

A 'Batman city' named Torino.
Urban well-being and safety in children's narratives



- Monica (out): “down town, you know, it’s a mess, just cars; here you have trees and people. Sure, you have cars here as well, but they don’t go back and forth all the time; they stay still at the parking lot”.
- Manuel (out): “In down town there are monuments, a lot of beautiful things, but there is one thing which spoils everything: that people throw papers everywhere. Otherwise downtown is fine. The difference here is that you don’t have monuments, there aren’t many beautiful things, you have the same things all the time. And I prefer to live here. In downtown asphalt is almost everywhere”.
- Ariele (cen): “A big down town, it’s place where there are a lot of people; and these people may some times create some problems; for example when I come home at night we find no parking place and there isn’t much space for playing”.

- Manuel (out): “[I see more things] when I walk, because the car is fast and you don’t see very well. Instead if you go by foot...When I ‘m at my grandpa’s village we’ve been walking and I have seen dead snakes and mice. In you sit in the car, you just don’t see”.
- Clizia (cen): “Usually I smell a lot of cars, I smell smog; some times, in the morning, when I walk through my little courtyard, I can ear birds singing, that’s the only thing which is nice to listen to. You know, If we had less smog, I would smell more of nature, because there is always some green; if it wasn’t for the car I hear at night, I may listen to other things, maybe even more beautiful.. You ask me if I prefer to walk or to go by car? Well, when I’m really tired , I would prefer the car, but my opinion is that it’s better to go by foot”.
- Tommaso (cen) “...and if you climb a tree, you get all dirty of smog”
- Veronica (out): “I ear cars’ noise...I’d like much more birds in the city. Wild pigs, no; they scare me” .

One thing of the city that I am
scared of is crossing the street
(David, outskirts)



Marianna (out):”The places of my city that I’m more scared of are green areas, because of the syringes”(Fig. III).



- Marta (cen):”People walking behind me scare me...I keep going...Mum says that they are not dangerous...but I’m scared anyway”.
- Tommaso (cen): “When they scolded us, some times I thought they were right because we had gone too far. Otherwise we become a little angry”.
- Martina(out): “In the street where my grandmother lives there are blacks and once, I remember, I dropped a coin; I didn’t notice it and they helped me. There are even some gypsies, but they are quite”.
- Marlon (cen): “...Another time, last year, with a friend of my brother, an older boy , we were playing near the Piazza Statuto’s fountain, and we were sprinkling water everywhere, and a guy came and kicked me into my ass...and my father who was with me didn’t get very much angry: first he asked the man a few questions, then the other guy apologized and went away. If it wasn’t for my father the man’d never apologize though”.

- Samuel (cen): “We were in Statuto Square: there was a little girl and my little brother was running and he didn’t see her so she fell, and hurt herself. And then I must go instead of my brother and apologize, because he is a bit stupid (and never apologizes). However we had told the girl not to come in between us, she was too small. We tried not to hurt her, but then she slid. This time the lady (her mother) was right”.
- Martina(out): “Some times, when we were playing with the skate board - but we weren’t making much noise – an old lady told us: don’t play here, everybody is sleeping. But we weren’t making much noise, they could go on sleeping!”
- Ariele (cen): “just imagine the boys being more sociable with us; it would be cool, it would be wonderful; you know, we ask them: “do you want to play with us?”, and they say: “no, no, no”.
- Federico (out): “there are bigger boys and they always try to be clever”.

Eugenio(out): “In my neighborhood I would like more things and I would also like a more beautiful environment”



Anna writes as a comment: “I feel safer at the cemetery because of the deads. I put flowers and then I count how many flowers I put and I pray for everybody”.



“This place is inside my condo, and everybody who lives there knows it. Nobody goes there though. Once I went there with a friend of mine. There is a small wall and on one side a small gate where you get in, and down there it's plenty of space. There I feel safe and I can stay there when I need to be by myself too”.



“A SEA TO GROW IN PEACE”

Cultural exchange programme for schools and youth from the two sides of the Adriatic and Ionian Sea

Gianna Prapotnich

The Mediterranean Area is considered as a priority area in the programs of the Ministry for Education and University Research (MIUR). Because of the importance of relations and exchanges between schools to reinforce European integration and education to democratic citizenship, the Council of Europe encourages Member States to create opportunities of “meetings” by establishing a Program of Permanent Teacher Training (www.coe.int). The Program enables teachers/school executives to enlarge their knowledge by participating in training stages. Most programs are open to teachers from new democracies.

I personally had the opportunity to participate in some of the In-service Training Courses of the Council of Europe both in Italy and abroad with a scholarship, thus reinforcing my skills and exchanging experiences with European colleagues on different issues related with the promotion and defense of children’s rights in different Areas of Europe and the World and the fundamental role played by education to citizenship. Also the Socrates National Agency, INDIRE in Florence (www.indire.it), with which I collaborate as member of the National Commission for the Evaluation of SOCRATES Comenius 1 Projects, pays great attention to these issues and stimulates schools to promote projects to that end.

The Regional School Office of the Marches – General Direction – where I work as contact person for the Studies Office of the European Area/International Exchanges (www.marche.istruzione.it) – was chosen to organize a Visit for 13 experts and political decision-makers of the Socrates Arion Observation – Innovation Action Program from different European countries in Ancona - Senigallia from 17-21 May 2004 . The agenda of the meeting shall include issues connected to the concept of “exclusion”, equal opportunities, integration, multi-culturality and right protection. The Guarantor for Childhood, a new institutional office established by the Region Marches, shall participate in the event.

The Regional School Office of the Marches is committed to all initiatives implemented by MIUR, Council of Europe and INDIRE that bring added value to the “Marches model” and therefore accepted the invitation of the Mayor and Secretary of the Forum of Adriatic and Ionian Cities and Towns (Association established in Ancona in April 1999 before the Ministerial Conference on the Adriatic Sea) for a strict collaboration to define a common path towards the building of a European culture, with special attention to the accompaniment and integration process of nations from the Balkan Area. The collaboration and synergy between local administrations and the school sector must determine the conditions to implement and develop fruitful relations for exchange, training and cultural growth both at local and international level in order to build a reference picture of the numerous best practices that exist in school institutions and promote the construction of active citizenship and stable peace relations.

On 18 September 2003 a Program Agreement was signed between the Regional School Office of the Marches and the Forum of Adriatic and Ionian Cities and Towns at the Municipality of Ancona to

realize the program of exchange and twinning between schools and youth in cities and towns on the two shores of the Adriatic and Ionian Sea with name “A Sea to Grow in Peace” through the establishment of mutual collaborations between schools and local government institutions.

The Project was officially presented on 24 October 2003 in Rijeka (Croatia) during the 5th Annual Plenary Session of the Forum. Prestigious politicians and school representatives participated in the event.

The event shall be presented during INFORSCUOLA - 21st Conference Exhibition of School, Training and Orientation Didactics and Technologies, organized by the Regional School Office of the Marche at the Pesaro Trade Center on 25-26-27 November 2003. The Regional School Offices of the Marche home page contains texts and programs, as well as links with participating organisms and administrations (www.marche.istruzione.it).

Project activities are in progress and the Regional School Offices of the Marche – Municipality of Ancona, Council for Education, Forum of Adriatic and Ionian Cities and Towns have clear long-term objectives in mind. The creation of the Permanent Working Group (regional inter-institutional committee) shall favor the comparison and exchange between school actors and local administrators to implement accurate projects on the emerging needs of children and youth that, although living in different cities and towns, are united by the sea as a creative space for sharing and integration, education, socio-economic and cultural resource.

The parties are working to identify strategies to promote, support, reinforce, valorize exchange and twinning activities and projects between schools and youth in a bilateral and/or multilateral dimension, in which multiple subjects pursue the values of transnational co-operation, the affirmation of a culture of solidarity and peace, the reinforcement of European roots and identity.

The parties shall activate common actions aimed at implementing initiatives of education to solidarity and pacific coexistence, tolerance, defense and respect of human rights, sustainable development, multi-cultural and multi-ethnic education, legitimacy, active citizenship and responsible participation in school curricula and policies for orientation and support to education and youth, with the maritime basin of the Adriatic and Ionian Sea as common factor as meeting place for communities and populations that live on the two shores of the sea.

My sincere thanks to the General Director, Michele De Gregorio, to MIUR General Direction for International Relations, to Giuseppe Campagnoli coordinator of the Studies Office – General Direction, to the Mayor of Ancona, Fabio Sturani, to the Councillor for Education of the Municipality of Ancona, Maria Grazia Camilletti, to the Secretary of the Forum, Bruno Bravetti, to Claudio Grassini, to IRRE, to the members of the Permanent Working Group and to my colleagues of the School Regional Office.

Premise

The Forum of Adriatic and Ionian Cities and Towns (constituted by 50 municipalities of Italy, Slovenia, Croatia, Bosnia-Herzegovina, Albania, Montenegro and Greece) and the School Institutions believe that the meeting between the civic communities of the respective countries and the intercultural exchange of experiences and organized learning within the pedagogic field can:

- contribute to the economic, social and cultural growth of the people and of the coast territory,
- promote the construction of an active citizenship and foster stable, peaceful relationships,

- favor the attainment of the objectives to pursue within the scope of the European enlargement and integration.

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WORKSHOP V

In this picture, supported by the European Union structures and agencies, in the perspective of an interinstitutional collaboration, the Local authorities and the School Institutions intend to create a strong synergy in order to favor the setting up of new networks. These actions will be carried out through the promotion of twinning programs and exchanges of present and past experiences between the schools and young people living in different cities of the Adriatic and Ionian coasts and joined by their common feeling about the sea. The sea is considered in this perspective as a space of sharing and integration, and an educational, economic and cultural resource.

The program “A sea to grow in peace” intends to co-ordinate and consolidate the existing bonds between the cities, encourage new twinning initiatives between the school and the youth world, and activate an institutional and organizational framework to support the various initiatives.

The reference frame

Twinned cities were born after the second world war, when the people of the European continent felt the need to draw reciprocally near and cooperate to reconstruct Peace. In those years the first contacts essentially consisted in exchanges of experiences in the scope of the local life.

Today, fifty years later, the twinning initiatives - boosted by International Organisms and particularly by the European Union- have multiplied and reached the dimension of a real movement that connects the Communes of different countries to a network of dense and organized citizens.

Twinned bodies are a choice of solidarity. This choice is effective when it involves not only the governments and the institutions of the cities, but also when it stretches to the respective populations and particularly to young people, promoting their active citizenship and participation.

In the Final Declaration adopted by the Congress of the Communes and twinned corporate body (Anversa 2002), it is reaffirmed that twin actions must be strengthened to achieve the following aims:

- to live together, according to some key values of our society, such as harmony, prosperous environment and solidarity that supposes respect and mutual comprehension. Twinning represents a valid tool in the struggle against all the forms of Discrimination, Racism, Xenophobia and Intolerance; It contributes to the widening and the utilization of the European Union; It promotes active citizenship and local democracy, together with the integration of disadvantaged and marginalized people;
- to build a European welfare on the territory that is respectful of differences through economic cooperation, oriented to a sustainable development of Environment and committed to the safeguard of the resources for future generations; to approach again the people that live in our territory; to allow the exchange of experiences and “know-how”, as promoter of sustainable development, to multiply the means and the available resources with the aim of increasing the comfort of its inhabitants;
- to achieve a European and international dimension of Education and Knowledge; to promote communication among different cultures, to strengthen the opportunities of education, training and the acquisition of know-how throughout life; to build relationships between cities in a pedagogic dimension and to create a favorable climate for European citizens; to favor the practices of coop-

eration between educational institutions, in order to increase a European and intercultural added value to education.

Twinning and School

Twinning is a way to participate in the life of schools and in the world of young people in a country; It makes it possible to exchange and discover the needs and expectations through the language, the interests, the habits, the traditions, the music, and the food. Within this context the themes of the multi-ethnic and the multi-cultural society can be tackled, and in the light of a real experience. To do interculturalism it means then to cause interaction and comprehension, in a human and cultural enriching mutual perspective.

To reach this aim, the twinned partners undertake a periodic exchange of various material, within a defined deadline fixed according to their resources, to their Internet access and to the twinned countries real logistic possibilities.

In this sense, it is advisable that the twinning project will be implemented by the first classes of all school levels in order to give all children the opportunity to grow together.

For examples it could be characterized by some operational tools that have as object:

- Themes and sketches (customs, cultural particular appearances);
- Information about everyday life and the organization of classes and students;
- News and researches about one's own historical roots and the partner's cultural background;
- Stories, experiences, questionnaires and information about original cultural features;
- Individual letters or group's letters (between classes or single students);
- Photos of the class;
- Small acquired manufactured articles or products made by the class or single students;
- Training occasions for students, teachers and the school executive committees in order to the exchange some experiences, methodologies and didactic materials.

The Adriatic and Ionian Sea as educational resource

The maritime basin of the Adriatic and Ionian Sea can offer some educational contents to the pedagogic action and to the twinning practices. For example:

- The sea: from borderline to space of integration. If in the past the sea was a line of natural boundary and demarcation amongst Nations and Continents, today it can and must be “lived” as an opportunity of encounter between people and their communities that share a common rich history, together with problems and a common destiny. It's an occasion for growing a culture of Dialogue and promoting “workshops” of Democracy and solidarity, where the future European citizens can be raised;
- The sea as the place of the memory and future perspective, through the circumstances of History, Culture and technological challenges. The stories of fishermen and other actors that have “lived” the sea. Characters that are rich of humanity, weave and refer to a patrimony of values and culture that must be recovered in order to give some sense to contemporary life;
- The sea as a micro system to be defended, against all forms of exploitation that is disrespectful of

the nature rhythms and the habitat of Man. Education to the safeguard of the environment and biodiversity as a fair and sustainable development of the sea resource.

- The Sea as an economic resource and a source of comfort: the work of Man transforming Nature and entering into a relationship of mutual cooperation with the Environment.
 - The system of small and medium-size shipyards and numerous subcontractors working in the same sector is an essential part of the economic history of coastal cities. They reach great levels of integration and elevated specialization and constitute a challenge for new professional and occupational profiles.
 - The fishing system: the consumption of Fish, which is a highly nourishing food, within food education, is a particularly interesting theme to the young people.
 - The Harbor as a place of exchange between cultures and ethnic groups. The harbor as a privileged place for an education that is receptive to Dialogue and Welcome, a place that is open to the international dimension; the harbor as a doorway for runaways, illegal immigrants, and refugees fleeing away from war zones, and Hunger, and looking for a dignified future.
- The Sea and Leisure Time: the beach as a place to spend some quality time of relax and socialization. A place to recover a dimension of harmony within oneself, Nature and Environment. An opportunity to educate about one's own free time, and talk about responsible Tourism, using the opportunity of meeting new persons.

Program framework

Some common actions are suggested in order to stimulate twinning initiatives and set up schools and cities networks between the eastern and western coast of the Adriatic and Ionian Sea.

They can be divided into 3 macro-areas:

1. Communication and Social Areas

- Construction of Web Sites as containers of common experiences and videoconferences between young students of the twinned cities (with the contribution of teachers, technicians and experts).
- Incentive to the establishment of networks made up of more than two twinned cities in order to implement their cultural exchange. This goal can be achieved through the use of the Internet and e-mail in order to favor contacts between young people and classes and exchange didactic material and researches on the common theme.
- Organization of meetings and thematic seminars of study referring to the sea as an educational resource that is functional to the promotion of the young people's identity and integration. Participation in the “Socrates Actions”- “Youth- Leonardo” –“Socrates - Arion” (May 2004) and other initiatives promoted by the European Council (Study Seminars and/or In-Service Training Courses of the European Council). Organization of study visits, meetings to foster the partners' mutual acquaintance, and contacts between schools and institutes in order to implement mobility actions and exchanges of students/ teachers. Experiences of responsible tourism.

“A sea to grow in peace” - Cultural exchange programme for schools and youth from the two sides of the Adriatic and Ionian Sea

- The diffusion of European languages through the organization of Language Courses (Italian, English, German, French, Spanish) within initiatives such as the “European Day of Languages” (26 September of each year). Actions that target associations of operators and teachers who are involved in twinning activities. The schools that are interested in this project could provide places, modern technologies, human and professional resources.

2. Historical area

- Carrying out of historical researches, documents, interviews and production of various materials: CD-ROM and/ or video, tape recorded documents, students journals. Exchanges of material between the twinned cities.
- The identification of historical traditions and the elaboration of literary texts connected to one’s own territory and the themes of the “A sea to grow in peace” program. Music, Art, Dance and Theatre as tools of knowledge and expressive communication. In-depth analysis of themes, such as Multiculturalism, Peace, and Childhood Legislation.

3. Skills area

- Realization of a competition to create the logotype of the twinned cities. Theme: “A sea to grow in peace” with prizes awarded by the Communes and/ or other sponsors.

Operational proposals

The Forum of Adriatic and Ionian Sea Cities and Towns and the School Regional Office will furnish an organizational support to implement and spread networks of twinned schools between coastal cities.

To this end the Permanent Working Group is established with the following members:

For the School Regional Office of the Marches

Three representatives of the School Regional Office of the Marches – General Direction,
One representative of IRRE-Marches,
One representative of High School executive managers,
One representative of Primary-Middle School executive managers,
appointed by the School Regional Office of the Marches.

Per the Forum

One representative of the Secretary Office,
One representative of the Mayor of the participating cities and towns,
One Councilor for Education,
One Councilor for Social Services – Youth Policies.

The Permanent Working Group shall be integrated from time to time with representatives of Bodies, Institutions and Associations that share the program and work for its realization.

The Permanent Working Group shall have the following functions:

- To identify strategies aimed at guaranteeing the diffusion and support to twinning and exchange activities between schools and youth centers,
- To coordinate activities on the territory and create a network with useful materials and information for the program realization,
- To provide assistance and consultancy to teachers to facilitate their work in twinning activities,
- To monitor implemented initiatives,
- To inform about the progress of the initiative;
- To evaluate needs and propose additions.

The Permanent Working Group shall prepare an operational plan of the activities, with details on offices, responsibilities and resources.

In particular, the parties undertake:

- to realize dissemination initiatives of the program "A Sea to Grow in Peace" (conferences, meetings, training activities, exchange of material, etc.) to promote and implement it;
- to set up a dedicated database, preferably using existing archives in schools from different grades, youth centers, volunteering associations and social private sector, existing twinning activities on the territory and share the information on the net in order to multiply opportunities for meetings.
- to make information, experiences and documentation for the program realization available on the net;
- to counsel and provide assistance during the different steps of the program realization process and, in particular, for the submission of application forms for European funds to the European Council and other possible agencies, including national and international institutions;
- organization and realization of two meetings to compare and evaluate the program;
- to promote moments of training, comparison and verification of the program for the various participants, and especially teachers, school executive managers and local administrators
- to link with other institutions and regional bodies engaged in the same program through the transnational co-ordination office established at the Forum of Adriatic and Ionian Cities and Towns.

Resources

The financial resources needed for the realization of the program shall be made available by the Local Bodies. The School Regional Office of the Marches undertakes to offer technical-professional support to the schools in the network. The signatory parties agree upon and defined the scope and management modes of available resources.

Moreover, the parties shall act before Institutions and local, national and European Agencies to find funds that shall be managed in full compliance with the project finalities.

Schools from EU Member Countries or from countries which are entering the Euro zone (Italy, Greece, Slovenia) will be stimulated to apply to EU programs such as Socrates - Comenius-Leonardo, Youth, Arion and other EU Actions.

For schools from no-European Countries we will try to activate other financing sources from the European Council or from other national laws.

The Local corporate body won't fail to support the initiatives with its own resources together with the School Regional Office which will verify further opportunities of financial support with the Ministry for Education and University Research - MIUR- the Department for the Development of the Relationships International 4th Office, with the European Council, with the INDIRE- Florence (Ex BDP Agency National Socrates) and with the ISFOL Rome.

The search of human, professional and financial resources will be strengthened through the experiences networking.

Notes

The Forum of Adriatic and Ionian Cities and Towns members are in Italy, in the region of Friuli Venezia Giulia: Trieste, in the region of Veneto : Venice, Chioggia, in Emilia and Romagna: Cesenatico, Ravenna, Rimini, in the region of the Marches: Pesaro, Fano, Senigallia, Ancona, Civitanova Marche, S. Benedetto del Tronto; in Abruzzo: Pescara, Termini; in the region of Puglia: Bari, Molfetta, Barletta, Brindisi, Tricase, Torchiarello, S. Pietro Vernotico, Manfredonia;
In Puglia: Taranto
In Slovenia: Koper;
In Croatia: Dubrovnik, Ploce, Chaff, Rijeka, Sibenik, Split, and Zadar;
In Bosnia-Herzegovina: Neum;
In Montenegro: Cafe;
In Albania: Valona, Durazzo, Lezhe, Saranda, and Shkoder;
In Greece: Corfu, Igoumenitsa, Parga, Patrasso, and Preveza.

References

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A sea to grow in peace

Cultural exchange program for schools and youth
from the two sides of the Adriatic and Ionian Sea

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- The **Regional School Office of the Marches** is committed to all initiatives implemented by MIUR, Council of Europe and INDIRE that bring added value to the **“Marches model”**. For this reason the Office accepted the invitation of the Mayor and Secretary of the **Forum of Adriatic and Ionian Cities and Towns** (Association established in Ancona in April 1999 before the Ministerial Conference on the Adriatic Sea) for a strict collaboration to define a **common path** towards the building of a European culture, with special attention to the accompaniment and integration process of nations from the Balkan Area.

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- **On 18 September 2003 a Program Agreement was signed between the Regional School Office of the Marche and the Forum of Adriatic and Ionian Cities and Towns at the Municipality of Ancona to realize an exchange and twinning program for schools and youth in cities and towns on the two shores of the Adriatic and Ionian Sea with name “A Sea to Grow in Peace” through the establishment of mutual collaborations between schools and local government institutions.**
- **The Project was officially presented on 24 October 2003 in Rijeka (Croatia) during the 5th Annual Plenary Session of the Forum. Prestigious politicians and school representatives participated in the event.**

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The parties are working to identify strategies to promote, support, reinforce, valorize exchange and twinning activities and projects between schools and youth in a bilateral and/or multilateral dimension, in which multiple subjects pursue the values of transnational co-operation, **the affirmation of a culture of solidarity and peace, and the reinforcement of European roots and identity.**

The parties shall activate common actions aimed at implementing initiatives of education to solidarity and pacific coexistence, tolerance, **defense and respect of human rights**, sustainable development, multi-cultural and multi-ethnic education, legitimacy, active citizenship and responsible participation in school curricula and policies for orientation and support to education and youth, with the maritime basin of the **Adriatic and Ionian Sea as common factor, being a meeting place for communities and populations that live on the two shores of the sea.**

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Twinning and School

- Twinning is a way to participate in the life of schools and in the world of young people in a country. It enables the exchange and discovery of needs and expectations through language, hobbies, habits, traditions, music, and food. Within this context, the themes of multi ethnic and multi cultural society could be tackled in the light of a real experience. Doing **interculturalism** means to promote interaction and comprehension, in a human and cultural enriching mutual perspective.
- To reach this aim the twinned partners undertake to **exchange miscellaneous material on a periodical basis**, within a deadline to be set according to their resources, Internet access and real logistic possibilities of the twinned countries.
- It is advisable that the twinning project will be implemented by first classes of all school levels in order to give all children the opportunity to grow together.

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Program framework

- Some common actions are suggested in order to stimulate twinning initiatives and set up schools and cities networks between the eastern and western coast of the Adriatic and Ionian Sea.

These actions can be divided into

3 macro-areas:

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1. Communication and Social Areas

Construction of Web Sites as containers of common experiences and videoconferences between young students of the twinned cities (with the contribution of teachers, technicians and experts).

Incentive to the establishment of networks made up of more than two twinned cities in order to implement their cultural exchange. This goal can be achieved through the use of the **Internet and e-mail** in order to favor contacts between young people and classes and exchange didactic material and researches on common themes.

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Organization of meetings and thematic seminars of study referring to the sea as an educational resource that is functional to the promotion of youth identity and integration.

Participation in “Socrates Actions”- “Youth- Leonardo” – “Socrates - Arion” (May 2004) and other initiatives promoted by the European Council (Study Seminars and/or In-Service Training Courses of the European Council)

Diffusion of European languages through the organization of Language Courses (Italian, English, German, French, Spanish) within initiatives such as the “European Day of Languages” or LABEL..

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2. Historical area

- **Realization of historical researches, documents, interviews and production of miscellaneous materials: CD-ROM and/ or video, tape recorded documents, students journals. Exchange of material between twinned cities.**
- **Identification of historical traditions and elaboration of literary texts connected to one's territory and themes of the “A sea to grow in peace” program. Music, Art, Dance and Theatre as tools of knowledge and expressive communication. In-depth analysis of specific themes, such as Multiculturalism, Peace, and Childhood Legislation**

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3. Skills area

Realization of a competition to create the logotype of the twinned cities.

Theme:

“A sea to grow in peace“

with prizes awarded by Communes and/ or other sponsors.

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Operational proposals

The Forum of Adriatic and Ionian Sea Cities and Towns and the School Regional Office will provide organizational support to implement and spread networks of twinned schools between coastal cities.

To this end the **Permanent Working Group** is established with the following members:

School Regional Office of the Marches

3 representatives of the School
Regional Office of the Marches –
General Direction
1 representative of IRRE-Marches,
1 representative of High School
executive managers
1 representative of Primary-Middle
School executive managers

Forum

1 representative of the Secretary Office
1 representative of the Mayor of the
participating cities and towns
1 Councilor for Education
1 Councilor for Social Services –
Youth Policies.

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Functions of the Permanent Working Group:

- To identify **strategies** aimed at guaranteeing the diffusion and support to twinning and exchange activities between schools and youth centers,
- To coordinate activities on the territory and create a **network** with useful materials and information for the program realization,
- To provide **assistance and consultancy to teachers** to facilitate their work in twinning activities,
- To **monitor** implemented initiatives,
- To inform about the progress of the initiative;
- To evaluate needs and propose additions.

The Permanent Working Group shall prepare an operational plan of the activities, with details on offices, responsibilities and resources.

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The parties undertake to:

- **realize dissemination initiatives** of the program "A Sea to Grow in Peace" (conferences, meetings, training activities, exchange of material, etc.) to promote and implement it;
- **set up a dedicated database**, preferably using existing archives in schools from different grades, youth centers, volunteering associations and social private sector, existing twinning activities on the territory and share the information on the net in order to multiply opportunities for meetings.
- make information, experiences and **documentation** for the program realization available on the net;
- **counsel and provide assistance** during the different steps of the program realization process and, in particular, for the submission of application forms for European funds to the European Council and other possible agencies, including national and international institutions;
- organize and hold two **meetings** to compare and evaluate the program;
- promote **moments of training**, comparison and verification of the program for different participants, and especially teachers, school executive managers and local administrators
- **link with other institutions and regional bodies** engaged in the same program through the transnational co-ordination office established at the Forum of Adriatic and Ionian Cities and Towns

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- **Italy:** Trieste (Friuli Venezia Giulia); Venice, Chioggia (Veneto); Cesenatico, Ravenna, Rimini (Emilia Romagna); Pesaro, Fano, Senigallia, Ancona, Civitanova Marche, S. Benedetto del Tronto (Marche); Pescara, Termoli (Abruzzo); Bari, Molfetta, Barletta, Brindisi, Tricase, Torchiarello, S. Pietro Vernotico, Manfredonia, Taranto (Puglia);
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Children and the Mediterranean
Conference, 7-9 Jan 2004 Genoa

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14/05/2004

Children and the Mediterranean
Conference, 7-9 Jan 2004 Genoa

***“Importante non è ciò che facciamo ...
ma quanto amore mettiamo in ciò che
facciamo... Bisogna fare piccole cose con
grande amore”***

MADRE TERESA DI CALCUTTA

14/05/2004

Children and the Mediterranean
Conference, 7-9 Jan 2004 Genoa

ABSENCE OF CHILD HEALTH CARE AS AN INDEPENDENT BODY IN JORDANIAN HEALTH POLICIES AND STRATEGIES

**Muna Herzallah
Omar Amireh**

INTRODUCTION

- Child health care is not supposed to be limited to medical care, it includes many aspects: nutrition support, adequate residence, safe & healthy environment.
- Health sector in Jordan performs well in terms of access&health outcomes.Comprehensive service delivery is reached.Overall capacity(hospital beds and physicians is high.
- Special attention was paid to child health in terms of primary health care, maternal&child health, family planning, newborns and premature births.

BACKGROUND

- The (CRC) was ratified in Jordan (1991) as an immediate reaction to the World Summit (1990) followed by the National conference of children.
- National strategy for children was developed covering (health, education, environment, culture and children with specific needs).
- (NPA) was drawn up, several committees, teams and task forces were established.
- Workshops & campaigns were conducted to raise awareness about (CRC).

OBJECTIVES

- Health strategies should adopt child health care as an independent main body in the health system.
- Community involvement in improving child health must be achieved.

CURRENT SITUATION

Achievements in Child Health Programs

- Health care services are provided through primary health centers and (MCH) centers.
 - National immunization program.
 - Post natal and antenatal care are offered free.
 - Family planning. Control of communicating diseases.
 - Nutrition and malnutrition.
 - Polio has been eradicated (no cases since 1995).
 - Health facilities were upgraded.
-
- Healthy villages project has been implemented.
 - Clinics were set up at governmental schools to provide medical services.
 - Educational courses were held on childhood & nutrition for groups of special needs.
 - A family protection project was implemented.
 - Maternity, infant & under-five mortality rates are reduced.
 - Social & Economic Transformation program (to improve the quality of government services).
 - Units of healthy environment included in science curricula of all school children.

HEALTH PROVISION IN THE CRC

State parties recognize the right of the child to the enjoyment to the highest attainable standard of health & to facilitate for the treatment of illness & rehabilitation of health. States parties shall strive to ensure that no child is deprived of his or her right of access to such health care services

State parties shall pursue implementation of this right & take appropriate measures:

- To diminish infant & child mortality.
- To insure necessary medical assistance & health care to all children.
- To combat disease & malnutrition.
- To ensure pre_natal & post natal health care.
- Support in the use of basic knowledge of child health, nutrition, hygiene, environment sanitation & prevention of accidents.
- To develop preventive health care.

Health Sector Study (World Bank)

The reforms in the adult & child health areas could lead to significant reductions in Jordan's burden of illness & improve overall health status. The study specified maternal & child health reforms through improving antenatal & delivery services:

- Adapting WHO/UNICEF approach to the standards of childhood illness.
- Eliminating disparities in MCH outcomes.
- Improve family planning services.
- Providing (IEC) programs.

National Youth Survey (UNICEF):

Reveals that shortage of facilities for leisure time, cultural & sporting activities.

The study on knowledge, attitudes & practices of basic life skills (UNICEF):

Revealed that women & children were often the victims of the violence in the home.

PROBLEMS TO BE ADDRESSED

- All previous actions for the sake of improving childhood conditions considered the health aspect as a field of medical care concentrating on curative & preventive medicine, illness, reducing children & infant mortality rate, in addition to:
 - Environmental health limited to: clean water, reduced air contamination & proper sanitary waste
 - School health limited to: vaccination, nutrition, medical check up & health education.
-
- Antenatal & delivery services.
 - Family planning & MCH care.
 - Child accidents.
 - Children social & psychological needs translated in employing student counselor in schools.
 - Concepts of child health care in terms of environmental, social, psychological & school health are limited within certain aspects.
 - Child health care is not adopted in the health policies & strategies as an element having its own identity (which is the case in many neighboring countries).

- In spite of the enormous efforts spent on improving the health status of the population which affected also children health & the progress Jordan has made in childhood development, childhood policies & strategies didn't fully meet children's special health needs.
- Health policies, child policies & strategies dealt with this issue as part of many issues, and didn't consider it as an independent element which has special nature, needs special considerations and has to be dealt with as a sensitive area in the health care system.

METHODS AND IMPLEMENTATION

Methods of implementation must be realistic, achievable and applicable.

Actions on national level:

- All official institutions should be involved & participating in defining national child health policies & strategies (can be formulated in a national conference)*

- Such conference will be of great benefit in strengthening the country's child health policies as a national event which take place for a certain purpose and not only to find ways to implement what was agreed upon in international events.
- Once these strategies are adopted & approved they must be applied in all fields, and addressed in all national plans.
- National awareness campaign must be organized to attract people from all social levels to participate in improving child health care.
- Allocating funds to proceed with all activities.

Actions on sectorial level:

- All involved parties should cooperate to achieve national plans in all fields affecting children health.
- These plans should be translated in to programs after exploring needs assessment in different sectors.
- To ensure successful programs, sectors should conduct pre studies, specialized workshops and seminars.
- Such activities must cover all related topics:

Environmental:

- Attention should be paid to all surroundings which have direct effect on the child&his health.
- Safe & healthy environment in the neighborhood must be reached.
- Responsibility of planners and designers is to provide special areas for children within the urban issue of the where children can play, learn & communicate easily & safely.
- Pleasant atmosphere can be created in the design.
- Community also has an input by arranging essential requirements for children (cleaning, reserving certain level of hygiene, providing care & security).

Social:

- Social health is essential and has great influence on children's behavior. Helping by providing shelter, food & medicine is not enough.
- In urban planning, facilities for social communication for children should be distributed within the urban design, healthy child social life affects the child himself, parents&people related to him.
- Society has an important role in this regard, by providing supervision, advice & self confidence.

Educational

- School health is doing well in terms of medical checkups, vaccination & minor treatments.
- In addition to hygiene, the design of the school should meet children's needs, consider safety conditions in the process of planning & design.
- Successful designs can create enjoyable, pleasant & comfortable environment for all.
- Locations of schools within the urban design make it possible for the community to help in maintaining healthy & relaxing atmosphere.

Economical and Psychological:

- Additional programs for improving economical status will improve the quality of life for children which leads to healthy life.
- All other factors affects child psychological health.
- Maintaining children's psych. Health needs concentration on other factors in addition to psychological treatment if needed.

Actions on health sector level:

- Governmental & private health institutions should cooperate to raise children health to higher level, by implementing the approved policies.
- The Higher Health Council has a major role in uniting the efforts of different health parties.
- Health programs must be designed to meet the general health policies, after conducting special health studies.
- Projects must be implemented (including many activities directed towards improving child health

Activities under the projects:

- Improving existing health facilities to meet the new requirements, considering the special needs: safe, open, has access to community, accessible, comfortable and healthy environment.
- Special designs to suit children in the health facilities (in government. Institutions & emergency dept.)
- Health education (home & school accidents, child up use, school health, nutrition & hygiene).
- Establishing health education unit in each health facility (having health plan, qualified health educators with specific job description).
- PROGRAMS & PROJECTS EVALUATION PLAN*

RISKS

- Agreements & cooperation between different health parties are not easily reached.
- Community may not accept its participation in a large scale in health programs & activities.
- Sustainability of long term health plan.
- Delays in implementation of projects activities.
- Availability of financial resources.

RESULTS

- Health management policies in all sectors recognize child health care as an important part in the health care body.
- Health facilities are rehabilitated with specially developed specifications & conditions to accommodate the new concept.
- Special medical staff is well trained & applying the new strategy with the aid of the community.
- The community is participating in the new trend.
- Child health is improved in all aspects*

CONCLUSIONS

- Improving child health is not limited to curative & preventive medicine.
 - Efforts in all levels must gather to identify child's health policies & to include it in national policies.
 - Results of programs & projects (upgraded facilities & trained medical staff) will make the health management capable to cope with the new system
 - Success in improving child health care on this scale depends strongly on the participation of the community & stressing on the importance of its role.
-
- Child health care will reach a distinguished level in Jordan, which might lead other neighboring countries to experience the new trend.
 - Adopting such policies will make urban planners & health planners consider health issues in the planning process.
 - The new changes when adopted and implemented will have a major direct impact on the children's health in all its aspects.
 - Impressive success will encourage senior officials & decision makers to sustain child health policies, support continuation & financing of the related activities.

ADOLESCENT SUICIDE ATTEMPTS IN ZONGULDAK/TURKEY

Ocakci A, Partlak N

E5

WORKSHOP V

ABSTRACT

In our era as long as societies develop and change rapidly in terms of social, economic, cultural and technological sides, conditions that create stress increase. In parallel psychological depressions and suicide behaviours increase in threatening levels. Individual can show intention to suicide behaviour in his/her problematic or hard period of living also with other additional factors. When definitions of suicide are examined, the common point according to Durkheim and Delmas is, individuals' choice of death in other words killing oneself, although a reasonable and intelligent person can make a choice between life and death. Suicide attempt does not result in death, its aim is to damage oneself. The purpose of suicide attempt can be threat or a real demand for death or to draw attention. Nevertheless, It points out that there are problems and difficulties in the harmony of lasting relationships

Method: The purpose of this research is to examine the family functionality of the bachelors between 15-24 ages living in Zonguldak/Turkey City Centre and attempted suicide in 2001. The study was proposed with 42 bachelors between 15-24 ages who are living in Zonguldak City Centre and attempted suicide in 2001.

Results: In the group there were 34 (80,95) girls, 8 (19,05) boys. The average age was $X=19,1$ ($SS = 4,12$). The proportion of singles in the group was high (33, % 78,6). 19 (45,7) of these were not working, and 15 (35,8) were working free, and 8 (18,5) of them were students. 36 (85,7) of the ones who attempted suicide were from nuclear family, 6 (14,3) of them were from crowded family and there were none from broken families. Only 15 (35,7) of the group got psychiatric treatment before the attempt but 27 (64,3) did not get any treatment before the attempt.

Conclusion: Family should be taken into consideration while working with bachelors who attempted suicide.

Key words: Suicide attempts, Adolescent suicide attempts.

Introduction:

In our era as long as societies develop and change rapidly in terms of social, economic, cultural and technological sides, conditions that create stress increase. In parallel psychological depressions and suicide behaviours increase in threatening levels. Individual can show intention to suicide behaviour in his/her problematic or hard period of living also with other additional factors (Tugcu, 1996). When definitions of suicide are examined, the common point according to Durkheim and Delmas is, individuals' choice of death in other words killing oneself, although a reasonable and intelligent person can make a choice between life and death. Suicide attempt does not result in death, its aim is to damage oneself. The purpose of suicide attempt can be threat or a real demand for death or to draw attention. Nevertheless, it points out that there are problems and difficulties in the harmony of lasting relationships (Palabiyikoglu, Oral, Binici, Haran).

It is determined that suicide attempts of women are more than men', and when occupation is con-

sidered students are on the top line. Besides when age is taken into consideration it is found out that especially 15-24 age group is risky (Tugcu, 1996).

In the last 20 years deaths due to suicide among bachelor and early adulthood group is drawing attention. This situation brought suicide behaviour to public health problem level. In western countries deaths due to suicide among bachelor age group have increased explicitly. Although we are among the countries where suicide speed is low, in the last years suicide behaviours are increasing in our country. Bachelors form the great part of these attempts, and bachelors have great risk considering suicide behaviour (Suvarli, 1995, Sayil, 1992).

Bachelorhood period is a transition term from childhood to adulthood which includes biological, psychological, intellectual and social developments and maturity. Stanley Hall used the term “bachelorhood” for the first time in 1904 and brought up the matter that this period is a separate phase in human beings’ development. In Latin this term means “developing” and it is defined as: a period which starts with sexual and psychological maturity caused by physical and emotional processes. The individual acquires his/her independence and social productivity. It is also a chronological period that ends in a not very definite time and characterised with quick physical, psychological and social changes.

Bachelorhood is known as a period in which individual resources are pushed and a period that requires the adult to achieve hard developing duties and responsibilities to gain his/her identity. In developing a healthy personality the support of family and friends is very important for the young (Güner, 1996).

The most important reasons that urge and annoy the young are having conflicts within the family and not getting on with parents. During bachelorhood period family support is necessary for psychological development and it protects the psychology. It is stated that if the bachelor is not satisfied with family support s/he can desperately tend to suicide (Gidiş, Kaya, 1997).

A research by Martunen proved that bachelors who attempted suicide between 13-19 ages had weak family support. Moreover, it is determined that a year before the suicide they had intensive prolonged and chronic stress (Suvarli, 1995).

Palabiyikoglu and Ark (1993) made a research by using Family Functioning Assessment scale to investigate family functioning of bachelors who attempted suicide. The result of the research showed that bachelors who attempted suicide, experienced problem solving and communication dimensions worse than normal bachelors.

Another striking point is that in Zonguldak the number of suicide and suicide attempts were 21 in 1994. However especially in 2000 this number rose to 146 and to 117 in 2001. Also suicide among bachelors between 15-24 ages was high and family functionality was an encouraging factor of suicide.

The purpose of the research

The purpose of this research is to examine the family functionality of the bachelors between 15-24 ages living in Zonguldak/Turkey City Centre and attempted suicide in 2001.

METHOD

It was a descriptive investigation that considered the aim of examining the family functionality of the bachelors between 15-24 ages living in Zonguldak City Centre and attempted suicide.

The nature of the research includes bachelors between 15-24 ages living in Zonguldak City Centre and attempted suicide in 2001. Data taken from Zonguldak Directorate of Public Security showed that 62 people attempted suicide in 2001.

The purpose of the research is to reach the whole nature of the research. 42 adolescent who attempted and 42 family member were reached. It is found out that 10 people refused to join the investigation and 10 people moved out of Zonguldak.

People Attempting Suicide (n=42): The study was proposed with 42 bachelors between 15-24 ages who are living in Zonguldak City Centre and attempted suicide in 2001. In the group there were 34 (80,95) girls, 8 (19,05) boys. The average age was $X=19,1$ ($SS = 4,12$). The proportion of singles in the group was high (33, % 78,6). 19 (45,7) of these were not working, and 15 (35,8) were working free, and 8 (18,5) of them were students. 36 (85,7) of the ones who attempted suicide were from nuclear family, 6 (14,3) of them were from crowded family and there were none from broken families. Only 15 (35,7) of the group got psychiatric treatment before the attempt but 27 (64,3) did not get any treatment before the attempt.

Data Collection Tool and Features

An inquiry form having two parts was used to collect data from the individuals who joined the research. Researchers prepared this inquiry by examining related literature; the first part of the inquiry includes demographic data and psychiatric treatment conditions of the ones who joined the research.

In the second part, Family Assessment Scale, which McMaster developed from family functions model was used. The scale includes 60 articles, which measures family functions in 6 dimensions. All family members and guinea pigs themselves are asked to evaluate family functions out of four choices.

Family Assessment Scale (FAS) can be applied to all members of the family over 12 years old; it includes seven sub scales such as Problem Solving (PRS), Communication (C), Role (R), Giving Emotional Reaction (GER), Showing Necessary Interest (SNI), Behaviour Control (BC) and General Functions (GF). The highest score obtained from the scale is 4. High score indicates corrupted function. If the score is 2 or higher this indicates that family functions are perceived badly. Family score can be obtained through the average score of all family members.

Epstein and Miller's study talks about the psychometric features of Family Assessment Scale, in this study it is stated that FAS's sub scales show inner consistency (.72-.92) and has sufficient test recurrence test validity (.66-.76). Also it has a medium level relation with other family function scales, however it shows lower correlation in terms of social demand.

The scale's adaptation study in our country done by Bulut (1990). Reliability study was examined in terms of inner consistency and score stability. Sub scale's Cronbach-alpha coefficient change between 0.38 and 0.86. The scale does not have a total score, for this reason correlation of test recurrence test calculated by Pearson Moments Multiplication for each sub scale. The lowest correlation coefficient given for sub scales was 0.62 and the highest was between 0.90. The structural validity in the scale's validity study was investigated through groups who were in divorce period and who were not, and who had psychological disease and who had not. The scale distinguishes between the groups at significant level. The scale's harmony validity was done by applying both scales to 25 married couples in considering the Marriage Life Scale. The correlation coefficient is 0.66 and it is calculated by general functions sub scale. These findings showed that the psychometric features of the scale is at sufficient level (Bulut, 1990).

Dependent and Independent Variables of the Research

Independent variables of the research are demographic data and condition of getting psychiatric treatment of the individuals who join the research. The research's dependent variables are the scores obtained from the Family Assessment Scale.

Data Collection

The research was done between 10 December-10 March. Researchers went to the individuals, who form the sample. They meet them face to face to collect data. Necessary permission to apply the research was taken from Zonguldak Governorship. While visiting homes a civil vehicle allocated by Zonguldak Directorate of Public Security was used.

Evaluating Data

Researchers evaluated collected data by using statistical methods. "t" test was applied while evaluating data.

RESULTS

Table.1 2001 Year Socio-Demographic Features of Bachelors Attempting Suicide Between 15-24 Ages Living in Zonguldak City Centre (n=42)

The Ones Attempting Suicide(n=42)	n	%
<u>Age</u>		
15-18	16	38,10
19-21	15	35,70
22-24	11	26,20
<u>Gender</u>		
Woman	34	80,95
Man	8	19,05
<u>Occupation</u>		
Free	15	35,80
Unemployed	19	45,70
Student	8	18,50
<u>Family Structure</u>		
Nuclear	36	85,70
Crowded	6	14,30
<u>Condition of getting psychiatric treatment</u>		
Got treatment	15	35,70
Didn't get treatment	27	64,30
<u>Total</u>	42	100,00

Families of the Ones who Attempted Suicide (n=42): These are family members of 42 bachelors living in Zonguldak City Centre between 15-24 ages and attempted suicide in 2001. In the group there were 29 (69) women, and 13 (31) men. 11 (26,2) of family members are of 15-24 age group, 15 (35,7) are of 25-34 age group, 16 (38,1) of them were 35 and above. 35 (83,3) of the family members got psychiatric treatment but 7 (16,7) of them did not get treatment. 19 (45,2) of the family members were mothers, 13 (31) of them were siblings, 7 (16,7) of them were fathers and 3(7,1) of them were husband and wives.

Table.2 2001 Year Socio-Demographic Features of Families of Bachelors Attempting Suicide Between 15-24 Ages Living in Zonguldak City Centre (n=42)

Family Members of the Ones Attempting Suicide (n=42)	n	%
<u>Age</u>		
15-24	11	26,20
25-34	15	35,70
35 and above	16	38,10
<u>Gender</u>		
Woman	29	69,00
Man	13	31,00
<u>Condition of getting psychiatric treatment</u>		
Got treatment	7	16,70
Didn't get treatment	35	83,30
<u>Closeness to the one who attempted suicide</u>		
Mother	19	45,20
Father	7	16,70
Sibling	13	31,00
Husband and wife	3	7,10
<u>Total</u>	42	100,00

In Table 3, features peculiar to suicide attempts of the bachelors who attempted suicide were given. It was the first attempt of 32 (76,2) bachelors who attempted suicide. 41 (97,6) of them preferred to take pills as a method of attempt. 17 (40,5) of them stated inability to get on with family members, 7 (16,7) of them mentioned boy-girl relationship problems and 18 (42,9) of them stated depression and boredom as their reason of suicide attempt. Only 16 (38,1) of them got psychiatric treatment after suicide attempt but 26 (61,9) of them did not get treatment.

Table.3 2001 Year Features Peculiar to Suicide Attempts of Bachelors between 15-24 ages Living in Zonguldak City Centre and Attempted Suicide.

Features Peculiar to Suicide Attempts (n=42)	n	%
<u>Number of attempts</u>		
1	32	76,20
2-3	8	19,00
4-6	2	4,80
<u>Method of attempt</u>		
Medicine	41	97,60
Cutting	1	2,40
<u>Reason of attempt</u>		
Inability of getting on with family members	18	42,80
Boy-girl relationship problems	7	16,70
Boredom-Depression	18	40,50
<u>Condition of getting psychiatric treatment</u>		
Got treatment	16	38,10
Didn't get treatment	26	61,90
<u>Total</u>	42	100,00

In Table. 4 the average scores peculiar to bachelors between 15-24 ages and their families who live in Zonguldak City Centre and attempted suicide in 2001 from family assessment scale are given. The scores of the bachelors who attempted suicide were 2 and above from 7 sub scales of family functionality. This shows that bachelors perceived some of the family dimensions badly such as problem solving (2,6452), communication (2,4857), roles (2,2738), giving emotional reaction (3,0024), showing necessary interest (2,1929), behaviour control (2,2238), general functions (2,0857). On the other hand, family members who attempted suicide got 2 and above only from showing necessary interest (2,1476) dimension of family functionality sub scales. The average scores of the bachelors and family members are compared with the "t" test. A meaningful statistical difference is found in giving emotional reaction dimension of the sub scales that bachelors who attempted suicide perceived this dimension more negatively than family members. There is no meaningful statistical difference between family members and bachelors considering the other sub scales.

Table. 4 Average Scores from Family Assessment Scale of Families and Bachelors between 15-24 ages Living in Zonguldak City Centre and Attempted Suicide in 2001.

Sub Scales	The ones Attempted Suicide(n=42)		Family Members (n=42)		t
	X	SS	X	SS	
PRS	2,6452	2,6799	1,6595	,4834	,107
C	2,4857	,6323	1,7214	,4852	,397
R	2,2738	,6298	1,8524	,5865	,466
GER	3,0024	2,9133	1,8024	,6123	,031
SNI	2,1929	,5488	2,1476	1,5423	,275*
BC	2,2238	,5432	1,8976	,4980	,864
GNF	2,0857	,7189	1,6714	,5794	,265

* $p < 0,05$ meaningful in meaningfulness level.

DISCUSSION

In Table.3 it is understood that it is mostly the first suicide attempts of the bachelors and most of them took medicine as a method of suicide attempt. This result is in parallel with literature. In the studies done, it is stated that bachelors mostly took medicine and attempted suicide and it is recognised that it is mostly the first suicide attempts of the ones in the research group (3,4,5,7,8,9,10). The bachelors who attempted suicide mentioned their inability to getting on with family members. The following reasons are boredom-depression and their problems with their boy-girl friendships. In the studies done it is found out that the most common reason for suicide attempts are lack of communication and conflicts in the family (3,4,7,10).

In Table 4, it is understood that bachelors who attempted suicide, perceived family functionality negatively in all 7 sub scales. However, family members who attempted suicide only perceived 'showing necessary interest' dimension negatively. While perceiving family functionality of both groups, a meaningful statistical difference is found among sub scales which is 'giving emotional reaction' dimension. (* $p < 0,05$) It is supported with so many studies that in suicide attempts there were problems related to individuals' families. From these studies it is understood that the individuals who

attempted suicide, perceived lack of support, tolerance, love and interest in their families. Also, it is determined that there is lack of communication and role conflicts in the family and difficulty in problem solving (2,4,12,13).

SUGGESTIONS

1. Nurses, who made study on protective spiritual health field, should evaluate bachelors as risky group in terms of bachelors' spiritual health and educate their families on characteristics of adolescent period.
2. Nurses, who work with bachelors, should make education planning for bachelors and families considering interior family relationships and communication.
3. Nurses, who study on school health field, should observe behavioural changes of bachelors and they should also direct the bachelors to suitable treatment fields if they tend to suicide.
4. Family should be taken into consideration while working with bachelors who attempted suicide.

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AJIALOUNA'S SCHOOL HEALTH PROGRAM

E5

WORKSHOP V

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OUTLINE

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A. Historical Background

B. An overview of the School Health Program

II. Socio-Demographic and Health Related Characteristics of Currently enrolled Students,2002-03.

A. Demographic and Socio economic Characteristics

B. Problems Detected during the 2002-03 Initial Physical Screening

Examinations Conducted in Schools

C. Visits and Diagnosis Outcomes within the clinics: Cost Considerations

III. Trend Analysis: 1995-1996 until 2002-03

IV. Interventional and Constructional Activities

V. Future Prospects

AJIALOUNA'S SCHOOL HEALTH PROGRAM

Abla Sibai

E5

WORKSHOP V

I. INTRODUCTION

A. Historical Background

In every community and country, children are the most important natural resource. They must be at the very heart of 'development'. Their well being, capabilities, knowledge and energy will determine the future of villages, cities, and nations around the world.

School health programs are one of the most efficient means and cost effective way of shaping our nation's future health, education, and social well being, since young people are in schools five days a week during the school year. Moreover, schools can help promote the health of staff, families, and community members.

Based on a strong belief that a sound mind is in a sound body and that the civil society can play a crucial role in raising healthy and educated generations, Ajialouna through its School health program, provides students with appropriate health care that promotes a healthy body and a sound learning environment.

The School Health Program was launched during the academic year 1995-96. Initially, with seven elementary public schools, and one district-based clinic, the program provided a variety of primary and secondary services for the students enrolled in these schools. Then, gradually the program developed and expanded its services to include, in this academic year (AY) of 2003, 4 district-based clinics, and one out-patient department in the city of Beirut, in addition to two clinics in Tripoli covering a total of 10,000 students. In addition, it offers educational programs and activities that target the students, families and staff.

B. An Overview of the School Health Program

At the beginning of each academic year, students undergo routinely a screening or a general physical exam by a family physician or a pediatrician. When a certain health problem is detected, the student is referred to the school-based district clinic, which is open throughout the academic year. In these clinics, the student is again examined by the physician and, referred to a specialist, in case of need. The school-based district clinics also receive students suffering from other health problems that may occur during the academic year. Some are treated within the clinics and given appropriate medications on site; others are referred for further evaluation by specialists, lab tests or X-rays (See **Flow-chart 1**).

A student may visit the school-based district clinic more than once for a certain single ailment or for more than one ailment or diagnosis. It is noteworthy here to mention that Ajialouna bears the burden of all expenses of the Program, both in schools, clinics and hospitals (if the Ministry of Health covers a share of the bill, Ajialouna takes in charge the difference).

In addition, to screening the students to promote a healthy body, Ajialouna assess the students' knowledge, attitude and behavior regarding major health problems. Assessments are usually done by utilizing questionnaires.

The following report presents the results of analysis of the data, socio-demographic and medical, collected for the students enrolled during the academic year **2002-2003**, the services provided, and ends

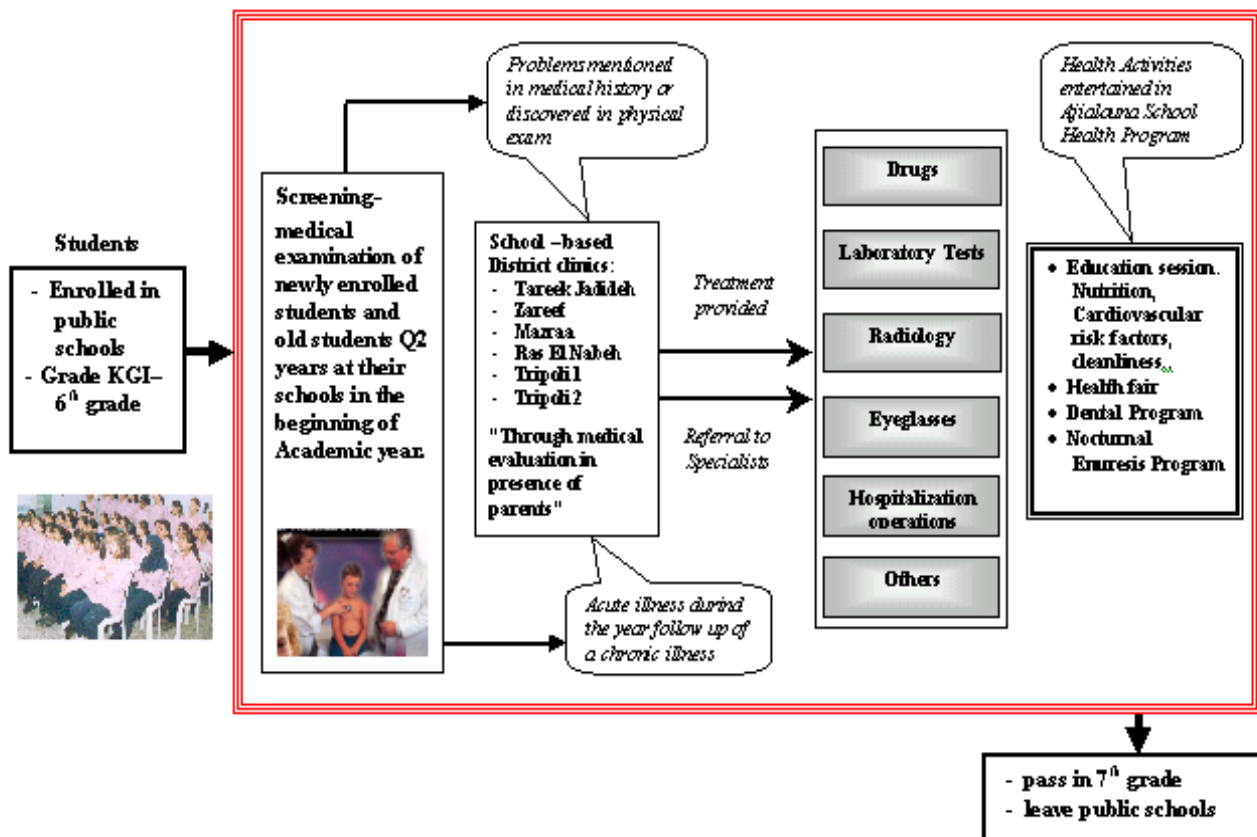
with an overview of other public health efforts and interventional activities conducted by Ajjalouna since its inception in 1995-96.

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WORKSHOP V

Flowchart 1:

Flow Chart Ajjalouna School Health program



II. Socio-Demographic and Health Related Characteristics of Currently enrolled Students. 2002-03

Demographic and Socio-economic Characteristics

Overall, 9,274 students distributed in 42 schools were enrolled in Ajjalouna School Health Program in the AY 2002-03. The program delivers its services primarily through six school-based district clinics, four in Beirut and two in Tripoli, two dentistry clinics and one outpatient department in Beirut.

Fig 1 : Percent distribution of student currently covered by Ajialouna School Health Program by school based district clinics, 2002-03.

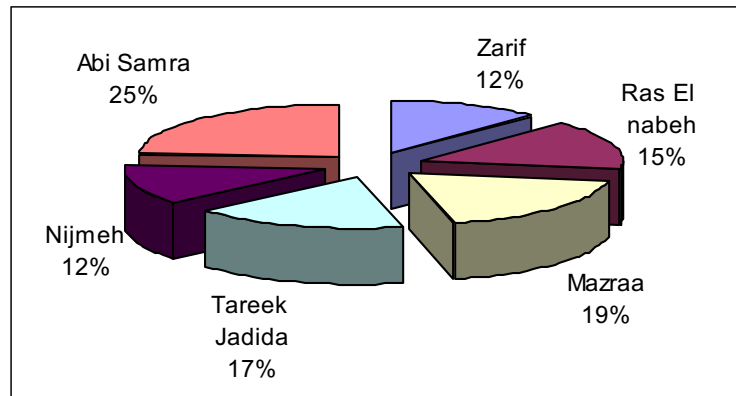


Fig 2 : Number of currently covered students by schools district and sex, 2002-03.

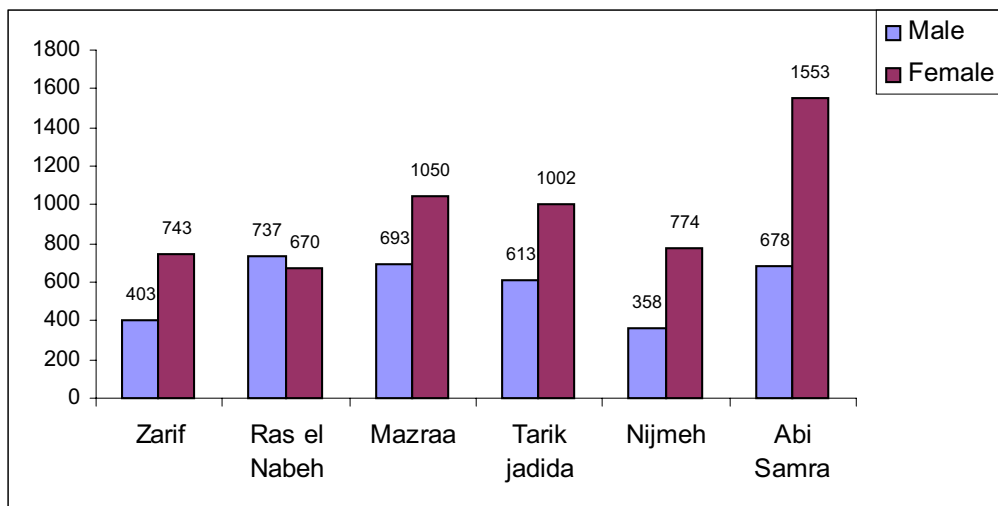


Table 1a presents the socio demographic characteristics of students according to district clinics. Overall, more females (62.5%) than males (37.5%) were enrolled with the majority (53.5%) being between the ages of 8 and 12 years of age.

Table 1a :Socio-demographic characteristics of currently enrolled student, 2002-03.

Socio-demographic characteristics	School-based district clinic						All	
	Zarif	Tarik jadida	Mazraa	Abi Samra	Ras El Nabeh	Nijmeh	No.	%
Sex								
Male	403	613	693	678	737	358	3,482	37.5
Female	743	1002	1050	1553	670	774	5,792	62.5
Birth cohort								
< 1995	380	586	714	965	571	391	3,607	38.9
1990-94	636	929	923	1070	759	646	4,963	53.5
1985-1989	130	100	106	196	77	95	704	7.6
Nationality	1146							
Lebanese	800	1342	1377	1996	1162	915	7,592	81.9
Syrian	172	102	186	49	122	47	678	7.3
Palastinian	15	24	23	17	28	5	112	1.2
Other	159	147	157	169	95	165	892	9.6
Grade								
KG								
KG I	63	76	146	149	92	20	546	5.9
KG II	90	135	170	204	124	30	753	8.1
Elementary								
1 st	110	194	215	287	206	182	1,194	12.9
2 nd	136	211	215	230	183	193	1,168	12.6
3 rd	151	229	197	220	179	184	1,160	12.5
4 th	188	306	303	412	219	233	1,661	17.9
5 th	180	236	267	362	216	165	1,426	15.4
6 th	228	228	230	367	188	125	1,366	14.7
Total	1146	1615	1743	2231	1407	1132	9274	100

Household characteristics present a reflection of students' socio-economic status and are presented across different school districts in **Table 1b**. These, however, were not recorded for students in Tripoli and for some of the students in Beirut. Results show that around 12.4% of children were living in households where either the parents were divorced, separated or one of them was missing.

Table 1b: Household characteristics of currently covered students by school-based district clinics, 2002-03.

Household characteristics	School - based district clinic						All	
	Zarif	Tarik Jadida	Mazraa	Ras El Nabeh	Abi Samra	Nijmeh	Nb	%
Parental Status								
Married	569	909	1151	746	1004	396	4775	87.6
divorced	22	49	53	33	35	18	210	3.9
Separated	12	22	20	13	6	5	78	1.4
Second marriage	41	44	45	55	46	28	259	4.8
Death of parent (S)	13	32	32	17	19	14	127	2.3
Crowding index								
< 1 person / room	59	99	128	127	269	44	726	11.0
1 person / room	70	121	153	121	206	50	721	10.9
1,1 - 2 person / room	334	564	639	564	588	341	3030	45.9
2,1 - 4 person / room	260	363	326	363	217	188	1717	26.0
> 4 person / room	75	85	85	85	36	37	403	6.1
Covered health insurance								
yes	245	426	468	395	370	94	1998	21.5
No	502	833	947	758	954	486	4480	48.3
unknown	399	356	328	254	907	552	2796	30.1
Type of insurance								
NSSF	170	222	246	242	221	47	1148	57.5
Work related insurance	34	126	134	70	23	19	406	20.3
Military related insurance	4	12	15	5	25	8	69	3.5
employee cooperative	6	12	10	11	13	10	62	3.1
Private insurance	19	17	37	25	4	4	106	5.3
Insurance(not defined)	12	37	26	42	84	6	207	10.4
Drinking Water								
% yes	684	856	1186	942	1331	598	5597	60.4

Crowding has been shown to have adverse physical and psychological health effects. It is best measured by the household density index computed as the number of persons residing in a household over the number of rooms (excluding kitchen and bathrooms). Among Ajialouna's students, this index was observed to be highly elevated. Around 32.1% of children, for whom household characteristics data were recorded, were living in households with crowding indices exceeding 2.1 persons/room and only few 11%) lived in relatively spacious households (≤ 1 person per room). Among students who reported coverage by some sort of health insurance scheme ($n = 1998$), around 58% were NSSF beneficiaries and a good proportion reported coverage by work-related insurance (20.3%).

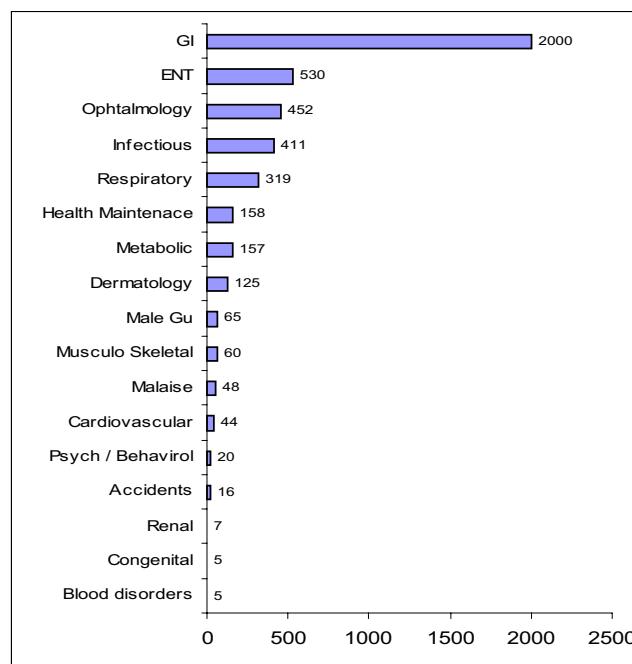
B. Problems Detected during the 2002 Initial Physical Screening Examinations Conducted in Schools

At the outset of each academic year, students undergo routinely a screening exam by a family physician within each school covered by Ajialouna. The results of this screening exam for the AY 2002-03 are presented in Figure 3 in descending order of prevalence. Because a single student may be suffering from more than one health condition, the numbers in this bar diagram represent health condi-

tions rather than number of students. Overall, 6,662 students underwent the screening and, 4,422 health conditions were detected, representing an average of 7 conditions detected in each of 10 students screened.

Almost half of these conditions (no. = 2000, 45%) pertained to the Gastrointestinal Category. Such a high percentage can be explained by the diverse conditions that are grouped under the umbrella of gastro-intestinal problems such as diarrhea, constipation, abdominal pain, nausea/vomiting, tooth diseases and liver problems. Excluding GI health conditions, ENT conditions ranked first in terms of prevalence, followed by eye problems, infections, and respiratory conditions.

Figure 3: Health conditions detected during the 2002 initial screening examinations conducted in schools.



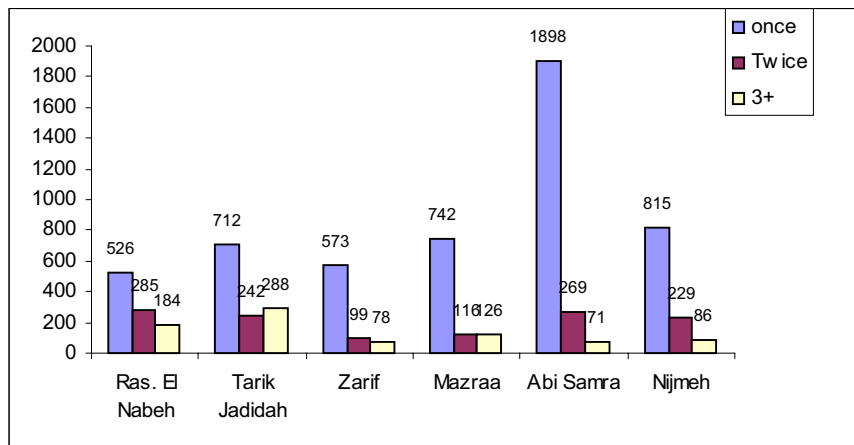
C. Visits and Diagnosis Outcomes within the Clinics: Cost Considerations

During the AY 2002-03, a total of around 2,804 students visited the school-based district clinics at least once. However, for one condition, a student may use the services of the district clinic more than once. The distribution of students by frequency of visits is presented in Figure 4. The number and frequency of visits are of prime importance as such a presentation allows us to estimate how and where costs of the program are incurred. For some clinics (such as that of Tarik Jadida), multiple utilization by the same student was noted to be higher than others (**Figure 4**). Variations in the use of the clinic may either reflect inappropriate overuse of health services, in particular when services are given totally for free, or may be the result of more serious conditions diagnosed within the geographical proximity of that clinic.

Out of these visits, the total number of health conditions diagnosed at the district clinics amounted to 3,762 (**Table 2, Figure 5**). These conditions are grouped under broad categories of disease entities according to the ICD-10 classification manual. A major share of the diagnoses was triggered by

respiratory conditions (26.3%). This was followed by ophthalmology problems (15.3%). ENT (11.9%), gastrointestinal (9.9%) and infections (9.5%). Dermatology and genitourinary problems were also important in terms of disease burden, accounting respectively for 6.2% and 2.9% of the diagnosed problems.

Fig 4: Number of currently covered students who were examined in school based district clinics by frequency of examination and district, 2002-03.



Note: The dramatic increase in Abi Samra is due to the fact that it is a new clinic.

Fig 5: Percent distribution of visits to school based district clinic by class of disease diagnosed, 2002-2003.

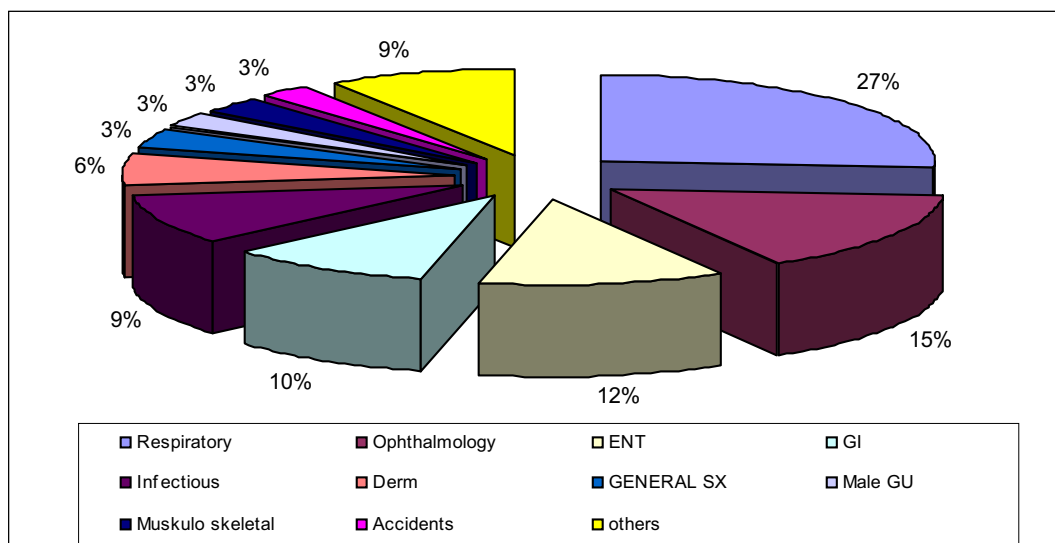


Table 2 : Number of diagnosis at Ajialouna's school based district clinics, 2002 –2003.

Visits to Ajialouna	School Based District clinic (No.)						Total	
	Zarif	Tarik Jadida	Mazraa	Ras. El Nabeh	Abou Samra	Nijmeh	Total	%
Respiratory	100	425	255	171	30	7	988	26.3
Ophthalmology	128	222	97	121	3	4	575	15.3
ENT	72	153	110	100	9	4	448	11.9
GI	65	144	78	54	8	24	373	9.9
Infectious	37	87	81	62	47	42	356	9.5
Derm	12	74	56	50	28	13	233	6.2
GENERAL SX	8	41	36	21	5	11	122	3.2
Male GU	11	52	18	23	2	3	109	2.9
Muskulo skeletal	4	32	5	6	23	35	105	2.8
Accidents	9	31	26	20	7	4	97	2.6
Metabolic	18	17	19	30		1	85	2.3
Blood disorders	25	22	12	3	3	8	73	1.9
Neuro	6	25	15	18	3	4	71	1.9
Renal	6	15	12	11		8	52	1.4
Cardiovascular	4	13	6	19	1	2	45	1.2
Others				12			12	0.3
GYN	1	6	3			1	11	0.3
Congenital		2		1			3	0.1
Psych/Behavioral		2			1		3	0.1
ABNORMAL RESULTS		1					1	0.0
	506	1364	829	722	170	171	3762	100.0

Students diagnosed as positive for a certain disease in the school-based district clinic are either offered medication on-site or referred outside the clinic. Until now, five specialty clinics have been established in Ajialouna, a Dental care, Dermatology, ENT, Endocrinology and Ophthalmology Clinic. Relevant diagnosis were referred to these clinics either directly based on the results of screening examinations at the outset of the AY or following the visits made to the district clinics during the year. Referrals may take the form of providing certain devices (mainly eyeglasses and hearing aids), hospitalization and surgery if needed, further testing (laboratory, radiology or other miscellaneous), or referral to specialized physicians.

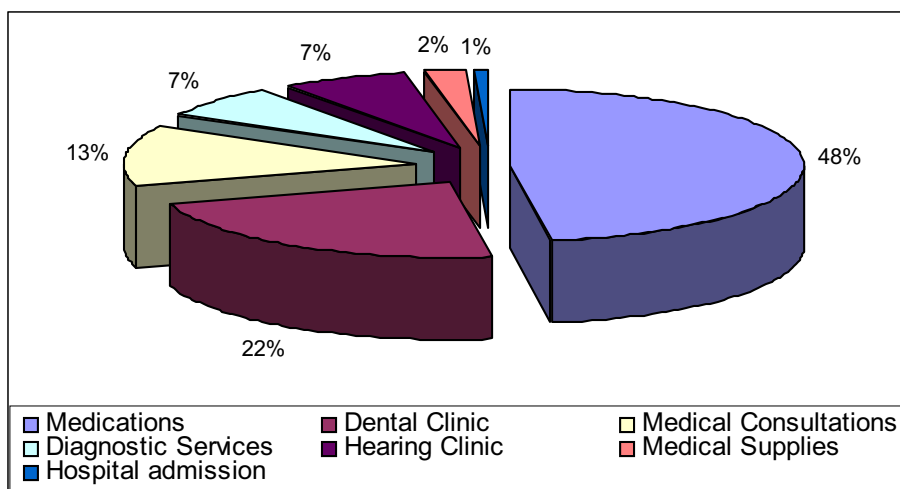
In 2001-02, the total number of visits, including visits to Ajialouna district clinics, the two specialty clinics and outside referrals, amounted to 8,341 (**Table 3, Figure 6**). Although the highest proportion of these services were offered mostly in the form of medications within the school-based (48%), a considerable proportion represented outside referrals (45.3%). The most common type of referral was for dental treatment (22.3%), followed by Ophthalmology (9.6%). It is worth noting that the total number of students referred for dental treatment (n = 1,860). The high number of students needing dental attention and treatment highlights the burden on Ajialouna if the Program were to screen all students enrolled and points to the importance of interventional activities conducted by Ajialouna

to increase awareness and knowledge of the students and the community regarding oral health. It is worth mentioning here that the cost every student incurs including the screening exam and treatment modes has decreased from 33\$ to 25\$ between 1995 and 2003. Many reasons caused this decline, namely the increase in the number of students, and volunteers including ladies and physicians, and the increase in the number of clinics.

Table 3: Number of visits (inside school based clinics and referrals) 2002-03.

	Services provided By Ajialouna	Nb	% Sub	% Total
	Type of treatment			
I	In Ajalouna Clinic (Medications)	3991	100.0	47.8
II	Hearing Clinic	573	100.0	6.9
III	Referrals outside the clinic			
	Referrals to specialists			
	Ophthalmology	799	74.1	9.6
	ENT	121	11.2	1.5
	cardiology	13	1.2	0.2
	Derma	59	5.5	0.7
	Family Med	3	0.3	0.0
	Neur	10	0.9	0.1
	Pediatric	22	2.0	0.3
	other Specialists	51	4.7	0.6
	Tests			
	Laboratory	445	76.1	5.3
	Radiology	58	9.9	0.7
	Other Tests	82	14.0	1.0
	Hospitalization / Surgery	58	0.8	0.7
	Dental treatment	1860	100.0	22.3
	Eye Glasses / Lenses	196	100.0	2.3
	Total	8341		

Fig 6: Percent Distribution of visits to school-based district clinics by type of service provided, 2002-03.



III. Trend Analysis:

The following section summarizes trends observed for the services provided by Ajjalouna School Health Program since its inception in 1995-96 until the current AY 2002-03.

The total number of students enrolled with Ajjalouna has consistently increased since 1995, starting with around 1,000 to reach a total of 9274 in the AY 2002-03 and the number is still increasing as new schools are consistently being added (**Figure 7**). With this increase in the pool of students, utilization of services became more frequent and the total number of services diversified and increased sharply from 480 in 1995-96 to 8341 this year. Furthermore, the number of services offered outside the clinics i.e. referrals, increased from 114 to 3777 during the same period. Such a trend reflects the variety of additional services Ajjalouna continues to provide, on a yearly basis, to the students enrolled.

Throughout the years, services were mostly offered within the district-based clinics, where students were treated and given medications on site (**Table 4**). As mentioned earlier, Ajjalouna launched the dental screening program in the AY 2000-01, and since then, dental services have almost doubled.

Fig 7: cumulative Number of students covered, total Number of services offered, and cases referred outside clinic between 1995-96 and 2002-03.

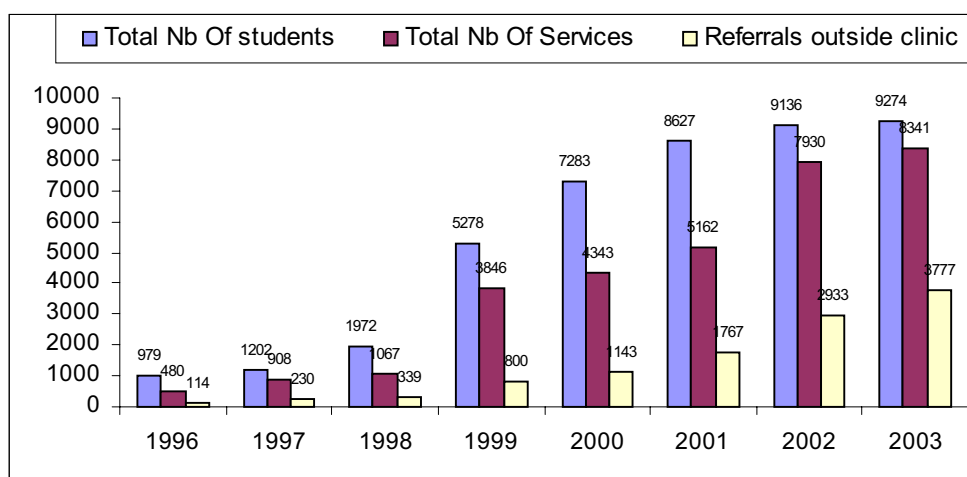


Table 4: trend in services provided by Ajialouna: number of visits made to School Based district clinic, to the speciality clinics and outside referrals, 1996-2003.

Services provided By Ajialouna	1996	1997	1998	1999	2000	2001	2002	2003	1996-2003 %
Type of Treatment									
In Ajalouna Clinic (Medications)	366	678	728	3,046	3200	2859	4534	3991	60.49
Hearing Clinic						316	387	573	3.98
enuresis clinic						220	76	0	0.92
referrals outside the clinic									
Eye Glasses / Lenses	12	31	41	139	131	163	169	196	2.75
Dental treatment	0	0	0	0	170	760	1462	1860	13.26
Hospitalization / Surgery / ER	11	15	32	29	37	53	57	58	0.91
Laboratory	31	71	104	192	306	239	511	445	5.92
Radiology	5	6	12	28	33	38	72	58	0.79
Other Tests	5	7	14	36	76	23	12	82	0.79
Ophthalmology	29	69	85	244	234	278	279	799	6.29
ENT	3	9	10	60	51	89	159	121	1.56
cardiology	4	6	8	8	15	15	19	13	0.27
Derma	3	2	17	23	30	36	53	59	0.70
Family Med							65	3	0.21
Neur							15	10	0.08
Pediatric							22	22	0.14
other Specialists	11	14	16	41	60	73	38	51	0.95
Total	480	908	1067	3846	4343	5162	7930	8341	100

Furthermore, with the recent addition of the several specialty clinics supplementary services are being provided. Laboratory testing has always consumed the largest share of outside referrals and this is attributed to the burden of respiratory problems and infections detected at initial screening and those diagnosed during the year.

One important component of Ajialouna services is screening for sight problems among the students enrolled in the schools, and the provision of free eye-glasses for those in need. The number of eye-glasses distributed increased between 1995-96 and the current AY from 12 to 196. Also, Ajialouna covered the fees incurred for hospitalizations and surgeries needed. So far, a total of 276 surgeries were undergone, most of which were done during the latter years.

IV. Interventional Activities

With the evolution of this School Health Program, new activities and programs are being offered on a yearly basis. These activities are initiated based on needs assessments and other opportunities arising during the years.

During the academic year 1997-98, Ajialouna addressed the issues of Nutrition and Personal

Hygiene through a series of lectures given to 732 students in 12 elementary public schools in Beirut. In May 1999, a health fair was organized targeting 500 students from grades 4 and 5 at 8 elementary public schools. Students listened to lectures and participated in games that focused on the following topics: health and oral hygiene, nutrition and safety at school, home and on the street. Healthy snacks and beverages as well as prizes were offered.

In the year 1999-00, Ajialouna visited classes of students aged 9-14 in all schools enrolled in the Program and exposed them to a health awareness campaign about the following topics: general hygiene, nutrition, cardiovascular risk factors and other healthy habits promoting a healthy body and environment.

Another program entitled The Always School Program which aims at increasing awareness about puberty, was first carried out in the year 2000-01 and was maintained until AY 2002-03. The program targeted yearly around 17,000 girls aged 12-15 and 1,000 mothers.

Additionally, in collaboration with the ministry of Education, World Health Organization and students from the American University of Beirut-Faculty of Health Sciences, Ajialouna launched a two-year program on 'Injury Prevention'. The first phase launched in 2000-2001, consisted of a needs assessment phase, where by safety of schools, knowledge, attitudes and behaviors of students and teachers were assessed. The second phase, the intervention phase, continued until 2002. Workshops were given to administrators and teachers from all schools, with the objective of increasing level of knowledge and awareness on injury risks factors, prevention and control, in addition to educational lectures given to the students of 4th and 5th grades of 12 schools. The third phase, the evaluation phase, started in May 2002. Questionnaires for students, teachers and administrators, and a school checklist were utilized to evaluate the program. Results revealed that the program positively affected the knowledge, attitude and behavior of students and teachers, however, the school facilities were not improved due to financial issues.

With the help of a group of dentists, Ajialouna participated in an Oral Health Awareness Program held in 20 elementary public schools in the year 2001-2002. This was a pilot test before implementing the National Oral Hygiene Campaign. The latter was launched in January 2003 after requiring 4 months of preparation. The program targeted 30,000 students of the third grade in around 450 public and private schools distributed around all geographical areas of Lebanon from February 2003 until June 2003. 15 instructors, most of which are dentists and the rest hold a health education background, were responsible to give the educational sessions to the students. Six dentists followed up the instructors. After giving the lecture, a song is then played reinforcing everything that has been previously mentioned.. The participants received hygiene kits containing pamphlets for both the students and the parents, along with a bookmark, calendar and a sample toothbrush and toothpaste. At the end of the session, drawing and knowledge contests were distributed to all the students, whereby there was a winning student from each Muhafaza in Lebanon, summing up to six winners.

To assess the impact of the sessions, a pre-test and a post-test were done on a random sample of 2800 students. The results revealed positive changes in the pupils' oral health knowledge and attitude.

Constructional activities

Ajialouna School Health Program has indeed evolved and developed since 1995 until today.

The number of schools has increased and eventually the number of students rose from approximately 1000 to 10,000 students. This increase required the establishment of 6 school-based clinics, two dentistry clinics, and an outpatient department consisting of five specialty clinics, dental care, Dermatology, Endocrinology, ENT, and ophthalmology clinic. One sign of the program's success

throughout the years manifests itself in the willingness of several national governmental and non-governmental institutions including well-established Universities in Lebanon and international organizations to collaborate and provide assistance and advice in the many activities conducted. Another positive index is the fact that parents in the community tend to insist on registering their children in schools that incorporates Ajialouna's School Health Program and this reflects their confidence in and cooperation with the program.

Ajialouna is currently offering primary health service to students and other benevolent social bodies in the community. Moreover, it is preparing to cover more services in its primary health care center such as family medicine, geriatrics, and pediatrics. All services are provided on voluntary basis.

In addition, to offering services, Ajialouna has indulged in several continuous programs such as the Dentistry program where a physician visits the 42 schools and screens the students of Grade 4. student with a certain problem is sent to the dentistry clinic to be treated. In previous years the screening exam was being done on all students in the 42 schools but due to the high costs encountered, the number of students were minimized to Grade 4 only. Another program entails an ENT physician who visits 2 schools per year and perform screening examination on all the students. If further treatment is needed, the student is either referred to the ENT clinic or to the physician's private clinic.

Ajialouna organized and contributed to the first conference on School Health in the Region in 1999 which led to the establishment of the Arab Organization of School Health and Environment (ARSHE). Ajialouna is currently preparing for the Regional Conference on School Health titled 'Promoting School Health 2020' which is going to take place in Beirut in December 2003. Ajialouna is preparing and planning for lectures and workshops that are going to be presented during the conference.

V. Future Prospects

Ajialouna's School Health Program gives a good example of an NGO that coordinates efforts with international & local agencies and governmental institutions to promote health through schools with the aim of achieving Health For All. Ajialouna's ambition is to expand its School Health Program to cover more and more schools and to expand on the type of services provided. The support of the national, regional and international organizations will always constitute the cornerstone for the maintenance and development of this School Health Program that aims at a healthy society

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Ajialouna's School Health Program

Presented by: Mrs. Nada Kutoubi

Children and the Mediterranean

Genoa, 7-9 January, 2004



I. Introduction

School health programs are one of the most efficient and cost effective ways of shaping our nation's future health, education, and social well being, since young people are in schools five days a week.

Ajialouna, a non-Governmental Organization through its School Health Program, provides students with appropriate primary and secondary health care that promotes a healthy body and a sound learning environment.

I. Introduction

- 1995-96: 7 elementary public schools, and one district-based clinic
- 2003: 42 public schools, 4 district-based clinics, and one out-patient department in the city of Beirut, in addition to two clinics in Tripoli, covering a total of 10,000 students.

Flow Chart Ajialouna School Health program

