

Active Methods for Teaching and Learning

Description of the tool:

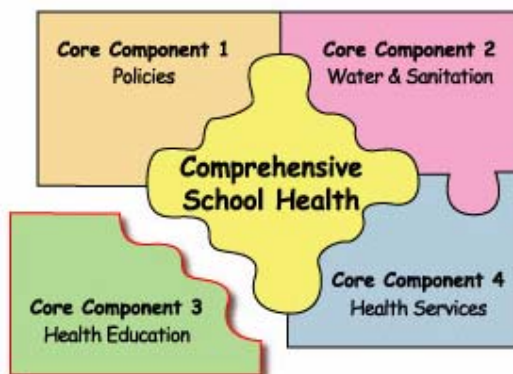
This tool discusses nine active methods for teaching and learning about health, few of which are expensive, that teachers willing to try out new things and can use to help their pupils think for themselves: discussion groups, stories, pictures and blackboard, experiments and demonstrations, surveys, visits and visitors, role playing and drama, poems and songs, games.

The information in this tool was adapted by UNESCO from the following publication:

Child-to-Child Trust and UNICEF 1997. *Health Promotion in Our Schools*. London: Child-to-Child Trust.

Description of the document:

A resource book prepared in consultation with UNICEF and WHO and designed for all those who encourage schools to introduce health education and health promotion programmes, especially those that stress the involvement of children. Contains chapters on choosing content, methodology, health beyond the classroom, health services in school, planning, training and evaluation together with a checklist for a health promoting school.



This activity supports Core Component #3 of the FRESH framework for effective school health: **skills-based health education**. It will have a greater impact if it is reinforced by activities in the other three components of the framework.

Active Methods for Teaching and Learning¹

Nine active methods for teaching and learning about health are set out below. Few of them require much in the way of money and equipment, but all of them need teachers who are willing to try new things and who are keen to help their children think for themselves.

1. Discussion Groups...

Develop skills of communication and listening; problem solving; decision-making and critical thinking.

Discussions are one of the most effective ways of developing children's understanding and thinking. They require no extra materials and can be used in large classes, but in order to be effective children's discussion groups must be well planned and organized.

Group size

Keep groups small so that everyone can contribute. Five to seven children is a good size. Children need to sit where they can all see each other, e.g. round a table, or on the ground. Every group needs a leader and a note-taker.

Make up rules for group work

It is important to find a way of working which does not allow one or two children to do all the thinking and talking. Sometimes children can discuss things in pairs before giving answers. This allows shy children a chance to give their ideas to bolder children. It is useful to set up "group rules" with children before they start. If they have helped to make them, they will be much better at keeping to them.

Clarify tasks

Children may have wider problems to discuss (e.g. "How can we play with our babies at home?") or narrower tasks (e.g. "List four ways in which each of us can make our play area safer"). In each case they should be clear about what the discussion task is, and what the group has decided.

When and how to use discussion groups

Group discussions can be held when we are *studying* health topics, when we are *planning* and when we are *evaluating*. Sometimes it is possible to start a discussion by asking (and

writing down) three or four important questions. Sometimes other ways can be used to help get discussions going. Here are a few:

- **Starting from experience:** Use stories about “What happened to me” to start a discussion.
- **Using Pictures:** from books, magazines, photos, etc., for example, a picture of a disabled child being ignored by others playing a game:
 - Pretend you are the disabled child in the picture. What do you feel? How do you feel towards the other children?
 - Discuss why the children in the picture are acting in the way they are. What can be done?
- **Using statements** with which children opt to “agree” or “disagree” and then defend their decision.

Remember: When discussion groups are used with older children we need to choose topics that help them communicate, listen to different points of view and think clearly. A topic such as “*How can we help more children in our area to come for immunization?*” **will** raise interesting discussion. A topic such as “*Is immunisation necessary?*” **may not**.

2. Stories...

Develop communication and listening skills and lead to many other activities.

Using stories is one of the best ways of introducing new health ideas, of promoting discussion and of passing on health messages to others. That is why all good health teaching makes use of stories.

Telling the stories

Choose a story which is interesting, but which has a clear simple health message. Always make sure that the children can understand the language in which the story is told. *Stories are usually most effective when they are told in the children's home language.*

Forget you are a teacher or health worker – just remember you are a story-teller. Gather the children around you. Sometimes pictures or puppets can be used to help the telling. Sometimes songs can be used within the story. Vary your voice, loud and soft, fast and slow. Pause now and then to allow the children to think about what you are saying. Ask questions during the telling to make sure that they have understood the action so far.

Involve the children in the story right from the beginning and help them contribute to it. Here are a few suggestions:

- The children can name the characters and the story itself.
- Give them something to “look for” in the story before you begin: “Afterwards I want you to tell me how many children helped Peter.”

- Get them to help you build the story: “Indira lived in a tiny house... What colour house shall we make it?” “She had a dress just like yours, Anita, but she did not keep it as clean as you do.”
- At appropriate moments, allow them to offer opinions, and comments: “Musa decided he was too tired to brush his teeth... Do you think he was wise?”
- Allow them to predict the action: “Well, he can do three things... What do you think he will do?”
- Invite their suggestions: “Rani knew that the men were making the people’s drinking water unsafe, but what could she do? She was only little and all alone. Who would listen to her?... What do you think she could do?”
- Put them in the character’s place: “Musa didn’t know what to do next... the fever kept getting worse.... The teacher had told them what to do but he couldn’t remember exactly... Can you help him?”
- When the story is over, ask them to consider alternatives: “Suppose she had not immunised the baby, what might have happened?” “Would the story be different if the villagers knew what you know about mosquitoes?”
- As a variation do not finish the story. Let the children supply their own endings and discuss these.

Finally, help the children to relate the story to their own lives: “Has something like this ever happened to you/in our community?” “Do you know someone who...?” “How do we do that in our village?” “Can we change it?”

After the story... What next?

Stories can lead into discussions and other activities that help develop children's understanding and change their attitudes. But first, ***make sure that they have understood the health message.***

Here are some ways of developing deeper understanding and building new activities onto a story:

- Let a group of children tell the story, each contributing a part.
- Let them retell the story from various characters’ points of view.
- Turn it into a drama and act it out.
- Help the children to draw the story in a series of pictures that they can mix up and put back in the right order.
- Make and use puppets to tell the story.
- Get the children to try out different endings or put in new characters.
- Get them to tell what happened before or after the story.

Spreading the word... sharing the story with friends and families

In sharing their story, the children may want to use many of the techniques that you have used with them.

3. Pictures and blackboard...

Help demonstrate practical skills but also develop problem solving, crucial thinking and understanding of other people (empathy).

Many people who use pictures do so to convey information and to make difficult things easier to understand. This is useful, but pictures can also be used as a way of posing problems and developing active and critical thinking.

1. Using pictures to promote discussions

- A picture can pose a problem directly, or it can lead us to ask questions like: “What went on before?” and “What happened afterwards?”
- When pictures are shown to promote discussion, children can 'climb into a picture', taking the part of one of the people in it and answering questions such as “What would you do if...?”
- Pictures can act as a stimulus for creative work such as poems or drama.

2. Using pictures to test observation and critical thinking

- In lower classes pictures can be used to help children spot 'right' or 'wrong' health actions.
- In upper classes children can learn to spot 'hidden messages' in advertisements (E.g. Picture of men and women in smart suits with the sun blazing outside drinking beer with the caption “Top people pay a little more for Gold Label beer.”).

3. Using pictures to test knowledge and understanding and to develop attitudes

- which are the correct ingredients for home-made ORS?
- which of these vegetables contain most vitamin A?
- what do you think of this? (Picture of a corner with cars parked on it.)

4. Drawing pictures

Children can also draw pictures and make models either on their own, in pairs, in groups or as a whole class.

Remember: Paper and colours are not always necessary. Chalk sticks, clay, leaves, flowers and seeds can make very effective class models. Children can draw on the board.

5. Creative use of the blackboard

For most teachers the most familiar teaching visual aid is the blackboard. Whenever possible work on the board should encourage children to think and take action rather than just to remind them of what they have learned. Here are two ideas on how to use the board to encourage active learning and thinking.

- Build up the information on the board from ideas supplied by the children.
 - *Make lists* that the children can add to: when talking about foods available in the market, for example, list them and categorise them by season and by food value.

- *Build up pictures:* draw outlines and then let children finish the picture based on their own ideas.
- Use the board as a stimulus to start children's discussion.
 - *Write questions:* such as “Why are some children in our neighbourhood 'too thin'?”
 - *Draw pictures:* for example, of a river with dirt floating in it.

Discuss the cause and effect of actions. For example, drinking dirty water collected from the river. What would happen? Why? How could we make the river safer?

4. Experiments and demonstrations...

Develop practical and observation skills, also logical thinking.

Sometimes in explaining health ideas, health workers and teachers will need to give a demonstration, such as making or mixing a rehydration drink, making a water filter or performing first aid. But it is very difficult to learn how to do things by just watching them. Children must, therefore, *make* things, *do* things, *grow* things, *weigh* things, and *measure* things for themselves.

Once they understand how to do something or how to make an effective demonstration, they can show it to other children, incorporate the ideas into plays and puppet shows and perform them in school and even outside it. Each time they do it correctly or explain it correctly they understand it better and are more likely to use it in their lives and homes.

5. Surveys...

Develop organising, communication, listening and problem solving skills.

We use surveys when we are finding out more about a health issue in a community. Sometimes we are looking for things we can see or count, but more often we are finding out what people do or feel. Asking children to do a survey is a powerful way of helping them to become aware of health issues and involving them actively in learning about them.

Children can be involved at every stage: in making up the questions to be asked; in collecting the information; in making charts to show their results; and in drawing conclusions from what they have discovered.

Surveys do not need to be very complicated. While the children are learning about them (and the community is getting used to the children collecting data and asking questions) keep to “safe” topics which people will not feel sensitive about, such as accidents, hygiene, growing vegetables, toys for young children. As children gain experience they may be able to explore more sensitive topics, such as nutrition, attitudes about AIDS or the incidence of certain diseases in a family or community.

Tact and care are needed to make sure the information collected is used to convey a health message without hurting feelings or causing embarrassment. Local culture will often determine if a topic is suitable for a survey.

Remember: Surveys do not always need to be done in class time. If the information is easy to collect and not sensitive children can do it when they go home at night or during the weekend. If the information is more sensitive (e.g. about alcohol, smoking, or the way that illnesses are treated), the teacher may need to help the children or even contact the parents for their permission.

6. Visits and visitors...

Develops skills of observation, critical thinking and communicating well with others.

Every community has health resources worth visiting as well as people whose experience is worth sharing with children. Some visits by whole classes require much time and cost money. Since these cannot take place often, great care needs to be taken in choosing and planning them. However some visits can be arranged much more simply and some can be made by children in their own time if they are carefully thought out.

Instead of visits, people from the community can be asked to come and talk in classes. If they wish to give a talk the teacher needs to brief them carefully, but often a better way is to invite them to answer questions. These should be prepared in advance and given to speakers well before they answer so they can think about what they are going to say. Afterwards children can ask 'supplementary questions'.

Places Worth Visiting

- A dispensary or health post.
- A dam or water works.
- An experimental farm.
- A police vehicle inspection unit.
- A forestry plantation.
- A good play-group or nursery school
- A market or supermarket (in cities)
- A factory (safety focus)

People Worth Inviting

- Doctors, health workers, nurses
- Local social workers
- Water workers or engineers
- Infant and nursery teachers
- Agricultural/veterinary/forestry officers
- Policemen (road safety)
- Parents with their young children

Preparing with the children

It is important that children play an important part in preparing for visits and visitors. Let children write their own objectives for a visit. Work with them to make lists of things to look for. If necessary divide them into teams, each looking at something different. For both visits and visitors, prepare the questions they need to ask. Let them suggest the questions first and then modify them as necessary.

Decide in advance what kind of follow up needs to be done, e.g. pictures, models, charts, descriptions. If possible, organise the class into groups to do different things which together make a whole account of the visit or talk. Here is an example based on a unit on child development. The children have observed their own babies at home, talked with mothers and visited a nursery school.

GROUP 1

Made a development chart for children aged 1-4 and illustrated it.

GROUP 2

Made a list of simple toys and games for different ages and provided some examples.

GROUP 3

Wrote accounts titled "How I would help my child to develop if I were a mother."

7. Role Playing and Drama...

Develop all types of communication skills, including empathy and resisting pressures. Leads to activities for developing problem solving and critical thinking skills. Develops self-confidence.

Role play

When children pretend to be someone else or speak like someone else they are role playing. Role playing can be done frequently and without special preparation in any health lesson. It is particularly important because it helps children to 'get inside other people' and understand how they feel and act. For example:

- Pretend you are a one-year-old child crawling round the house. How could you hurt yourself?
- (For thirteen- year-old girls) Pretend a man you don't know who says he is a friend of your father offers you a lift in his car. What do you do and say?
- Pretend you are very old. How would you like children to treat you?

Sometimes role playing can be more complicated. Different children can be asked to act a number of roles in order to promote discussion.

Drama

Drama helps children understand health ideas while at the same time, because they are acting the part of others, respect and appreciate what others feel. It teaches children to communicate. Often children who will not talk freely in class or to adults will express themselves in drama.

Drama can be based on stories which children have heard or read, or on stories or health situations which are made up by the teacher or the children themselves. Often teachers and health workers present children with 'ready made' drama. This may not be a good idea. Children themselves can be very imaginative and bring drama to life in a way that adults never thought of. Whenever possible, allow the children themselves to prepare or help to prepare the drama. If many children are involved, divide them into smaller groups so that everyone has a chance to think and act.

Here are some hints for working with teachers and children.

- Decide first on the health message that the drama needs to put across.
- Don't make the drama too long (the message will get muddled).
- If you are dramatising a story, think through it first (reading, telling, discussing).
- If the story is a longer one divide it into scenes.
- Discuss what the characters are like and what they will say and do, but do not write down the words. If children have to learn the words they will not sound natural.
- Try to use some costume, however simple: a few pieces of cloth; ordinary objects like a bucket or a broom; sticks or leaves ... are all children need.
- Always allow children to perform the drama in their own language.

Follow up from drama

After drama it is *always important to ask questions to make sure that the health message is understood*. It is very easy for children and adults to laugh at what is going on but forget why the drama was being performed. Other follow-ups include:

- Discussion:
 - About characters: 'Why did they act like this?'
 - About different endings: 'What would have happened if...?'
 - About continuations: '...and what do you think happened next time?'
- Drawings, songs and poems based on the drama.
- Doing it again (but better).

Mime (when children act silently)

Sometimes children can use mime and dance to put over a health message. One child can read a story or poem and others can mime it silently. Sometimes mime can be used to test children's or adult's health knowledge. For example, 'The baby is breathing like this...' (fast and short); 'What could be the matter?' (Pneumonia.)

Puppets

Children can make puppets and use them to perform health drama. Puppets are a wonderful means of developing children's powers of communication and freeing their imagination. When children 'speak through' puppets they will often say things which they would not wish or dare to say in a play. Sometimes there are traditional puppets within communities that children can use but more often they can make their own. Bits of cloth and string, paper bags or folded sheets of paper and many odds and ends can be used to make simple puppets which can be supported on a child's fingers, hands or sticks of wood.

Planning and performing drama

Remember that drama does not have to be performed for other people. Most of the time it will be done by children as part of health lessons, just to help them remember and understand better. But drama can be taken out of the classroom to:

- other classes
- school assemblies
- other schools (primary school children can perform for pre-schoolers)
- parents and the community on 'open days' and community festivals.

8. Poems and songs...

Develop communication skills and imagination. Raise interest and promote good attitudes to health.

Poems

Children are natural poets. Poetry is particularly useful in health education to describe the way that children feel about health, about the environment and about what they can do to help others. Poems can use rhymes or rhythms, but this is never necessary. Just ask the children to 'paint' their own pictures in words. Here are a just a few subjects for poems. (It is best to let children suggest their own.)

- I care for my little sister
- What do the trees tell us?
- Our immunisation soldiers
- I have a friend (a song about the disabled)
- Mr AIDS we'll keep you out

Songs

Songs are always popular and effective for passing on health messages. Some are written by teachers. Sometimes professional singers and songwriters will give their services free and compose songs for children to sing. But children can also make up their own songs and set them to tunes everyone knows. They can then illustrate them with dance and mime. When children make up their own songs *make sure their health facts are correct (and that they are giving useful messages which are not too vague and general).*

9. Games...

Develop organising, problem solving and communication skills

Most teachers know that it is possible to make **board games** for health like the 'Snakes and Ladders' game but these are often difficult to make and play in a large class. Perhaps a better method is to ask children to make their own boards and their own messages and play the games with each other. Teachers should ask children to show them the games they have made to make sure that the messages are correct. It may even be possible to organise a competition; who can make the best board game. When children make such games they learn to draw and measure as well as understand health messages.

Many **word games** can be made using no equipment at all. They include:

- Guessing games, such as asking children to mime and guess symptoms of diseases or the action of insect pests such as flies or mosquitoes.
- The 'What happened next?' game (after learning a health message). The teacher starts the story: "When Mrs Jackson bought the paraffin for the stove she poured it into a soft drink bottle and left it on the floor. The baby was crawling around on the floor..." Then different children (in groups or in the whole class) go on with the story, one at a time, until it ends (probably with the baby in hospital).
- The "If I were..." game. This game helps children learn to take decisions that are important for health and which they may someday have to take as parents. For example:
 - If I were a mother (and could choose), how many children would I have and what would be the number of years between them? Why?
 - If I had a baby, how could I try to make sure it did well at school *from the time it was born?*... and others of the same kind.

Outside Games

Many games can be played outside and there are many variations which can be experimented with. Tag, races, hopscotch games and many others can easily be adapted to pass on health messages.

Remember:

- Children as well as teachers can make up games. Some will be new and imaginative.
- Build on and adapt games already played in the community.
- Always make sure that the health message is emphasised. (Games are such fun that the serious messages sometimes get forgotten)

¹ Adapted from: Child-to-Child Trust and UNICEF 1997. *Health Promotion in Our Schools*. London: