

**ASSESSMENT OF CURRENT SCHOOL HEALTH SERVICES
IN GOVERNMENT, PRIVATE AND UNRWA SCHOOLS
IN BETHLEHEM AREA**

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ABSTRACT

The assessment of school services in any area is expected to provide policy makers and health care workers with essential data and framework to help them establish and develop policies with reference to school health indicators in promoting school health activities and working towards improving school health service.

This descriptive Research was conducted to investigate the school health services provided in three types of schools: government, UNRWA and private schools in Bethlehem area.

A self administered questionnaire was developed by the author and distributed to principals and faculty in a sample of Bethlehem schools. The faculty sample was obtained through systematic simple random sampling procedure and consisted of ten schools from each the government and the private schools and all UNRWA schools in Bethlehem area. The principals and teachers of all the selected elementary schools were sent copies of the questionnaire. The teachers who participated in the Research were those who taught elementary grades only; that is, school age population in grades 1 - 6. The response rate was 71.3%. All variables of health care services were explored and analyzed in an attempt to provide a comprehensive outlook on the health service provided in these schools. These variables included the type of the school (government, private or UNRWA), the gender, the gender of the school population (boys' schools versus girls' schools or mixed ones), the position (principals or teachers).

Results indicated that more health services are provided in private schools than in UNRWA and government schools. Further, it was revealed that there is still shortage in the health services provided in all the schools in the 3 sectors related to the accommodation of school age population with special needs, and that there is no multi-disciplinary cadre available to look for their needs.

Further, it was found that schools still lack a comprehensive health insurance, while the schools environment is susceptible to pollution and noise.

Moreover, results indicated that the curriculum should be modified to include health topics. The curriculum taught to elementary grades is void of sex education. Furthermore, principals and teachers strongly agreed that there should be a full-time nurse working in each school.

Finally results revealed that the health services provided in the 3 sectors (government, UNRWA and private schools) in Bethlehem area have different standard due to lacking of unified national school health system.

Therefore an organized, unified and comprehensive school health system should be established at rational level. The schools should include multi-disciplinary specialist with the school health team and need for policy making at governmental level to integrate school age population with special needs, further the curriculum should include with health topics and sex education.

Furthermore social worker should be employed in all schools in the 3 sectors.

This Research should be used for further researchers, where relationships between different variables can be studied.

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Finally to the sole of my father.....

DEDICATION

*This Work is dedicated to
the Palestinian Children and
to my Children Farah, Firas, Gabee and
my beloved daughter Helen and
to my husband Michael,
for his Constant Love, help and support.*

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LIST OF ABBREVIATIONS

- MOH:* Ministry of Health
MOE: Ministry of Education
SHP: School Health Program
SHS: School Health Services
SHT: School Health Team
UNRWA: United Nations Relief Work Agency for Palestinian Refugees
NGO: Non Governmental Organizations
PCBS: Palestinian Central Bureau of Statistics
WHO: World Health Organization.
AVH: Augusta Victoria Hospital.
I.Q.: Intelligence Quotient

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CHAPTER I

Introduction:

The school age population have the right to be educated and the right to be healthy. One avenue to address the health needs of children is through the school system. Therefore school health becomes an extremely imperative issue. Healthy children are a vital resource to ensure the future well being of the nation. They are the parents, workers and decision-makers of tomorrow. Their health and safety depends on today's decisions and actions. Their future lies in the hand of those people responsible for their well being (Nader, 1993).

In this world, millions of children are suffering from poor shelters, malnutrition and homelessness. Many are excluded from any medical care system and have limited or no health insurance. Emotional disorders and behavioral and intellectual developmental problems are quite prevalent in children. According to Nader (1993) it is estimated that 10-12% of school age children suffer from mental disorders including autism, attention deficit, hyper activity, depression, low self-esteem and lack of motivation. Therefore it is necessary to coordinate the effort of the school, the family, the child, public health, and professional health services in the community if the health of each child is to be protected, maintained and improved. Three major systems influence the health and education of children, the home, the school and the community including health services.

These health services vary from community to community and often reflect differences in social-economic structure, health attitude, values of the community, geographic location, personnel, and facilities. In the Palestinian Community several school health activities were planned by different sectors. The level of implementation of these activities have been varied. Several health programs are vague and do not address comprehensive

health issues of the school age population which totaled 781, 945 student in 1997 (PCBS 1997).

In order to Research the school health issues in Palestine, it is necessary to understand the health status of the Palestinian Community which include health service provision. According to the National health plan (1993) "One of the main problems, so far, has been the absence of an objective assessment of existing health services". This includes school health services and total comprehensive package in health care. Therefore, this Research is proposed to focus on the present status of school health in Bethlehem area to add to the body of literature highlighting the overall health status in Palestine in general and school health services in particular.

The Palestinian society faces the challenge of developing and implementing health strategies for maintaining, promoting the health and preventing diseases among school age population. Palestinians must strive for all children to be educated and to be healthy. This can be achieved only through shifting to a collaborative model in which teachers, students, administrators and community resources share commitment to the school and its programs. This Research was meant to assess the current school health status through the participants responses and to sensitize respondents and readers to the essential components of school health services.

Significance of the Research:

Schools are regarded the best place for health services rendered to a broad sector of the Palestinian people who total 781,945 student (PCBS 1997). Taking into consideration that 46.9% of the Palestinian are under the age of 15. This number shows that schools are the area most populated by children who spend a long time of the day there. Therefore, care, protection and an

adequate environment should be provided, as well as comfortable social and psychological conditions for both the students and their teachers.

Further more, students are characterized by activity and fitness, and consequently more prone to injuries, which necessitates the provision of emergency and first aid facilities. On the other hand, the age of the students at school is the most adequate age for health education. At this age, students are responsive to correct health traditions, and able to learn how to be responsible for keeping good health. Moreover, students are considered the best means of communicating with and influencing others, mainly their peers, their families or even members of the whole community.

During the scholastic years, children go through critical stages in their lives, where they need special care. Those school years have great effect on future health knowledge, attitude and practices of the parents of tomorrow. Therefore it is essential that school health programs be looked at in a comprehensive manner. That is, they should in no case, be limited to health services given by doctors or nurses, but looked at within the comprehensive definition of health, and understanding of primary health care. Hereby lies the importance of providing a comprehensive health program, whose components are closely tied and complement each other.

School health programs, built on scientific programmed basis, aim at enriching the pupil's knowledge and experiences so as to help school age population recognize their responsibilities, teach them to be organized, to know their relationship with the environment and to take care of their health.

Teachers participating in these programs will be able to take care of their pupils' health, to discover diseases and recognize behavioral disorders in the initial phase before they have deteriorative effects, and to refer school age population for special care when necessary.

The Research is also advantageous for school principals, who should know that they are responsible not only for educating school age population, but also for keeping them in good health. They should know that they have to make every effort to contact the health services in order to promote the healthy and well being of the school age population.

Planners and decision makers can also make sure of the Research. It may raise their awareness to plan long term, coherent and progressive health and educative programs. These programs, however, should take into account the physical and conceptual developmental needs appropriate for the children's stages of development, and the necessities of health conducive school environment. For these reasons, assessment of the school health status is regarded essential.

Purpose of the Research:

The purpose of this Research was to investigate the school health services available in governmental, private and UNRWA schools in Bethlehem district in Palestine.

The Research aimed at exploring the existing school health services to allow planners to have a clear picture of the status quo and to enlighten them of what the future vision might entail. This Research attempts to originate a basis for further studies and to enable the decision makers to make use of the provided information to make better decisions and to make plans for better health programs in schools.

Therefore, achieving the following goals and objectives was necessary to fulfill the purposes of the Research.

Objectives of the Research:

General Objective: To understand the school health services in UNRWA, private and governmental schools in Bethlehem area.

Specific Objectives:

1. To identify the components of school health services in Bethlehem area.
2. To compare between the existing services and the ideal school health services in order to facilitate decision making regarding improvement of school health environment and activities.
3. To develop recommendations to address the priorities of the school health services.

Research Questions:

This research attempted to answer the following questions:

1. What kind of health services (services provided by the health team,; services for students with special needs; the curriculum; the social worker; the school environment, health committees, student examinations and teachers involvement in school health activities) and resources are provided in the schools of Bethlehem area according to the supervising authority?
2. According to school principals and teachers, are available health services different in the three types of schools studied (government, UNRWA and private)?

3. Are there any difference between the services provided in female schools as opposed to those provided in male schools, as perceived by school teachers and principals?

Assumptions:

The Research was based on the following assumptions:

1. The quality of the school health environment in Palestine is questionable.
2. Schools do not participate in health programs held outside schools.
3. Few, if any, health programs are held inside the schools in Palestine?
4. Participants will provide responses to the distributed questionnaire.

Limitations:

The Researcher faced the following limitations:

1. Studies conducted on the school health services in general and in Palestine in particular are too limited.
2. There is a limited number of UNRWA schools in Bethlehem; the number is very small for comparison purposes.

Definition of terms:

Health:

“A state of complete physical, mental emotional and social well-being and not merely the absence of disease or infirmity”. (W.H.O, P. I)

School age population:

Pupils in the basic school from 1st grade - 6th grade, age between 6-12 years.

Health team:

The professionals who perform some health activities in government and UNRWA schools, they consist of physician, nurse, dentist...

Supervising Authority:

The body legally and administratively responsible for running the school. It could be governmental, UNRWA or private.

Governmental school:

Any educational institution run and supervised directly by the Ministry of Education.

Private school:

Any licensed school, established, directed, and run or financed by a foreign or Palestinian individual, group of individuals, bodies or societies.

UNRWA School

Any non-governmental and non-private educational institution run or supervised by UNRWA for refugee's children only.

Refugee Student: A student registered as a refugee in UNRWA records, provided that his/her parents carry a refugee card.

Bethlehem Area: The area of Bethlehem which includes the city, villages and the camps.

Time Frame:

The time frame for completing this Research was as follows:

March - December 1997

- planning for the Research (proposal writing)
- Literature review and conceptual framework
- Methodology

January - February 1998

- Distribution of the questionnaire to the principals, and classroom teachers in the 3 school sectors.

March - August 1998

- Data Analysis and report writing.

Summary:

If we are to help young people travel the road to a more meaningful and healthy life, we must start establishing a firm foundation of comprehensive health to establish a healthy generation and a healthy Palestinian society. It is within the family and at schools where the ground work for healthy children, adults and society lies.

In this Research the Researcher investigated, the available health services in government, UNRWA and private schools in Bethlehem area in Palestine as perceived by teachers and school principals.

CHAPTER II

Setting for the research

Introduction

The purpose of this chapter is to provide a brief description of the geography and demography in Palestine, with a specific brief description of the geographic and demographic characteristics of Bethlehem Area. It also describes the school health status in Palestine in general and in Bethlehem area in particular.

Geographic background and some demographic indicators in Palestine:

Palestine covers 6162 Km². It is a hilly region comprised of three ranges: The Nablus mountains in the north, the Jerusalem mountains in the center and the Hebron mountains in the south. The total population of Palestine including the West Bank, Gaza Strip, and East Jerusalem is 2,524,130 of whom 1,650,000 live in the West Bank and 874,130 live in Gaza. (PCBS, 1996 / 1997).

In the West Bank around 43% of the population resides in the northern section, 29% in the central section and 28% in the southern area of Palestine. According to the Palestinian Central Bureau of Statistics (PCBS, 1996) 46.9% of the population are under the age of 15 and more than 74% of the population are under the age of 30. 27% of the West Bank population live in urban area 67% live in rural communities, and the remaining 6% live in the 19 refugee camps (Barghouthi & Daibes, 1993).

Palestine has a high population growth rate, estimated to be 3.5% yearly in the West Bank and 4.7% in Gaza (World Bank, 1993). At such rates the population doubling time is estimated to be 17 years. (Bargouthy and Lennox, 1997). Literacy rates in Palestine are relatively high compared to other Arab Countries, where 84% of adults above the age of 15 are literate

(PCBS,1996) compared to an average literacy rate of 55% in the Middle East and North Africa, according to Bargouthy and Daibes, 1993. 82% of children whose ages range from 6 to 18, attend school.

Bethlehem Area: *geographic location and demographic characteristics:*

The town of Bethlehem lies at a distance of 10 Kms to the south of Jerusalem. It is situated on a mountain site on 777² meters above the level of Mediterranean sea. Its surface resembles the shape of semi circle. From the west, the town of Bethlehem is bounded by the town of Beit-Jala and from the east by the town of Beit Sahour. From the north its bounded by the lands of Mar Elias and the village of Surbahir, from the south by the village of Artas and Sulieman' pools. The history of Bethlehem has been closely connected with the history of Jerusalem (El-Ali, 1991). The total number of population in Bethlehem is approximately 120,000 persons. It covers 44 villages and 3 refugee camps as follows:

- Deheisha camp with a total population of approximately 6200.
- Aida camp with a total population of approximately 2344.
- Azza camp with a total of an approximate total population of 1730.

The inhabitants of Bethlehem area constitute about 10% of the total Palestinian population.

The most famous places are the Nativity church which was built in the Roman phase, and the Bethlehem University which was founded with the administrative cooperation of the De La Salle Brothers on October 1/1973 (El-Ali, 1991).

Description of the schools in Bethlehem:

Most districts in Palestine have good access to schools. However, one of the most disorganized is the Bethlehem rural area. The rural communities in Bethlehem are located at close proximity to the town of Bethlehem which is adequately covered by the educational system (Barghouthy and Diebies,

1993). Therefore most students from surrounding villages have come to Bethlehem city for schooling.

Table One: Distribution of Schools Students and Teachers by Supervising Authority and Gender in Palestine in the year (1996-1997).

	Grand Total			Government			UNRWA			Private		
Gender	Sch.	St.	Tchr.	Sch.	St.	Tchr.	Sch.	St.	Tchr.	Sch.	St.	Tchr.
Total	2237	781945	26,230	1113	481678	16,498	261	187,618	4,945	158	43,624	2410
Male	528	400,200	12,672	339	246394	9204	103	92997	2,605	22	24,645	858
Female	519	381,754	13,558	404	235284	7294	85	94521	2,340	19	18,979	1552
Co-ed	1190	---	---	310	---	---	73	---	---	117	---	---

Sch: School

St.: Student

Tchr.: Teacher

Source: Palestinian Central Bureau of Statistics (1996-1997).

Table Two: Distribution of Schools Students and Teachers by Supervising Authority and Gender in Bethlehem Area in the year (1996-1997).

	Grand Total			Government			UNRWA			Private		
Gender	Sch.	St.	Tchr.	Sch.	St.	Tchr.	Sch.	St.	Tchr.	Sch.	St.	Tchr.
Male	31	24395	731	26	14820	530	2	1757	46	3	5120	731
Female	35	23892	908	25	14031	390	4	2645	81	3	3841	908
Co-ed	102	---	---	20	---	---	3	---	---	19	---	---

Table Three: Distribution of students, classrooms. Area per Student and Student per Classroom number of schools, student/teacher, number of teachers (1996-1997) in the Basic Stage in Bethlehem Area.

	Stud.	Classes	m2/ Student	Students/ class	No. of Schools	Student/ Teacher	No. of Teachers
Govern.	28020	756	1.0	30	71	28	1011
UNRWA	4247	120	1.1	35	9	31	136
Private	7387	241	1.5	23	25	18	411
Total	44,888				105		1749

Source: Palestinian Central Bureau of Statistics (1996-1997).

Table Four: Distribution of schools by Gender, School Shift, by supervising authority for the Basic Stage in Bethlehem Schools (1996-1997).

Supervising	One Shift/ Morning			One Shift/ Evening			Two Shifts/ one administration			Two shifts/ two administration		
Authority	M	F	Co-ed	M	F	Co-ed	M	F	Co-ed	M	F	Co-ed
Govern.	9	11	19	0	0	0	1	0	0	3	2	1
UNRWA	1	2	2	0	0	0	1	0	1	0	2	0
Private	1	0	12	0	0	0	0	0	0	0	0	0

Source: Palestinian Central Bureau of Statistics (1996-1997)

Description of the health services provided by Government, private and UNRWA schools in Bethlehem Area:

Before the establishment of the Palestinian National Authority in 1994, school health services were provided by UNRWA in both Gaza and the West Bank and by the government in the West Bank. Some pilot experiences were run by NGO's. However, the school health component was neglected and the services were limited because of occupation. One of the main goals of Israeli military occupation was to destroy the infrastructure of the Palestinian population. One of its goal was to create an illiterate generation. According to Palestinian Authority/ Ministry of Health (1995), the whole health sector was neglected, and the subdivision and distribution of facilities was poor and inadequate. Health services also suffered from fragmentation because they were organized by different providers, each of them having its own system. The overall health situation in the Gaza Strip and in the West Bank remain poor by international standards (M.O.H.,1995)

With the establishment of the Palestinian Ministry of Health in 1994 three components of school health services: were started at different stages in Gaza and West Bank. Medical screening of school children, health promotion, and environmental care.

Government Schools Health:

The main partners of the school health services in the governmental sector are the (M.O.H.) and the Ministry of Education (M.O.E.). The M.O.H runs the medical component and it has teams consisting of a medical doctor, nurse, dentist and environmental supervisor for carrying out the following activities:

- * Screening for weight, height, vision and hearing.
- * General examination for the 1st grade school age population including skin, heart, lungs and tests to detect for undescended testicles.

- * Health education where most of the topics are about communicable diseases and how to prevent the diseases, and on first aid.
- * Inspection of teeth, where the dentist gives advice related to dental care. When the doctor and the dentist diagnose any health problem they either treat or refer the student. They provide treatment for scabies and lice, and prescribe drugs for skin diseases, conjunctivitis and other minor ailments.
- * There are special teams for immunization. They give immunization for both government and private schools for the 1st, 6th and 9th grades.
- * When there is a need for specialist consultation, doctors give a referral letter to the student through the head-master. Then they send the referral letter to the parent who takes the child to the specialists. The results of the visit to the specialist is brought back to the head master who files it in the medical card of the student. The health team follows the cases.
- * Consultations with psychologists about mental disorders and abnormal behaviors. The psychologist does the I.Q test for the suspected cases of disorders and some times communicates with special institutions in order to refer the student for further help. Inspection for general cleanliness inside the school takes place, instruction and advice is given by the health team.

Furthermore, referral of cases to the Government hospital and the treatment is free. Reports and documentation for the activities is done and follow up of cases that need immunization with coordination with the immunization team takes place. According to the Palestine National health plan (1994), the ratio of dentists to the population is approximately 1:3490.

In the Private Schools:

The provision of health services in private schools is the responsibility of the school administration. Each private school has its own health policy and regulations. Each school has to hire a health team or to make any other arrangements as its policy allows at its own expense. It's the school administration which is in charge of making all decisions relating to health matters. However, in some schools, the parent committee take part in the decision making process, mainly in respect of health arrangements.

Private or non-governmental organizations (usually religious one) contribute to developing and reinforcing health education in private schools. A good example of such non-governmental organization is the Union of Health Work Committees. These committees provide private schools with pamphlets, booklets, posters or any other publications related to health. Further, these committees usually make rounds in private schools to hold health programs or to implement a voluntarily medical examination for first graders. The health programs such committees hold in private schools are of great importance for both school age population and teachers since they cover several health topics.

Local universities also contribute to promoting health education in private and government schools all alike. The Nursing School in Bethlehem University, for example, play a significant role in this respect. It provides health education for different classes. In coordination with the Education Department in Bethlehem University, The Nursing School also provides teacher guidance in health education from sixth graders up to the ninth graders to be distributed among different schools in Bethlehem Area.

The school health team in M.O.H. is also responsible for private schools. They provide immunization to the 1st, 6th and 9th graders. Some private

schools have special doctors, they refer the emergency cases to the day care centers for the treatment of minor disorders and it is free of charge.

In the UNRWA Schools:

The health team consists of: Physician, nurse, dentist and health educator.

Their responsibilities in the schools include:

- * General inspection for the cleanliness of the schools, the sewage system, water supply and play grounds.
- * General examination for the 1st graders for weight, height, vision and hearing.
- * Immunization for the 1st, 6th and 9th grades.
- * The dentist examines the teeth for the 1st graders and gives instructions and advice related to dental care.
- * General examination for the 3rd, 4th, and 6th elementary classes.
- * Required vaccinations.
- * Regular visits to the schools. If any abnormal cases were diagnosed the health team refers them to UNRWA clinics in Bethlehem. Complicated cases and congenital anomalies are referred to A.V.H. Hospital in Jerusalem.
- * All services are free of charge except for glasses, which are paid for by the family.
- * School age population are examined by a dentist and are offered free access to dental care.

The Situation of School Environment in Palestine:

The school environment, especially the one of governmental schools which constitute a large number of schools in Palestine lacks a multitude of elements pertaining to health school environment, especially related to material environment.

Some of the schools have no plans for roads leading to schools. Furthermore, some schools lack outside walls or if present they are not secure. The location of some schools in city centers exposes them to outside noise caused by traffic, industrial zones. Air pollution caused by furring solid materials inside the school.

Generally, speaking schools are characterized by unavailability of sufficient water and water taps. Water tanks, if available, are not continually controlled for cleaning and distillation. Some schools lack enough sanitary units or healthy toilets, a matter which causes health and environmental problems. There are also numerous schools lacking water and electricity. Studies show that there are 45 schools in Palestine without water and 340 schools without electricity (First National Conference on Comprehensive School Health in Gaza, 1996).

Solid waste is either collected and burned inside the school or transported and thrown away. Numerous schools have limited space while playground are not safe, a matter which causes the school age population to fall down and thus causing fractures.

In regards to the classrooms, schoolrooms are often crowded especially in the lower, basic stages. The classroom should be spacious and comfortable. The average space for each pupil should be 2m, but often reaches only 1m in the basic classes. The number of school age population in one classrooms in the Gaza Strip reaches 60, while in the West Bank it often reaches 40 or 45 (First national conference on comprehensive school health, 1996).

Ventilation is generally not sufficient, a matter which negatively affects the behavior of the school age population. This also causes infections and several health problem.

Furthermore, school canteens are often rented and are subject to control by the environment department of the ministry of health. However, work is currently underway to transfer school canteens into corporations, a matter which increases the possibility of follow-up of safety by the school administration. This also leads to discussions if ever there will be change in the quality of solid food in the canteens and thus transfer it from sweets and soft drinks to food of valuable nutrition. There are also uncontrolled movable sellers at the school gates. This often leads to poisoning. However, in order to have a healthy school environment a lot of work has to be done. Nevertheless, there is urgent need for water pipelines, sanitary units improvements and getting rid of garbage.

School environment is currently dealt with according to Egyptian criteria in the Gaza Strip, and to Jordanian criteria in the West Bank. Until now this issue was not implemented according to Palestinian criteria. As for UNRWA-schools, construction has been done according to criteria set by the UNRWA-headquarters in Vienna. Therefore, decision makers were not well aware of the Palestinian environment. However, the decisions making center became nearer, as the UNRWA head quarters have moved to Gaza. In recent years some improvements have been done by UNRWA by adding new classrooms and sanitary units. This, however, did not solve the problem of overcrowded classes which faces the UNRWA-schools, but exacerbated the problem with the addition of the new buildings such as youth and women centers. This decreased the space at the schools in general and the playgrounds in Palestine.

Problems and Concerns in the Health Schools in Bethlehem Area:

During the Researcher monitoring visits to schools in Bethlehem area and through interviews with school health teams and headmasters of some schools. There are some problems and constraints regarding the organization

and implementation of school health activities. The following is a summary of the main concerns:

- Shortage of the staff in the health team, it is even hard to conduct one visit per school during the whole school year.
- Poor communication and co-ordination between school health team and parents.
- Referred students cannot always consult specialist either because they have no insurance or the facilities are not available or costly.
- Poor follow up of referred children because of lack of co-ordination and collaboration with school head master and shortage of time in certain cases, and the parents are not committed to follow the advice of the doctor.
- Dental problems are one of the major health problems among school children and there is one dentist for government schools in Bethlehem and Jericho, one dentist for the UNRWA schools in Bethlehem.
- No continuing education for the school health team and no job description for the school health nurse. The school health nurse visits the school with the physician and she has a minor role in examination, in health education and in referring the cases. Most of the activities are carried out by the physician and the nurse has traditional role beside the physician.
- Lack of coordination and relations between the school health team and other departments such as the educational team and social institutions.
- School health team cannot deal with minor health problems diagnosed during the screening visits because of lack of medical kits.
- No first aid kits were available in some of schools, no trained personnel even for minor injuries.
- In the school year 1995-1996 all school health teams have adhered to the guidelines and procedures of first grade students screening and dental examination.
- Lack of health education curriculum and traditional medically oriented approach in health education. No comprehensive health insurance for the school age population.

Summary:

The Researcher described the different services that are provided in each type of schools which indicated that there is no unified health system that coordinate and supervise the health services provided in government, UNRWA and private schools in Bethlehem area, and described the health school environment in Palestine in general in order to help the reader to understand what the problems and concerns that affect the school age population.

CHAPTER III

Review of Literature

The researcher reviewed relevant literature on the overall framework of the health services in schools. It is worth to mention that the researcher found limited literature and was unable to find studies conducted on the issue on Palestinian schools.

The literature in this chapter is arranged in order of theory and opinions, research, and a linkage between the available literature and this proposed research.

Role of Teachers vis a vis School Health

Regarding the role of the teacher: Creswell (1985) has focused on the role of teachers and nurses to form a standard against which to compare and evaluate a child's health status and behavior, so any deviated children from the expected normal range of health status or behavior are apparent to teachers and nurses.

Rosner (1975) indicated that the role of the teacher in the schools besides teaching is that of observation of the child behavior and that teachers are in a strategic position to observe and assist in control of nuisance diseases. Rosner mentioned that the school nurse should plan a strategy in cooperation with the principals of the schools concerning school health issues.

Bush, the former president of the United State of America, (1991) stated that, "we need to learn more to become better parents, neighbors, citizens

and friends. Education is not just about making a living; it is also about making a life.”

Maryshark, Show & Best (1977) focused on the relationship between teachers and students. If the relationship is eager, relaxed and joyful it will effect the teaching learning process. Mutual respect and trust must be developed between staff, staff-students, and student - student interpersonal relationships.

School Curricula and School Health

Defriese, Crossland, Wilcox and Sowers (1991) have suggested that comprehensive school health education should expand both the content and the consistency of school program and curricula. This can be achieved by shifting away heavily technical knowledge base of most ‘science’ education, to include applying knowledge and skills on everyday behavior. In other words, emphasis should be on teaching deviation making practical application, education of values, and the access to primary health services for children and adolescents. The authors suggested that to obtain this goal, health materials can and should be taught through an “infusion model”, in which health materials are integrated with the instructional programs of languages, arts, science, math, social studies and other disciplines. The new program should serve all school age population from kindergarten to 12th grades and not targeting to specific ages or gender groups. Further, the program should include school age population with learning handicaps and those who are linguistically, socially or environmentally disadvantaged.

The authors added that the comprehensive school health programs are to be institutionalized to become a part of the school mission and structure. Therefore, these programs need to be integrated into the school curricula and administrative services in conformity with the mainstream services and programs. In such a way, the health issues and educational needs will be

approached in a satisfactory way. However, program elements should be bureaucratized so that all teachers and other school personnel could have a role in health education.

Furthermore they claim that for comprehensive school health programs to materialize, one needs national leadership to focus public policy attention and private-sector initiative on these important issues, and that effort should be mounted to ensure comprehensive K-12 curricula approach to school health education, mandating appropriate funds to support teacher preparation, acquisition and distribution of instructional materials and testing of student performance, and to provide staff development for educators at every grade level. It should include emphasis on advocacy of health curriculum, evaluation of curriculum impact and importance of a healthy school environment.

According to the national education association and the American medical association in the United States in (1961) a comprehensive health education program should include a planned sequential pre kindergarten to 12th grade curriculum based on students needs and current health concepts and societal issues. Instructions should be directed at health maintenance and promote wellness and not merely to prevent disease or disability. It also must provide opportunities for students to develop and demonstrate health related knowledge, attitudes and practices, integration of the physical, mental, emotional and social dimensions of health, and the curriculum should include health topics like environmental health, family life, community health,... etc.

In regards to the integration of sex education in the school curriculum, Thompson (1990) stated that children are actively sexual from birth, that they have a "sexual" life through childhood and they have sexual feelings towards adults. All adults are sexual beings, they had a sexual life in childhood, now mostly repressed in the unconscious. He added that from

age 6 or 7 to age 12. A child's sexual interest becomes hidden from adults and is either private or displayed only with trusted companion. Thompson (1990) added that those children require care, protection, guidance and education from adults and to be given time to develop independent judgment of their own sense of what they truly want and need with respect to sex, and need to be given a time to grow out of the automatic obedience to adults we spend so many years training them into. School are those good places to work in this area.

Whalthy (1990) claims that sex equity is not luxury but an issue that should be considered at every stage of development. Donald & Walter (1975) add that sex education in its comprehensive sense is required at all school levels and that sex education should begin earlier in childhood.

Geoffrey & Rex (1980) focused on sex education and counseling inside the schools and claimed that the teacher plays a role to educate and advise the students. In some schools the students are able to discuss matters freely with the teachers, Hence topics such as homosexuality and abortion were nearly always raised - and might be mentioned by the teachers if they were not raised. They added that most parents wish for sex education, but the minority who do not can be very vociferous. People with particular religious objections have to be considered in certain areas.

School Health Programs:

Concerning the school health services program, Creswell (1985) stated that the school health services can reinforce efforts of the parents and the family physician in promoting the health and well being of the school age population.

Defriese, Crossland, Wilcox and Sowers (1991) suggested that the school health program is abroad spectrum of activities and services that intersect to

provide the students and their families with a range of cognitive affective and skill development opportunities that contribute to overall competence with respect to health. They focus on the emotional health, as well as addressing the need for disease prevention, diet, exercises, stress reduction, alcohol and drug use /abuse, growth and development, sexuality, human relationships family health, safety and environmental health.

Defriese, Crossland, Wilcox and Sowers (1991) added that to provide all these experiences and cognitive learning opportunities often requires special efforts to ensure availability of an access to services not usually assumed are part of school structure. They suggested direct health services to be provided on the school campus which are provided through an arrangement with local health care organizations or providers. Furthermore, they mentioned that to ensure the mandate for inclusion of school-based health services, the school must be recognized as an appropriate and accepted provider of basic primary health care services. The program should include routine screening for asymptomatic health conditions, and direct provision of medical and nursing treatment for routine acute health problems and illness and should include access to competent professional advice, and referral to other sources of medical assistance when needed. School based health services should be linked to health care resources in the larger community. The care providers have a major responsibility for providing educational services which may include participating in class room presentation of health and medical subjects, and providing group and individual counseling at each grade level.

Creswell (1985) claims that an accumulation of 12 years of organized school health services will have a beneficial effect on a person's health for the remaining years of life. The healthy well educated student in school becomes the effective and happy adult citizen of the community, freely giving of his or her services and influence to neighbors and the nation. Creswell added that complete evaluation for each child's health includes health examination

by physician, dental examinations, health assessment and observations by the teachers and nurses, screening of vision and hearing by the teachers, weighing and measuring and inspection of cleanliness.

The Journal of American Medical Association (1959) discussed the modern functions of school health where the ultimate objective of the school health services is to maintain, protect and promote the physical, mental, emotional and social well being of the school, to appraise the health status of school age population and school personnel, to counsel school age population parents and others concerning findings, to encourage the correction of remediable defects, to assist in the identification and education of handicapped children, to help prevent and control disease, to provide emergency service for injury or sudden sickness, to plan services which will provide a healthful environment, and to adjust individual school programs to meet the needs of children with health problems. These functions should be adopted to meet the needs of the individual community and should follow the patterns of the medical services available to the child and his family.

In this report the focus was on the importance of physical examination and emphasis on educating the children and their parents about basic principles of health and the importance of periodic and referral consultation to the family doctor. The full value of school health services is made a part of the pupil's learning experience. The pupil should acquire full understanding of each health protection or improvement service and the alert teacher should recognize the educational opportunities to present factual health information inside the class. All health services should be planned and offered to help the school age population help themselves to be self-directive in using health services and to become more understanding and intelligent about health responsibilities. The educational opportunities are not restricted to the child but extend to the parent and the entire community.

Nader (1993) states that there is a need to develop programs for educating students in self-care and management of minor accidents, abrasions and minor trauma. Nader added that health programs for school age children are community ventures and are integral parts of the total community health program. The school should share leadership in any health program so to let the community discover the health needs of the school age population and families. The schools and pupil have the legal and official responsibilities for the health of the pupil. It is important that health service programs for those of school age consider the individual in all of his relationships in the school, in the home and in the community. Furthermore, that it is important to note that parents have the primary responsibility for the health activities in the schools including the daily health routines, initial vision and hearing screening, health instruction and guidance, physical activities and continuing health surveillance through the cooperation of health counselors, principals and teachers.

Slack (1978) further adds that a child may manage procedures for himself / herself as injections, and care of stoma. She stressed that school medical examination do not begin in a vacuum; the start is during the antenatal period and continued throughout the pre-school year by the health visitor and the family practitioner or child health doctor.

Defriese, Crossland, Wilcox and Sowers (1991) focused on the development of skills in self assessment, advocacy, life planning and responsible, self management, communication and decision making. Rosner (1975) on the other hand focuses on the school health services that have the major responsibilities for mutually interpreting the educational and medical view points, and on the role of the private physician in health appraisal in order to evaluate mental, physical, emotional and behavioral difficulties of the children.

The Journal of the American Medical Association (1959) described at that time a modern approach to school health services where for effective care of a school child with either physical or mental handicaps a complete diagnostic picture is essential and that it cannot be provided by the parent or the physician or the teacher separately. This implies that a school medical adviser can review the available data with the school psychologist and then discuss the findings with the private physician.

The National Education Association and the American Medical Association (1961) affirms that the experiences provided through the health service program create opportunities for real education. Teachers have to make use of these opportunities. Everytime a teacher deals with a physician or a dentist or a nurse, he or she will acquire a new experience in the health education field. Teachers should spend sometime with doctors discussing certain medical issues such as the medical examination performed in schools. By acquiring information, teachers can educate their school age population about the importance of this medical examination mainly to protect them from several diseases spread in the area, and give them immunity against some communicable diseases. Furthermore, the pupil should be taught health education in several persuasive ways till they become able to control their own health behavior in their daily living.

Creswell (1985) claims that the parents have primary responsibility for the health care and supervision of their children. When parents fail in these responsibilities the school must be the child's advocate as well as defender. The health Officer is responsible for health services for the school-aged child as a part of the community health program, where local professional personnel should be involved in planning and participating in the school health program.

Concerning the children with special needs; Slack (1978) described that children with multi handicappes need a variety of special needs that a nurse

caring for such children needs to be prepared for, to enable her to work with other professionals. Such as physiotherapist, speech therapy and occupational therapist. Teachers on the other hand should know how to cope with emergencies.

The Journal of the American Medical Association (1959) indicated that there are limitations of educational planning for children with handicaps, such as learning disabilities mental deficiency, emotional disturbances, epilepsy, defects of speech and hearing, cerebral palsy and other crippling conditions. Therefore it is suggested that pediatricians work in the school as medical advisors in order to bridge the gap between medicine and education.

Regarding the coordination between the medical and the educational sectors in promoting the health among the school children: earlier in this century, the second national conference on physician and schools in the USA (1949) stressed that the health of every pupil is influenced by multitude factors such as heredity, physical environment of the school, emotional climate, learning behavior, the schools involvement and provision towards the promotion, protection and maintenance of the school age population health status. They implied that if the health of the child is to be protected, maintained and improved, it is necessary to coordinate the effort of the school, family, child, public health and professional health services in the community. In the conference it was recommended that to achieve this coordination, school health services should be planned jointly by departments of education and health with other representatives of the medical, dental and nursing professions and other agencies and groups without duplication of facilities or services. The important factor in a successful school health program is the cooperative leadership by both educational and health administrations and their mutual interest in achieving their common goals, consistent with the health needs of children and should take into account the extent to which these services meet those needs.

Even earlier in this century in 1915, the Portland Health Bulletin stressed that medical and educational findings must be interchanged in order that each child may have the opportunity to be educated and the school has the capacity to provide this education. Creswell (1985) said that the school setting provides an unusually good vantage point from which to observe and assess the health of children. Medical and educational authorities should be in agreement that the coordination is necessary to avoid confusion on the part of the child, parent, school and physician. As medical practice continues to make progress in preventive medicine, in guidance and counseling and in closer relationships between child, parent and physician, school health services will be more effective in the health educational supervision of the school age child.

The Carnegie Council on Adolescent Development (1990) suggested that improvement of the academic performance should be through fostering the health and fitness of young adolescents, by providing a health coordinator in every school, access to health care and counseling services, and a health promoting school environment. Health educators and health care professionals should join with schools to ensure students access to needed services and to the knowledge and skills that can prevent health damaging behaviors.

Rosner (1975) & Slack (1978) describe that early assessment of a child's perceptual and communication skills is recommended and should include visual capacity, hearing and speech screening that usually made in collaboration with the kindergarten teacher or the early childhood education teacher and the school nurse or speech therapist.

Role of the Nurse in School Health:

Rosner (1975) focused on the relation and cooperation between the nurse and the family with home visitation required when there is no practical way

to make a family contact. Rosner claims that the health care systems world wide are presently undergoing dynamic alterations. School nurses should view these changes as a signal for careful evaluation of existing school health programs and take opportunity to fashion a role exemplifying a high level of professional competence for increased and improved child health care. Furthermore, Rosner advocates the need for increasing the school nurse time, school infirmary for mildly ill children, dental care facilities, provision of bathing and shampooing facilities at school, more health counseling, a one - to - one health education procedure and expansion of the nurse's function. The pupil nurse ratio according to Rosner usually ranges from 1-3000 to one to one thousand. Nader (1993) advocates a nurse for about 800-1000 students and a nurse practitioner for about 1,500 - 2,000 students and one physician should be available for back up consultation.

Rosner adds that a basic component of school nurse program is health evaluation of the child which is a major responsibility of the school nurse. Nurses cooperate with teachers, other health and educational professionals and parents to assume a basic responsibility for the identification, assessment and management of child health needs. Nurses assume a role of leadership in collecting and interpreting data and providing directions for parents, teachers and school age population. The school nurse should preserve health records for each pupil as soon as he or she starts the school. The basic data includes height, weight, history of immunization and behavioral development of the child and the extra curricular activities. Other responsibilities include health appraisal to evaluate physical, mental, emotional and behavioral development. The school nurse can refer cases to the health care facility through her relationship with the community agencies for complete evaluation. The school nurse must be prepared to provide these services in a competent manner.

Nader (1993) stated studies have indicated a much higher referral completion rate if the nurse knew the provider of care to whom the referral

was directed. Slack (1978) adds that the nurses role includes consultation with the parents and teachers identifying and referring children in need of medical examination, following up the doctor's instructions and recommendations and encouraging and participating in health teaching, and performing practical nursing procedures carried in clinics or in the school. Slack further adds that the nurse in consultation with the school staff normally has to select which children will see the doctor at each school medical session. Children may need to be seen for such reasons like new enterant examination, selective medical requested by doctor, nurse, teacher, social worker or parents, assessment for special education, special examination for school journeys, admission or return to boarding school, recuperative holidays, infectious diseases, and research investigation.

Related to the Health Education Programs and Counseling: According to Rosner (1975) the schools play an important role in helping the families to utilize the highest level of health's education. Rosner advocates the mass media responsibilities to present the concepts which have not yet reached boys and girls through the traditional book-lecture school approach, and focuses on the role of the school nurse where the school nurse must be more active in improving nursing skills to identify and evaluate health needs, stressing on the importance of the availability of social work and psychological care at schools.

Nader (1993) explains that the school health services might be involved or coordinate a community effort in secularity education. Parents and others in the Community may respond better to efforts in education in this area if health professionals as well as educators are visible participants. The demonstration to students of the various roles and personal counseling availability of the school nurse may facilitate additional health counseling that might be needed by a student in the future.

Creswell (1985) described that an important part of the health education program includes individual and small group counseling of both students and parents. Such supervision must be planned, be well organized, and have recognized spheres of responsibility. The author emphasizes the health appraisal activities to identify conditions or problems interfering with the child educational progress where the results of the appraisal must be used to inform the parents about their children's health needs. In this area, school nurse have a major input.

Slack (1978) claims that a school health teams' responsibilities should include health education and counseling to children on a one to one basis as necessary or as requested by the child, parents and the teaching staff. Teaching is the responsibility of qualified teachers. As for specialist health related topics the nurse or the doctor may be invited to speak or to answer questions. It is also recommended that the school may have a health education committee consisting of interested members of the staff or representatives of the parents and the children.

Regarding the sick children and injuries management in the schools, Nader (1993) states that it necessary to establish primary care resources in or near the school building in order to provide back up specialty or emergency care, or care when the school-based facility is not available. Nader added that school personnel and selected students in all schools should be regularly trained and be able to provide first aid in emergencies and know how to perform cardiopulmonary resuscitation. Appropriate plans must be in place for immediate care and mobilization of emergency services, where there is a need to develop programs for monitoring and preventing school accidents.

Rosner (1975) mentioned that every school should have regulations regarding the acute care and management of ill and injured children. If such policies are not in effect, an advisory committee consisting of

representatives of a local medical society, public health agency, and school personnel could formulate the proper policies. It is proper and lawful for school personnel to give emergency care to sick and injured children whenever illness or injury comes to the attention of school personnel on school property, adjacent to the school environment or in any group under school supervision. School age population who come to school with minor infections or infestations, should be referred to the school nurse for treatment and recommendation of care by the family health facility. It is a wise school nurse who educates and cooperates with the teachers to identify the nuisance diseases.

Creswell (1985) described the role of health guidance and supervision in the schools in aiding students in directing their own health. This includes all processes necessary to acquaint students with their health status and sources and channels for developing their health assets. Its aim is to help the students in their health self direction and supervises the children in caring for their own health.

School Environment:

Most educators today acknowledge that the scholastic achievement of students is significantly influenced by the school environment. (Mayshark, 1977).

According to Slack (1978) medical and nursing examinations, are carried out in the school through a local health clinic or mobile unit parked in the school yard. If a separate place is unavailable suitable classroom or assembly hall is to be used for this purpose and such arrangement has to be made with the head of the school. The local education authorities and managers or governors of voluntary schools have a duty to make accommodation available for medical and dental inspections. The new school building should have medical rooms and should include the medical needs of the

has a powerful influence on the school age population's beliefs and attitudes. Teachers are regarded as role models to be initiated by their school age population.

Furthermore, Nader focussed on the ability of the school itself to retain its employees decrease their rate of absenteeism and enhance their performance. The school can hold seminars, workshops and in-training sessions to increase the faculty understanding of the risk factors that affect health. Topics discussed in workshops may include diet, weight stress management, physical fitness, regular medical and dental checkups, unhealthy habits and the like. Moreover, in-training sessions should include topics on aspects of child development, the problems encountered by children with chronic illnesses, behavioral disorders and learning problems. Through developing teachers, we help them to use effective techniques to manage their classrooms.

In addition, Nader (1993) indicated that both teachers should be taught how to deal with aggressive actions executed by the school age population. School age population themselves should be educated how to control their violent behavior. To reduce violence among school age population and adolescents, interventions may be employed. These interventions, however, should be humanistic; that is, based on mutual respect between the teachers and their school age population.

Igoe (1963) described the environmental health in which the physical environment of the school influences the health, the safety, the attitude, the habits, the comfort and the working efficiency of personnel and students from kindergarten through the 12th grade, where the average student spends approximately 14,000 hours in schools per year. Because the students and personnel live these hours in schools, the physical environment must be safe and must promote optimal learning and work efficiency.

Mayshark, Best and Show (1977), claimed that three important variable are important for the classroom: First temperature between 68°-70 ° F for the elementary classes because of their higher metabolic rate, second the movement of air of 10 cubic feet of fresh air per minute per student and this should be raised 20-30 cubic feet in high activity areas, third the humidity of 50% is considered ideal and should not vary beyond the range of 30% -70%.

Igoe (1963) mentioned lighting in the school environment which may cause visual fatigue and reduce reading speed, where students will suffer from nervous energy and complain of headache, dizziness, anorexia and nausea. According to the National Society for the prevention of blindness (1993) the health coordinator should develop in the children a sense of responsibility for assisting in the maintenance of good seeing conditions and to participate in the conservation of their own vision. Rosner (1975) mentioned that the provision of a comfortable and healthful visual environment in which lighting is adequate in quantity as well as quality are very necessary.

Igoe (1963) stated that the physical environment is the responsibility of the school administration whereas the local health departments are responsible for reducing the environmental deficiencies. The school nurse is in charge of coordinating regular inspection of the school environment, arranging for health inservice training and approaching the identified environmental hazards.

Although school buildings have been improved since the 1970s, acute illness outbreaks related to mucous membrane, respiratory, irritation, headaches and fatigue have been blamed on "sick building syndrome". Radon-exposure is another potential phenomenon that is common in school nowadays. Radon concentration inside classroom is expected to increase, simply because schools are constructed in a way that air exchange is reduced. However, the rate of contact diseases induced per hour by radon depends on the magnitude of the cumulative exposure to radon gas, the age of school age

population who are at risk, and the period of exposure. On the other hand, radon exposure can be reduced by improving ventilation or by reducing the inflow of radon into buildings.

Mayshark, Best and Show (1977) stated that the responsibility of initiating and providing for the construction and maintenance of school building is the responsibility of the architects and the health coordinator and other committees. The authors claim that the community cannot change the structure of its school very often, so the material of the school and the way in which it is constructed are of enduring importance. They described the school building that should resist the push of wind, the penetration of cold and rain, the attack of termites, earthquakes, erosion and eventually modelling. For an effective school, the plan must be adapted to the needs of the students.

Igoe (1963) under the title "Warning: This school facility may be hazardous to your health", suggested human originating hazards including: nuclear plants and airports located close to populated areas, acid, industrial pollution of air, water, noise, solid and hazardous waste disposal problems, dirty streets, gang warfare, poverty, high accident rates, sexually transmitted diseases / aids, poor dental health and drug abuse. Each of these hazards effect the physical environment and operation of schools. Aging school plants present problems unique to the area in which they were constructed. The author emphasizes on two health hazards where school and community must consider the presence of lead and asbestos in buildings constructed prior to mid 1970's. The school environments may be the sources of exposure to lead. School age population attending schools located near battery plants for example, are likely to have high blood lead levels that in schools located in residential neighborhoods. There is also a dose effect relationship between blood lead and children's performance on psychological testing, The higher the blood level, the lower the intelligence quotient. Also with age, asbestose becomes friable and flakes off ceiling as

a fine dust, and deteriorating insulation may spread asbestos fibers, whereby asbestos exposure may increase the risk for asbestos-induced cancer and asbestosis.

In related to the noise pollution in the schools, Igoe (1963) mentioned that noise levels and anoxious stimuli can negatively affect cognitive development. She stated that humans must use vast amounts of energy to screen out noise-energy that can be better used to learn and work. Unpredictable noise damages performance, whereas interference produces irritability and a growing tendency to overreact to stimuli that normally would be ignored. School buildings contain many internal sources of interference. Such as hard floor, visual distractions, public address systems, lighting flickering and glare, multiple simultaneous activities in open classroom. The use of sound dead materials improve speech discrimination and lessens auditory interference. Furthermore, overcrowdness affects the teaching learning processes were too much or tool little space creates disorder and lack of adequate space invades individuals privacy and impairs their ability to concentrate.

Mayshark, Show and Best (1977) stated that both internal and external noise are causes of irritation, mental and emotional strain, distraction, which in turn lead to learning impairment, frustration, anxiety, fear, and hearing impairment. The authors suggested that coordination between the health coordinator and the school administration will decrease internal and external noise to a minimum degree. In designing a new school or remodelling an old one, the health coordinator should take four principles in consideration. First, noise should be controlled, second, the school building should be located as far as possible from the source of external noise, third, the external noise should be reduced through a number of sound absorption techniques, and fourth, wise lanscaping that makes use of shrubs, trees, vines and climbing ivy, will reduce external noise by 8-18 decibels.

Igoe (1963) indicated that to establish an optimal school environment that support learning and performance, administrators and health personnel can design and implement health programs which aim at reducing risks and promoting health care among the school age population.

Mayshark, Best and Show (1977) stated that the lunch room facilities, sanitary, refrigeration and warming unit must operate properly. Food handlers must be healthy and knowledgeable in food handling procedures. Every effort should be made to prevent contamination. The windows and doors of the cafeteria should be equipped with tight fitting screens, and the kitchen should be well ventilated. Stainless steel utensils are preferable, a disinfectant should be used to clean the equipment. In sum, the quality of food, the manner in which it is prepared and served, the habits and the appearance of the workers and the cleanliness will determine the extent to which food service contributes to the total school health program.

The authors added that the water supply should be adequate and pure and should be inspected at least once a month. Water pipes and fixtures should be well-designed.

Mayshark, Best and Show (1977) also referred to some rules that should be followed to provide safety in schools. The playgrounds should be impacted and repaired. Hazardous materials should be out of children's reach; kept in closed cabinets. However, the school safety program should be appropriate for the level of the students' developmental maturity.

Further, safety education must be covered, including injury etiology, bicycle and automobile safety, home and toy safety, pedestrian and playground safety, fire prevention and proper response, pet and vocational safety. School safety concerns are most effective when integrated into the overall curriculum. School employees must know the legal aspects of school injuries and must receive inservice training in injury prevention and first aid.

To promote a healthy school environment the schools can develop a variety of innovative approaches. Air filter can be installed to decrease respiratory tract irritation. Correct and suitable heating and air conditioning systems, and the percentage of air exchange can be increased to overcome the sick building syndrome in newer school. School nutrition programs should be evaluated for meeting national standards and changing the fat and sugar content of meals. Schools can eliminate soft drink and candy vending machines and offer nutrition's snack breaks to students and staff. Student health fairs can be used to reinforce the national health promotion and disease prevention objectives.

Mayshark, Show and Best claimed that accidents are the leading cause of death among the school age population. To prevent accidents inside the school, they suggested to develop a plan that will involve a team or committee to establish a health and safety team. This committee consists of the principal, the school nurse, medical inspector, the head custodian and member of the faculty. Their recommendations should be distributed among the faculty and the athletic teachers. They would develop an annual student accident report at the conclusion of each school year. This will enable the staff personnel not only to identify problems, but work together to resolve problems. Mayshark, Sow, & Best pointed on the dangerous of traffic accidents therefor well-trained supervisors are needed to educate students in the elementary classes on traffic control and create a safer environment.

Palestine related school health literature:

There were several workshops held in Palestine in cooperation and coordination with the Ministry of Health, and non governmental sectors on school health. Such workshops aimed at assessing the current school health conditions so that a strategy can be set up for the sake of improving the school health conditions in Palestine. Yet, a very limited number of decisions were executed and the majority of which are still outstanding. As

a consequence, the school health condition in Palestine still lacks the proper health criteria in the whole sense of a healthy school system.

Related to the Health School Environment: Safi, Al-Fara, Al- Nahal, Al-Kateeb, Abed, Al- Alem, & Abu El-Foul (1993) stated that during the stage of the child's psychological development, the teacher is usually considered the ideal and the best model for the child and the school is the most influential place. Therefore the teacher is ought to seek the best school environment which will help build the future personality of the child which in turn will be involved in building a society based on an adequate and proper environment.

Scientists figured out that habits and traditions a child is exposed to his early stages will last for whole life. Having a suitable school environment will provide the opportunity to the teacher to be more efficient and to provide the student the chance for better learning conditions and achievements which in turn will make the stay at school a source of pleasure rather than a chore. The authors define school environment as intermingling basic factors which include: the natural factors. i.e. lighting , noise, air and water. The biological, which can be divided into the good ones which should be enhanced like the plants, trees and flowers and the bad factors which should be avoided like insects as well as plant or animal creatures existing in the classrooms or in the courtyards. The social factors define the level of the school environment standard which in turn define the relationship among people. Under all circumstances human beings are the influential power for any change and are the one who can take action towards a better standard of living. Social elements usually constitute, three pillars i.e. teachers, students, parents. The stronger the relationship among these three categories the better the school environment we have. In the planning for a new building claimed that establishing educational institutions should be based on proper planning which requires sufficient time. Planning is a joint operation which will involve the suppliers of services, the public and the

parents. The technical teams should involve teachers, as well as education, health, and planning supervisors. These teams should prepare a comprehensive working plan which will help the engineering team in establishing a proper and healthy building which conforms with the respective educational programs, laboratory location, and facilities. The ideal school area according to the American system suggested by the authors is depicted in (table 5):

Table (5) - ideal school area according to the level of class, total dunums and dunums per students

<u>Class</u>	<u>Total of dunums</u>	<u>Dunums</u>	<u>No. of students</u>
<i>Elementary</i>	40	4	100
<i>The Junior high school</i>	100	4	100
<i>The high school</i>	140	4	100

They added that according to the modern system 40 m² are usually allocated for each students i.e. the school which has 500 students, reserved dunum 30% of which should be allocated to green areas, courtyards and other facilities. The area of the classroom should be designed in a way where at least 2 m² are allocated for each student. The health services building should contain nursing office, waiting room clinic, and first aid and dressing unit.

To alleviate noise, some barriers should be erected like air-vacuumed glass as well as trees which should be planted between the class rooms and the source of noise without affecting lighting and ventilation. Sound echo can be obviated by having classrooms no larger than 8 meters long. If larger classrooms are needed then the walls facing the speakers should be coated with special materials in order to prevent echo.

Concerning health education: in a workshop which was held in Ramallah on October 19-20, 1996 regarding the health education programs, the teachers

were hoping to help students make their own decisions, and to explore habits and values, and to get acclimated with the proper health practices now and for the future, rather than feeding them health education only. Workshop discussions stemmed from the following assumptions:

- Health education is not an additional theme but rather the substance of the curriculum which comprises different components which were defined at the national level (security, personal hygiene, nutrition, and mental health). These can be incorporated in different subjects (science, biology, vocational training, humanities, religion and geography). In lieu of emphasizing passing knowledge and education to the students, the process of incorporation emphasizes the essence of the curriculum via health education, building self confidence and self image. This will help make students resilient to social pressures exerted on them, especially during the adolescence, and to be active participants in developing their environment and society.
- The model (incorporating health education in the curriculum) gives the main guidelines at the national level and gives the opportunity for self-administration at school through self-ruling which is linked to self-conscience, self image and respect, and confidence. All the aforementioned comprise the bases for a better health and for a higher standard for school principals, teachers and students.
- The model depends on learning by participation and effective learning methods such as using toys, small discussion groups, child to child style, studying special cases, community work projects, and addressing parents so that to get them involved in the process. Also courtyards and clubs may be used in addition to classrooms.
- Coordinating all activities should take place under the supervision of the health committee at school (principal, teachers, students, parents, health professionals, and civic leaders). It is essential to have such a committee in order for it to set priorities of topics and to guarantee coherence between these topics and the general culture of the community.

In a workshop held in 1996 about health education and reinforcement, Maslamani stated that the idea of health should be clearly explained in schools, and that any deviation from the normal behavior should be noticed and treated. In addition, cases of students who suffer from disabilities, and those who need extra care like vision or hearing impairment, and mental retardation, should be tracked down. Health assessment procedures ought to be carried out periodically so that a good idea about the role of health education and the general health condition be provided. The outcome of the assessment should be employed and incorporated in future health programs at schools. Furthermore, a clear assessment about the previous infectious diseases, vaccination, malnutrition related diseases, and the social condition of the family. The history of the family is very important which could be used in guiding, counseling, and the health assessment of the family. This information should be kept in each student's file at school.

Maslamani added that teachers and supervisors can play a significant role in keeping contact with the parents, since the latter can give very useful remarks about their children. The teacher can pinpoint any change in the manner of the student and distinguish students from one another. Watching and inspecting students in the morning should be a tradition at school. This is an advanced method in the early detection of any change which the student may undergo. Such changes may include weakness, weight loss, recklessness, fobia, or a hostile attitude. The health team at school has to be notified.

Maslamani also adds that the periodical general check-up of the students is the responsibility of the medical team (i.e. physician and nurse). Teachers should be heavily involved in this work. Some medical examinations are supposed to be annual and others on semester basis. Ophthalmology cases, vision impairment, or height problems should directly be referred to the medical team. Laboratory regular tests should be done on blood, urine and

stool. Clinical and regular examinations should take place by the practitioner and the dentist based on each student's record. The record may include the history of the disease, the social condition, remarks of the classmaster, and parents, the periodical examinations and laboratory tests. Furthermore, he adds that it is important to educate the teachers as well as the parents about following up the health condition of the children. This can be achieved through a health education program in which teachers and the medical team can be involved.

Regarding the Care for Students with Physical Disability: Maslamani added that whatever capabilities the student has, he/she always needs help to develop and enhance such capabilities, especially those with physical disability who will be in need of medical, social and educational care and attention.

Physical disabilities of the students include: impaired vision where the student will be considered as blind if his/her vision in the two eyes does not exceed 6/60 using the medical glasses. Such students need to get education using Bryl method. Those students whose vision is 4/24 in both eyes can use their vision in learning but need to periodically be checked and to use medical glasses.

As for deafness or partially impaired learning, the deaf student or that who has partial impairment in hearing may need hearing aids. Those who have partial hearing impairment usually have a pronunciation problem. These students need special schools and institutions. Crippled students can go to regular schools, and may need some help.

As for mental health services and to prevent mental disorders and tension among students it is very important to have an adequate mental status. Students need security and love. Teachers have to realize that there is a reason behind every conduct and that there are individual differences among

students. Therefore, it is recommended that each school hire a social worker.

In terms of dental health, tooth plaque and gum diseases are widespread among students. This can be overcome by health education, periodical teeth check-up and early treatment. It is recommended that a dental clinic be available in each school.

According to a research done by Dorth (1995) in Palestine, it indicates a higher level of caries on the West Bank than in Gaza Strip. The hygiene among the children was generally highly insufficient, calculus was present in small amounts in one third of the children. Dental fluorosis was present in 30% of the children examined by the consultant in Gaza. Recent assessments of the fluoride content of the water on the West Bank and Gaza showed that the fluoride content did not exceed 0.5 parts per million (ppm) on the West Bank, whereas the supplies in Gaza varied between 0.7 ppm - 3.5 ppm. According to the Palestinian National Health plan the number of dentists in 1995 was 450 in West Bank and 190 in Gaza with a ratio of 1:3490 dentists per inhabitants. Most of dentists serve the adult population.

Dorth added that there are no government oral health care services on the West Bank. One dental unit is being installed for maxillofacial services in Nablus, while some NGO's and UNRWA services are available for some children. The Palestinian Medical Relief Committees operates 4 mobile clinics. Children not covered by a program must demand services from the private practitioners. As the Palestinian National Authority took over the responsibility for oral health services and it is requested to develop an oral health program for all children in Palestine. The oral health education is being integrated in the school health services in the Gaza and in the activities of primary health care team's work on the West Bank. The research indicated that it is a valuable approach and it must be given the top

priority and developed further focusing on using of tooth brushing and improving this activity, and that fluoride containing toothpaste is used. Consumption of sweets and junk food should be reduced, regular meals and low sugar consumption is a necessity, and that the dental profession should take on active part in promoting health through good nutrition.

According to the workshop held in Ramallah (1977) under the title: "Teachers training guide in promoting health among youth" within the context of Maslo's theory, suggests that despite the fact that the school considers itself being concerned basically with the intellectual needs of the students, ethics, search for the reality, and the ability for a proper thinking, yet, it can not ignore their basic emotional and physiological needs.

In relation to self respect schools are expected to promote positive attitudes and try to reinforce the emotional and social capabilities besides the intellectual ones. Within the context of Smith's theory (1967) our self respect greatly depends on how we were used to be treated in the past, as well as on the experience we have gone through. The extent of respect, acceptance and the way others are treated besides success comprise the fundamental factors which dictate the individual's conduct. Despite the fact that kids come to school with a wide variety of concepts and perspectives which they have already acquired at home, yet schools and teachers can have either a positive or negative impact on reinforcing such perspectives.

Schools have to make sure that all students have the feeling of love and self respect and can achieve a sense of success. Also, schools can help students realize that they can not get the satisfaction of everybody all the time. In addition, students should learn to think that they are always right according to their values regardless of the pressure exerted on them. This sets up the foundation for responsible personality.

In terms of genuineness: schools need to promote the feeling of a trustworthy person so that you will seem as you appear, to stick to your word, and to be open to people. It is very important that the above mentioned points be inculcated in the students mind at school. Within the context of the workshop, Roger asserts that "The higher the level of empathy, genuineness, truth, and respect, the better the students can learn".

Related to the challenge for the future it is written in the "teachers guide" that many schools were able to adopt and develop good relationships, yet many students figured out that their school experience was still shabby and did not help build their self respect. This is greatly related to lower capability students whose teachers were not able to realize that they were coming from different backgrounds. These students see themselves out from the school and hence tend to build up their own personality away from the school values. It is no coincidence that the students who smoke or take drugs are those who have lower achievement. This can be ascribed to the fact that they were rejected from school and that it did not give them any chance for success. Therefore schools have to be very cautious in not creating any problems which then will make things difficult to handle especially when dealing with the subconscious of the students. Thus the "Communication Skills" may become the most important, for every educational institution.

In talking about developing health education at schools, we must be sure of creating adequate relationships which comprise the milestone in all of our deeds. Unless teachers and students are happy alike, and have the sense of appreciation and empathy via good and open relationships among them, any health education program will neither be influential nor effective.

Mansour (1996) claimed that developing a national school health program requires necessary attention since it aims at responding to the fundamental human rights issues, and to improving the children and youth's health

providing them with knowledge, concepts skills for a better future. It is note worthy to mention the fact that the total number of school students in Palestine is 781,945 (63.3% of whom go to government schools) and that they along with their parents are easily accessible for health education and education promoting healthy and constructive citizens. Needless to say these students will be future fathers and mothers, and of who will endeavor to improve the health and nutritional conditions of their families.

The researcher attended the first national conference for comprehensive school health (1996), the following were mentioned during the presentation of papers regarding the primary (elementary) schools in Palestine:

- * There are 400,000 students in the primary schools in Palestine.
- * 63.3% of the students go to the government schools.
- * There is a total of 2200 schools in Palestine.
- * 45 schools without running water.
- * 340 schools without electricity.
- * The proportion of disability among the palestinians is 3-4%.
- * This proportion comprises 60,000 - 80,000 of the total population, 40% of whom are at school age.
- * Studies indicated that 80% of the disabilities can be accommodated at schools.
- * Studies indicated that 38% of the students at the age of 9 - 12 suffer from psychological disturbances.

- * The most severe cases are found in Gaza Strip.
- * Males suffer more than females.
- * Studies indicate that such symptoms are of depression and not behavioral with the Palestinian child.
- * So far, 100 social workers were appointed at the West Bank and Gaza Schools i.e. 40% of the schools.

CHAPTER IV

Conceptual Framework

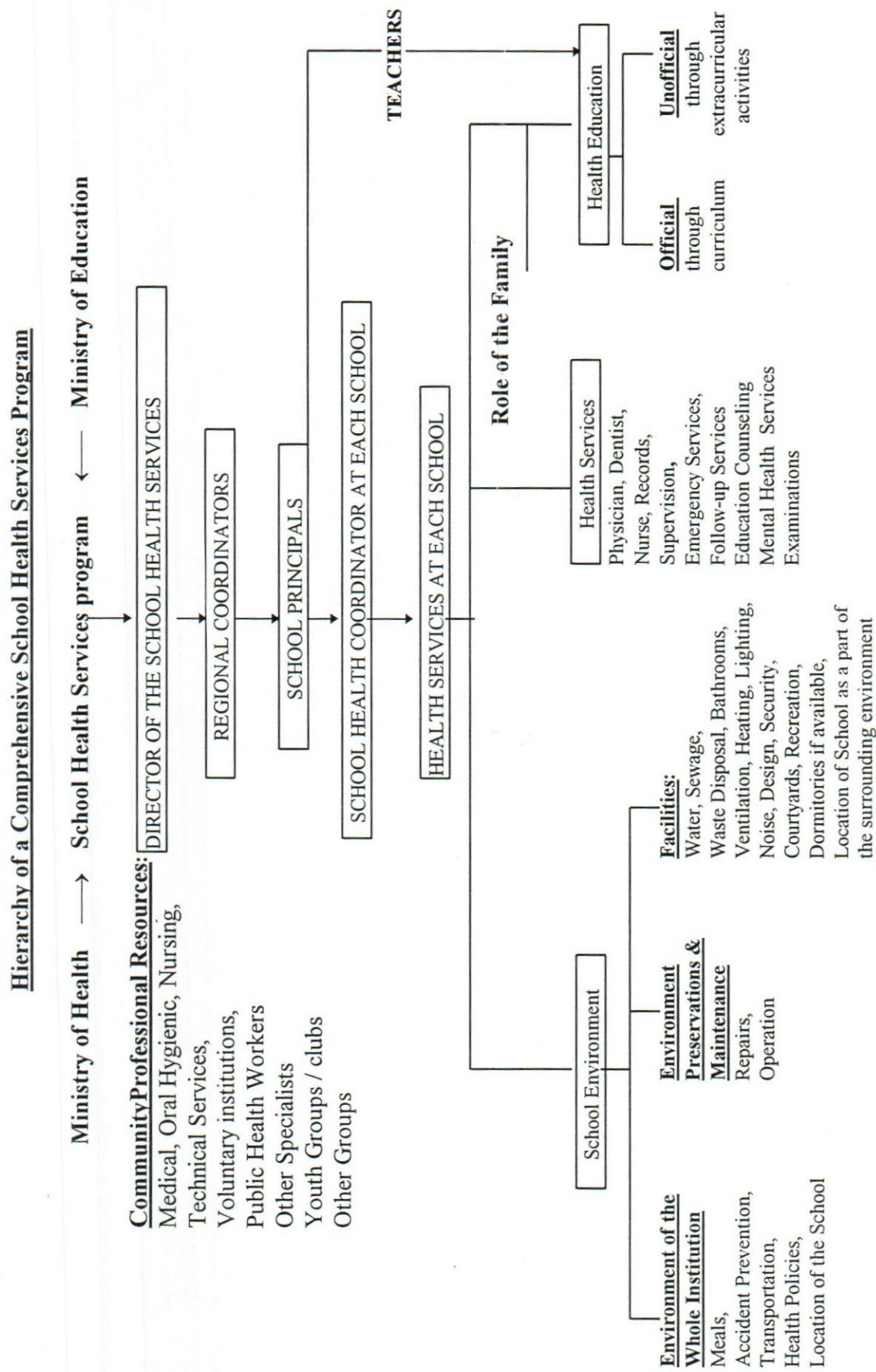
The conceptual framework for this research is based in the integrated relationship between the major components of an ideal school health service including

- School Environment: - Environment of the whole institution
- Environment Preservations & Maintenance
- Facilities
- Health Services
- Health Education

Those components interact under the umbrella of the individual family and society at large, necessitating qualified staff and different authorities. A pictorial presentation is found on page 52.

The above components have been utilized as the guiding principals for the questionnaire design assessing the perception of teachers and principals of governemnt, UNRWA and private schools in Bethlehem area of the avaialble school health services.

Figure I - CONCEPTUAL FRAMEWORK



Source: Village health workers training manual - on health education center for development in primary health care

CHAPTER V

Methodology

The researcher in this study aimed at exploring health services available in Bethlehem area schools. The ideal health services have been identified through the literature review. For this purpose a questionnaire was designed by the investigator to be filled out by the target group.

A. Research design:

A quantitative descriptive design with questions describing health services available in the UNRWA, private and governmental schools in Bethlehem area was utilized.

B. Identification of population and sample:

The investigator has systematic randomly selected 10 governmental schools, ten private schools and all UNRWA school in Bethlehem area by using the schools name table from Directorate of Bethlehem Area.

- * All principals were included .
- * All teachers who teach grades 1-6 were included.

C. Setting:

Government, UNRWA and private schools in Bethlehem area.

D. Instrument:

A self administered questionnaire (Annex 4) was used. The total survey procedure included a consent letter and a questionnaire. The questionnaire was reviewed by the research supervisors and two other experts in the field. According to the recommendations, modifications has been done (referral validity).

Ethical Consideration:

A formal consent letter to conduct the study was obtained from the dean of scientific and graduate studies in Al-Quds Universities (Annex 3). Two copies of this letter were sent to the UNRWA office in Jerusalem and to the Ministry of Education in Ramallah, the same letter was sent to each school principal of participating schools in the private sector to allow the researcher to distribute the questionnaire among the teachers. Then a letter was sent to the UNRWA office in Hebron (Annex 7) and another was sent from the Ministry of Education in Ramallah to the Directorate of Education in Bethlehem district (Annex 6), this letter was recommended by the director of Bethlehem Directorate of Education in order to cooperate with the researcher during the data collection procedure and it was sent to each school principal of all the participating schools in the government sector.

The researcher used a self-administrated questionnaire rather than face to face interview because the sample used in the study was large in number. Furthermore self administrated questionnaire are relatively quick to obtain and inexpensive. Further the questionnaire has long items, therefore, it was more easy for the respondent to fill out and easy for the researcher to administer and score.

Pilot Testing:

Pilot testing was carried out with 7 teachers from different school settings Modification of questions was done accordingly.

Data Collection:

The investigator arranged with the principal of each school in the three sectors to obtain the names of the teachers who teach grade 1-6. The investigator planned to meet the teachers in each school to inform them of the purpose of the study and to distribute the questionnaire. The investigator gave five to seven days to the teachers and the principals to fill the questionnaire.

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Data Analysis:

The data were analyzed by using descriptive statistics, the mean, the frequencies and percentages were used. Analysis of questions (5, 6, 118, 119) was not performed due to the fact that few respondents answered the above questions. Analyzing their questions would give an invalid results: Therefore the questions were deleted from the analysis: Furthermore, few respondent were answered the 6th category of the questionnaire scale (not applicable), therefore it was deleted from the analysis in order to keep the validity of the study. The computer center of Bethlehem University was used and consulted for data analysis due to convenience as the researcher was a faculty member of Bethlehem University.

Conclusion:

This chapter explained how the research was carried out, indicated the design, the population, the sample and the setting, described the instrument that was used and identified data collection procedure and data analysis methods.

CHAPTER VI

Data Presentation

This chapter covers data presentation divided into 7 sections. In each section the results are presented according to the variables in the first part of the questionnaire related to: the gender of the respondent, gender of the school, the position of the respondent, the type of school, and the total average for each section item. The researcher then analyzed the responses of the participants in attempting to answer the research Items.

Analysis was based on the following scale:

1. 1.49 and below strongly disagree
2. 1.50 - 2.49 disagree
3. 2.50 - 3.49 applied to some degree
4. 3.50 - 4.49 agree
5. 4.50 and above strongly agree

The researcher analysis and comments concentrate on items with the mean below 2.49 and above 4.49, for all variable related to the items in each section.

The total number of distributed questionnaires was 300. Total respondents were 215 teachers and principals, with a (71.6%) response rate.

Respondents were 67 male teachers, and 133 female teachers as indicated in (Table 6), as well as 15 principals as indicated in (Table 7).

The total number of the distributed questionnaires to the principals in the 3 sectors were 29. Total respondents were 15, with a (51.7%) response rate. Respondents were 10 male principals, 5 female principals as indicated in (Table 7).

Table 6 - Teachers Responses in Frequencies and Percentages related to gender, gender of the school, and type of school = N 200

	Gender of Teacher (N 200)		Gender of School			Type of School		
	Male	Female	Male	Female	Mixed	Govenment	Private	UNRWA
Frequencies	67	133	47	53	100	61	81	58
Percentage	33.5%	66.5%	23.5%	26.5%	50%	30.5%	40.5%	29%

Table 7 - Principals distribution in frequencies and percentages regarding the gender, gender of school and type of school N = 15

	Gender		Gender of School			Type of School		
	Male	Female	Male	Female	Mixed	Govern-ment	Private	UNRWA
Frequencies	10	5	1	2	12	1	10	4
Percentages	66.6%	33.3%	6.6%	13.3%	80%	6.6%	66.6%	26.6%

Section one: Services provided by the health team. Items 1 - 31 on the questionnaire presented in (Table 8). Means lower than 2.49 are indicated in Item 3, 4, 11, 12, 13, 28. A mean higher than 3.50 is indicated in item 24.

Item 3 relates to psychological health issues covered by health team. The results indicate means lower than 2.49 in relation to gender of school (male 2.48), and the type of school (government 2.48 and the UNRWA 2.44).

Item 4 relates to health topics offered by the school medical team: The results indicate means lower than 2.49 in relation to gender (male 2.48), the gender of school (male 2.43), and the type of school (UNRWA 2.46).

Item 11 relates to trained teachers giving health educational lectures: The results indicate means lower than 2.49 in relation to gender (male, 2.42), the position (principals 2.36), the gender of school (mixed 2.47), the type of school (government 2.31).

Item 13 relates to parents who get invitations to attend health education at school. The results indicate means lower than 2.49 in relation to gender (male 2.17) (female 2.43), the position at the school (principals 2.16) (teachers 2.44), the gender of school (male 2.02) (mixed 2.37), the type of school (government 2.31) (private 2.14) while the total average is (2.34). It's worthy to note that this specific Item received mean less than 2.49 on all related variables.

Item 24 relates to the need for a full-time nurse in the school. It is worthy to note that this specific Item received means higher than all Items in the health team category. In relation to gender (male 4.03), the position (principals 4.05), the gender of school (male 4.06) (mixed 4.00), the type of school (government 4.17).

Item 28 relates to sick school age population treated by the health team inside the school. The results indicate mean lower than 2.49 in relation to type of school (government 2.45).

Section I

Table 8 - Health Team - Item responses means related to gender, position, gender of the school, type of school, and Total Average

Item	Gender		Position		Gender of School			Type of school			Total
	Male	Female	Principal	Teacher	Male	Female	Mixed	Gov't	Private	UNRWA	Average
1. The health topics offered by the school health team contain physical aspects of health.	3.42	3.66	3.36	3.70	3.32	3.75	3.60	3.53	3.64	3.54	3.57
2. The health topics offered by the school health team contain social aspects of health.	2.77	3.02	2.73	3.06	2.65	3.26	2.87	2.88	3.29	2.60	2.93
3. The health topics offered by the school health team contain psychological aspects of health.	2.64	2.62	2.56	2.67	2.48	2.82	2.58	2.48	2.94	2.44	2.63
4. The health topics offered by the school health team meet the needs of the students.	2.48	2.55	2.50	2.54	2.43	2.63	2.52	2.51	2.60	2.46	2.53
5. The elementary curriculum contains medical topics.	3.57	3.79	3.60	3.78	3.66	3.79	3.70	3.63	3.93	3.52	3.71
6. I am satisfied with the topics of health education offered at school.	2.87	2.89	2.84	2.91	2.78	3.00	2.88	2.77	2.92	2.96	2.89
7. New information is offered based on research and modern scientific studies.	2.66	2.87	2.65	2.87	2.68	2.73	2.91	2.59	3.01	2.71	2.80
8. The lecturing style offered by the school health team is interesting and diverse.	2.86	2.84	2.83	2.86	2.88	2.87	2.81	2.86	2.81	2.88	2.85
9. During the lectures various illustration methods are used like posters, pamphlets, and films.	2.72	2.98	2.69	3.01	2.85	2.97	2.84	2.71	2.96	2.96	2.88

Item	Gender		Position		Gender of School			Type of school			Total
	Male	Female	Principal	Teacher	Male	Female	Mixed	Gov't	Private	UNRWA	Average
10.The health educator is concerned with daily health and hygienic practices of the students.	2.98	3.14	2.91	3.18	2.90	3.34	3.01	3.20	3.00	3.06	3.08
11.Teachers at school are trained on how to give educational health lectures to the students.	2.42	2.59	2.36	2.63	3.35	2.83	2.47	2.31	2.61	2.62	2.53
12.Assessment of the students' needs for health education is carried out before preparing and giving the lecture.	2.57	2.61	2.52	2.63	2.51	2.70	2.57	2.48	2.58	2.69	2.59
13.Parents are usually invited to attend health education meetings which are held at school.	2.17	2.43	2.16	2.44	2.02	2.54	2.37	2.31	2.14	2.56	2.34
14.Teachers attend lectures given by the health team.	3.05	3.35	3.06	3.34	2.95	3.54	3.17	3.22	3.16	3.33	3.24
15.Health education will change the concepts and attitudes of the students vis-a-vis health issues.	3.49	3.66	3.48	3.66	3.44	3.84	3.52	3.50	3.58	3.71	3.60
16.Health education will change the concepts of the teaching staff about health issues.	3.52	3.68	3.50	3.70	3.55	3.83	3.52	3.60	3.64	2.62	3.62
17.The school health team is concerned in the health issues of each student.	3.24	3.33	3.20	3.36	2.25	3.19	3.40	3.24	3.32	3.33	3.30
18.The team keeps a medical record of each student.	3.67	3.42	3.71	3.39	3.73	3.61	3.32	3.54	3.01	3.98	3.51
19.Each medical record is kept in confidence.	3.56	3.39	3.61	3.36	3.46	3.55	3.39	3.47	3.14	3.73	3.45
20.The team is well equipped for examining the students.	2.83	3.07	3.89	3.05	2.75	3.08	3.07	3.20	3.00	2.81	2.99
21.The school health team is highly efficient.	3.22	3.19	3.20	3.20	3.13	3.16	3.27	3.30	3.22	3.10	3.20
22.The team brings up novel things with each visit to the school.	3.00	2.72	3.92	2.76	2.95	2.74	2.81	3.00	3.71	2.81	2.82

Item	Gender		Position		Gender of School			Type of school			Total
	Male	Female	Principal	Teacher	Male	Female	Mixed	Gov't	Private	UNRWA	Average
23.The role of the nurse in the team is distinguished.	3.35	3.17	3.30	3.20	3.31	3.44	3.05	3.48	2.98	3.25	3.23
24.The school is in need of a full-time nurse.	4.03	3.97	4.05	3.96	4.06	3.90	4.00	4.17	3.92	3.92	3.99
25.In many cases, the school nurse can perform the work alone without the help of the doctor.	3.08	3.33	3.13	3.30	3.06	3.06	3.43	3.17	3.43	3.07	3.24
26.The nurse is able to give lectures on health education.	2.78	2.91	2.83	2.89	2.81	2.84	2.92	3.14	2.76	2.75	2.87
27.The health team carryout individual counseling for pupils.	2.61	2.76	2.60	2.77	2.56	2.67	2.82	2.51	2.75	2.81	2.71
28.Sick pupils are treated by the health team inside the school.	2.82	2.91	2.81	2.92	2.67	2.71	3.09	2.45	3.00	2.68	2.88
29.The health team perform their jobs seriously	3.28	3.07	3.27	3.07	3.25	3.22	3.02	3.37	2.98	3.12	3.15
30.The health team prepare a report after each visit to the school.	3.49	3.30	3.45	3.32	3.48	3.61	3.14	3.86	3.01	3.24	3.37
31.Student health problems are pursued by the health team.	3.21	3.12	3.21	3.12	3.18	3.29	3.04	3.43	2.88	3.19	3.15
Total section items means pertaining to each variable	2.98	3.06	2.98	3.06	2.95	2.94	3.12	3.15	3.04	2.90	3.03

Section two: Students with special needs. Items 32 - 38 on the questionnaire presented in (Table 9).

Means lower than 2.49 are indicated in all variable of Items 36, 37, and 38.

Item 36 relates to the school having facilities for pupils of special needs with an average mean of (1.94).

Item 37 relates to qualified cadre to deal with the pupils of special needs with an average mean of (2.05).

Item 38 relates to provision of facilities inside the schools to accommodate needs of pupils with special needs with an average mean of (1.81).

In total section items means, means lower than 2.5 were given by male respondents, principals, respondent from male schools and government and UNRWA schools.

Section 2

Table 9 - Students with special needs - Item response means related to gender, position, gender of the school, type of school, Average

Item	Gender		Position		Gender of School			Type of school			Total
	Male	Female	Principal	Teacher	Male	Female	Mixed	Gov't	Private	UNRWA	Average
32.The pupil of special needs is referred to a special organization to receive special care and attention.	2.81	3.46	2.80	3.48	2.72	3.52	3.36	2.83	3.55	3.21	3.25
33.The pupil of special needs is referred to a special organization based on coordination between the health team and the pupil's custodian.	3.22	3.68	3.20	3.70	3.17	3.58	3.69	3.28	3.86	3.34	3.53
34.The school is provided with a comprehensive report depicting the case of each pupil of special needs.	3.11	3.28	3.07	3.30	3.04	3.25	3.30	2.90	3.48	3.17	3.22
35.The health team pursue the health problems of the pupils of special needs individually.	3.09	3.04	3.05	3.06	3.02	3.13	3.03	2.90	3.13	3.10	3.06
36.The school includes facilities specified for pupils of special needs.	1.68	2.08	1.71	2.07	1.70	1.94	2.06	1.66	2.26	1.77	1.94
37.The school has a qualified cadre of psychologists and social workers to deal with the pupils of special needs.	2.06	2.05	1.94	2.12	1.97	1.55	2.39	1.81	2.60	1.57	2.05
38.Toilets are provided inside the school to accommodate pupils of special needs.	1.62	1.92	1.66	1.90	1.61	1.89	1.88	1.58	2.11	1.69	1.81
Total section items mean pertaining to each variable for the total section	2.32	2.59	2.30	2.61	2.21	2.61	2.58	2.13	2.79	2.45	2.50

Section three: The Curriculum. Items 39 - 46 on the questionnaire presented in (Table 10). Means lower than 2.49 are indicated in Items (42, 44, 45)

Item 42 relates to the inclusion of sex education in the curricula. The results indicate means lower than 2.49 in relation to gender (male 2.34), the position (principals 2.30), the gender of the school (male 2.20), the type of school (government 2.42).

Item 44 relates to the parents approval of sex education. The result indicate means lower than 2.49 in relation to gender (male 2.43), the position (principals 2.42).

Item 45 relates to integration of sex education in the elementary grades. It's worthy to note that this specific Item received a mean less than 2.49 on all variables while the total average mean is (2.20).

Section 3

Table 10 - The Curriculum - Item response means related to gender, position, gender of school, type of school and the total average

Item	Gender		Position		Gender of School			Type of school			Total
	Male	Female	Principal	Teacher	Male	Female	Mixed	Gov't	Private	UNRWA	Average
39. The school holds health programmes inside the school.	3.42	3.64	3.40	3.66	3.24	3.85	3.58	3.64	3.56	3.50	3.57
40. The curriculum includes concepts of physical, psychological and social health.	3.08	3.24	3.12	3.22	3.04	3.31	3.20	3.19	3.21	3.16	3.19
41. Teachers participate in extra curricular health programmes.	3.38	3.42	3.38	3.43	3.35	3.48	3.40	3.39	3.37	3.48	3.41
42. The curriculum includes topics on sexual education	2.34	2.98	2.30	3.00	2.20	3.02	2.90	2.42	3.06	2.54	2.77
43. Topics concerning health education are included in the curriculum.	3.36	3.46	3.33	3.47	3.32	3.59	3.40	3.41	3.51	3.33	3.43
44. Sexual education receives parents' approval.	2.43	2.91	2.42	2.92	2.51	2.80	2.85	2.52	3.04	2.54	2.76
45. Sexual education is part of the curriculum taught for elementary grades.	2.08	2.30	2.08	2.30	2.22	2.25	2.21	2.15	2.30	2.17	2.20
46. Pupils are expected to participate in extra curricular health activities.	3.42	3.51	3.41	3.52	3.37	3.65	3.45	3.28	3.54	3.60	3.48
Total section items mean pertaining to each of variable	2.92	3.12	2.91	3.13	2.86	3.29	3.03	3.04	3.07	3.05	3.06

Section four: The Social Worker. Items 47 - 58 on the questionnaire presented in (Table 11).

Item 47 relates to the importance of the social worker at schools. The results indicate that this specific Item received a mean higher than all other Items in this section, with an average mean of (4.28).

Section 4

Table 11 - The Social Worker - Items response means related to gender, position, gender of the school, type of school and the total average

Item	Gender		Position		Gender of School			Type of school			Total
	Male	Female	Principal	Teacher	Male	Female	Mixed	Gov't	Private	UNRWA	Average
47.The existence of the social worker at school is vital.	4.46	4.17	4.42	4.19	4.45	4.03	4.29	4.20	4.20	4.43	4.28
48.The social worker's functions are well defined and depicted in details.	3.73	3.37	3.65	3.43	3.67	3.55	3.40	3.85	3.33	3.59	3.51
49.The social worker knows his responsibilities and duties and performs them effectively.	3.56	3.43	3.52	3.45	3.44	3.46	3.50	3.57	3.47	3.44	3.48
50.In addition to his / her position as a social worker, the social worker teaches other academic subject matters.	3.26	3.38	3.26	3.38	3.13	3.53	3.35	2.89	3.28	3.62	3.34
51.Positive interaction between the social worker and the pupils exists.	3.78	3.44	3.70	3.48	3.50	3.34	3.67	3.60	3.47	3.67	3.56
52.Parents usually cooperate with the social worker.	3.61	3.22	3.60	3.23	3.37	2.96	3.50	3.30	3.33	3.43	3.36
53.There is a close cooperation between the staff and the social worker.	4.02	3.61	4.04	3.60	3.93	3.66	3.70	3.91	3.67	3.78	3.75
54.Coordination between the social worker and the	3.24	3.10	3.22	3.11	3.24	3.22	3.07	3.00	2.85	3.55	3.15

Item	Gender		Position		Gender of School			Type of school			Total
	Male	Female	Principal	Teacher	Male	Female	Mixed	Gov't	Private	UNRWA	Average
health team occurs on a permanent basis.											
55.The social worker seeks to hold health programmes for pupils.	3.27	3.32	3.25	3.32	3.27	3.26	3.33	3.00	3.25	3.50	3.30
56.The social worker endeavors to hold teacher-parent meetings.	3.33	3.23	3.34	3.23	3.28	2.94	3.40	2.93	3.28	3.39	3.27
57.Special cases are constantly referred to the social worker.	3.73	3.35	3.77	3.33	3.73	3.00	3.55	3.85	3.46	3.34	3.48
58.The staff accept the social worker and cooperate with him.	3.86	3.69	3.88	3.68	3.87	3.65	3.74	4.08	3.54	3.86	3.76
Total section items means pertaining to each variable	3.64	3.26	3.62	3.28	3.57	3.37	3.34	3.67	3.21	3.55	3.41

Section five: The School Environment. Items 59 - 84 on the questionnaire presented in (Table 12). Means lower than 2.49 are indicated in Items (68, 71, 73, 80, 82).

Item 68 relates to the periodic investigation of drinking water: The responses indicate means lower than 2.49 in relation to gender of school (male 2.45), (female 2.41), and the type of school (UNRWA 2.26).

Item 71 relates to the pollution of the school environment; The result indicate means lower than 2.49 in relation to gender (female 2.47), position (teachers 2.48), and the type of school (government 2.48).

Item 73 relates to the school source of heating; the result indicate means lower than 2.49 in relation to gender (male 2.24) position (principals 2.23), the gender of the school (male 1.76), (female 2.29), the type of school (government 2.15) (UNRWA 1.68).

Item 80 relates to allowance for the peddlers to sell food to the school age population. It is worthy to note that this specific Item received mean less than 2.49 (disagree - strongly disagree) on all related variables. The average mean is (1.53).

Item 82 relates to appropriate toilets for pupils with special needs. The results indicate that all variable means in relation to this Item are less than (2.49) with an average mean is (2.15).

Section 5

Table 12- The School Environment - Items response means related to gender, position, gender of the school, type of school and the total average

Item	Gender		Position		Gender of School			Type of school			Total
	Male	Female	Principal	Teacher	Male	Female	Mixed	Gov't	Private	UNRWA	Average
59.The school environment has a deep effect on the pupil's physical and psychological development.	4.16	4.23	4.10	4.25	4.07	4.14	4.30	4.01	4.32	4.24	4.21
60.The school occupies an appropriate location.	3.45	3.76	3.50	3.74	3.21	3.41	3.97	3.48	4.05	3.23	3.66
61.Inside the class room each pupil has an appropriate space: 2 m ² for each pupil.	3.24	3.76	3.21	3.78	2.97	3.55	3.87	3.24	4.04	3.19	3.58
62.The building is basically constructed and designed to be used as a school.	3.91	4.03	3.90	4.04	3.70	3.67	4.27	3.47	4.43	3.81	3.99
63.Lighting is available to an acceptable degree.	3.92	4.11	3.89	4.12	3.71	3.88	4.28	3.56	4.37	4.02	4.05
64.Ventilation is available.	3.96	4.14	3.91	4.16	3.74	3.95	4.29	3.73	4.48	3.80	4.08
65.The school is far away from exterior sound originators.	3.32	3.75	3.28	3.77	2.84	3.19	4.13	3.90	4.13	2.42	3.61
66.Clean water is constantly available for drinking.	3.66	4.02	3.60	4.05	3.25	3.61	4.33	3.73	4.46	3.20	3.90
67.Windows occupy a space of 20% of the total space of the classroom.	3.75	3.98	3.74	3.99	3.52	3.82	4.11	3.68	4.34	4.43	3.90
68.A periodic thorough investigation is carried out	2.71	3.15	2.63	3.19	2.45	2.41	3.50	2.80	3.58	2.26	3.00

Item	Gender		Position		Gender of School			Type of school			Total
	Male	Female	Principal	Teacher	Male	Female	Mixed	Gov't	Private	UNRWA	Average
supervised.											
80.Peddlers are allowed to sell food stuffs to pupils.	1.73	1.46	1.71	1.47	1.75	1.57	1.44	1.54	1.48	1.66	1.53
81.The number of bathrooms available is appropriate (i.e. one for every thirty pupils).	2.98	3.52	3.00	3.53	2.61	3.11	3.78	3.07	3.58	3.23	3.30
82.Toilets are appropriate for pupils of special needs.	2.05	2.23	2.05	2.23	1.85	1.97	2.44	2.21	2.32	1.93	2.15
83.The playground is well equipped to be used for various athletic activities.	3.32	3.73	3.30	3.75	3.10	3.32	3.96	3.06	4.05	3.42	3.59
84.The school yard is large enough to accommodate all pupils (2 square meters for every pupil).	3.07	3.44	3.09	3.44	2.75	3.11	3.67	2.81	3.84	2.97	3.37
Total section items means pertaining to each variable	3.05	3.36	3.00	3.39	2.85	3.15	3.56	2.99	3.55	3.02	2.88

Section six: Health Committees. Items 85 - 91 on the questionnaire presented in (Table 13).

Item 86 relates to the role of the parents in health committee. The results indicate means lower than 2.49 in relation to gender (female 2.41), the position (the principals 2.45) (the teachers 2.47), the type of school (the private 2.38), (UNRWA 2.28).

Section 6

Table 13 - Health Committees - Items response means related to gender, position, gender of the school, type of school and the total average

Item	Gender		Position		Gender of School			Type of school			Total
	Male	Female	Principal	Teacher	Male	Female	Mixed	Gov't	Private	UNRWA	Average
85.The health committee perform their job on a constant basis.	3.44	3.24	3.47	3.21	3.35	3.19	3.40	3.52	2.94	3.37	3.32
86.Parents play an effective role in health committees.	2.54	2.41	2.50	2.45	2.47	3.16	2.70	2.74	2.38	2.28	2.47
87.Members of the health committee are well qualified to provide first aids and health directives to pupils.	2.93	3.06	2.92	3.08	2.87	3.02	3.12	3.00	3.03	3.02	3.01
88.Training sessions are held to train members of the health committee on providing first aids.	2.94	2.95	2.94	2.95	2.95	3.00	2.91	2.95	2.96	2.93	2.95
89.These members arrange for extra curricular activities.	3.00	3.13	3.00	3.13	2.92	3.25	3.08	3.02	3.06	3.14	3.07
90.There is a coordination between this committee and the health team.	2.90	2.95	2.92	2.94	2.84	2.87	3.06	2.90	2.93	2.95	2.93
91.There is a close constant cooperation between the health committee and the local community.	3.03	2.69	3.01	2.70	2.84	2.62	2.97	2.91	2.97	2.68	2.84
Total section items means pertaining to each variables	2.96	2.84	2.96	2.84	2.92	2.76	2.95	2.96	2.79	2.92	3.89

Section seven: In this section the Items were answered by the school principals only. It is divided into three parts: students examination, the role of the teachers and general questions.

Results are finally descriptive with low validity due to the limited number of respondents, especially those from the government sector.

Part One: Students examination:

Items 92 - 99 on the questionnaire presented in (Table 14). All items in this section had a mean higher than 4.49 in all related variables, from the government schools principals respondent.

Item 92 related to regular examination by physician; The results indicate means above 4.49 in relation to gender of school (female 5.00), the type of school (government 5.00).

Items 93, 94, 95 received means above 4.49 in relation to gender of school (female 5.00) and the type of school the (government 5.00).

Items 96, 97, 98, 99 the result indicate means above 4.49 in relation to type of school (government 5.00)

Section 7 - Part I

Table 14 - Students examination- Principals responses related to gender, gender of school and type of school

Item	Gender		Gender of School			Type of School			Total
	Male	Female	Male	Female	Mixed	Gov't	Private	UNRWA	Average
92.A doctor is periodically and regularly available to provide medical services for pupils.	3.62	3.66	4.00	5.00	3.54	5.00	3.50	3.75	3.96
93.All elementary pupils are medically examined and treated.	3.70	3.66	4.00	5.00	3.36	5.00	3.25	3.75	3.93
94.Pupils are examined in a special room.	3.50	3.66	4.00	5.00	3.90	5.00	3.87	4.00	4.05
95.The health team inform the principal of health problems that pupils face.	3.90	4.50	4.00	5.00	3.72	5.00	3.55	4.50	4.26
96.There is coordination between the health team and the school principal.	3.60	4.75	4.00	4.50	4.30	5.00	4.10	4.50	4.32
97.Parents are always concerned with the health conditions of their pupils.	4.22	4.50	4.00	4.50	4.27	5.00	4.20	4.25	4.36
98.Pupils who are referred to medical treatment receive careful attention.	4.33	4.20	4.00	4.50	3.27	5.00	3.10	4.00	4.27
99.Pupils receive comprehensive care: physically, psychologically and socially.	3.33	3.80	4.00	3.50	3.54	5.00	3.60	3.00	3.70
Total section items means pertaining to each variable	3.77	4.09	4.00	4.62	3.73	5.00	3.29	3.96	4.10

Part Two: The teacher role:

For items 100 - 107 on the questionnaire presented in (Table 15) means higher than 4.49 are indicated in Items 104, 105, 106, 107.

Related to the Item 106 the results indicate means higher than 4.49 in relation to the gender of school (female 5.00).

Part II

Table 15 - Teachers' role - Principals response related to the gender, gender of school, type of school and the total average by the school principals

Item	Gender		Gender of School			Type of School			Total Average
	Male	Female	Male	Female	Mixed	Gov't	Private	UNRWA	
100. Teachers increase the pupil's consciousness of health matters to a great extent.	3.77	3.20	4.00	4.00	4.18	4.00	4.30	3.75	3.75
101. Teachers discover pathological cases by themselves.	4.22	4.00	4.00	4.50	3.66	4.00	3.60	4.25	3.50
102. Teachers attend to the psychological problems that their pupils suffer from.	3.60	4.20	4.00	4.00	3.63	4.00	3.77	3.50	3.00
103. Teachers attend to the pupil's daily behavior and his healthy practices.	3.77	3.60	4.00	4.00	3.66	4.00	3.70	3.75	3.25
104. Teachers behave in a healthy way in front of their pupils.	3.70	3.80	4.00	4.50	3.90	5.00	4.00	3.75	3.25
105. Teachers attend to their pupils' physical, psychological, social and moral development.	4.00	4.00	4.00	4.50	3.75	5.00	3.80	3.75	3.00
106. Teachers inform school principals of any problems pupils face such as hearing or vision problems.	3.80	4.00	4.00	5.00	4.18	5.00	4.11	4.50	3.75
107. Parents cooperate with teachers in solving pupils' health problems.	4.11	3.80	4.00	4.50	3.75	5.00	3.70	4.00	3.50
Total section items means pertaining to each variable	3.87	3.82	4.00	4.37	3.83	4.50	3.87	3.90	3.37

Part Three:

In this part the frequencies and percentage of the principals' response on items from 108 - 117 are presented in (Table 16).

The frequencies and percentages on items (108, 110) indicate that the health programs are somewhat acceptable, with 53.3% positive and 46.7% negative for both items.

Items (109, 117) the frequencies and percentages indicates serious lack of services.

Results obtained from the items 111, 112, 113 and 115 are relatively acceptable, with positive percentages over 85%.

Part III
Table 16 - Frequencies and Percentages to Part three of the items "General items regarding school health"

Item	Frequency & Percentage			
	Yes	%	No	%
108. Health insurance includes all pupils.	8	53.3	7	46.7
109. Health insurance covers hospital expenses and surgical operations.	3	20.0	12	80.0
110. Representatives of schools are invited to attend health programme workshops.	8	53.3	7	46.7
111. School principals encourage specialists to hold extra curricular health activities at school.	14	93.3	1	6.7
112. The establishment of a health national committee at school is vital.	13	86.7	2	13.3
113. The teacher - pupil ratio is appropriate.	14	93.3	1	6.7
114. The number of cleaning workers is appropriate.	6	40.0	9	60.0
115. The fire brigade available at school is serviceable.	13	86.7	2	13.3
116. The school laboratory is easily accessible.	10	66.7	5	33.3
117. There is a specific place for smokers.	4	26.7	11	73.3

CHAPTER VII

Analysis and Discussion

The major purpose of this research was to assess the health services in the schools in Bethlehem area and to understand what health resources and activities are available, to be used as a base line for further studies.

Data is analyzed with a special focus on the first research question presented on page (5) with breakdown of provided services and resources as perceived by teachers and principals according to the following:

- services provided by the health team
- services for students with special needs
- the curriculum
- the social worker
- the school environment
- health committees
- student examination and
- teachers involvement in school health activities.

While focusing in analysing the results of responses to question one above, the researcher will also analyze if there is a difference in provided services and available resources if any amongst the three types of schools (government, UNRWA and private) and difference if any according to gender of school (male, female, mixed).

Section One: The Health Team:

The findings presented in (Table 8) show that the school health team to some extent provides health services in the government, UNRWA and private schools. Based on these findings the health team is concerned with the health of the school age population. They provide health education specially in physical and social aspects. (Item 1, 2). They are concerned with the daily hygienic practices of each pupil and to influence school age

population and staffs attitudes toward health issues. (inferred from answers to Item 10, 15, 16, 17). Further the health team perform their job seriously and efficiently. They select the topics closely related to health issues (Item 21, 29). They keep a medical record for each student in a confidential manner, and treat and refer cases when required (Item 18, 19). Furthermore, the results indicate that most of the participants expressed the importance of having a nurse to work in the school as a full-time employee. This interest reflects the increased awareness in schools that there should be a nurse in the school. Teachers and school principals became more convinced that the role of the nurse is no longer confined to her traditional job in providing medical services in hospitals. They are aware that there should be a nurse to improve the health conditions in the school and to increase the school age population awareness of health issues (Item 23, 24, 25).

Based on the results, the teachers attend lectures presented by the health team (Item 14). This might help in promoting the health education among students, specially that teachers can play a crucial role in increasing pupil's self awareness towards health issues by teaching them, and by being a role model for them. Furthermore, this may promote the role of teachers in health education through their own disciplines and classes they teach. This will in turn convey the message that health education may be taught throughout the curriculum and not necessarily in health education classes only. This, health education messages may be conveyed or covered in religion, science, Arabic, history and other classes and subjects.

The findings demonstrate that health education covering psychological aspects receives less attention than the physical and social education aspects (Item 3). It seems that the school health team is more concerned with providing physical services and tends to overlook psychological and social aspects mainly in the government and UNRWA schools. This perhaps is due to over crowdedness specially that each classroom in government and UNRWA schools accommodates from 40 - 50 school age population contrary to the classroom in the private school which accommodates no more than thirty school age population. This over crowdedness leads to the proliferation of so many physical diseases and many academic problems which might lead the health team to be more concerned with preventing the occurrence of disease and to promote health

education among the school age population in terms of physical aspects. Furthermore, the currently constituting members of health teams who visit the schools lack the ability to comprehensively lecture on psychological topics, mainly because they don't include among them a social worker or a psychologist or a mental health worker and environmentalist.

Based on the results, the health topics offered by the health team do not meet the needs of the students (Item 4). This might be due to a shortage in the number of the members of the health team in the directorate of health in Bethlehem Area, since there is only one health educator in charge of all schools. In the Directorate of Education, there is only one coordinator responsible for coordinating health services provided at all schools in Bethlehem area. Furthermore the health team visits the schools to perform routine examinations. Because of their limited number they cannot examine 300 - 400 school age population and give health education in the same school at the same time. In most cases, the health team visits schools for routine examination once or twice a year.

Furthermore, school age population in most cases are not informed of the visit in advance so as to provide them with the opportunity to prepare items or to discuss their concerns related to health topics. School age population of elementary grades may lack the required awareness of their health needs. To make them conscious of such needs is the responsibility of their parents and schools. At the same time few surveys were conducted in the schools in Palestine to identify the school age population needs concerning health issues.

Regarding (Item 13) on the parents' participation in health education programs, the findings show that parents are rarely invited to attend health education programs. This may be due to lack of coordination between the school administration and the teachers on the one hand, and the parents on the other. Parents are mostly asked to visit the school when their children behave in a way that violates the school's strict rules or regulations or when the pupils' academic achievement decreases below average. However, it seems that when parents are invited to attend health programs, they seldom accept the invitation. Reasons may be because, they are too busy to attend these programs, low rate of the parents' awareness of social and psychological health aspects, their involvement in other chores, not

being asked by the school to join in discussions and overall lack of interest. This is an area that deserves further exploration to highlight reasons for parents low participation in school activities.

However, we may suppose that according to the results provided, mothers are usually more interested in attending health programs if compared to fathers. Perhaps the reason is that many mothers are housewives and therefore they have enough time to attend to health programs. However, because government schools do not teach females and males together in the same school, mothers usually go to female schools. This may explain the results indicating that health programs are held in female schools more than in male schools.

The lack of the parents' participation in health programs may also be attributed to the negligence of the health team itself. The health team usually visits government schools suddenly without advanced planning. Parents and even the school administration may not be informed of such a visit. In most cases the school administration is informed of the visit at the moment the health team arrives the school.

Section Two: Students with Special Needs:

The findings in (Table 9) show that the students with special needs are referred to a special organization to receive special care and attention. This process of referral is based on coordination between the health team and the school age population custodian (parents or organization) (Items 32, 33). The school is provided with a comprehensive report concerning the student's special needs, while the health team in turn pursues the health problems of school age population of special needs and follows up cases. (Items 34, 35).

Based on the results in (Items 36, 38), it was shown that the schools are not equipped to incorporate or integrate children with special needs, neither in government nor in UNRWA schools. However, the results show that the private schools somehow include facilities specified for school age population of special needs. This might be due to the resources available in private schools. However, even in private schools the rules of admitted handicapped children is limited and at a disadvantage are those who suffer

from learning disabilities mental deficiencies, cerebral palsy, audiovisual impairment who are referred to either government schools or to private organizations. In Bethlehem Area there are only two special organizations (EFFTA) organization for those who suffer from hearing impairment and The Swedish International Relief Association (SIRA) an organization for special education, which takes care of school age population with learning disabilities. These two organizations cannot cope with all handicapped school age population in the district.

Studies show that the most common disabilities found in Palestine are moving, mental, seeing, hearing then speaking disabilities (PCBS 1997). Studies also indicate that 80% of the disabilities can be integrated in schools (First National Conference Gaza 1997). The YMCA which is one of the organizations working in Bethlehem Area, offered help to 2 government schools to integrate handicapped among their school age population.

Regarding the availability of psychologist and social worker to deal with special needs (Item 37), the results indicate that there is a shortage in qualified cadre in the schools to deal with school age population of special needs. However, the ministry of education has recently started to employ social workers in the schools but the employment does not cover all schools in Bethlehem area and many schools still lack a psychologist or a mental health professional.

Section Three: The Curriculum

The findings in (Table 10) provide us with some valuable information. Health programs are held inside the schools. The curriculum includes concepts related to physical, psychological and social health; while teachers participate in extra curricular health programs. (Items 39, 40, 41).

Based on the results obtained, the curriculum taught for elementary classes contains topics that articulate health issues. The results also showed that school age population take part in extra curricular health activities which are expected to promote health concepts among the school age population (Item 43, 46). However, it is indicated that the curriculum does not touch

on sexual education (Item 45). Furthermore, there was a difference between the responses of males and females concerning their opinions of whether the curriculum should include topics on sexual education, and if the sexual education receives parents approval (Item 42, 44).

It seems that the conventional traditions of our society have influenced the females opinions. According to such traditions, sexual education is regarded as a departure from religious beliefs and social values of our society. Further, government school teachers differed in their opinions in this respect from their counterparts in private schools. More private school teachers believed that sexual education should be part of the curriculum. Several reasons seem to underlie this difference in opinions. First, the social context of private schools is different from the social context of government school. Private schools are mixed ones; i.e., boys and girls are taught together in the same school, whereas in government schools, boys and girls are taught in separated schools. Therefore, it is expected from the school age population in private schools to break down the barriers and to discuss topics related to sex without embarrassment. Further, in government schools, the overcrowdedness of school age population might lead the teacher to focus on the curriculum content whereas in private schools, the teacher has the time to discuss other educational issues along with the curriculum such as sex.

Nevertheless, we still have many sexual problems spread among school age population in the three types of schools. Such problems, however, remain unknown to adults, mainly teachers and parents simply because children have their own world and do not prefer to declare their sexual affairs in public. The question that is raised here is; why such unhealthy sexual affairs spread among school age population? and who is responsible for educating the school age population what is right and what is wrong. Sexuality is an instinct that has to find the appropriate path to pass through. What happens, however, is that parents at home repress this instinct inside the child and the school itself neglects this aspect of development. Thus, the child does not know to whom he / she must go to know what is correct.

Section Four: The Social Worker

Based on the results presented in (Table 11), the teachers in the three types of schools confirmed that the existence of the social worker is vital. Teachers also maintained that a close positive relationship exists between the staff and the social worker. They declared that they accept the social worker and cooperate with him / her (Items 47, 53, 58).

It is also revealed that the social worker's functions are well defined and depicted in details. Social workers in schools perform their responsibilities and duties effectively (Items 48, 49). Moreover, there is a positive interaction between the social worker and the school age population (Item 51). This tends to help the school age population to solve the difficulties they encounter in school, either in their relations with each others or in their relations with their teachers.

Besides, the parents also cooperate with the social worker who endeavors to hold teacher - parent meetings (Items 52, 56). With such cooperation, school age population are expected to overcome the difficulties they may face at home, and as a result to improve the pupils' performance at school. This cooperation may also help the parents to recognize the importance of such meetings and their positive effects on their children's development.

Furthermore, there is coordination between the social worker and the health team. The social worker seeks to hold health programs for the school age population (Items 54, 55). This coordination may result in promoting health education among the school age population in particular if the health programs are based on the pupils' needs. The answers given to (Item 57) show that special cases are constantly referred to the social worker, who attempts to help them adapt with the school environment or, if he could not because of the pupil's case, refer them to special organizations.

If the social worker indeed has the required knowledge and skills to communicate with the school age population, with time, parents will depend on him / her to be the source that children have to resort to when any difficulty arises at school. Simultaneously, with the help of the social

worker the teacher's overload resulting from dealing with special cases will decrease.

From the result provided by the teachers in answering (Item 50), we can conclude that along with the position as a social worker, the social worker teaches other academic subjects. While this may reinforce the positive relationship between the social worker and his school age population, it may overload the social worker, mainly when he / she works in more than one school as it is the case in government schools.

Unfortunately, not all schools have a social worker among their staff. Information provided by the Directorate of Education in Bethlehem Area reveals that only 50% to 60% of the government schools hire a social worker.

Section Five: The School Environment

The school environment has a deep effect on the pupils' physical and psychological development. Both internal and external environments have great influence on pupil's capacity of concentration which in turn influence his / her academic achievement. In the researcher's opinion, the mutual respect between teachers and school principals on the one hand and their school age population on the other represents the most important of the internal environmental aspects that affect the pupil's affiliation to school and thus his / her achievement. The teacher is usually considered the ideal whom the pupil seeks to imitate. The school itself is regarded the source of the greatest influence on the child's development, mainly in the early stages. Therefore, the more positive the school environment is, the more normal the child's character becomes. Further, a positive teacher-pupil relationship is expected to have a positive influence on the pupil's willingness to attend school and thus to achieve better academic results.

The results obtained from the teachers' responses to Item 60 revealed that schools are generally located in a place appropriate for education. However, the researcheer believes that these responses are inflated simply because most of the schools in Bethlehem Area are constructed near the main street. Such a location may subject the children to road accidents. So

many schools have recently established what is called "traffic safety committees" whose main function is to help the school age population to cross the streets safely when they come to their schools in the morning. The results obtained from the teachers responses to Item 72 affirm the perspective that the location of the school near the main street make the school age population vulnerable to road accidents.

The findings indicate that the size of the classroom is appropriate for the number of students the classroom usually includes. Further, it was revealed that classrooms are lit and ventilated to an acceptable degree. About four florescent neon lamps are used in each classroom to provide light and windows occupy 20 % of the total space of the classroom (Items 61, 63, 64, 67).

Clean drinking water is available and the water reservoirs are constantly cleaned. The number of taps is suitable for the number of school age population in each school (the ratio is about one to thirty) and the same may be said about the number of bathrooms in every school (Items 66, 69, 70, 81).

The garbage is disposed of daily in a suitable correct way and the Directorate of Health in Bethlehem Area does its best to approach environmental problems in an acceptable way (Item 74, 75, 76).

According to the teachers and principals responses, most, if not all, of the schools are surrounded by walls, each of them is one and half meters high or even more. The playgrounds are well equipped to be employed for various athletic activities. The school yard is large enough to accommodate all school age population (about two square meters for every pupil) (Items 77, 83, 84).

The school cafeteria is closely supervised by the school principal, laboratory examinations on the suitability of foodstuffs provided in the school cafeteria are executed by the school health team periodically. Further, to avoid any problems caused by beverages provided at school, peddlers are forbidden to sell foodstuffs or beverages to the school age population (Item 80). Besides, since the schools became under the supervision of the Palestinian National Authority in 1994, "Cooperative

Committees" were established in some of the schools. Every Cooperative Committee includes one teacher and several elected students who are in charge of running the cafeteria. They collect money from all the school age population in their school who want to contribute as shareholders in the cafeteria. Profits are distributed among these shareholders at the end of scholastic year. A definite percentage of these profits is given to the school administration to be spent on various activities including the national and religious celebrations held inside the school on certain occasions and the honoring of brilliant school age population.

The teachers' responses to Item 65 revealed that UNRWA schools, due to their location near the main street, are susceptible to exterior sound originators. These sound originators affect the child's capacity of concentration and comprehension. Further, several other internal factors play a role in increasing the rate of the pupil's absent mindedness or distractions. These factors include the noise made by the school age population who have sport classroom periods. These school age population play on the school yard or playgrounds. Their laughing, singing and running annoy the other school age population sitting in their seats inside the classrooms. Based on the research results, the boys schools are more noisy than girls' schools. This high noise may cause irritation, emotional strain, impaired learning, frustration and anxiety for both the school age population and the teachers simultaneously.

Although teachers in their responses to Item 68 showed that water is subjected to periodic inspection, this inspection is carried out at a low rate in both government and UNRWA schools as opposed to private schools. Three reasons may underlie this low rate of water inspection: the shortage in human resources working in UNRWA and government schools, mainly environmental inspectors; a shortage in the laboratories dedicated for performing water inspection; and or the negligence of the school's employees to call specialists to perform inspection. However, the Directorate of Education in Bethlehem Area always encourages all schools' principals to examine the drinking water supplied to their schools.

The teachers' responses to Item 71 demonstrated that school environment is subjected to pollution. This might be caused by several internal and external factors. Internal factors causing pollution include smoking -mainly

by teachers-, gases or vapors sent out from chemistry laboratories and some of the materials used in construction, mainly asbestos. Scientific experiments proved that asbestos becomes friable and flakes off the ceiling in the form of fine dust. Exposure to asbestos dust may increase the risk of exposure to asbestos-induced cancer. On the other hand, the external environment surrounding the school may be a source of pollution. The location of the school near the main street or near the factories may expose the school environment to pollution. Bethlehem district includes several factories located near schools, mainly hacksaw factories and stonesaw factories. These kinds of factories have a great effect on the physical environment of the school if they stand in a neighboring area.

Regarding Item 73, whether schools are well heated or not, the findings demonstrated that the number of girls schools exceeds the number of boys schools in this respect. Private schools, on the other hand, are better heated than UNRWA schools. This may be due to the financial aids provided to private schools mainly from foreign countries. It should be emphasized here that private schools have better economical and financial conditions than the other two types of schools. Generally, private schools are financially supported by from religious organizations. Each denomination in a foreign country finances its own schools in Palestine. The Lutherans in Germany finance their schools in Bethlehem district, the Orthodox in Greece also finance their schools while the Catholics in Rome finance their Latin schools all throughout Palestine.

Regarding whether the facilities included in schools are appropriate to be used by school age population of special needs (Item 82), the findings revealed that they are not. In fact, it seems that there is a gap in the educational system since there are no laws that demand the integration of school age population of special needs in the schools by constructing facilities appropriate for their needs. This may be due to many reason. These reasons include among others the shortage in human and financial resources and the unawareness of the society members of the positive effects of integrating handicapped school age population in educational institutions.

Section six: The Health Committees

Based on the results presented in (Table 13), it seems that the health committee members perform their job on a constant basis. These members are well qualified to provide the school age population with first aid services and health directions. Training sessions are held periodically to train the health committee members on medical services (Items 85, 87, 88). The findings also indicate that the members of the health committee arrange for extracurricular activities to be performed in schools. They also coordinate with the health team members and the local community to provide school age population with the required health services (Items 89, 90, 91). This cooperation between the health committee, the health team and the local community may help in assessing and diagnosing the children's needs, evaluating the health status in schools and planning for certain health programs which may improve the health status of the school age population. Furthermore, the participation of the local community in making decisions regarding several health issues may help in solving problems among the school age population.

The teachers' responses to Item 86 show that the parents participation in the health committee's activities is not effective, mainly in the UNRWA and private schools. This indicates that parents are not interested in health activities held inside the school. However, this applies more to fathers as they are always busy. Mothers, in contrast, show more interest in such activities. As a result, one can conclude that mothers are more positive than fathers in their attitudes towards the health committee's activities. However, perhaps the lack of participation on the fathers side is attributed to the fact that the principals of boys schools do not invite fathers to take part in such activities. It should be recognized, however, that parents participation in health activities is of great importance. When the child recognizes that both teachers and parents are interested in his / her health, he / she becomes aware of the importance of health issues and takes care of himself or herself.

Based on the information provided by the department of school health in the Ministry of Health in Ramallah, there is a committee responsible for the school health in every district. It is called "The District Committee for

School Health Activities". This committee consists of the health team whose members are employees in the Directorate of Health, employees from the Directorate of Education including the employees responsible for school health, the construction engineer working in the Directorate of Education, two of the principals of the schools in the district and the vice-chairman in the Directorate. The main function of this committee is to discuss health issues and to enhance cooperation between the two Directorates and to arrange for joint health activities. However, this committee is in charge of government schools only which leaves the private and UNRWA schools deprived of the services provided by this committee.

Section seven

This section concerns responses by school principals only. It is divided into three subsections:

Section I : The student examination

The principals responses indicate that a doctor is periodically and regularly available to provide medical services for school age population. All elementary school age population are medically examined and treated. Further there is a special room in the school used for examination. The health team usually informs the principal of any health problems that face the school age population. Furthermore, there is coordination between the health team and the school principals. The parents are also concerned with the health conditions of their children, at the same time the children who are referred to medical treatment receive careful attention and they receive comprehensive care: physically, psychologically and socially.

Generally speaking the overall responses show a higher availability of health services mainly in government girls and boys schools. These results are somehow distorted due to the exaggeration in the principals answers from the three sectors and specifically from the government sector. The average means for responses to the different items range from (4.50 - 5.00), indicating that the principals tend to give a positive picture about their schools. They may believe that if such matters are not achieved in

their schools they reflect their incapacity to run their schools effectively. Indeed in many schools there is not specific room for medical examination and that this examination is usually carried out in one of the classrooms. As it is known, a classroom is neither suitable nor equipped to be used for medical examination purpose. Consequently, the validity of the responses are highly questionable.

Section II : Teacher's role

Results reveal that a majority of the respondents agree that the teachers enhance the school age population awareness of health needs, and teachers can do so by being role models in front of the school age population (Items 100, 101, 104).

Based on the results, it seems that teachers are concerned about the psychological problems that the school age population suffer from and their daily behavior. In addition, teachers are concerned about physical, social, and moral development (Items 102, 103, 105). Furthermore, the teachers inform the school principals of any problems that face the school age population such as hearing and vision problems. Parents cooperate with teachers in solving school age population health problems (Items 106, 107). These features seem to exist mainly in government schools more than UNRWA and private schools.

Generally speaking, dealing with the school age population in a holistic approach (physical, psychological, social and moral aspects) will help the school age population to develop their personality in a positive direction. This will influence their performance in the school and will affect their development in the future to be good citizens. Having a suitable environment will provide the teacher with opportunity to teach school age population more efficiently and provide the school age population with a chance of better learning circumstances.

Section III : This part consisted of ten Items whose responses were represented in frequencies and percentages as shown in table 16.

Based on the result it is indicated that the school age population have health insurance and the school covers all the expenses but only when the pupil is exposed to an accident on minor injuries inside the school (item 108). The principals indicated that the school is invited to attend health programs (item 110). However, in many cases teachers refuse to attend such programs since participation will impede performing duties at school mainly when these programs last for many days, and are held during duty hours.

Regarding (item 114) the result indicated that 60% of the principals answered that there is an acceptable number of cleaning workers in their schools. In the government schools there is usually one or two cleaning workers, in the UNRWA schools there is only one, whereas in private schools the number of cleaning worker usually ranges from one to four. In all the three kinds of schools the number of cleaning workers is unacceptable if compared to the number of school age population learning in each school.

Furthermore, in some schools, mainly in government ones, these workers have to perform many jobs including cleaning the school, preparing coffee and tea for teachers, guarding the school entrance, and so on. Therefore, in many cases, school age population take part in cleaning their school in particular at the end of the scholastic day. The low number of cleaning workers in schools normally leads to a state of negligence of the cleanliness aspect in schools. Therefore, it is not unusual to find that the facilities, classrooms and yards of schools are filthy.

Based on the research it is indicated that the health insurance does not cover hospitals expenses and surgical operations (item 109), since the Palestinian Authority has rises up health insurance to approximately 54.5% (PCBS 1997) which means that it became possible for 54.5% of the population to receive free of charge treatment in government health invoices. Any pupil whose parents have health insurance can make use of these services.

Concerning the Item (117) "The availability of a specific room for smokers" : school principals indicated that the teachers room is the place where smokers smoke. This of course annoys non-smokers. This phenomenon is known as "non voluntary smoking" when non-smokers are exposed to the dangers of smoking (e.g. lung cancer) on the same level as the smokers themselves.

Concerning the Items 111, 112, 113, and 115 the results indicated that the majority of the principals assured that they encourage extracurricular health activities inside their schools.

Furthermore, most of the principals assured that the establishment of a health committee at school is vital. It might help the health team and school principals in solving problems and improving the health environment inside the schools, in particular when the committee participates in supporting the school's responsibilities regarding conducting health programs and sharing in extra curricular activities.

Furthermore, school principals answered that there is an acceptable number of teachers in their schools. However, it was discovered that the teacher-pupil ratio is 1:28 in government schools, 1:31 in UNRWA schools and 1:18 in private schools (PCBS 1996-1997). Practically this means that the ratio is unacceptable mainly when there are so many low achievers in the classroom as it is the situation in government and UNRWA schools.

Most of the principals responded that there is always a serviceable fire distinguisher. It is helpful specially when there is any fire in the schools or in surrounding area. It is also worth while for the teachers and students to know how to use it and how to operate it in a proper way.

Regarding Item 116, most of the principals agree that the laboratory is easily accessible which indicates that the classrooms are exposed to chemical poisoning which might affect the health of the school age population especially those who have respiratory difficulties or allergies. Furthermore the school age population may be exposed to burning or suffocations due to chemical reactions that might occur in the laboratory during experimental studies performed by the students.

CONCLUSION

Determining the health services available inside the school and discovering variables which may effect the health of the school age population will guide the health care providers as well as the educational departments in planning interventions and to set priorities according to the need of the school age population in order to reduce and decrease the morbidity rate and to promote the health status through implementation of comprehensive school health program in Bethlehem area and in Palestine in general based on adequate basic resources in the schools. In compass the components of school health services, healthy environment and health promotion among school age population.

The results of this research is the last phase of this research and must be the beginning phase and can be used a base line for further research, more studies and researches related to services provided at schools should be conducted in all Palestine and East Jerusalem in order to improve health among Palestinian children.

RECOMMENDATIONS

According to the results obtained in the research and reflecting the perception of teachers and principals in government, UNRWA and private schools in Bethlehem area, the researcher recommends that:

In the area of School Health Team:

- An organized national and comprehensive school health system should be established. This system should include specific standards, rules and regulations to be applied in the schools of all sectors (government, private and UNRWA), so as to avoid disparities in services.
- Health education must be a vital component of school curricula. It must contain all aspects of human health so that the needs of the school age population may be satisfied. This curricula should be complemented by individual and small group counseling.
- The school health team should include multi-disciplinary specialists among its members, mainly a psychologist, a nutrition specialist, a speech therapist, physio therapist along with the more traditional professions (medical and nursing) profession to meet the needs of the school age population with special needs.
- A qualified, knowledgeable, skillful nurse should be hired to hold in the school a full time job as a health educator, an advisor, a counselor, a coordinator and a researcher.
- The schools along with the media and societal organizations must expand efforts to develop comprehensive health educative programs also presented by the mass media. Children's programs should be subjected to strict supervision in order to bring-up a well prepared generation, able to think and analyze problems in a realistic manner.
- There should be coordination among the Directorate of Education the Directorate of Health and schools of nursing in Bethlehem area specifically the school of Nursing at Bethlehem University to conduct

health programs to provide the school personnel and the health committees with professional development.

- A clear policy must exist, concerning the treatment, and follow-up of the sick child.
- Training programs and workshops should be held to develop the teachers mainly in health issues, counseling and the detection of cases of behavioral disorders. Teachers should be able to help the child cope with stress.

In regards to students with special needs

- Need for policy making at governmental level regarding standardization and regulation to integrate school age population with special needs in public schools.
- The schools should be supplied with all required equipment, facilities to be able to integrate school age population with special needs.
- There should be coordination between the Palestinian government and the national and international organizations to integrate school age population with special needs.
- The community has to participate in the programs developed for school age population with special needs.
- A strategy should be developed in a way that the multi-disciplinary staff can coordinate with teachers, families, family doctors so as to deal with children with special needs or behavioral disorders in a suitable manner.

Concerning the Curriculum

- The curriculum should cover health topics on the environmental health, family life and community health. Topics articulating these aspects

create the opportunity for the school age population to develop and demonstrate health related knowledge and practice.

- Sex education should be included in the curriculum taught for elementary graders. This curriculum should include the basic biological information concerning reproduction, in order to decrease the degree of fear and anxiety which is expected to hinder the child's normal development or to influence his / her attitudes towards broader aspects of sexuality.

In relation to the Social Workers

- Social workers should be employed in schools who still do not include a social worker among its staff. These social workers should be selected from among the qualified ones. Besides, inside the school, there should be coordination among the social worker, the health team, the parents and the school personnel to conduct health programs and activities which aim at improving the pupil health status.
- There should be coordination between the social worker and the specialist organizations mainly in cases when the social worker has to refer some school age population to these organizations to follow up their situation.

Concerning the Environmental Health

- An evaluation of the environmental impact on the pupil's health should be implemented in order to decrease the environmental dangers to protect the pupil's health from such dangers and to ensure a healthy school environment.
- A national environmental health committee should be set up to guide, coordinate, promote and improve a health school environment. This committee has also to coordinate with health care providers, the local community and the school staff.
- Pupils should recognize the health hazard that may effect their health.

- Establish a policy for smoke-free schools.
- There should be a coordination between the school administration and local community in planning for restricting external noise to a minimum extent. This can be achieved through providing sound barriers such as using air-vacuumed glass or by planting trees in the school yard.
- Safety standards should be created to protect children from health hazards, including injuries. Further, appropriate lighting heating and ventilation should be available inside the classroom.
- Water investigation for the source of water, and check up must be conducted regularly.

Concerning the Health Committee

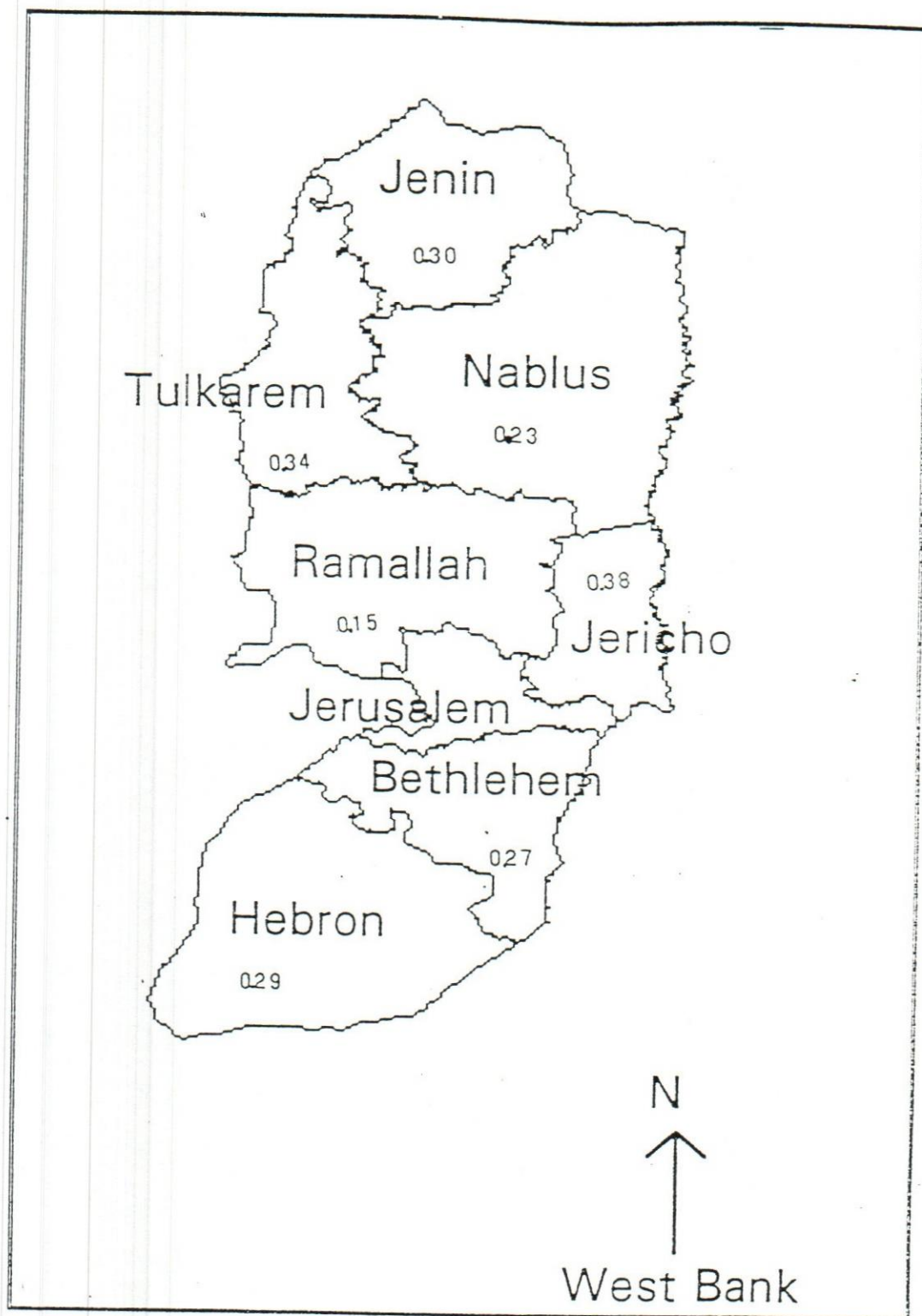
- District health committees should be established, coordination between the health sector and the education sector should be developed.
- Such committees should be established in schools to assess, refer, and follow up cases who require special care as a step to improve the health status among the school age population.
- Health Insurance should cover all school age population.
- An information system to provide accurate information about pupil's health, should be established in every school.
- Researchers, health specialists and educationists should cooperate to prepare joint research projects, regarding school health.

Recommendations for Future Studies

- The researcher finally recommends that this research should be used for further researches, where relationships between different variables can be studied.

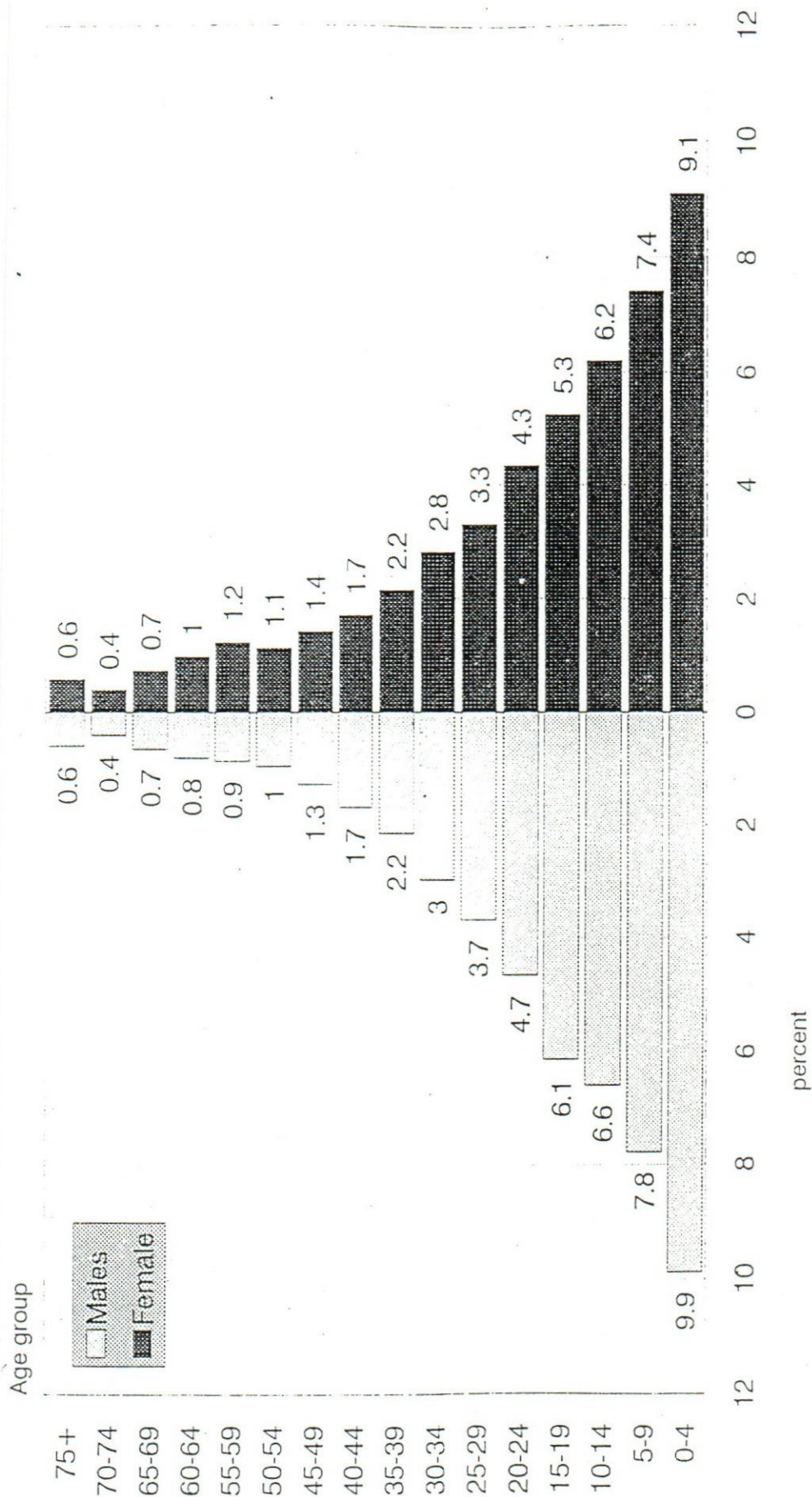
- A qualitative research using focus group and observational methods must be conducted to allow for in-depth understanding and information regarding school health services, resources and activities in Bethlehem area and Palestine in general.
- School health component must be clearly a part of the school curriculum of all stages. health education specialists must ensure such coverage as well as the training of teachers to properly cover the material.
- School health specialization should be established in the Palestinian universities at diploma or MA level.

(ANNEX 1)



Districts of the West Bank.

Population Pyramid for Palestine, 1996



(ANNEX 2)

Al-Quds University

College of Health Professions

Al-Bireh



جامعة القدس

كلية المهن الصحية

البيرة

(ANNEX 3)

التاريخ : ١٩٩٨/٢/١٨

حضرة مدير مدرسة ----- المحترمة ،

بيت لحم ،

فلسطين .

تحية طيبة وبعد ،

أطلب من حضرتكم التكرم بالسماح للطالبة مريم سمارة طالبة ماجستير فريض الأ مومة والطفولة في جامعة القدس بإجراء بحث متطلب لمنحها شهادة الماجستير . ويدور البحث حول الصحة المدرسية والخدمات الصحية المقدمة للتلاميذ في الصفوف الابتدائية في مدارس منطقة بيت لحم يتم خلاله توزيع استبانة إلى مدير المدرسة وعينه من مدرسي المدرسة .

راجين موافقتكم ولكم منا كل التقدير والإحترام ،،،

د. زياد عابدين

عميد البحث العلمي والدراسات العليا .

Palestinian National Authority
Ministry of Education



السلطة الوطنية الفلسطينية
وزارة التربية والتعليم

(ANNEX 6)

الرقم: وت / ٤ / ١٤٠٧

التاريخ: 1998 / 3 / 23 م

الموافق: 1418 / 11 / 25 هـ

حضرة الدكتور زياد عابدين المحترم

عميد البحث العلمي والدراسات العليا - جامعة القدس

تحية طيبة وبعد،،

الموضوع: تطبيق استبانة الطالبة مريم سمارة

الإشارة: كتابكم المؤرخ 1998 / 3 / 16 م

أوافق على قيام الطالبة المذكورة أعلاه، بإجراء دراستها حول الصحة المدرسية والخدمات الصحية المقدمة للتلاميذ، على طلبة المدارس الأساسية في محافظة بيت لحم، وذلك بعد التنسيق المسبق مع مديرية التربية والتعليم فيها.

مع الاحترام،،

وزير التربية والتعليم

مدير عام التعليم العام

أ. وليد الزاغة



نسخة / السيد مدير التربية والتعليم / بيت لحم المحترم

رجاء تسهيل مهمتها

نسخة / الملف.

و. ز. ق. أ.

Zeyadlab



INTER OFFICE MEMORANDUM

West Bank Field Office

(ANNEX 7)

رقم الإشارة: أي د/ ٣/ أي د س - ٤٦٣

التاريخ: ١٩٩٨/٣/١٣

إلى : حضرة مدير التعليم في منطقة الخليل المحترم

من : القائم بأعمال مدير مركز التطوير التربوي

الموضوع: التعاون مع الباحثة مريم سمارة في توزيع استمارة في مدارس منطقة بيت لحم

تحية طيبة وبعد،

تقوم الباحثة مريم سمارة الطالبة في برنامج ماجستير تمريض الأمومة والطفولة في جامعة القدس بإجراء دراسة حول الصحة المدرسية والخدمات الصحية المقدمة للتلاميذ في الصفوف الابتدائية. بعد أن تم الإطلاع على الاستبانة والاتفاق مع الباحثة على تزويد دائرة التعليم بنسخة من دراستها، يرجى التعاون مع الباحثة والسماح لها بتوزيع الاستبانة في المدارس التابعة لوكالة الغوث في منطقة بيت لحم.

مع جزيل الشكر والتقدير.

وحيد جبران

- نسخة لرئيسة برنامج التربية والتعليم المحترمة

- نسخة لمكتب رئيسة برنامج التربية والتعليم المحترم

- نسخة للباحثة المحترمة

(Annex 4)

QUESTIONNAIRE

Dear teacher:

The main aim of this study is to explore the school health status in the schools of Bethlehem District. Three types of schools are included in the study:- the private schools, the government schools and the UNRWA schools. Through this study we hope to enrich the information provided school health. The researcher hopes that teachers will sincerely participate in this study by providing authentic responses to the questions included in the attached questionnaire.

Teachers are to be reassured that the information they will provide will be employed only for the purposes of this study which is part of the requirements of the MA degree granted by Al-Quds University. These data will be dealt with in top secrecy.

When you fill the questionnaire you can put it inside the envelop specified for this purpose and hand it over to the secretary of the school. There is no need to write your name on the questionnaire.

PART ONE

PERSONAL DATA

Please check the appropriate box:

Sex: 1) Male ☐ 2) Female ☐

Occupation: 1) School principal ☐ 2) Teacher ☐ 3) Other _____

School: 1) Government ☐ 2) Private ☐ 3) UNRWA ☐

School: 1) male students only ☐ 2) female students only ☐
3) coeducational ☐

Public Health supervision's by:

- 1) Government medical team
- 2) Non-government medical team
- 3) Private practitioner or physician
- 4) Other please specify

The School medical team is comprised of the following:

PART II

This part consists of 119 statements or questions concerned about evaluating the general health condition of the school, according to the following criterion.

1. strongly disagree
2. disagree
3. average
4. agree
5. strongly agree
6. not applicable (N/A)

الأكاديمية العربية للعلوم
المكتبة

I.	School health team: the team can be comprised of a physician, nurse, dentist, health supervisor	1	2	3	4	5	6
1	The health topics offered by the school health team contain physical aspects of health.						
2	The health topics offered by the school health team contain social aspects of health.						
3	The health topics offered by the school health team contain psychological aspects of health .						
4	The health topics offered by the school health team meet the needs of the students.						
5	The elementary curriculum contains medical topics.						
6	I am satisfied with the topics of health education offered at school.						
7	New information is offered based on research and modern scientific studies.						
8	The lecturing style offered by the school health team* is interesting and diverse.						
9	During the lectures various illustration methods are used like posters, pamphlets, and films.						
10	The health educator is concerned with daily health and hygienic practices of the students.						
11	Teachers at school are trained on how to give health educational lectures to the						

* In case a school health team does not exist, please answer the questions according to personnel in charge of public health at school.

	students.						
12	Assessment of the students' needs for health education is carried out before preparing and giving the lecture.						
13	Parents are usually invited to attend health education meetings which are held at school.						
14	Teachers attend lectures given by the health team.						
15	Health education will change the concepts and attitudes of the students vis-a-vis health issues.						
16	Health education will change the concepts of the teaching staff about health issues.						
17	The school health team is concerned in the health issues of each student.						
18	The team keeps a medical record of each student.						
19	Each medical record is kept in confidence						
20	The team is well equipped for examining the students.						
21	The school health team is highly efficient.						
22	The team brings up novel things with each visit to the school.						
23	The role of the nurse in the team is distinguished.						
24	The school is in need of a full-time nurse.						
25	In many cases, the school nurse can perform the work alone without the help of the doctor.						
26	The nurse is able to give lectures on health education.						

27	The health team carryout individual counseling for pupils.						
28	Sick pupils are treated by the health team inside the school.						
29	The health team perform their jobs seriously.						
30	The health team prepare a report after each visit to the school.						
31	Student health problems are pursued by the health team.						
II.	Questions that concern pupils of special needs. The pupil of special needs, is one has low intelligence rate, or that who is physically, visually or verbally retarded.	1	2	3	4	5	6
32	The pupil of special needs is referred to a special organization to receive special care and attention.						
33	The pupil of special needs is referred to a special organization based on coordination between the health team and the pupil's custodian.						
34	The school is provided with a comprehensive report depicting the case of each pupil of special needs.						
35	The health team pursue the health problems of the pupils of special needs individually.						
36	The school includes facilities specified for pupils of special needs.						
37	The school has a qualified cadre of psychologists and social workers to deal with the pupils of special needs.						

38	Facilities are provided inside the school to accommodate pupils of special needs.						
III.	The Curriculum	1	2	3	4	5	6
39	The school holds health programmes inside the school.						
40	The curriculum includes concepts of physical, psychological and social health.						
41	Teachers participate in extra curricular health programmes.						
42	The curriculum includes topics on sexual education.						
43	Topics concerning health education are included in the curriculum.						
44	Sexual education receives parents' approval.						
45	Sexual education is part of the curriculum taught for elementary grades.						
46	Pupils are expected to participate in extra curricular health activities.						
IV	The Social Worker <i>If the social worker available in the school, please answer these questions.</i>	1	2	3	4	5	6
47	The existence of the social worker at school is vital.						
48	The social worker functions are well defined and depicted in details.						
49	The social worker knows his / her responsibilities and duties and performs them effectively.						
50	In addition to his / her position as social worker, the social worker teaches other academic subject matters.						

51	Positive interaction between the counselor and the pupils exists.						
52	Parents usually cooperate with the counselor.						
53	There is a close cooperation between the staff and the counselor.						
54	Coordination between the counselor and the health team occurs on a permanent basis.						
55	The counselor seeks to hold health programmes for pupils.						
56	The counselor endeavors to hold teacher-parent meetings.						
57	Special cases are constantly referred to the counselor.						
58	The staff accept the counselor and cooperate with him.						
V.	The School Environment	1	2	3	4	5	6
59	The school environment has a deep effect on the pupil's physical and psychological development.						
60	The school occupies an appropriate location.						
61	Inside the class room each pupil has an appropriate space: 2 m ² for each pupil.						
62	The building is basically constructed and designed to be used as a school.						
63	Lighting is available to an acceptable degree.						
64	Ventilation is available.						
65	The school is far away from exterior sound originators.						

66	Clean water is constantly available for drinking.						
67	Windows occupy a space of 20% of the total space of the classroom.						
68	A periodic thorough investigation is carried out to examine the drinking water.						
69	Water reservoirs are constantly cleaned.						
70	The number of taps available is appropriate (i.e. one for every thirty pupils).						
71	The school is subjected to environmental pollution.						
72	The location of the school make students liable to road accidents.						
73	The school is well heated.						
74	Garbage is disposed of in a suitable correct way.						
75	Directorate of Health in the District does its best to approach environmental problems.						
76	The environmental problems are scientifically approached.						
77	The school is surrounded by a one-and-half meter wall or higher.						
78	The school cafeteria is constantly supervised; laboratory examinations are executed periodically.						
79	Foodstuffs sold at the cafeteria are closely supervised.						
80	Peddlers are allowed to sell food stuffs to pupils.						

81	The number of bathrooms available is appropriate (i.e. one for every thirty pupils).						
82	Toilets are appropriate for pupils of special needs.						
83	The playground is well equipped to be used for various athletic activities.						
84	The school yard is large enough to accommodate all pupils (2 square meters for every pupil).						
VI	Health Committees <i>If there is a health committee at your school, please answer the following questions:</i>	1	2	3	4	5	6
85	The health committee perform their job on a constant basis.						
86	Parents play an effective role in health committees.						
87	Members of the health committee are well qualified to provide first aids and health directives to pupils.						
88	Training sessions are held to train members of the health committee on providing first aids.						
89	These members arrange for extra curricular activities.						
90	There is a coordination between this committee and the health team.						
91	There is a close constant cooperation between the health committee and the local community.						

VII	<i>These questions should be answered by school principal only (92-119)</i>						
	Student examinations:	1	2	3	4	5	6
92	A doctor is periodically and regularly available to provide examination for pupils.						
93	All elementary pupils are medically examined.						
94	Pupils are examined in a special room.						
95	The health team inform the principal of health problems that pupils face.						
96	There is a coordination between the health team and the school principal.						
97	Parents are always concerned with the health conditions of their pupils.						
98	Pupils who are referred to medical treatment receive careful attention.						
99	Pupils receive comprehensive care: physically, psychologically and socially.						
	Teacher's role	1	2	3	4	5	6
100	Teachers increase the pupil's consciousness of health matters to a great extent.						
101	Teachers discover pathological cases by themselves.						
102	Teachers attend to the psychological problems that their pupils suffer from.						
103	Teachers attend to the pupil's daily behavior and his healthy practices.						
104	Teachers behave in a healthy way in front of their pupils.						

105	Teachers attend to their pupils' physical, psychological, social and moral development.						
106	Teachers inform school principals of any problems pupils face such as hearing or vision problems.						
107	Parents cooperate with teachers in solving pupils' health problems.						
	<i>Please answer the following in YES or NO</i>	YES			NO		
108	Health insurance includes all pupils.						
109	Health insurance covers hospital expenses and surgical operations.						
110	Representatives of schools are invited to attend health programme workshops.						
111	School principals encourage specialists to hold extra curricular health activities at school.						
112	The establishment of a health national committee at school is vital.						
113	The teacher - pupil ratio is appropriate.						
114	The number of cleaning workers is appropriate.						
115	The fire brigade available at school is serviceable.						
116	The school laboratory is easily accessible.						
117	There is a specific place for smokers.						

118. The Health programmes provided are restricted to a specific age group.
If yes, name it _____

119. If health supervision is available - say how many times it occurs.

- _____
- | | |
|---------------------------|------------------------|
| 1. once a year | 2. twice a year |
| 3. more than twice a year | 4. other specify _____ |



تشرين الأول ١٩٩٧

(Annex 5)

حضرة الاستاذ/الاستاذة المحترم/ة:

تحية طيبة وبعد:

تقوم الباحثة بدراسة تهدف إلى تقييم وضع الصحة المدرسية في مدارس الوكالة والمدارس الخاصة والحكومية في منطقة بيت لحم. وذلك بهدف فهم الوضع الصحي في المدارس وبهدف زيادة الأبحاث والمعلومات في هذا المضمار، لذا ترحب الباحثة بتعاونكم معها، وأساس هذا التعاون هو أن تكون صريحاً في إجاباتك على فقرات الاستبيان، علماً بأن المعلومات التي تعطيها سوف تستخدم لأغراض البحث العلمي فقط، وستكون موضع العناية الآمنة ولن يطلع عليها أحد سوى الباحثة ولذلك لا داعي لذكر الاسم. وما تقوم به الباحثة هو جزء من متطلبات درجة الماجستير في تمريض صحة الأم والطفل في كلية المهن الصحية في جامعة القدس.

وفي الصفحات التالية ترى أمامك عدداً من الفقرات وأزاءها مقياس من ستة بدائل. يرجى التكرم بقراءة كل فقرة بدقة ثم اختيار نوع البديل الذي ينطبق عليك وفقاً للمقياس المتدرج الآتي وذلك بوضع دائرة حول الرقم المناسب.

١. لا أوافق مطلقاً
٢. لا أوافق
٣. وسط
٤. أوافق
٥. أوافق بشدة
٦. لا ينطبق

ملاحظة: الرجاء التكرم بوضع الاستبانات بعد تعبئتها في الظرف المرفق عند الإدارة في المدرسة.

طالبة الماجستير

مريم شاكر سمارة

كلية المهن الصحية

جامعة القدس

القسم الاول:

بيانات شخصية:

أرجو التكرم بوضع اشارة (X) في المربع الذي يلائم كل جملة في الاسئلة التالية:

س ١. الجنس ☐ ١. ذكر ☐ ٢. أنثى

س ٢. الوظيفة: ☐ ١. مدير | مديرة ☐ ٢. معلم | معلمة

☐ ٣. غير ذلك حدد:

س ٣. نوع المدرسة: ☐ ١. حكومي ☐ ٢. خاص ☐ ٣. وكالة

س ٤. جنس المدرسة: ☐ ١. ذكور ☐ ٢. إناث ☐ ٣. مختلطة

س ٥. يقوم بالآشراف وبفحص الطلاب في المدرسة:

☐ ١. طاقم صحة حكومي ☐ ٢. طاقم صحة غير حكومي

☐ ٣. طبيب فقط (خاص) ☐ ٤. غير ذلك (حددي):

س ٦. ممن يتكون الفريق الصحي المدرسي إن وجد:

القسم الثاني:

يتكون هذا القسم من ١١٩ فقرات تدور حول تقييم وضع الصحة المدرسية، وذلك حسب المقياس المدرج:
 ١. لا أوافق مطلقاً ٢. لا أوافق ٣. وسط ٤. أوافق ٥. أوافق بشدة ٦. لا ينطبق

١	٢	٣	٤	٥	٦	طاقم الصحة المدرسية من المعلمين ان يتولى طاقم الصحي عن طريق المدرسة طبيب اه اسنان مراقبة السنة
						١. المواضيع الصحية التي يعطيها طاقم الصحة المدرسية تشمل النواحي الجسمية.
						٢. المواضيع الصحية التي يعطيها طاقم الصحة المدرسية تشمل النواحي الإجتماعية.
						٣. المواضيع الصحية التي يعطيها طاقم الصحة المدرسية تشمل النواحي النفسية.
						٤. المواضيع الصحية التي تعطى من قبل طاقم الصحة المدرسية كافية لسد احتياجات الطلاب.
						٥. يحتوي منهاج الصفوف الابتدائية على مواضيع صحية.
						٦. أنا راضي/ية عن مواضيع التنقيف الصحي التي تعطى في المدرسة
						٧. تعطى معلومات جديدة مبنية على دراسات وأبحاث علمية حديثة.
						٨. أسلوب المحاضرة التي يعطيها طاقم الصحة المدرسية شيق ومتنوع
						٩. يستعمل خلال المحاضرة وسائل إيضاح مثل ملصقات، نشرات وأفلام
						١٠. يهتم محاضر التنقيف الصحي بالممارسات والسلوك الصحي اليومي للطلاب
						١١. يتم تدريب المعلمات/ المعلمين في داخل المدرسة على إعطاء محاضرات تثقيفية صحية للطلاب

* في حالة عدم وجود طاقم الصحة المدرسية، أرجو الإجابة على الأسئلة تبعاً لمن يقوم بمهام طاقم الصحة المدرسية

					١٢. يتم تقييم احتياجات الطلاب من المحاضرات الصحية قبل الإعداد لها وإعطائها.
					١٣. يتم دعوة الأهل لحضور لقاءات التثقيف الصحي في المدرسة
					١٤. يحضر المعلم/ة المحاضرات الصحية التي يعطيها الفريق الصحي.
					١٥. يغير التثقيف الصحي من مفاهيم الطلبة تجاه القضايا الصحية
					١٦. يغير التثقيف الصحي من مفاهيم الهيئة التدريسية تجاه القضايا الصحية.
					١٧. يهتم طاقم الصحة المدرسية بالنواحي الصحية لكل طالب
					١٨. يحتفظ الطاقم بسجل طبي خاص لكل طالب
					١٩. يعامل ملف كل طالب بسرية تامة من قبل طاقم الصحة المدرسية
					٢٠. طاقم الصحة المدرسية مجهز بأدوات لفحص الطلاب
					٢١. طاقم الصحة المدرسية يعمل بكفاءة
					٢٢. طاقم الصحة المدرسية يأتي بجديد في كل زيارة إلى المدرسة
					٢٣. للممرضة دور متميز في الفريق الصحي
					٢٤. تحتاج المدرسة لممرضة تعمل بدوام كامل
					٢٥. تستطيع الممرضة العمل لوحدها بدون الاعتماد على الطبيب في المدرسة في كثير الحالات
					٢٦. تقوم الممرضة بإعطاء محاضرات تثقيفية صحية في المدرسة
					٢٧. يقوم طاقم الصحة المدرسية بعمل إرشاد فردي للطلاب
					٢٨. يتم معالجة الحالات المرضية داخل المدرسة من قبل الفريق الصحي.

٦	٥	٤	٣	٢	١	
						٢٩. طاقم الصحة المدرسية جدي في طريقة عمله وانتقائه للمواضيع التي لها علاقة بالصحة
						٣٠. يكتب الطاقم الصحي تقارير عن كل زيارة إلى المدرسة
						٣١. يتم متابعة المشاكل الصحية المتعلقة بالطلاب من قبل الفريق الصحي.

٦	٥	٤	٣	٢	١	الأسئلة التالية تخص الطالب ذو الاحتياجات الخاصة: الطالب ذو الاحتياجات الخاصة: تنمية نكته متسبة مقارنة مع متوسط تكاء الطلاب، أو الطالب الذي يعاني من إعاقته بصرياً، جسمياً، لفظية، الخ
						٣٢. يتم تحويل الطالب إلى مؤسسات خاصة للعناية به.
						٣٣. يتم التنسيق مع الأهل بخصوص تحويل الطالب.
						٣٤. يتم تزويد المدرسة بتقرير كامل عن كل طالب ذو احتياجات خاصة.
						٣٥. يتابع الفريق الصحي المشاكل الصحية المتعلقة بالطلاب ذوي الاحتياجات الخاصة
						٣٦. مبنى المدرسة مجهز لإستيعاب الطالب ذوي الإعاقة.
						٣٧. تتوفر في المدرسة كوادر مؤهلة من أخصائيين نفسيين وإجتماعيين للتعامل مع الطالب ذو الاحتياجات الخاصة.
						٣٨. يوجد مرافق خاصة لذوي الاحتياجات الخاصة.

٦	٥	٤	٣	٢	١	المناهج:
						٣٩. تقوم المدرسة بعمل نشاطات تتعلق بالصحة داخل المدرسة.
						٤٠. المناهج معزز بمفاهيم صحية شاملة (جسدية ونفسية واجتماعية).
						٤١. يشارك المعلم/ة في النشاطات الصحية الالامنهجية
						٤٢. يحتوي المناهج على الثقافة الجنسية للجنسين
						٤٣. يحتوي المناهج على مواضيع التنقيف الصحي

٦	٥	٤	٣	٢	١	
						٤٤. يلاقي موضوع التنقيف الجنسي العلمي استحسان من قبل الأهل
						٤٥. يدخل موضوع التنقيف الجنسي في المنهاج من المرحلة الأساسية.
						٤٦. يشارك الطالب في النشاطات الصحية الامنهجية

٦	٥	٤	٣	٢	١	المرشد التربوي : إن وجد المشرف التربوي في المدرسة أرجو الإجابة على الأسئلة التالية:
						٤٧. يعتبر وجود المرشد التربوي هام وحيوي.
						٤٨. يوجد وصف وظيفي محدد للمرشد التربوي في المدرسة.
						٤٩. يعرف المرشد مسؤولياته وواجباته ويقوم بتطبيقها بشكل فعال.
						٥٠. يساعد في إعطاء مواد أكاديمية بالإضافة لعمله كمرشد تربوي.
						٥١. يوجد تفاعل بين الطلاب والمرشد التربوي.
						٥٢. يتجاوب الأهل مع المرشد التربوي.
						٥٣. تتجاوب الهيئة التدريسية مع المرشد التربوي.
						٥٤. يوجد تنسيق بين المرشد التربوي وطاقم الصحة المدرسية.
						٥٥. يهتم المرشد بتنقيف الطلاب بالمواضيع الصحية.
						٥٦. يهتم المرشد بإقامة لقاءات بين أهالي الطلاب والهيئة التدريسية.
						٥٧. يتم تحويل الحالات الخاصة إلى المرشد التربوي.
						٥٨. يتقبل أعضاء الهيئة التدريسية عمل المرشد التربوي في المدرسة ويتعاونون معه في هذا المجال.

المناخ المدرسي					
٦	٥	٤	٣	٢	١
					٥٩. يؤثر المناخ المدرسي على الطالب من النواحي الجسمية والنفسية.
					٦٠. المدرسة موجودة ضمن منطقة ملائمة لوجود المدرسة
					٦١. حجم غرفة الصف لا يقل عن ٢ متر مكعب طالب
					٦٢. المدرسة معدة ومبينة على أنها مدرسة.
					٦٣. الإضاءة كافية في غرفة الدراسة
					٦٤. التهوية كافية في غرفة الدراسة.
					٦٥. المدرسة بعيدة عن مؤثرات الصوت الخارجية.
					٦٦. يوجد ماء بشكل متواصل في المدرسة.
					٦٧. المساحة الكلية للنوافذ لا تقل عن ٢٠٪ من مساحة غرفة الصف.
					٦٨. يعمل فحص دوري لمصدر المياه في المدرسة بأخذ عينة من المصدر وفحصها.
					٦٩. يتم تنظيف خزانات المياه باستمرار.
					٧٠. عدد الحنفيات مناسبة لعدد الطلاب حنفية لكل ٣٠ طالب
					٧١. المدرسة معرضة لتلوث بيئي قريب منها.
					٧٢. الطلاب معرضين لخطر حوادث الطرق لقرب المدرسة من الشارع العام.
					٧٣. يوجد مصدر تدفئة في المدرسة.
					٧٤. يتم التخلص من الفضلات بطريقة صحيحة.
					٧٥. يتم متابعة المشاكل البيئية في المدرسة من قبل صحة البيئة في مديرية الصحة.
					٧٦. تحل المشاكل البيئية في المدرسة بأسلوب علمي حديث
					٧٧. المدرسة محاطة بسور بارتفاع ١,٥ متر
					٧٨. يتم الإشراف على المقصف في المدرسة وعمل فحص مخبري دوري له.

٦	٥	٤	٣	٢	١	
						٧٩. يتم الإشراف على المقصف والمواد الغذائية التي تباع به.
						٨٠. يسمح للباعة المتجولين ببيع المواد الغذائية للطلاب.
						٨١. المراحض مناسبة لعدد الطلاب مرحاض/ ٣٠ طالب.
						٨٢. المرافق مناسبة لذوي الإحتياجات الخاصة.
						٨٣. الملعب معبد ومناسب لمختلف النشاطات الرياضية.
						٨٤. مساحة ساحة المدرسة ٢ متر لكل طالب تقريبا.

٦	٥	٤	٣	٢	١	اللجان الصحية: هل يوجد لجنة صحية في المدرسة نعم ☐ لا ☐ إذا كان الجواب نعم، الرضاء الإجابة على الأتي
						٨٥. تقوم الجان الصحية بأعمالها بنشاط مستمر
						٨٦. للأهل دور كبير في اللجان الصحية
						٨٧. أعضاء اللجنة مؤهلين ومدربين لتقديم الإسعافات الأولية والإرشادات الصحية للطلاب
						٨٨. يتم عقد دورات لهم لتدريبهم على الإسعافات الأولية
						٨٩. يقوم أعضاء هذه اللجان بالترتيب للنشاطات اللامنهجية
						٩٠. يتم التنسيق بين هذه اللجان وبين فريق الصحة المدرسية
						٩١. هناك تعاون وثيق ومستمر بين فريق اللجنة الصحية والمجتمع المحلي

هذه الأسئلة تخص مدير المدرسة (من ٩٢-١١٩):

فحص الطلاب						
٦	٥	٤	٣	٢	١	
						٩٢. يتم فحص الطلاب بشكل دوري ومنتظم من قبل الطبيب
						٩٣. يشمل الفحص جميع الصفوف الأساسية (١-٦)
						٩٤. يجرى فحص الطلاب في غرفة خاصة في المدرسة
						٩٥. يطلع الفريق الصحي الإدارة على المشاكل الصحية المتعلقة بالطلاب
						٩٦. يتم التنسيق بين المدير وطاقم الصحة المدرسية
						٩٧. يهتم ويتابع الأهل أولادهم بما يتعلق بالأمور الصحية
						٩٨. يتم متابعة الطالب المحول من قبل إدارة المدرسة
						٩٩. يعامل الطالب بشمولية أي أن هناك اعتبارات للنواحي الجسمية والنفسية الاجتماعية والبيئة.
دور المعلم						
٦	٥	٤	٣	٢	١	
						١٠٠. يرفع المعلم الوعي الصحي لدى التلاميذ بدرجة كبيرة
						١٠١. يكتشف المعلم الحالات المرضية في المدرسة
						١٠٢. يهتم المعلم بالحالات النفسية التي يعاني منها الطلاب
						١٠٣. يهتم المعلم بالمسلك اليومي والممارسات الصحية السليمة للطلبة
						١٠٤. يتصرف المعلم تصرفاً صحيحاً أمام التلاميذ
						١٠٥. يتعامل مع الطالب كإنسان متكامل من النواحي الجسمية، النفسية، الاجتماعية والروحية
						١٠٦. يخبر المعلم عن أية حالة غير طبيعية في الصف مثل ضعف البصر أو السمع، الخ....
						١٠٧. يتعاون الأهل مع المعلم في حل القضايا الصحية التي تتعلق بالطلاب

١٠٨.	يوجد تأمين صحي لجميع الطلاب من قبل المدرسة	نعم	لا
١٠٩.	يغطي التأمين أجور المستشفيات والعمليات الجراحية؟	نعم	لا
١١٠.	يتم استدعاء المدرسة لورشات العمل التي تعقد في المجالات الصحية	نعم	لا
١١١.	تشجيع الحصص الصحية الامنهجية في المدرسة	نعم	لا
١١٢.	إنشاء لجنة وطنية تهتم بالقضايا الصحية في داخل المدرسة ضروري	نعم	لا
١١٣.	عدد المعلمين مناسب نسبة لعدد الطلاب في المدرسة	نعم	لا
١١٤.	عدد الآذنة مناسب لحجم المدرسة ولعدد الطلاب	نعم	لا
١١٥.	الإطفائية صالحة للاستعمال	نعم	لا
١١٦.	يقع مختبر المدرسة قريبا من غرف الدراسة	نعم	لا
١١٧.	يوجد مكان معين مخصص للتدخين في المدرسة	نعم	لا
١١٨.	يقتصر الاشراف الصحي على فئة عمرية معينة من الطلاب أرجو تحديد هذه الفئة	نعم	لا
١١٩.	إن وجد: حدد عدد المرات التي يتم فيها الاشراف الصحي		

References:

1. Abdullahi A. (1996) Monitoring of the medical component of the school health program Gaza and West Bank, Jerusalem.
2. Aghabekian V. (1995) School health program (workshop) Al-Bireh, Palestine
3. America 2000 for education (1995 Sept.) president Bush's strategy Educational digest, p.3-7.
4. Anastas Mitri, O. (1995 Feb.) Community water fluoridation. A public health project for the West Bank, Hebrew University: Jerusalem.
5. Barghouthi M., Diebes I., (1993) Infrastructure and health services in the West Bank: Guidelines for health Care planning the health development information project, Ramallah: West Bank.
6. Barghouthi, M., Lennock J., (March 1997) Health in Palestine: Potential and Challenges MAS Jerusalem and Ramallah - Palestine
7. Carnegie Council on Adolescent Development (1990, January). Changing middle schools for the future educational digest p.13.
8. Creswell W. (1985) School health practice (8th ed.) St. Louis: Toronto: Santa Clara.
9. Dave, B. (1997, August) Pollution prevention education and training: getting the job done. Environmental health, p.45-48.

10. David S. (1990 May) Carrying School Reform into the 1990's
Educational digest p6.
11. Defriese G., Crossland C., Wilcox B., and Sowers J. (1991 March)
Comprehensive school health, Educational digest, p.42-45.
12. Donald R. and Walter G. (1975) Creative teaching health (2nd ed.)
New York: Macmillan Co., Inc.
13. Donna B., Hugh H., Grazyna B. (1994), Child to child (2nd part)
British Library: London.
14. Dorth H. (1995) W.H.O. for the Eastern mediterranean assignment
report on Oral Health in Palestine.
15. El-Ali J. (1991) Bethlehem: The immortal Town , Emerezian Graphic
Arts Est., Jerusalem
16. First Palestinian National Conference Gaza 1996 Towards
comprehensive school health, Gaza: Palestine.
17. Flaifel M. (1996 Oct.) Summary of Workshop, Environmental health in
the West Bank, Ramallah, Palestine.
18. Galloway D., Edwards A. (1991) Primary School teaching and
Educational psychology, New York: Longman.
19. Geoffrey W. and Rex S. (1980) Sex Education Among Children Health
education journal.
20. Health education and health foster in the Palestinian schools between
today and tomorrow (1996 Oct.) Workshop, Ramallah: Palestine.

21. Health Research & Planning Directorates (1997) Status of health in Palestine, Palestine.
22. Hill, A. (1983) The Palestinian population of the Middle East, population and Development Review, Vol. 9, No.2
23. Hlieleh S. (1996), Summary of workshop, the medical aspect in school health services in the West Bank, Ramallah: Palestine.
24. Hlieleh S., El-Kateeb W., and Rimawi M. (1996), Medical Component of school health services in the West Bank: Summary of workshop proceeding. M.O.H., MOE, Italian Cooperation, Ramallah, Palestine.
25. Hyland H. (1990 January) some guidelines for playground safety, Educational digest, p 58-61.
26. Igoe J., (1963) School health programs, Principles and practices of student health, Oakland: California.
27. Ishaq J., and Chris S., (1982) Standards of health care in the West Bank, A critical Review.
28. Jack S., Richard B., (1966) Principles of school health, the total school program, Boston: England.
29. James S., (1992) Evaluating school programs, California: Newburg Park.
30. Joan L. and Lynn W. (1992) Tracking your school's success, Newburg Park, California.

31. Joint Committee on health problems in education (1961), Health appraisal of school children (2nd Ed.) pp.5-6 U.S.A.
32. Journal of American Medical Association (1959 Dec.) Newer concept of school, P. 2060.
33. Kathrin A. (1991 March), Acquiring school services for drug- addicted children, Education digest, p 46- 48.
34. Keith T., Sylvia T., Yvonne R., (1990) Health education, effectiveness and efficiency, chapman and Hall-London.
35. Mansour S. (1996 Oct.) Health education and reinforcement in the Palestinian schools today and tomorrow. (unpublished paper), Workshop held in Ramallah: Palestine.
36. Maslamani A. (1996) workshop, Health education and reinforcement in school: Jerusalem.
37. Mayers J. (1993), Journal of school psychology pergaman: New York.
38. Mayshark C., Show D., Best W., (1977) Administration of school health programs (2nd ed.) Saint Louis: Mosby.
39. Nader P., (1993) School Health: Policy and Practice (5th ed.) North West: Elk Crove village.
40. National education association and the American medical association (1961): Health appraisal of school children, (2nd ed.), pp.5-6.
41. National Society for the prevention of blindness, (1963), p.13- 14.
42. Palestinian Coalition for women's health, Adolescent female health report (1994 August) The Department of Community and Public Health

at Berzeit University.

43. Palestinian control bureau of statistics (1995 - 1996) (2nd ed.) Ramallah: Palestine.
44. Palestinian control bureau of statistics (1996 - 1997) (3rd ed.) Ramallah: Palestine.
45. Palestinian National Authority Ministry of Health primary health care school health directorate, The School health services (Oct. 1997).
46. Portland, Oregon, Health Bulletin, (1915 Sept.) p.2 .
47. Report of the Committee on terminology in school health education, Journal of American association of health (1951), physical education, and Recreation, P.7.
48. Rosner A. (1975), the school nurse- a role definition, School Health Problems, spring field, illinois, USA.
49. Safi J., El Fara F., Al Nahal Y., El Kateeb A., Abed Y., Al Alem A., Abu Foul N., (1993) Environmental protection and research Institute Gaza - Palestine
50. Sara L., Dora S., Ralph L. Withers P. (1979) Good Schools for young children (4th ed.), U.S.A: Macmillan.
51. Second National Conference on physician and schools, (1949, Oct.). Responsibilities of State departments of education and Health of School Health Services, Washington: pp.5-11.
52. Slack P., (1978) School nursing, New York: Macmillan

53. The First Palestinian National Conference (1996) towards comprehensive school health, Gaza: Palestine.
54. The National Health Plan for the Palestinian People (1994) objectives and strategies, Ramallah: Palestine.
55. Thomas G (1990) school-based programs for smoking prevention from Journal of school health, Education digest: p. 50-53.
56. Thompson M. (1990 January) Normal sexual feelings between children and adults Education digest p.35-37.
57. Timar T. (1990, May) The politics of school restructuring, Educational digest, p 7-10.
58. Whalthy M. (1990 January) Sex equity in sex education, Educational digest 46-48.
59. World Bank (1993) Developing the occupied Territories, An Investment in peace volume.
60. World Health Organization (1947) Definition of Health p. I
61. Ziara S., (1997, Oct.) The School health services, unpublished paper.



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