Letters to the Editor

References


Correspondence

Health Education in schools - The Tabuk Experience

Sir,

Dr Waleed Mihat's and Dr Hussain Al Bar's study “Education of female students in reproductive health issues in Jeddah: the role of school workers” was instructive and informative.

Here in Tabuk, we decided to introduce health education in schools through our school health service, which is a unit of the Preventive Medicine Department at King Khalid Military Hospital. The unit is headed by a school Health Physician, with 2 public Health Nurses, a full time Military Nurse, an RN3, 2 Nurse Assistant Interpreters and a Clerk. In addition, there are often military student nurses with an interest in community health. The school population is comprised of 28 schools - 16 elementaries, 8 intermediates and 4 secondaries, plus one kindergarten, all are situated within the military cantonment. There are just under 15,500 pupils in total.

As part of an improved new school health service, it was agreed that a proactive approach to health education in schools should be an important element. We thought that the WHO International Health Day in April with this year's theme “Issues in Women's Health” would be an ideal starting point.

We began planning about 2 months before the date just how this could be put into action. With such a large number of pupils, there was a real danger of a very dilute program - an audience of 250 girls is bound to benefit less from a health education session than a group of 30. We decided that a random allocation of a girls' secondary/intermediate school for each public health nurse and our RN3 would produce some balance. It was felt that a bottom up rather than a top down approach would be more beneficial and so we asked the selected schools to provide us with a list of issues which were of concern to them and which they would appreciate as topics for discussion. Initially we intended it as a program for the pupils, but as there was considerable interest shown by teachers, they were also included.

The response was overwhelming. Questions ranged from specialist gynecological and obstetrical to adolescence, caring for skin and hair, diet exercise and keeping fit. In short, the concerns were similar to those of females in most parts of the world. We coopted the assistance of a Saudi female ob/gyn registrar with an interest in community work and arranged a series of sessions in the selected schools.

These were very well attended and question time on every occasion was lively. The registrar addressed the ob/gyn topics and the PHN's and the RN3 the general ones. An evaluation questionnaire randomly handed out at each session indicated a 71% approval, 20% disapproval and 9% who were not sure. On further assessment, poor acoustics and overcrowding were significant factors among those who disapproved.

From this initial start, schools have requested health education sessions on specific topics for some classes and in smaller groups (40 to 50 pupils). These sessions are very informal, with nurses and pupils sitting on the floor in a circle and active participation by all. The students appear to enjoy this.

More recently, we have used our male military
nurses to send the health education message into the boys' schools. In a recent session at a boys' elementary school in a class of 32, average age 11.2 years, 3 openly admitted to smoking for more than one year and almost all the boys were referred for some form of dental treatment/advice. One to one health education sessions are also proving popular with pupils requiring special advice for example - diet for over/underweight and referrals to specialist clinics.

In most European countries and in the USA, nurses are mainly responsible for taking the good health message to pupils in schools and young people generally. Nurses are not seen in the same authoritative role as teachers and are usually found to be more approachable. For non Arabic speaking nurses, the assistance of a good interpreter is essential to the success of any health education programme. Proper planning and coordination are also vital, as is the active cooperation of teachers and pupils. Our experience at NWAF Cantonment schools in Tabuk demonstrates that a well planned health education program can be successfully carried out by doctors and nurses working within a school health service.

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Reply from Author

It is my pleasure to respond in this letter as follows: It was our intention from the paper on education of female students in reproductive health issues in Jeddah, to raise the issue of teachers involvement in health education and the poor training they receive in this matter. The Tabuk experience described by Ms Agble is a well structured standard health education program conducted by a specialized health team. It is nice work and all effort should be praised and commended. The trend of involving teachers in this process and the building of health oriented curriculum directed to various health issues is a worldwide experience and must be enhanced if health education is to be successful. We will be very happy to hear that the Tabuk team has managed to involve teachers in the school in their activity and train them on personal counselling skills to enrich the program and make it an innovative continuous health education campaign, that is only organized and planned by the health team but implemented and delivered by the school teachers and workers. Other

method to be tried in this regard is the student to student health education approach which is an extension of the child to child approach recommended by the Unicef.3

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References


Tuberculosis simulating malignancy

Sir,

Dr Al-Saif et al reported 2 patients who had a clinical picture resembling malignancy, but were proved later to have tuberculosis. Indeed, it is not uncommon for physicians to include tuberculosis and malignancy on the top of the differential diagnosis list. Physicians unfamiliar with endobronchial tuberculosis may erroneously diagnose malignancy on the basis of the clinical picture or the gross appearance of the tumor. One important lesson is to reach a definitive diagnosis through histology, microbiology or other means as tuberculosis can simulate the various

Figure 1 - Chest radiograph