Using the Child-to-Child Approach to Identify Pupils with Poor Eye-sight: An Example from Pakistan

Child-to-Child is an approach to teach health education and promote health activities in schools and communities. The idea was initiated in 1979 by Dr. Hugh Hawes and Dr. David Morley. The founders of Child-to-Child Trust and the approach were from United Kingdom but they worked in developing and under-developed countries. This experience helped them to make this approach more practical and beneficial.

The distinctive characteristics of Child-to-Child are the direct involvement of children in the process of health education and promotion, and the nature of their involvement (for example analyzing the health issue and relating health information to the facts, taking the initiative to plan and execute action plans). The most effective programmes are those which engage children in decision-making rather than merely using them as communicators of adult messages. However, whenever children are involved as partners in this way, change is stipulated in current structures and methodologies in health and education.

The Child-to-Child approach is a constructive and practical way in which children and adults can work together with Child-to-Child ideas. The approach has an important outcome on the way we teach and learn because:

* it links children's learning with their actions
* it links children's health practices at school with health practices at home
* the activities are not taught in one lesson and then forgotten by children; they are learnt and developed over a series of lessons in one month of time.

The Child-to-Child approach provides an opportune framework for children's active participation in health promotion. This is one aspect in which children can realize their full potential and the community can recognize children as partners in health.

Here I will share my personal experience as a head teacher of a low resourced community school from a low socio-economic background. The Asia Community School is situated in a semi-urban area of Karachi, Pakistan. The school is for pupils from pre-primary to grade VIII and had more than 450 children. The community is from different cultures and areas of Pakistan and Afghanistan. In this community school, we work hard to promote community ownership and educate them on different health issues e.g. hygiene (cleanliness, diseases), diarrhea, social health (taking care of each other) etc.

Teachers from all sections like pre-primary, primary and secondary were trained on the Child-to-Child approach to teach health education in their classes. Every month each class works on a particular health issue/topic. Here, a case study of class VII children's work is presented:

Class VII children chose a health topic 'helping children who can not see well'. The reason for choosing this topic was to help especially those children who have difficulty in seeing things from far and also to educate parents on minor issues that become major defects. The teacher taught children in the first lesson how to help other children who have sight difficulties.

In the second lesson, children prepared an eye-sight chart (fig 1) and tested the children's eye sight. They divided into small groups and each group was responsible for different classes. They shared all collected information in class. They found out that more than 30 children have eye-sight difficulties and that their teachers and parents did not know about these difficulties.



Figure - Eye sight chart

Along with the findings the children made recommendation to resolve the problem. In the third health lesson, they called a meeting with the parents of the children who had difficulty seeing and shared their concerns with them. As an action, they approached a nearest diagnostic centre for eye check-ups and prescriptions for glasses. Parents encouraged the children's initiatives to take care of their children's medical concerns. Parents also thanked the school for initiating the health programme in the school, which not only helped them to be aware of and understand their child's problem, but also facilitate their children to take lead roles in terms of taking actions for betterment.

As a last step, children discussed the results of their action and planed further follow-up with those children and/or families who are using glasses. They also made sure that children with eye-sight problems would sit in the front seats to avoid any problem seeing the lesson. The following rules were set in the school to overcome this issue in future:

* If you have difficulty in seeing please share with your class prefect or teacher.
* Wear your glasses, if you have them.

Teaching and learning about a health problem through this method was helpful for children to then work on other health-related issues like smoking and proper use of latrines.

These activities and ideas helped the school to build a strong relationship with parents and the community, and encouraged children to be more confident and take part in the development of the school and community. It also helped the school to develop networking among the community organizations, such as the diagnostic centre and the community center, etc.

Trust and respect are essential to building collaborative and interactive relationships between school staff and families. These relationships promote the sharing of ideas and learning from each other.

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