

**CHAINAMA COLLEGE HEALTH SCIENCES  
DEPARTMENT OF ENVIRONMENTAL HEALTH TECHNOLOGY**

**PROJECT PROPOSAL TO CONDUCT TRAINING PROGRAMMES IN  
INTENSIVE APPROPRIATE HEALTH EDUCATION**

**BY**

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JULY 2000 INTAKE E.H.T DEPARTMENT**

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**LUSAKA**

## **BACKGROUND**

**Chainama College Of Health Sciences is traditionally a Ministry of Health training Institution. It was initially established to train middle level health professionals such as Nurses, Clinical Officers and Environmental Technologist. As a potential Health Technologist and student in environmental Health Science, I have the obligation of ensuring that government policies are implemented by providing Appropriate Health Education to young people (pupil) and facilitating their full participation in the programme thus assuming responsibility for their own health.**

**Primary Health Care lays emphasis on the prevention and promotion by offering appropriate education, which should equip families and individuals with skills and knowledge in order to achieve better living conditions and status. Health is not mayoral the absence of diseases but a complete state of well being which includes physical social, mental and spiritual.**

**Health is a Fundamental Human Right according to article 25 of Universal Declaration of Human Rights .Health is a right to all citizens regardless of age or gender thus social justice should prevail in order to enable young people participate and enjoy an equal basis in decision making toward their personal health and hygiene.**

**This intensive appropriate health education project will facilitate my learning process as a student as it is a practical approach and in line with the recommendations made at Alam Ata Declaration in 1978 over the need for communities to have education concerning prevailing health problems and methods of identifying, preventing and accommodate preventive, promotion and rehabilitative services which does not always involve appropriate health education which involves community participation as it is a social approach.**

## **PROBLEM STATEMENT**

There is need for concerted effort to promote and sensitize the young people on healthy lifestyles that will increase their life expectancy.

The impact of poor personal health and hygiene, basic sanitation and childhood communicable diseases have adversely affected development in Zambia as it has led to premature death of our beloved future leaders.

The scourge of HIV/AIDS has tremendously affected Zambia, it is evident in increased number of orphans, single parents homes and reduced work force, which has led to socio-economic destabilization of the country. Young people (pupils in this case) especially females have unprotected sex for monetary gain and at times have multiple partners and even sex with strangers as long as they get something in return.

## **PROBLEM SOLUTION**

Environmental health Science is a public health science devoted to protecting and improving the health of the human population by limiting their exposure to biological, chemical and physical hazards in the Environment. (WHO)

As a potential Environmental Health Technologist and volunteer, I have the obligation to help the young people in making informed choices thus bringing about changes in their behavior as they increase their knowledge and awareness on health matters. Information is the first step towards making health choices.

Educating the young people on prevention and control of diseases who will in turn teach their friends, parents and siblings is practical and socially acceptable.

Prevention is better and cheaper than cure that involves the use of drugs. Many diseases, which affect the pupils, are wholly preventable. I presume that by educating the young people who are the foundation and future leaders, the standard of health would improve everyday and they would eventually be break in the vicious circle of Disease-Treatment and re-occurrence.

## **JUSTIFICATION**

The department's major role is to enable people working in the field of Environmental Health provide health promotion and maintenance disease prevention and restoration.

As a **Zambian youth and potential health practitioner**, I have the duty to promote and help in the maintenance of the health of young people by equipping them with relevant skills, knowledge and attitudes, which cause the awareness of the importance of a good healthy life style.

Health education is increasingly being recognized as a subject of vital importance. This is true at both primary and basic school for many pupils never go beyond this stage. The project accommodates and facilitates that the child- to – child approach is used throughout the program. Child – to – child is an international program that teaches and encourages children of school age to concern themselves with the health, welfare and general development of their younger pre-school brothers and sisters. By teaching such subjects as hygiene, nutrition, and environmental conservation from pollution and contamination, childhood communicable diseases and basic first aid, the health of the school and entire community can be improved.

Having done A-level and courses in psychology, sociology and communication skills, I have the ability to communicate effectively with the young people doing basic education on the importance of good personal health and hygiene including basic sanitation. Through research on Internet, Library facilities, lectures and information from various health institutions. I am able to prepare and present information strategically on various health matters which affect the health life styles.

I am currently studying courses in the following:

- Personal Health and Hygiene
- Health Services in Zambia
- Immunology
- Sanitation
- Psychology
- Primary Health Care
- Appropriate Technology
- Building Science
- Water Supply
- Town and Country Planning
- First aid

The major issue is that the young people would have access to appropriate health education by their full participation through attendance that is free and they would receive services in form of health education. This project will help me master the skills, as this is a practical approach towards my learning process so that I become a critical thinker and competent worker.

**This would require careful and skilled use of basic facts on health matters to provide simple and acceptable methods of teaching for pupils to understand. My work will be evaluated and analyzed by the project consultant (C.S.HAMVHWA Senior lecturer communication skills) in collaboration with his experience in health matters. Further more, this project is long term as it is sustainable, comprehensive in it's approach and involves meager resources.**

## **LITERATURE REVIEW**

Young people of school age are very receptive and special health education instructions on personal hygiene should be directed to all those who are old enough to learn. Emphasis on academic subjects and examinations may restrict time on subjects like health education. Often health education is carried out on a crisis – oriented approach with visiting speakers. Speakers brought in to tell pupils the danger of alcohol, tobacco and HIV/AIDS

According to a study in Kenya. There is plenty of evidence of the need for health education including reproductive health among school children. A survey of more than 100 Kenyan schoolgirls who became pregnant showed that 65 had never received information about contraception.

Studies of how people learn about sex show that young people often pick up most knowledge about fertility and contraception from friends and media and much of it is incomplete, misleading and wrong. My this and misconceptions are common, for example many young people believe that pregnancy cannot occur if they are very young, they are having sex for the first time or do not have intercourse very often. Also many are mistaken about when the fertile part of menstrual cycle occurs.

In many countries e.g., Zambia only a small proportion of children go to secondary school. To reach everyone there should be planned comprehensive curriculum with timetabled sessions in health education. The primary school that provides basic education is a good place for laying foundation of health that can be built in later schooling. This means that health education in the primary must aim comprehensive as possible to prepare for future life. The spread of content across the different ages may have to be modified.

- In Swaziland 200 children in 16 primary schools were taught about Immunisation. Eight radio programs of 15 minutes duration were developed to support the classroom activities and one was broadcast each week. Each radio program started with immunization song followed by a story by a character called ‘Uncle Elijah’ who became popular with children. Children were given workbook on the six childhood killer diseases.
- In Zambia a network of Anti-Aids clubs were setup through the country and Those were used to discuss with pupils issues of Aids sexually transmitted diseases and sex education.
- In Ecuador 34,000 teachers and 15,000 secondary school students provided Families with training on child health. A follow up showed that 50 percent of families had used ORT and over half said they had learnt it from secondary school student.

(Communication Health. John Hubly 1995)

The dissemination of vital information and publicizing priority needs is cardinal and the key to promoting health in children of school age. Health education is essential in the school setting. The WHO Global school health initiative recommends that every school must enable children at all levels to learn critical health and life skills so that they can make healthy choices and adopt healthy behavior

Throughout their lives.

The concept of human behavior is emphasized by the American Health Educator Lawrence Green who defines health education as 'any combination of learning of learning opportunities designed to facilitates voluntary adaptation of behavior which will improve or maintain health.

- It implies that health educators should not force people to do what they do not want to do.
- Instead our effort should help to make decisions and choices for themselves.

In March 1990 a World conference held in Bangkok called a target of Education for All by the year 2000. This proposed educational expansion will provide an exciting opportunity to develop school based health programs.

## **SIGNIFICANCE OF THE STUDY**

Helen Ross and Paul Mico have another useful definition of health education. A process with intellectual, psychological and social dimensions relating to activities that increase the abilities of people to make informed decisions affecting their health personal, family and community well being This process is based on scientific principles, facilitates learning and behavioral change in both health personnel and consumers including children and youths.

There are over a thousand million children of school age in the world. In recent years the developing countries have made great strides in increasing the numbers of children enrolled in primary and secondary schools.

In developing countries e.g, Zambia about 80 percent of children enroll in primary and elementary school (ages 6-14) and 60 percent complete at least four years of school

Thus primary schools can create an educated population who are then better able to make use of the health education they receive in later life.

School can directly influence the health of the school child

- Through preventive health measures such as immunization.
- Dental health as well as screening, programs for early detection of health problems in growth and development.

Health education is one of the most important components of health promotion and involves a combination of the following-

- Motivation to adopt health –promoting behaviors.
- Helping people to make decisions about their health and acquire the necessary confidence and skills to put their decisions into practice.

Information and education provides the informed base for making choices. They are necessary and core components of health promotion that aims at increasing knowledge and dissemination information related to health.

Thus should include:

The pupil's perceptions and experiences and how it might be sought on knowledge of epidemiology, social and other sciences on the patterns of health and diseases and factors, affecting them and description of total environments in which health and health choices are shaped.

(WHO Policy statement on health promotion)

Traditionally, children are regarded as enjoying the healthiest phase of their life; these youngsters have tended to receive insufficient public health attention. But today is the 'prime time' for health promotion to encourage them to established healthy patterns of behaviors that influences their development and health in later years (life in the 21<sup>st</sup> century 1978 WHO Report)



## **TARGET AUDIENCE**

The target groups for the proposal are young people:

- (i) Kamanga Basic School
- (ii) Chelstone Basic School
- (iii) Nkwanzi Primary School

The young people who are school going children will be taught about personal and environmental hygiene and trained to equip them with skills so they could improve their quality of life and that of their peers.

## **GENERAL OBJECTIVES**

By the end of training the children would be able-

- (a) To practice health habits to promote good health
- (b) To understand the importance of proper personal hygiene, health habits such as sufficient sleep, relaxation and exercise for them to maintain good health.
- (c) To provide a presentable appearance
- (d) To provide education on basic sanitation and general preventive measures taken against common sanitary diseases to their friends and sibling
- (e) To understand the significance of Environmental conservation.

## MATERIAL AND HUMAN RESOURCES

### Human Resources (volunteer)

Myself as a youth and student who would be obliged to contribute positively through intensive appropriate health education

### Materials

- Visual Aid Diagrams
- Chalk
- Paper and flip charts
- Motivators
- Students Identity card
- Letter of introduction as a student to facilitate my research from various Institutions

## BUDGET

### Transport

To and from school twice a week for one term

Wednesday	K 10,000		
Thursday	K 10,000		
Friday	<u>K 10,000</u>		
	<u>K 30,000</u>	x 12 weeks	K360,000
To various libraries and institutions within the city			
	K 50,000	per month x 3 months	K150,000
		Total cost of transport expenses	<u>K510,000</u>

### Cost of Essential Material

Flip cards	K 10,000		
Chalk	K 5,000		
Motivators	K 20,000		
Markers	K 10,000		
Paper	<u>K 20,000</u>		
	K 65,000		
		x 3 months	
Total cost of materials			<u>K195,000</u>

**TOTAL COST OF EXPENSES** **K705,000**

### IMPLEMENTATION PLAN

WEDNESDAY	14:00Hrs	Nkwanzi Primary School
THURSDAY	14:00Hrs	Chelstone Basic School
FRIDAY	14:00Hrs	Kamanga Basic School

## **COURSE CONTENT /SCHEME**

### **Introduction: Definition of Health**

- (i) Personal Health and Hygiene**
  - Personal cleanliness and grooming
  - care of eyes, ears, nose and mouth
  - choice and care for clothing
  - Need to alternate, play, exercise and work
- (ii) Communicable Diseases**
  - Common diseases of school age children in Zambia
  - How diseases are spread
  - How to prevent the spread of disease
- (iii) Safety Education and first Aid**
  - Common accidents
  - Where, when and why accidents occur
  - How to avoid accidents
    - (a) At school
    - (b) As pedestrians
    - (c) at home
    - (d) at school parties
- (iv) Dental hygiene**
- (v) Mental and social**
  - how we choose our friends
  - our duties to our classmates, friends neighbours
  - the use and abuse of drugs such as tobacco alcohol including their harmful effects to society
- (vi) Family life and Sex education**
  - children's duties in the home
  - family living in the locality (description of family setup)
  - boy-girl relationship (at home and community)
  - reproductive health (STD's and HIV / AIDS)
- (vii) Community Health**
  - sources of community water supply, good and bad sources
  - how to keep the school clean
    - (a) regular collection and removal refuse
    - (b) Clean toilet habits in the school community
  - Advantage of a clean school and home
- (viii) Nutrition Education**
  - Kinds and sources of food in our locality
  - The basic food groups in Zambia
  - Balanced diet which is locally available
  - Care of foods and good eating habits
- (ix) Environmental conservation**
  - Pollution of the environment
  - Contamination of water

- **Effect of environmental pollution and contamination of water sources**
- (x) **Body structure and function**
  - (i) **The human body as a bicycle or motorcar (with reference to parts and Harmonious workings)**
  - (ii) **Why all parts of the body should be taken care of**
  - (iii) **How to maintain a healthy body**
  - (iv) **My responsibility to the perfect workings of my body organs.**
- (x) **Current Health Problems (as need arises)**
  - **DEBATE**
  - **QUIZ**
  - **ROLE PLAYS**
  - **DRAMA and HEALTH SONGS**