers and children attended the session. This was followed by a planning session on the same topic on Feb 26, 2005.

A session on “Importance of Balanced Diet” was conducted by Dr. Salma Badruddin, (Professor Department of Community Health Sciences/Medicine) on March 26, 2005 at AKU-IED. Thirty-eight teachers attended this workshop.

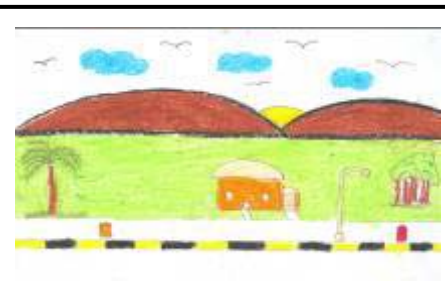
## Children's Drawings on "what is Health"?



Sania Saman (V) SMS Aga Khan School



Maha Arif (IV) Generations' School



Aber Ali (IV) Habib Public School



Nabila Hashim (VI) SEF CSSchool School



Nazia (V) Sultanabad Community School



Rishad (V) Metroville Community

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## Reflections of a Government Primary School Teacher about Health Education in Tharparkar, Sindh

**Gobind Ram Chelhani**

*Government Boys Primary School (Main) Chelhar, Tharparkar, Sindh*

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In order to improve the quality of education in schools of District Tharparkar, the Aga Khan University Institute for Educational Development in partnership with Thardeep Rural Development Programme (TRDP) an NGO and Government Education Department, Tharparkar, Sindh, has trained 20 government primary school teachers of District Tharparkar as 'mentors'. These mentors are now giving training to their colleagues and by the end of 2006 it is expected that 300-350 primary school teachers will be trained through this mentoring programme. The salient feature of this programme is that besides enhancing knowledge in subjects like Mathematics, Science, Languages and Social Studies, health education is also being integrated in this whole school improvement programme. Mr. Gobind Ram Chelhani, a government primary school teacher and mentor, writes about Health promotion in Schools of Tharparkar.

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Educationists have stressed the need of including health education in the curriculum to make children aware of health knowledge so that they can play their role in making a healthy society. If we ignore health education, then the desired results will not be achieved despite spending huge amounts in education. Taking into account these factors health education experts have suggested Child-to-Child four steps approach.

After getting the health education training, the teachers have allocated one period per week for health education. Teachers have planned to deal one topic in a month through four steps of Child-to-Child approach. During trainings, seminars and discussions it has been noticed that some teachers are very enthusiastic about health education and some need more training regarding health education.

In the beginning we were of the opinion that it would be difficult to include and implement health education in our routine teaching. But practical endeavors and experience proved that consistent effort results in minimizing the difficulties and leads to success.

While teaching health topics it can be safely assumed that if health education is introduced in other schools the result will be positive.



Following benefits have been achieved by the school after introducing health education:

- Teaching of other subjects is also improving after the introduction of health education.
- It has been noticed that students' attendance improves on the day health is taught
- Evidence of improvement in self confidence. Students have started expressing their ideas.
- During taking action (Step III of Child to Child Approach), students promote health messages to others through drama, tableau, songs etc. It has helped in developing students literary and acting skills. It has been noted that students spend their time in more purposeful activities, rather than roaming around useless.
- It has been noticed that students are giving their attention to personal hygiene and are eager

to know about preventive measures against diseases.

- Students have started realizing that not taking care of their health, could lead to serious consequences.
- Mentors now find it easy to plan health lessons and their confidence level have also improved.

Though there are many successes of health education intervention, but there are certain challenges, mentors and mentees shared these challenges in monthly seminars and workshops:

- In certain places the community instead of cooperation, criticize children's and teacher's health related activities. One female teacher shared that when she did some health activities, villagers complained we do not want female teachers to do this work.

Though there are many barriers, but we are making small progress. In certain places communities have started realizing the importance of health education. Health issues are now discussed in community meetings. In this scenario if there is strategic and comprehensive planning among teachers, mentors and mentees than it is hoped that agreed objectives of health education could be achieved.

## *Topic plan: Hazards of eating Betel nuts and Ghutka*

**Objectives:** After the end of the topic, children will be able to;

**KNOW:**

- Chewing betel nuts (chalia) is common in Asia and Pacific Islands.
- The chewing of betel nut causes mouth cancer and is second leading cause of cancer-related deaths in Pakistan.
- The betel nut contains substances which affect the nervous system, and it is an addictive.
- Chewing betel nuts stains the mouth, tongue, teeth and gums. Long-term use damages the teeth and soft tissue of the mouth.
- Young children are usually addicted to betel nuts that are sold in different forms i.e. sweet chalia, paan masala, ghutka, manpuri and sonf chalia laced with a light wash of narcotics.
- Betel nuts chewers also use Ghutka which is a lethally addictive mixture of tobacco, slaked lime (chuna) and catechu (katha). Chewing ghutka is very popular among young people in Pakistan.

**DO:**

- Avoid eating betel nuts (in any form) and Ghutka
- Spread messages about the hazards of eating betel nuts and ghutka to your family and friends.
- Encourage friends and family members to avoid the habit of chewing betel nuts and ghutka.

**FEEL:**

- Proud of not having the habit of chewing betel nuts and ghutka.
- Concern for the siblings, friends and family members who are eating betel nuts and ghutka.

**Step 2:** In step 2, children will **find out more** about the health topic in their homes, schools or communities.

**Example Survey Question:**

*How many people in your home eat betel nuts or ghutka?*

The children can interview at school or their family members at homes about chewing betel nuts or ghutka. They can record the results of their survey using a tick, tally chart or pictogram. The children can report and display their survey results using a pictogram or bar graph. The teacher will have to give them examples of tick charts, tally charts, pictograms and bar graphs before they do these on their own.

**Step 3:** In step 3, children will **plan** and **take action** in order to promote health at home, school or in their community.

These are questions that you can use to help children plan and take action based on what they found out from the survey results *What did you find out from the survey? How will these results help us plan action? Why is it important to take action? What health messages are important to spread? Who will we spread health messages to? What action can be taken at HOME, SCHOOL or in your COMMUNITY?*

These are examples of Step 3 (Take Action).

**Idea # 1 Action at Home:** Children make sure that their siblings and parents avoid chewing betel nuts and ghutka.

**Idea # 2 Action at School:** Children can make sure that their school canteen is a betel nuts and ghutka free area. Children can take action by avoiding the habit of chewing betel nuts and ghutka.

**Idea # 3 Drama:** Children can write and perform a drama to spread health messages about the harmful effects of betel nuts and gutka.

**Planning and Teaching My topic**

Remember:

1. Read the objectives for the health content
2. The four-step approach helps you plan and teach a health topic in a series of 4-6 lessons.
3. Each lesson should be at least 30 minutes long.

**Step 1:** In step 1 the teacher will help children **understand** the health topic at school.

**(Do you need help planning and teaching step 1 (understand)?**

1. Start the lesson by telling Naeem's story that excessively chews betel nuts products (paan masala, supari etc). What happened to him? Discuss the hazards of unhealthy habit.
2. Remember to stress the following important health messages:
  - a. *The excessive use of betel nut causes mouth cancer and is one of the top ten causes of death in Asia.*
  - b. *Chewing betel nuts stains the mouth, tongue, teeth and gums. Long term use damages the teeth and soft tissue of the mouth.*
3. After the discussion, the children can write stories, plan short dramas or make pictures to spread messages about the hazards of betel nuts and ghutka

**Step 4:** In step 4, children will **evaluate** the action they took at home, at school or in their community.

*Do you need help planning and teaching Step 4 (Evaluate)?*

Children can discuss these questions, using writing or pictures, to evaluate the action they took:

- *Was the health message about the hazards of chewing betel nuts and gutka understood?*
- *How do you know if the health message was understood?*
- *Are children avoiding taking betel nuts and gutka at home and at school?*

Teacher can reflect on following questions:

Did the children learn the following health messages?

- *The excessive use of betel nut causes mouth cancer and is one of the top ten causes of death in Asia.*
- *Chewing betel nuts stains the mouth, tongue, teeth and gums. Long term use damages the teeth and soft tissue of the mouth.*

How do you feel after teaching this topic?

*What are you happy about? What will you do better next time?*

This topic plan was developed after "Planning Session" on Feb 26, 2005 at the Health Association session by the Health members - adapted from Khasmis, T., Shivji, F., Bhutta, S. (2002) *SEHAT: The Aga Khan University- institute for Educational Development: unpublished Health Education curriculum document.*

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Please send pictures/ drawings, songs and stories made by children of your school. Our newsletter committee will choose the best and we will publish it in our next newsletter.

We look forward to your active participation in HEALTH association and its activities. For further details visit <http://ptan.org/association/health.htm> Or contact **The Editor**,(HEALTH) *The Health Education Association for Learners, Teachers and Health workers*

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