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**WORLD HEALTH ORGANIZATION  
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No. 193

**TEACHER PREPARATION FOR  
HEALTH EDUCATION**

**Report of a  
Joint WHO/UNESCO Expert Committee**

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**WORLD HEALTH ORGANIZATION**

PALAIS DES NATIONS

GENEVA

1960

**JOINT WHO/UNESCO EXPERT COMMITTEE ON  
TEACHER PREPARATION FOR HEALTH EDUCATION**

*Geneva, 2-7 November 1959*

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# JOINT WHO/UNESCO EXPERT COMMITTEE ON TEACHER PREPARATION FOR HEALTH EDUCATION

## Report \*

An Expert Committee on Teacher Preparation for Health Education was held in Geneva from 2 to 7 November 1959 under the joint auspices of UNESCO and WHO.

Dr M. G. Candau, the Director-General of the World Health Organization, formally opened the session and welcomed the members of the Expert Committee and the representative of the Food and Agriculture Organization. Dr Candau mentioned the growing world interest among education and health authorities in the health of school-age children and youth and the importance of this and other co-operative efforts in the field of health education. The Expert Committee, he said, could contribute guiding principles and a framework upon which the various countries could build definite plans and programmes for teacher preparation for health education.

Mr P. T. Orata, Programme Specialist of the United Nations Educational, Scientific and Cultural Organization, brought greetings to the Committee from the Director-General of that Organization, Dr Vittorino Veronese. He emphasized the importance of teacher preparation for health education and the value of the kind of co-operation represented by the joint meeting.

## 1. INTRODUCTION

This report deals with the preparation of the great body of elementary and secondary school teachers for their part in the health education aspects of the school programme. The Committee considers that the professional

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\* The Executive Board, at its twenty-fifth session, adopted the following resolution :  
The Executive Board

1. NOTES the report of the Joint WHO/UNESCO Expert Committee on Teacher Preparation for Health Education ;
2. THANKS the members of the Committee for their work ;
3. EXPRESSES its appreciation to the United Nations Educational, Scientific and Cultural Organization for its continuing collaboration ; and
4. AUTHORIZES publication of the report.

(Resolution EB25.R11, *Off. Rec. Wld Hlth Org.*, 1960, 99)

education of school administrators would presumably include a similar preparation.

The Committee expresses its belief in the important role of education in society and in the importance of health education in the promotion of world health. Differences in educational, cultural, economic, psychological and organizational factors affecting teacher education make it obviously impossible to prepare a standard programme for use internationally. The Committee recognizes that detailed and specific plans must be made nationally or locally in accordance with particular needs, resources, and available technical services.

Education for physical, mental and social well-being takes place through all the experiences of an individual that influence his habits, attitudes, and knowledge in regard to personal and community health. The pre-service preparation of teachers for health education takes place not only through the courses of instruction that he receives, but also through his programme of healthful living in the teacher training institution and in the school community, through his contact with student health services, and through his experiences in practice teaching. Further professional growth in this field, as in others, takes place while the teacher is in service.

The home has the major responsibility for the health of children and youth ; but both school and community share that responsibility. It is necessary that a spirit of understanding and collaboration should exist among teachers and health workers. To be well prepared for his part in the health education of children and youth, the teacher should have a basic understanding of home, school and community relationships.

The Committee notes with satisfaction the consideration given to the health aspects of the primary school curriculum by the UNESCO International Advisory Committee on the School Curriculum.<sup>1</sup>

The work of the Committee has been aided by the constructive action taken in some countries in the use of the Study Guide on Teacher Preparation for Health Education, prepared jointly by UNESCO and WHO, and through reports of their findings.

The Committee also wishes to express its deep appreciation to previous expert committees of both UNESCO and WHO, and to authors of working papers and reports whose constructive thinking has been of great value in its deliberations.

As a preliminary step to the study of the preparation of the teacher for education in health, it was decided to consider briefly the needs and interests of children and youth in respect of optimal growth and health and the opportunities for health education in schools and in the school

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<sup>1</sup> UNESCO (1958). Report of the Second Session of the International Advisory Committee on the School Curriculum.

community, in the belief that information on these subjects was essential for the satisfactory completion of the main task.

## 2. THE TEACHER'S PART IN HEALTH EDUCATION

Today school administrators and teachers are confronted with a most difficult task. The adequate teaching of basic subjects (reading, writing and arithmetic) remains a vital necessity. Knowledge of other subjects is expanding rapidly, and in consequence a greater demand is made by them upon school time. Cultural changes, closer relationships among the peoples of the world, the rapid development of the sciences, and other conditions are constantly increasing the body of knowledge which society would like to impart to its children and youth. There are limits to the work load which can be carried by pupils and teachers. Effective health education seeks to help them carry this load, not to add to it.

Appropriate knowledge in the health field is vital to the individual, but it is knowledge with which the basic subjects may be readily associated and which, in part at least, may be readily correlated with learning experiences in the social sciences, natural science and other subjects.

The development of the body and the personality of the pupil cannot be disregarded in education. The place of health education in the curriculum should be determined by its value to the individual and to society. In the primary school, teachers are especially concerned with the growth of health attitudes and practices among children and less so with imparting health knowledge. At all grade levels the programme has become so heavy that healthful living and health maintenance are vital considerations. These cannot be achieved without encouraging intelligent health behaviour on the part of individuals.

### *Health needs and interests of children and youth*

Health education in schools should be based on the health needs and interests of children and youth, which are to be met by the home, the community and the school working co-operatively. These may be divided into two categories: (a) physical needs, and (b) mental and emotional needs.

Physical needs include adequate nutrition, a healthful environment, rest and sleep, suitable physical activity, protection from disease, appropriate medical and dental care. A healthful regimen involves a proper sequence of activities, balance between activities and rest, and a suitable daily schedule.

In order to meet his mental and emotional needs the child or youth should feel that he is wanted, understood, accepted and respected as a person and as a member of his family, school and community. He should

have the assurance that the challenges he is expected to meet are realistic and consistent with his capacity.

*Teacher attitudes towards health and health education*

The health education provided for the children and youth by the school will necessarily depend upon (a) the present policies of the country, (b) the attitude of the teacher towards and his interest in the health of his pupils, and (c) the skill of the teacher in utilizing opportunities for education in health. The nature of his attitude will depend upon the attitudes of his family and immediate associates, his own health status and practices over the years, and his experiences throughout his school life, including teacher preparation.

*Teacher opportunities for health education*

Teachers, in varying degrees, have always been concerned about the health and well-being of their pupils. While the first duty of the teacher is to provide sound and interesting instruction, he also concerns himself with the health of his pupils, and with the hygiene, order and attractiveness of the school environment.

The teacher knows that good health (physical, mental and social well-being) contributes to happy living and effective learning. He knows that the basic health habits and attitudes are formed during the period of childhood and youth. Such conditions as poor vision and hearing, fatigue, illness and malnutrition interfere with learning, lower the general vitality of students, and may cause absenteeism from school.

The teacher in his daily contacts with his pupils has opportunities to notice early changes in their health and vivacity.

Many organizations outside the school seek the co-operation of teachers in carrying out certain phases of their programmes. Even though such requests reveal a growing appreciation of the teacher's role in health education, the teacher should not be expected to discharge duties beyond his time limitations. Nevertheless, when time permits, voluntary teacher co-operation in community health activities can help to bridge the gap which may exist between what is taught in the school and the conditions which face the children and youth at home and in the community. Effective school-home-community co-operation will help to prevent the problems created by conflicting attitudes and practices. The teacher is most likely to participate in those voluntary community activities which are related to the health and work of his pupils.

Examples will serve to illustrate this point :

(a) Many instances are known in which the teacher in a remote village without health services or medical leadership has aroused the community's

interest, and there have resulted such improvements in school health as the introduction of a school meal, or a safe supply of drinking water, or bathing facilities, or sanitary toilets, or better lighting. Such a teacher can provide invaluable leadership in sanitation, nutrition, recreation and other such fields.

(b) In a crowded urban area a teacher, through his work with children in physical education, was able to bring about a change in the attitude of parents regarding the cleanliness of clothing worn by the boys and girls. This led to greater parental interest in the general health of their children.

The teacher's opportunities for health education are determined by many factors, some of which lie within the teacher's own control and some of which lie outside. Much depends upon the philosophy and policies of the school administration and upon the availability and quality of public health services in the region.

Teachers are most likely to make good use of opportunities for health education when (a) they teach in a school environment which itself is healthful and conducive to good health practices; (b) they relate health teaching to the needs and interests of the children and to the life of the community; and (c) they utilize the help of available health resources.

#### *Where school health education takes place*

School health learning experiences for the school-age child or youth occur through healthful living, through contact with health services, and through integrated and direct teaching in health.

Responsible planning for *healthful living* in the school is primarily in the hands of the school administration. But the teacher is concerned with the implementation of these plans, involving school sanitation, work programmes, recreation, and many other matters. He is also concerned with the use of desirable school situations as health-learning experiences for his pupils.

School *health services* provide varied opportunities for education in health. Health services are carried out by health personnel, but the teacher has an important role. The Committee agrees with the following views expressed in the report of the Expert Committee on School Health Services :

“ The role... for the teacher is obviously important and fundamental in any health service. In areas with extremely limited health facilities, the teacher may be one of the few persons in the community, besides the parents, interested in the child's health. While a programme which depends on the teacher to carry the whole burden cannot be as productive as one with a nurse and physician, there is obviously much that can be done. Conversely, in a highly developed service the role of the teacher, while no longer unique, is still as important to the child's welfare as ever, and there is no substitute for the knowledge gained from the teacher's continued classroom observation.”<sup>1</sup>

<sup>1</sup> *Wld Hlth Org. techn. Rep. Ser.*, 1951, 30, 20

Direct and integrated *health teaching* is most effective in the hands of the teacher. However, he may find it advantageous to seek the help of others. Among the persons who can make valuable contributions to the health education of his pupils are physicians, dentists, nurses, sanitarians, health education specialists, and other health workers : specialist teachers of such subjects as biology, the social sciences, home economics, agriculture, and physical education ; and community recreation workers.

The teacher who is trained in the practical aspects of nutrition can encourage pupils to develop good food habits and to understand the relationship of food to growth and health. Nutrition education can be made especially practical when it is related to such activities as the school feeding programme, school gardening, poultry and small animal raising, and school and community fish ponds. Such practical education can arouse community interest and help to influence agricultural practices and food production, and encourage a greater variety in family diets.

Classes in home economics can also provide practical experience in health education. Pupils can learn about the preparation of meals, the wise purchase of foods, child care and feeding, home improvement and home sanitation, and family relationships.

Accident prevention should also be emphasized in health education because of the great number of serious accidents sustained by children. Teachers should recognize that prevention is a consciously planned activity. The aim of safety education is to help pupils to understand what accidents mean, how they can be prevented, and to discriminate between adventure and mere foolhardiness. Special consideration needs to be given, in accordance with local needs, to home and traffic accidents and, in workshops, to industrial accidents. The best way to deal with an accident is to prevent it from happening.

### 3. PRESENT STATUS OF TEACHER PREPARATION FOR HEALTH EDUCATION

Health education is not always recognized as a discipline of its own and given its rightful place in the programme of teacher training institutions. Many existing programmes for the preparation of teachers in health education are not sufficiently practical or comprehensive. The instruction is often based on an insufficient understanding of health problems and of available health services and resources. There is also a mistaken assumption in some instances that health education can be taught adequately and entirely through such courses as physical education and biology. The amount of time assigned to these courses is usually too brief and the instruction too often consists only of lectures to large classes. Further, practice teaching in health education is, in many instances, either absent or insuffi-

ciently planned and executed. There is a serious lack also of teaching staff with health education training as well as of appropriate textbooks and other educational materials and media.

In spite of present difficulties many factors give the promise of further improvements in teacher preparation for health education throughout the world. These include the growing interest of teachers themselves in contributing to the health of their pupils and students, expanding programmes in public health, the extension of professional preparation for both educators and public health workers, the growing recognition of the importance of health education in the promotion of world health, and the increased activity shown by various international governmental and non-governmental organizations.

#### 4. OBJECTIVES

The principal objectives in teacher preparation for health education are to develop :

- (1) a standard of personal health practices which will help to maintain the health of the individual and serve as an example to pupils or students ;
- (2) understanding and skill in maintaining an optimal emotional environment through desirable inter-personal relations ;
- (3) an appreciation of the value, importance and place of education in health as a part of the total educational programme ;
- (4) a willingness to play an appropriate part in the promotion of health in the school and in the community ;
- (5) an adequate background of professional knowledge about child growth and development, personal and community health, and programmes and procedures in school health ;
- (6) understanding and appreciation of a healthy physical environment and how it is maintained ;
- (7) skill in promoting health education and in working co-operatively with others in this sphere ;
- (8) a knowledge of community health and social agencies and the ways in which the teacher may work properly and effectively with them and with the home.

#### 5. WHAT THE TEACHER NEEDS TO KNOW

To enable the teacher to work in health education successfully and with satisfaction a specific and systematic preparation must be included in the general teacher training programme. The dual task of maintaining his own health and of contributing effectively to the health education of

his pupils suggests the need for knowledge in the five subjects described below.

#### *Growth and development*

This subject deals with the pattern of growth and of physical, mental and emotional development through infancy, childhood and adolescence to adult life. It is important to know the interrelationships between all aspects of growth and also the nature and range of individual differences.

#### *Personal health*

Adequate knowledge of personal health makes for an appreciation of positive health and its value to the individual, as well as for an understanding of the essential requirements for healthy living. It includes the study of applied nutrition, infection and immunity, the hygiene of the various systems of the body, mental hygiene, safety and first aid, stimulants and narcotics, departures from normal health, the wise use of medical and dental care, and family life education.

#### *Community health*

This subject is needed for both individual health and effective teaching. It includes knowledge of the nature of governmental and voluntary health agencies, and of principles of communicable disease control, mental health, and child health promotion; of community resources for ensuring safe food and water, clean air, protection against noise, and disposal of wastes; of the hygiene of ventilation, heating and lighting; and of community attitudes towards health and disease.

Home, school and community relationships in health education are especially important, because the health education activities of children, youth, and their families need to go forward hand in hand if they are to reinforce each other and promote desirable health practices in an integrated manner.

#### *School health practice*

The necessary understanding of school health principles and practices includes a knowledge of: (a) the elements which can contribute to a good physical environment for a school, e.g., such items as satisfactory seating, ventilation and lighting, a safe water supply, adequate toilet facilities, waste disposal, insect and rodent control, and the cleaning and maintenance of buildings; (b) school procedures for dealing with childhood diseases and other health matters; (c) school medical and dental services, including health appraisal of the pupils, testing for vision and hearing, and correction

of physical defects ; (d) the programme of safety education and first aid in the school ; (e) physical education and recreation ; (f) how to plan the school programme with reference to the physical and mental health of the children and youth ; and (g) how to work effectively with the other members of the school teaching staff, with health workers and others.

#### *Methods of health education*

Methods of health education are similar to the educational methods used in other subjects and usually taught in general courses on education. The study of health education methodology includes consideration of the use of direct instruction, the development of teaching units, the integration of health instruction with other subjects, the effective use of lectures, discussion methods, field health projects, problem-solving methods, demonstrations, exhibitions, dramatizations, field trips, visual materials and how to obtain source materials. It includes also consideration of the use of such routine procedures as weighing and measuring, daily observation of pupil health, school meals and relaxation periods ; and of the use of school and community situations in health teaching. The teacher needs to know how to relate health education to the interests and capacities of specific ages and cultural backgrounds. He learns that practical health education should start from the situation in which the individual student finds himself and not from an artificial and theoretical standard of perfection.

### **6. LEARNING EXPERIENCES IN HEALTH EDUCATION DURING PRE-SERVICE PREPARATION**

In the teacher training institution, learning experience in health education can occur in connexion with : (1) healthful living while in training ; (2) contact with student health services ; (3) courses of instruction ; and (4) practice teaching.

#### *Healthful living in the teacher training institutions*

The final responsibility for providing a programme of healthful living for students rests with the administration of the individual teacher training institution, but faculty-student health committees can assist in planning for healthy living and in putting the programme into effect. Such activities, with the integration of the many aspects of student life relating to health, help the prospective teacher to understand the place of health in daily living. Specific responsibilities are placed upon administrative officers, the student health service personnel, and others such as sanitarians or directors of food services.

The elements involved in providing healthful living situations for the student teacher in training will vary according to whether the student lives in supervised hostels or outside.

Learning experiences for all students may be developed in connexion with :

- (1) the sanitation and care of properly constructed college buildings and grounds ;
- (2) making provision for the maintenance of adequate nutrition on the part of the student ;
- (3) the provision of sound activity programmes through physical education, sports and recreational opportunities ;
- (4) the provision of sufficient suitable social activities ;
- (5) the establishment of policies regarding assignments, examinations, work schedules, working conditions and hours which are compatible with health and educational levels ;
- (6) the provision of a suitable work climate which will help the student to work effectively and systematically ;
- (7) the provision of facilities in the college where the student can study, read and enjoy music : properly ventilated, well-lighted rooms, library facilities, and so forth.

When the student lives in a hostel or in approved housing conditions, the authorities can maintain standards of space, bathing facilities, sleeping accommodation, lighting, safety, etc.

The student who lives outside controlled hostels presents a different problem in respect to the use of his environment as a learning experience. It may be possible :

- (1) to have students discuss their living conditions in relation to such activities as planning meals or making the best use of facilities for cleanliness ;
- (2) to have the students make a study of the living conditions in the community and find ways in which they can help to improve them through working parties or group action ;
- (3) to encourage students, where conditions permit, to make equipment to improve their own living conditions.

#### *Student health services*

An adequate student health service is necessary for the protection and promotion of the physical, mental and emotional health of the students. Through this service the students learn to understand the nature of medical services in general and the value of health supervision. The student health service helps the individual student to understand his own physical and

mental possibilities and limitations, and to develop a workable programme of healthy living.

Many teacher training institutions are without student health services and must depend upon those supplied by either government agencies or private organizations. A few have services, staff and facilities to meet the needs of the students. Where they exist, they provide many practical teaching opportunities for students in training, e.g., good student-physician relationships, that unfortunately are not always fully utilized. To be effective in providing suitable learning experience for the student teacher, the student health services should be so planned and conducted that specific provision is made for the health education aspects.

Learning experiences occur in connexion with such activities as: health examinations; medical and dental care for the individual student; immunizations; emergency medical care; discovery and correction of remediable defects; consultation on personal problems; and hospital care.

The student teacher should, where possible, obtain direct experience through assisting in the conduct of some parts of the school health services, such as acting as a helper in immunization procedures.

#### *Direct health teaching*

In the field of health the teacher needs (1) an adequate knowledge of personal and community health, for his own benefit and as background knowledge for health teaching; (2) an understanding of the school health programme and how it operates; and (3) the practice of methods which he will use in his health education activities with pupils. Most teacher training curricula include courses in psychology, which provide some understanding of the growth and development of the child.

Courses offered in teacher training institutions in different parts of the world vary widely in number, in name, in length, in content and organization, and in the professional background of the staff. Each institution responsible for teacher preparation must decide how much direct instruction is to be given, its organization and place in the curriculum. Health instruction should be practical, and related to the cultural background of the future teachers and to the nature of the health problems and resources of the schools and communities in which they are likely to work.

The teacher who will deal with older students in the higher academic or technical institutions, where emphasis is placed on the teaching of specialized subjects, should have health education included in his initial training. Like teachers of younger children, he needs a sound basic knowledge of the requirements for healthy living and learning and an understanding of the principles and procedures of the school health programme.

Some of these teachers (e.g., of home economics or physical education, or the "form master" or "home room teacher") will inevitably have

considerable opportunities for health education in their day-to-day work. All secondary school teachers, regardless of their assignment, should be made aware of the health needs of their pupils, special emphasis being given to the particular problems of physical, mental and emotional growth changes in adolescence and to occupational hazards.

It is essential that the student teacher be able to apply the accepted principles of teaching to health education. These include: (1) relating health teaching to the interests, needs, ages, and abilities of children and youth; (2) integrating health education with other subjects in the curriculum; (3) providing varied and appropriate teaching materials and devices; (4) working in co-operation with other students on health projects in the school and community, and learning to recognize the relationship of health conditions to socio-economic and cultural aspects of home and community living; and (5) providing continuity and follow up of learning activities.

#### *Practice teaching*

As in other fields of the school curriculum, practice teaching is an essential requirement in the preparation of teachers for health education. Direct participation in health education experiences in the practice schools will enable the student teacher to recognize health as a part of the education programme, to learn how to teach it, and to develop practical methods and approaches which can be helpful in his future teaching.

In the practice schools the future teacher should have the opportunity, in so far as resources and established teaching procedures are available:

- (1) to become acquainted with a good school health programme;
- (2) to plan and carry out teaching projects in health;
- (3) to acquire experience in health guidance of individual children, involving teacher conferences with health personnel and the placing of medical decisions upon medical and nursing personnel;
- (4) to participate in school feeding programmes;
- (5) to visit official and voluntary health agencies and participate in school-community health projects, e.g., school health council meetings and community health conferences;
- (6) to work in co-operation with health workers and gain an understanding of school and community health services and the health education assistance that can be obtained from health workers and others in closely allied fields.

### 7. IN-SERVICE EDUCATION

In-service education makes the teacher more competent as a health educator. Experience is gained in several ways.

Teaching in a well-operated school system with a good school health programme is in itself a good learning experience, especially if there is professional guidance or supervision of health education activities. Some countries produce a handbook of health education for teachers, which serves as a partial guide, and meetings are held with teachers to help them learn how to adapt to their own situations the suggestions given in the guide.

Curriculum planning in health education is a valuable learning experience for the teacher in service. It may be done by setting up the basic curriculum for an individual school system. In curriculum making there are opportunities to stimulate the thinking of the whole teaching body by asking for their suggestions and contributions in certain situations or problems.

Short courses and seminars for teachers in service given by colleges and universities, often with the assistance of official and voluntary education and health agencies, are common and useful. In planning courses and seminars, special consideration should be given to the different needs and possibilities of teachers on the basis of their previous training and experience.

Working conferences of teachers and public health workers contribute to the in-service education of both groups. Health education topics, as appropriate, may also be included in the programmes of professional meetings, such as teachers' conferences on general education.

Extension or correspondence courses are fairly common. These courses should, as far as possible, be related to the teacher's own activities in health education.

Many health authorities and voluntary health organizations provide consultant services for teachers, support experimentation in health education within school systems, promote discussion of pupil health problems at parent-teacher meetings, and aid in the organization of school health councils. All these activities to improve the school health programme contribute to continuing teacher education.

Other personnel, such as sociologists, psychologists, anthropologists, physical educators, agriculturalists, home economists, and specialists in home and traffic safety, can give teachers additional assistance which may be useful in teaching about health.

Persons invited by the school to work with teachers will make their greatest contribution when they are aware of the purposes of in-service education and the nature of the group with whom they will be working.

The use of accurate and constructive resource materials from health agencies, both official and voluntary, contributes to the health background. In addition, teachers can learn to create some of their own teaching materials through in-service education.

## **8. PLANNING OF TEACHER PREPARATION FOR HEALTH EDUCATION**

The planning of programmes of teacher preparation for health education is usually the function of the education authorities, with a division of responsibility between the national ministry of education, state or provincial educational authorities, and the teacher training institutions themselves which varies in different countries. The Committee recognizes that in some countries teacher preparation for health education has become of such concern to national health that health authorities and agencies are endeavouring to make an increasing contribution to this activity.

In order to ensure effective development of health education for teachers, this activity should be carefully planned, giving due attention to the general aims and specific objectives, the content of the curriculum, time allocation, the personnel and teaching resources available, and other technical and administrative problems. It is desirable that the planning be done by committees consisting of administrators, teachers, and specialists in education and health.

Programmes need to be adapted to the health needs and resources of the communities and countries concerned and to the characteristics of the teacher training institutions. Special care should be taken in the planning and execution of the health education programme in teacher preparation so that the time allocated is commensurate with the importance of health in the overall life of future teachers and with the need to prepare teachers for their role in the protection and promotion of the health of school-age children and youth.

The growing tendency for education authorities to look to health authorities and closely related agencies for co-operation in planning and carrying out the preparation of teachers for health education is commended, and its extension is urged. For example, in some countries advisory councils have been formed, composed of representatives of government departments, universities, training colleges, teacher associations, and voluntary health agencies.

## **9. LEADERSHIP IN TEACHER PREPARATION FOR HEALTH EDUCATION**

It is desirable that one person in each teacher training institution should be responsible for the co-ordination of courses and activities in health education. In many institutions this function of co-ordination may be undertaken by a staff member with previous training and experience in such fields as education, psychology, physical education, home economics,

medicine and biology. Persons assigned this responsibility should preferably have professional preparation and experience in health education and in the principles and practice of school and community health. In addition, they should have leadership capacity and a real interest in the health education of teachers. They should consult with and use individuals with special knowledge in such subjects as accident prevention, dental health, nutrition, communicable diseases, environmental sanitation and mental health. They should ensure that each unit of the programme is part of an integrated whole, and that the programme content is oriented towards the specific needs and interests of the students. Much can be done through study groups made up of those participating in health education activities and of specialists in related subjects, such as child growth and development, public health and social science.

A few countries have already recognized the need for a professional corps of specialized workers to serve as professors and co-ordinators of health education in teacher training institutions. In these countries programmes of graduate study now exist for the preparation of such persons. The Committee notes that reference to the preparation of health education specialists is made in the report<sup>1</sup> of the expert committee convened by the World Health Organization on training of health personnel in health education of the public.

## 10. FUTURE DEVELOPMENTS, STUDIES AND RESEARCH

### *National*

The Committee recognizes that progress in the preparation of teachers for health education in schools will depend upon the development and maintenance of continuing interest in this field in each country. It wishes to underline the importance of including teachers in the early stages of planning various projects and activities which require the participation of teachers for their implementation. In accordance with available personnel and resources, improvement in teacher education can be achieved in a number of ways, including the following:

(1) by the formation of joint committees consisting of representatives of governmental agencies in education and in public health and representatives from the teaching profession, voluntary health agencies, parent organizations and others;

(2) by the stimulation of discussion of health problems by parent-teacher associations and similar agencies of adult education so as to promote interest in health problems;

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<sup>1</sup> *Wld Hlth Org. techn. Rep. Ser.*, 1958, **156**, 29

(3) by the development of co-operative studies and appraisal of present teacher training health education activities ;

(4) by the use of local pilot projects in school health to stimulate interest and to promote action to improve facilities, services and health instruction ;

(5) by the establishment of pilot projects in teacher education institutions for the promotion of better health education ;

(6) by the revision and improvement of the curriculum for teacher education ;

(7) by the encouragement of seminars and the extension of opportunities for in-service education ;

(8) by the development of teaching materials ;

(9) by the initiation or extension of studies into ways of adapting health education to the needs and interests of children and youth, of influencing attitudes and health habits and practices, and of developing continuity of health teaching at various grade levels, into the assessment of the effectiveness of the various educational materials and media, and into related problems.

### *International*

The Committee notes with satisfaction the promising opportunities for integration of teacher preparation for health education in the various UNESCO-assisted major projects for extension of primary education being planned in various countries of Asia, Africa, Latin America and the Eastern Mediterranean Region.

The Committee considers that forms of assistance which merit attention by international governmental and non-governmental agencies concerned with teacher preparation for health education include :

(1) experimental programmes of health education in teacher training institutions, including such services of consultants as may be requested ;

(2) the financing of fellowships or scholarships for study abroad by nationals of countries that may request them ;

(3) the planning and conducting of inter-country meetings or international seminars and conferences on the improvement of teacher preparation for health education ;

(4) the making available of annotated bibliographies on school health education and teacher preparation ;

(5) the preparing and maintaining of an inventory and summaries of studies and research in health education and related fields ;

(6) the sponsoring of further expert meetings or study groups to consider special problems of world-wide relevance that may arise in connexion with

teacher preparation for health education and to suggest guiding principles for dealing with these problems.

## 11. SUMMARY

In concluding the task of preparing a flexible framework of guiding principles on teacher preparation for health education, the Committee recognizes that while the health of children and youth is primarily a responsibility of parents, it is of common concern also to educators and health workers.

This report indicates some of the opportunities the teacher has in health education and suggests some aspects and approaches for the improvement of teacher preparation in this field.

The Committee believes that effective progress in teacher preparation for health education will come as a result of planned action within the various countries throughout the world. It hopes therefore that teaching associations and institutions and agencies concerned with education, public health, and closely allied subjects will pay due attention, in accordance with national and local needs and resources, to the development of health education and particularly to the preparation of teachers in this sphere.

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