Hygiene education for young people

Working with young people involves two groups of activities: school-based and out-of-school activities.

School-based activities

Schools can be used for promoting health in three different ways: through improvements in the school environment, provision of school health services and health education.

School environment

Children learn from what they see about them. The environment of the school should reflect the aims of the hygiene education programme. This includes the provision of water and toilets, promotion of handwashing, the general cleanliness of the school surroundings, and clean facilities for preparation and serving of school meals.

Hygiene education in schools

Hygiene education can take place in the classroom, and through activities in the school surroundings and community. Hygiene education can be taught both as part of a health education programme and as part of other subjects, such as language, mathematics, art, science, music and drama.

Hygiene education should be integrated within a broad-based health education programme that is based on the health needs of the community. This should provide a foundation of ideas about health in the first years of school that can be built upon with more detailed discussion of health and disease with the older school child.

Examples of hygiene education through different subjects.

Topic: children should be able to establish the relationship between polluted water and disease.

Oral expression

Telling about the sickness.

Question children about their opinion.

Educational games

Sequence of pictures or comic strips about the different phases of diarrhoea: a child drinks polluted water, has stomach pains, has diarrhoea.

Visits

Go to the health centre, question the nurse.

Mathematical activity

Ask children about diarrhoea among their younger brothers and sisters.

Graphics

Plot the results on a histogram to show how common it is.

Symbolic games

Ask children to draw pictures of themselves when sick.

Drama

Mime sickness in a simple play.

Make puppets and prepare a show.

Play a scene about the disease and how to treat it with oral rehydration solution.

Songs and stories

Make up a song about water and health.

Reading

Read story from Child-to-Child reader about dirty water.

Science - practical activity

Discuss nature of water, salts and sugars.

Make oral rehydration solution up for a child with diarrhoea.

Recent approaches in school health education

Hygiene education should do more than just give children facts. Children should be equipped to make decisions, explore attitudes and values, and adopt healthy practices both now and in their future lives. Recent approaches to school health education emphasize the following:

- Child-centred approach placing the emphasis on meeting the needs of the children, starting with the child's perception of a healthy lifestyle and recognizing that children learn at different rates.
- Active learning methods that encourage exploration and discovery, and relate the information presented to everyday life, bridging the gap between home and community.

- Problem-solving or issue-based learning which organizes the learning around issues or problems, rather than traditional subject disciplines. In this approach, students usually take a health topic and carry out a range of activities in the classroom, at home and in the community. Their finished project might include: songs, drawing, arithmetic, science experiments and story writing.
- Decision-making methods role playing and exercises where children learn to take decisions. This might include role playing where a young person has opportunities to try out different responses to a situation; for example, a cholera outbreak or case of diarrhoea in the family.
- Peer teaching methods which encourage the use of older respected children as peer models; for example an older child showing by example the importance of handwashing and using toilets.
- Teacher-based approaches rather than relying on external visitors teachers are in the school all the time and know the children better than visitors. Emphasis should be placed on using the teachers themselves as much as possible, rather than external visitors, to do the health education.

Child-to-Child

The Child-to-Child programme is a global network of organizations promoting activity-based health education in schools. The following are examples of active learning methods for use in schools.

Some Child-to-Child methods for school health education

Chalk and talk: using the blackboard or chalkboard; make lists, for instance of foods at the market; classify information; prepare action plans, for instance for a clean-up programme; write out instructions; measure things and summarize information on a graph or chart.

Picture talks: drawing pictures on a chalkboard or on paper; cutting out pictures for flannelgraphs, flipcharts and comic books; story rolls; asking questions about each picture; making a mural (large wall painting).

Story telling: telling stories in class, at school assemblies or whilst waiting at health centres; telling stories to younger children; making pictures to accompany stories; putting pictures in flipcharts and flannel graphs.

Songs: making up songs about health topics.

Dramatizations: acting out stories; dressing up and performing plays; using role play to imagine what it is like being in a situation; making and performing puppet plays for other children and the community.

Reading and writing: reading health stories in comics, newspapers, magazines, posters and pamphlets; writing health stories and messages; writing letters about local activities; making health posters; making record cards; preparing school newspapers and notice boards.

Experiments and demonstrations: making, doing, growing, weighing and measuring things; observing things, discussing them, telling others about them; portraying them in dramas, plays, puppet shows or exhibitions.

Projects and campaigns: in the school and community.

Reaching children out of school

Out-of-school children include:

- School children in their spare time.
- Children who have left school early and are now working, for instance children of poor landless families in rural areas who are needed for daily activities, such as collecting firewood, looking after animals and caring for younger children.
- Children who have never gone to school at all. These could be children orphaned by wars and disease; deserted by their parents through poverty; or, also important, the growing numbers of street children in cities of Latin America, Africa and Asia, who earn money from petty trading, parking cars, and in some situations theft and child prostitution.

Young people out of school are among the most difficult groups to reach. If they attend youth clubs or church groups, educational activities can be carried out in these informal locations. Many young people do not, however, attend clubs, and special approaches are needed to reach these groups.

Some promising approaches for working with young people are to:

- Use people that young people look up to, such as singers or football players, to speak on health issues.
- Ask popular music groups to perform songs about health issues.
- Use young people as fieldworkers that youths will listen and respond to.
- Involve young people themselves in producing a drama about their lives and situation.
- Train a group of young volunteers to carry out informal health education in the bars and discos where the young people go.