

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

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# ENDORSEMENT

**THESIS TITLE:**

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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