

Your Health Is In Your Hands

Astana School Principal Encourages Students to Take Responsibility for Their Own Well-being

For Lyudmila A. Sainova, pedagogy is a family tradition. Both her parents are teachers and she has been educating junior high school students in Kazakhstan since 1983. Sainova became the principal of Astana City School #22 in 1995. In 1999, she was asked to serve on a Community Advisory Board created by AIHA's Astana/Pittsburgh partners to help guide the process of developing appropriate programs and services for the Demeu Family Medicine Center. CommonHealth recently spoke to Sainova, who shared her views on health education for children and young adults, as well as talked about her involvement with the Advisory Board.

CommonHealth: Can you tell us about School #22 and what you do there?

Sainova: School #22 is one of the largest in Astana. It has about 2,800 students who range in age from 6 to 17—that is kindergarten through the eleventh grade—and a staff of 168. The students take general education courses, as well as classes in music, art, and sports. In addition to being the principal of the school, I also teach health to ninth- and tenth-graders.

CH: Does having such a large number of students pose any particular problems for you, particularly in terms of health promotion and disease prevention?



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Lyudmila Sainova, principal of Astana City School #22, encourages a young student to share his thoughts during an awards presentation.

Sainova: Definitely. One of our biggest problems is that it is very difficult to maintain personal contact and relationships with both the students and their parents. Another is that the large number of students in each class leads to shortages of teaching aids such as films, videos, handouts, and other materials. The size also puts additional strain on our teachers.

CH: *What are you doing to overcome these obstacles?*

Sainova: First of all, we have begun restricting admission to the school to help lessen the burden of new student enrollment. We are also actively recruiting for several new health educator positions. In the meantime, some of our biology teachers have taken additional courses to provide them with the skills necessary to teach pupils about healthy lifestyles and other wellness issues. Despite these efforts, though, an inadequate supply of teaching aids continues to be a major problem for us.

CH: *Can you describe the overall makeup of the Community Advisory Board created by AIHA's Astana/Pittsburgh partners, its*

general function, and how you came to be involved?

Sainova: The whole idea behind forming the Community Advisory Board was to bring together a broad spectrum of individuals who represent different segments of the population and who have different viewpoints about what services should be offered at the Family Medicine Center. Members include medical administrators, teachers, parents, business leaders, pensioners, and other interested community stakeholders who serve as a link between Center staff and the community.

When the partners approached me back in 1999 and told me of their plans to open the Center near the school, I felt it was important for me to be involved so I could represent the interests of both my students and their parents. You see, I'm not only a teacher and school administrator, I am also the mother of two teenage daughters, so the health of children is of great concern to me.

CH: *What are some of the specific health-care needs of school-aged children that you brought to the attention of the Board and the staff of the Center?*

Sainova: I informed them that the most common illnesses among our student population are diseases of the locomotive and respiratory systems, gastrointestinal disorders, and urogenital ailments. I also stressed the importance of promoting healthy lifestyles because many unhealthy habits—smoking, alcohol consumption, poor diet, and inactivity, for example—take root during the formative years, so health education is critical for school-age children.

CH: *What are some of the health promotion activities you have implemented at your school as a result of your affiliation with the Astana/Pittsburgh partnership?*

Sainova: The school's curriculum always included some health education for students—for example, courses on healthy lifestyles were offered in the junior grades and on the ethics and psychology of family relationships in the senior grades—but our programs are much more extensive now than ever before. Early in the partnership, I visited Pittsburgh and returned with many ideas for new programs.

One example of a change we made is the addition of a children's accident prevention room, primarily to teach traffic safety to 7 to 10-year-olds. The room is equipped with a variety of traffic signs and educational posters, and we also use videos, games, and other interactive methods to help them learn.

Another example is a new program that is the result of a health assessment survey conducted of ninth- and tenth-graders. Through it we learned that the most critical issues for this age group are depression, family problems, accidental injuries, insufficient knowledge about STIs, exposure to tuberculosis,

and lack of physical exercise. This information was used to develop a series of lectures, individual counseling sessions, and group training workshops—in conjunction with the staff of the Center—to address these issues.



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Sainova: One example is our new healthy lifestyle program, which is implemented by trained specialists who use interactive methods targeted to specific age levels. Because students relate better to this age-appropriate

material, we have seen an increase of student involvement in sports and other athletic endeavors along with a decrease in smoking and drug use within the school. the efforts of medical practitioners and teachers. I call the relationship an “active collaboration” because many healthcare and education problems are interconnected. The preventive activities of the Center are supported and reinforced by our teachers who continue that work during classroom hours. Topics discussed include the prevention and early diagnosis of diseases such as tuberculosis, influenza, hepatitis, and intestinal infections. We also work together on projects such as poster competitions, informal discussion groups, and roundtables that promote healthy lifestyles. Another example of our collaboration was the creation of a volunteer organization for teens called the “Trust Club.” It gives young adults an opportunity to discuss topics that concern them—things such as interpersonal relationships, sexuality, and disease prevention—as well as the chance to give something back to the community by spending time with disabled children (for more information, see “The Trust Club: A Unique Approach to Adolescent Health,” page XX).

We also established an educational program called “My Health Is In My Hands” to encourage students in the ninth through eleventh grades to take responsibility for their own health. The goal of this program is to raise awareness about risky behavior and to establish open channels of communication with students so that they can make wise, informed decisions regarding sexual behavior and the use of alcohol, tobacco, and drugs. The didactic methods we use in this program include formal lectures and informal discussion groups.

CH: *In what other ways does the current health education program differ from the previous curriculum?*

appropriate material, we have seen an increase of student involvement in sports and other athletic endeavors along with a decrease in smoking and drug use within the school. We also now use experts from the Center, which seems to lend credence to the lessons. For instance, substance abuse counselors make a presentation and show a video that depicts the life of a teenage drug addict then encourage an open dialogue with the students. This sort of give-and-take is quite an effective learning tool.

CH: *What role does the Family Medicine Center play in these activities?*

Sainova: The opening of the Center gave me the opportunity to learn more about the health status of my pupils and to combine

CH: *Do you seek to involve the parents in any of these activities?*

Sainova: Yes, of course. Involving the parents adds another element that helps to reinforce the concept of healthy lifestyles to our students. We use a number of methods, such as individual parent-teacher meetings, consultations with a school psychologist, and group sessions during which a particular theme—disease prevention, nutrition, or exercise, for example—is discussed. These types of programs have been indispensable for keeping us connected with our students’ families.

CH: *How many of your students have participated in these programs?*

Sainova: We do have some data on that—please keep in mind that we are dealing with nearly 3,000 students so don't be alarmed by the numbers! During the 2000-2001 school year, 1,661 pupils in the fifth to eleventh grades participated in anti-smoking programs; 627 girls in the fifth to eighth grades met with the children's gynecologist; 509 students in the ninth to eleventh grades attended lectures on substance abuse; and 252 second-graders attended dental hygiene lectures.

CH: *How did the students and other members of the Astana community respond to these health promotion and education programs?*

Sainova: While some of the students—and other members of the community, for that matter—were a bit skeptical of the new methods and programs, most people were very supportive. As a member of the Advisory Board, I paid close attention to what people from the community said about the issue of health promotion and disease prevention for children. The desire to create new, modern forms of medical services was almost universal. I was also surprised by how eager the students were to learn more about health issues, whether it was through lectures or other events.

CH: *What is the most important advice related to health and wellness that you give to your students?*

Sainova: That's easy: Take care of yourself! Your health is in your own hands and it is your responsibility to safeguard it by making wise lifestyle choices. Many of our diseases are caused by medical "illiteracy" and laziness in matters of prevention. ■