The development of a health education curriculum for primary schools in Solomon Islands

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Table 23:1 HEALTH EDUCATION IN SOLOMON ISLANDS SECONDARY SCHOOLS 420
This study is concerned with the development, trialling and implementation of a comprehensive, sequentially-developed, centrally-based health education curriculum for primary schools in Solomon Islands, a developing South West Pacific Island nation. It also examines the complex role of an external consultant engaged by the World Health Organization to facilitate this task.

Health was designated a curriculum subject in 1973 in the Solomon Islands Education Policy Review. The need for a comprehensive primary school health curriculum received an impetus in 1983, as a consequence of the deliberations of the Health and Physical Education Committee of the Solomon Islands Primary Curriculum Project, because of increasing concern for the health of the nation. However, efforts to produce a suitable health curriculum were abandoned because the necessary skills in school health education were not possessed by the curriculum developers.

In 1987, the World Health Organisation became involved, honouring the WHO/UNICEF (1986) resolution to assist member countries of the United Nations Organization to strengthen the health education of school-aged children, and the writer of this dissertation was engaged as a school health education consultant to provide assistance.
The framework for this study is established by examining theoretical concepts, research and current thought relevant to the development of school health education curricula in developing countries.

The nature of health is discussed with a view to defining this quality of life to which all aspire and which health educators hope to develop. Health education is then examined in a broad sense to identify an approach suitable for a school health curriculum in a developing country.

A review of the status of school health education in a number of nations is undertaken in order to determine the deterrents to successful implementation of comprehensive health education programs in the primary schools. A policy to provide direction for the development of the new health curriculum for Solomon Islands schools is then established.

It is shown that neither translation nor adaptation of a Western health education curriculum model is appropriate for a developing country, because the culture, the physical and social environment, the nature of the health problems, and the system of schooling are different from those in the Western world. Of particular importance was the need to understand and be sensitive to the culture, customs and beliefs of the predominantly Melanesian people.

The stage of development of schools in developing countries and factors which may influence educational innovation, especially when the change agent is an educator from a Western nation, are described.
Issues pertinent to international aid projects in general, and to external education consultants in particular, which play a large part in determining the success of their efforts to assist developing countries, are also discussed.

All the above findings are drawn together to establish a model for the development of a school health education curriculum in a developing country, such as Solomon Islands, when curriculum innovation is facilitated by an external consultant.

Thereafter practical aspects of developing, trialling and implementing the health education curriculum for Solomon Islands primary schools are described.

The context for the study is provided by a description and appraisal of Solomon Islands and its people, its schooling system and the school curriculum, especially as these have implications for the new health education curriculum. Of concern was the teachers' lack of training and experience with other than traditional methods of teaching and their limited "modern" knowledge about sickness and health.

The needs assessment provides an overview of the quality of life of the people and investigates the major health and social concerns in villages and towns. The findings confirmed that generally village children need to be taught about primary health care, while for town children urban lifestyle problems must also be addressed.
The rationale and general aim of the new curriculum are established. It was found that the lesson objectives needed to be simply worded, precisely defined and centred on behavioural outcomes.

The procedure for content selection is described. Areas of concern were assembled into a curriculum plan - a scope and sequence chart. The final arbiter of curriculum content was the National Primary Health Education Panel.

The choice of learning experiences was constrained by teachers' poor knowledge of health education methodology, and lack of experience with activity-based lessons. There was a need to cater for the range of ability of children in widely different rural and urban schools, and provide for transference to non-schooled children and others in the community. Examples are given of learning experiences deemed suitable for Solomon Islands primary school children.

Assessment of student performance is discussed. Ideas are presented for informal and formal assessment of changes in student's knowledge and skills, attitudes and behaviour which have occurred as an outcome of health teaching.

Since there was an acute shortage of teaching resources, teachers' manuals were prepared for each grade, containing lesson plans for the entire course and reference material for teachers who in many cases will be learning along with their pupils.
Evaluation occurred in every phase of the curriculum process and was concerned with the accuracy of the health content, cultural appropriateness of lessons, and trialling the teaching program. Feedback from lesson trials illustrates some of the problems faced during this project.

The first stage of the implementation process was a two-week workshop for provincial education officers, after which these officers were expected to introduce the curriculum into the schools. The workshop program and findings of pre- and post-tests are given. Pre-service and in-service courses for teachers are briefly described.

Two controversial issues are discussed. One relates to sex education in the primary health curriculum, and the dilemma faced by the consultant when attempting to honour specific requests of the supporting aid agencies, in the face of much opposition from the national teachers.

The other controversy concerns a philosophical disagreement about the nature and purpose of health education in the secondary schools. A submission in support of a secondary health studies course for Solomon Islands is included.

Findings focus firstly on knowledge gained about health education curriculum development for primary schools in a developing country. This includes criteria for selection of content and learning experiences, assistance for the teachers, the broad areas for evaluation, the procedure for implementing the curriculum, and the need for national support at all levels at all times.
Finally the two key issues which determined the direction and extent of the consultant's facilitating role in the development of the curriculum are discussed.

The first is the importance of inter-personal, inter-cultural and inter-ministerial communication in the process, and, in the latter case, the need for the consultant to act as the bridge between the Ministries of Health and Education.

The second issue is the changing ownership of the curriculum as the project proceeded. It is argued that at the planning stage there was joint ownership between the consultant and the National Primary Health Education Panel. Later, when the teachers' manuals were being compiled, ownership was effectively handed over to the consultant who became the innovator, rather than the facilitator.

When the consultant was withdrawn before completion of the final school trials and final editing of the teachers' manuals, the national curriculum officers and the Primary Health Education Panel resumed ownership of the curriculum, an arrangement which should augur well for its successful implementation into the schools.

The scope and sequence chart, the lists of contents for the six health education teachers' manuals and samples of lesson units taken from the manuals developed for the project are provided in the Appendix.