

RECOMMENDATION No. 20

concerning

**THE TEACHING OF HYGIENE (HEALTH EDUCATION)
IN PRIMARY AND SECONDARY SCHOOLS
(1946)**

The International Conference on Public Education,

Convened at Geneva by the International Bureau of Education and being assembled on the fourth of March at its ninth session, adopts on the eighth of March, nineteen hundred and forty-six, the following recommendation:

The Conference,

Considering that personal hygiene and social hygiene are, in many countries, regarded more and more as educative disciplines, quite apart from their utilitarian value for the individual and for society;

That health education has great moral value since it introduces into school life the ideal of human dignity, of solidarity in time and space and the sense of duty towards oneself and others;

That the necessity of diffusing the principles of hygiene appears urgent as a result of the war;

Recommends to the Ministries of Education in the different countries:

1) That instruction in hygiene and health education be compulsory in all infant schools primary and secondary schools, post-school courses, teacher training colleges and normal schools, though not necessarily in the form of definite lessons;

2) That health education be essentially practical in character in the elementary grades, where, without overloading the programme, it can

be given daily as part of the school life, primarily through training in good health habits, personal cleanliness, tidiness and good manners, etc.;

3) That in the upper classes of the primary schools and in continuation courses, health education be given concurrently with other subjects, in the form of "centres of interest " extending beyond the confines of the school to touch upon family life, labour problems and social questions;

4) That at the secondary school level, instruction in hygiene be complementary to the natural sciences in the junior classes, and be based on anatomy, biology and human physiology, that instruction in the senior classes be more distinctive in character, though still associated with the science of man, but of high moral and social import, rendering the pupil thoroughly aware of his personal, family, and social duties;

5) That, in addition to instruction on bodily functions, nutrition and exercise, health education be understood to include child study and first aid for the older pupils of both sexes, as well as hygiene of vocational employment; that a place be reserved also for mental hygiene and for health education pertaining to relaxation and holidays;

6) That the teaching of hygiene be intensified in a practical manner among children attending holiday camps, camps in the mountains, etc., whose importance nowadays is increasing;

7) That sex education begin at the primary school level- that in courses at the secondary school level doctors should talk to boys and girls on sex questions, taking account of sex and development; that the prevention of venereal diseases be the object of special compulsory instruction before leaving school, particularly in the form of medical talks illustrated by educational films, as is already being done in certain countries;

8) That, in all the teaching, the closest collaboration between the medical officers, teachers and social service workers be established particularly for the common purpose of ensuring good results in health education at all grades;

9) That the collaboration between doctors, teachers and social workers be available to school clubs, pupils' clubs, and sections of public or private organizations working for the inclusion of hygiene and health education in primary and secondary institutions, so as to guide the collective efforts of children for information in these problems toward better results;

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10) That the school medical service, rationally organized in each country for the effective control of the children's and teachers' health, be authorised officially to supervise the teaching of hygiene, to guide and advise primary teachers on all occasions, and to collaborate with the teachers entrusted with hygiene teaching in secondary schools, by giving talks to the pupils, by showing films, by organizing debates between pupils on these questions, and by organizing refresher courses and instruction periods for teachers in service;

11) That the school social services entrusted to qualified welfare workers be associated with the teaching of hygiene and guide the older pupils towards the study of the true human environment through social hygiene;

12) That the doctors entrusted with the inspection of school hygiene be specialists in the problems of education, and be qualified to direct the health teaching at all levels of school life; that the school medical officers responsible for this instruction at the secondary school level have access to the class councils on the same footing as the teachers, and that together they organize the out-of-school activities where personal, family or social hygiene can be freely introduced;

13) That for health education, for which use should be made of activity methods, team work and all the resources of visual techniques, sufficient teaching material be placed at the disposal of teachers;

14) That the doctors and teachers be encouraged to work together in extending health education outside school to adults and parents, by associating the parents of the pupils in health campaigns, family education and social education, by increasing the contact of pupils with life on all possible occasions, and by utilising the reciprocal influence of children and parents;

15) That health education be in part left to groups of children working freely together according to new education methods, in connection with out-of-school or post-school organizations, such as the Junior Red Cross Society, scout movement, etc.;

16) That, finally, as a logical sequence to hygiene teaching, school administrations throughout the world be induced to improve the sanitary conditions of school premises and material so as to ensure better hygienic surroundings for the pupils while at school.