

There Is a Complementarity Between the Role of the Family and That of the School in the Education: Health Education for Schoolchildren in Tanguiéta

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Abstract: Health education policies are essential factors in well-being, academic success and equity. Schools appear to be the ideal place to promote health and related subjects like hygiene. However, the practice of hygiene in schools is still insignificant. The research conducted analyzes the effects of the awareness and practice of body and clothing hygiene on the schoolchildren's health in Tanguiéta. To achieve this, a mixed approach was chosen, with a survey unit made of 98 subjects. The questionnaire, interview, documentary research and observation were the main investigation tools. The processing and analysis of the data was made with the R. Langford's analysis model (2004). From the analysis, the reasons for the poor hygiene can be summarized as the absence of parental monitoring and teacher commitment, but also the absence of equipment in schools. On the other hand, the results reveal that body and clothing hygiene practices help to avoid diseases and to preserve health on the basis of appropriate behavioral choices.

Keywords: Body and Clothing Hygiene, Parental Monitoring, Tanguiéta

1. Introduction

It is recognized that the school environment can play a significant role in determining the health behaviours and health status of youth and future adults, J. Green et al. (1996). It contributes to students' progressive acquisition of awareness and skills that will enable them to make informed and responsible choices about their health. Thus, several concepts in favor of the promotion, prevention and maintenance of health, such as body hygiene, oral hygiene, food hygiene and hand hygiene are taught to children in the school system so that very early they behave in accordance with these rules for their physical and mental well-being. Moreover, the UN [13] recognizes that:

"The right to sanitation must enable all human beings, without discrimination, to have physical and affordable access to sanitation in all spheres of life that is safe, hygienic, culturally and socially acceptable, and that

ensures privacy and dignity."

This shows that everyone has the right to live in an environment that supports physical well-being. Everyone deserves the same privileges in terms of access to a healthy living environment.

(...), health education must begin at an early age: it is important to expose children and young people to good nutrition and healthy practices: this allows a better understanding of the importance of hygiene and encourages young people to fight against unhealthy practices. Health education from childhood also builds children's leadership skills so that they can later promote good sanitation and pass this awareness on to future generations. [8]

Several diseases such as those related to water, sanitation and hygiene continue to take their toll on children worldwide. In this regard, a WHO study reports that diarrheal diseases alone account for 3.6% of the total global disease burden and

result in 1.5 million deaths each year [13]. It is estimated that 58% of this burden is attributable to poor water supply, sanitation and hygiene, a figure that includes 361,000 child deaths in low-income countries, [14]. It is therefore important to engage children and youth in discussions around sanitation so that they understand their responsibility in preserving their own health.

The improvement of school hygiene and sanitation requires an assessment of the existing infrastructure in schools, the curriculum, the quality of teaching materials, and the capacity of the staff available to carry out these tasks. The most frequently mentioned reasons for the poor situation in school hygiene and sanitation were highlighted. These include inadequate teacher training, the lack of functioning water and sanitation facilities that would allow students to practice what they have learned and insufficient access to teaching methodologies and materials. These are indeed factors that reveal the true picture of the issue of hygiene in school worldwide. This is why the Puy-de-Dôme territorial delegation shows that no serious approach to health promotion can be reduced to educational interventions alone [1]. Prevention must also aim for coherence in the attitudes and discourse of the various adults (teachers, but also municipal agents and parents) by associating them more closely with an overall project to improve the living environment for all. For the preservation of health in the school environment it is very important to take into account every actor of the educational system. It is also important for people involved both at the technical level of conception and maintenance and at the pedagogical level participate, adhere and be consulted. It is therefore necessary to emphasize not only the involvement of every actor in the education system in the issue of school hygiene, but also to think about the equipment needed in schools.

CMAE et al [5] reveal that the institutional framework for sanitation in Africa is fragmented, that financing strategies are not sustainable, that capacity is insufficient, that political commitment is limited and that projects remain forgotten in the drawers of the various institutions in charge of the different aspects of sanitation. There is therefore a weakness in hygiene and sanitation practices. A diagnostic study conducted in the public elementary school of the V communal district of the city of Niamey in Niger reveals that 27% of the schools do not have a water point, 16% do not have a sanitation system, 34% have been trained on topics related to water, hygiene and sanitation, and 97% do not have an adequate garbage management system [11].

In Benin, according to the CAP study, the population is faced with several major problems whether they live in urban, peri-urban or rural areas [10]. There are indeed:

problems related to the lack of appropriate sanitation facilities and equipment; the problem of rainwater and wastewater evacuation; the problem of the final destination of the various wastes; the lack of civism among the population; the difficulties for families to consider hygiene and sanitation issues as one the priorities in household expenses, etc. In addition, the main diseases

that are prevalent in the localities are diarrhea and malaria, with 40 to 50% of the patients (mostly women and children) suffering from malaria, which indicates poor hygiene and sanitation, [10].

In the commune of Tanguéta, sanitation remains embryonic. The Plan Communal of Conservation of the Biodiversity of the Protected Areas System shows that hygiene and sanitation are areas where a great deal of sensitization is needed to change the behavior of the population in Tanguéta.

For the health and well-being of children, it is necessary to give importance to their education in these areas. Children must learn and practice the rules of hygiene and sanitation for their health. However, through her investigations on the content of the curriculum of health education in schools, S. Pinel-Jacquemin [20] believes that young people show a good awareness of well-being and health-promoting behaviours, yet hardly comply with them. According to Pinel-Jacquemin, children are well aware of what to do to maintain health but do not take it seriously. The primary purpose of education is to facilitate "the development of the child", [12]. The development we are talking about here takes into account the physical and mental well-being of children. And in relation to health education, C. Simaret and D. Jourdan [19] consider that its purpose is "*the development of skills necessary for free and responsible choices in matters related to health*".

C. Kerneur and F. Lagarde [9] believe that in order to facilitate the implementation of hygiene measures in schools, these measures must be specified in the statutes and internal regulations of schools, because the interest and the conditions of these measures must allow to create a real hygiene dynamics among students. B. Scott [18] suggests that parents should be included in the health education circle and that there should be better collaboration between the actors working for prevention within the school. For J.-P. Baeumler [2], importance should be given to the role of the Health and Citizenship Education Committee (HCEC) because this committee promotes collaboration between students, parents, teachers, administrative staff, local authorities and all the actors in the educational system. This circle which is made of the actors in the education system would be the best way to include everyone in the making of decisions on issues related to health education in general and to hygiene in particular.

In short, it must be admitted that health and education go hand in hand. Hygiene and good hygiene practices are subjects that should be taught to children so that they are safe from all forms of hygiene-related diseases because besides the family environment, schools are the ideal places to educate children about good body and clothing hygiene practices for their own health.

This paper attempts to address the issue of the awareness and the practice of body and clothing hygiene in schools by looking at related family and school factors. Thus, the central question is: How can parental monitoring and the influence of teachers' attitudes determine the practice of body and clothing hygiene in schools?

2. Methodological Approach

The purpose of this section is to highlight the framework of the research, on the one hand, and to outline the various elements of the empirical protocol, on the other.

2.1. Research Framework

The commune of Tanguiéta has a more or less sufficient number of schools to cover the educational needs of children. With regard to the framework of this research, the survey took place in Tanguiéta in five elementary schools, including three (03) public primary schools (PPS) namely Centre PPS; Tchoutchoubou PPS; Tchoutchoubou Quartier PPS; and two (02) private schools namely Ecole Primaire Assemblée de Dieu (EPAD) and the Père Chazal Catholic School.

In general, primary education in the commune suffers from a lack of human resources, which is aggravated by the poor distribution of schools in the area. According to the monographic data on the commune, there are more qualified teachers (APEs and contract teachers) in urban centers and a high proportion of unqualified community teachers in the rural districts. In addition, the schools are characterized by insalubrity, which is not conducive to a healthy work environment (monograph on the commune of Tanguiéta, 2006).

2.2. Nature of the Research

The approach used in this research is both quantitative and qualitative. Its objective is to analyze the effects of the awareness and the practice of body and clothing hygiene habits on children's health. More precisely, it consists first in identifying children's level of awareness and practice of body and clothing hygiene habits. Secondly, to analyze the effect of children's awareness and practice of body and clothing hygiene habits on their health. To do this, four data collection techniques were used namely documentary research, questionnaire survey, interviews and observation.

The survey population was composed of four (4) target groups: students enrolled in primary six, teachers, learners' parents and health workers. To carry out the sampling, the purposive selection and the simple random sampling were used and allowed to identify 98 subjects constituting the survey unit. The R. Landford's model [4] was adopted for the empirical data analysis. According to this model it appears that schools are pivotal in the collaboration between the members of the educational community (ASCD, CDC, 2014). They are places where different actors involved in the improvement of the health, well-being and academic success of all students meet. The development of living spaces in the school environment is everyone's business though everyone has its competencies and missions. Promoting students health today from the tender age while building health for the future is part of the global "health-promoting school" approach. Taking an interest in what determines and reflects the well-being of students in the school environment implies the implementation by educational actors of a common,

sustainable and shared reflection on life in school.

3. Schoolchildren's Level of Awareness and Practices of Body and Clothing Hygiene

Empirical data suggests that school children are taught on body and clothing hygiene.

"In the school setting, there are lessons that abound in that sense." (A. T., Teacher, June 2020).

Health education aims to help each young person gradually acquire the means to make choices and adopt responsible behaviors for himself or herself and toward others and the environment. Hence the ethical and moral role assigned to health education in schools, N. C. Ngoc-Châu (2005). According to S. Berthon (1998), health education, as perceived, seems not only compatible but also consistent with elementary school programs. Health education, environmental education, consumer education and safety education are presented as cross-curricular areas of activity that should not be *"set up as subjects"*, but *"discussed within the framework of all the activities of the class"*. Their objectives are *"the construction of personality, the acquisition of autonomy and the learning of social life"*, [3].

It should be noted that the objective of health education subjects is to help children acquire psychosocial skills. In this regard, the WHO (1999) defines psychosocial skills as a person's ability to respond effectively to the demands and challenges of everyday life. It is the ability of a person to maintain a state of mental well-being by adopting appropriate and positive behaviours in relationships with others, with one's own culture and environment. Children acquire psychosocial skills progressively, from an early age, within the family and through interaction with their social environment. Schooling contributes to their development in a way that complements and is consistent with family values. However, if the transmission of these skills within the family needs to be strengthened, schools are the best places for children and teenagers to acquire and experiment with them. According to the S. Broussouloux et N. Houzelle-Marchal [17] "psychosocial competence plays an important role in the promotion of health in its broadest sense, which refers to physical, psychological and social well-being." This is why children are taught on those in schools.

Having been educated in school in this respect, children should know enough about the issue. It therefore appears that they know very well what to do and have a good mastery of the rules attached to the concept of hygiene.

3.1. Correlation Between Level of Awareness and Personal Hygiene Practice

Based on the Pearson correlation test, the following results are obtained:

Table 1. Correlation between awareness and practice of personal hygiene.

Correlations		Daily bathing	Awareness of the benefits of good body and clothing hygiene
Variables			
Daily bathing	Pearson correlation	1	-,371**
	Sig. (two-tailed)		,001
	N	75	75
Awareness of the importance of good body and clothing hygiene	Pearson correlation	-,371**	1
	Sig. (two-tailed)	,001	
	N	75	75

** . Correlation is significant at the 0.01 level (two-tailed).

Source: Field data, June 2020.

According to the analysis of the results, it appears that the correlation between the level of awareness and the practice of good body hygiene is significant. In other words, a child that is well educated on the notions of body and clothing hygiene is predisposed to respect the rules related to it. This is confirmed by the analysis of the results on the intersection of the level of awareness and the practice of personal hygiene.

On the subject of practice, it appears that even if schoolchildren believe they conform to the rules of body and clothing hygiene, the analysis of the data reveals the opposite. In fact, in public elementary schools, very few students have clean clothes, with all buttons on their shirts, shirt collars in order and clean shoes. Some have torn school uniforms, while others have their zippers in poor condition. As far as personal hygiene is concerned, observation reveals that many wash their hands before and after meals. Very few wash their hands after using the toilet, after playing sports, or comb their hair regularly. Very few wash their hands with soap and water. Very few schoolchildren have well-trimmed fingernails.

3.2. Factors Related to Poor Body and Clothing Hygiene

The reasons for the poor hygiene observed among children are based on socio-cultural factors.

"The problem of poor hygiene in schools is first and foremost a socio-cultural issue. The responsibility is shared both by teachers and parents." (A. T., Health Officer, June 2020).

Since it has to do a set of behaviours, the habits of the environment in which the child lives undoubtedly influence his or her behaviours. In other words, the education he receives is linked to his living environment. For this reason, the interviewee believes that the responsibility is shared between the family and the school. The child is supposed to receive an education from his parents from a young age. The school, being the second place where the child is educated, also has its part to play. This is why the concept of health education, which is broken down into several disciplines, is taught in school.

For S. Parayre (2010), the first health education was born through prevention, because it has to do with safeguarding the population, which starts by the improvement of the sanitary conditions of schools and the protection of students - the future of the Nation - from epidemics and diseases. It is

clear that health education - both at school and at home - is aimed at promoting children's health. According to WHO (2010), health education includes the deliberate creation of opportunities to learn through a form of communication aimed at improving health competencies, which includes improving awareness and imparting life skills that promote the health of individuals and communities.

For this reason, it recognizes that health education does not only have to do with providing information, but also with developing the motivation, skills and confidence to take action to improve health. Health education includes the provision of information about the basic social, economic and environmental conditions that affect health, about various risk factors and risk behaviors, and about the use of the health care system (WHO, 1999). In this regard, health education can be about communicating information and imparting skills, demonstrating the political feasibility and organizational possibilities of different forms of action to address the social, economic and environmental determinants of health, N.-C. Pham-Daubin [16].

"Educating children about hygiene is a multifaceted process. First, that education begins at home with the parents. Parents are the first educators of children on that issue. As a matter of fact, up to a certain age, they are responsible for their children's cleanliness. Later, the child is allowed to take charge of his or her own personal, clothing and oral hygiene but remains, however, under the watchful eye of the parents." (K. N., School Director, June 2020).

It is clear from what we have heard that the education of children on the subject of hygiene begins at home. It is at home that children receive their first instructions on basic hygiene rules to preserve their health. According to S. Beth (2006), access to appropriate domestic sanitation reduces the incidence of diarrheal diseases by 32%. It is a real process in the sense that up to a certain age, parents themselves have to take care of their children's cleanliness. Later on, the children become autonomous with regard to their cleanliness, though parents must ensure they do so regularly.

"A parent who sends his or her child to school must first ensure that the child is clean. This is the first role of a parent: to make sure the child is clean and well dressed." (Y. G., Student Parent, 2020).

Parental monitoring is essential for children to adopt body and clothing hygiene habits. The analysis of the results of the

intersection between the practice of personal hygiene and parental supervision confirms this approach. From this analysis, we can see that children who wash themselves at least twice a day are those whose parents take the greatest care. This implies that parental supervision determines or conditions the practice of body and clothing hygiene by children.

3.3. Complementarity Between Family and School

"There is a complementarity between the role of the family and that of the school in educating children on body and clothing hygiene. Before talking about the school, we must first mention the family environment," (S. M., School Director, June 2020).

It is noted that the school and the family must collaborate in order to ensure proper education of children on body and clothing hygiene. In fact, the first reason for dialogue and exchange with educational teams from the moment the child enters kindergarten is his conformity with the rules of hygiene. This is therefore one of the essential conditions for the establishment of a relationship of trust between the family and the school. The school also constitutes a pivot in the collaborations between the members of the educational community ASCD, CDC, (2014), a place where different actors involved in the development of health, well-being and academic success of all students meet. For F. Pizon et al. (2019), the development of educational activities related to health, citizenship or sustainable development leads the teacher to consider other aspects other than the transmission of awareness, and to place his work in a dynamic context of exchange with a wide variety of actors. In other words, there must be a collaboration between the school and the other actors of the educational system.

In the analysis model, based on the fact that schools are appropriate places to educate children about body and clothing hygiene, a "health-promoting school", schoolchildren are now in a position to make appropriate choices for the preservation of their health, since they are educated at school and therefore equipped with psychosocial skills. This is what R. Langford [4] predicts in his model, when he speaks of the need to "include in the school curriculum the development of awareness, attitudes and skills conducive to health and well-being".

Moreover, since we are talking about the notion of education, specifically health education, it is important that every actor in the educational system be involved. In line with J. Descarpentries [6] it is essential to "*develop connections with the entire educational community, and more broadly with the surrounding community*". It is therefore a question of establishing a climate of collaboration between the actors of the educational system and, therefore, between the family and the school. This connection between the family and the school with the aim of educating children leads to the conclusion that: the lack of awareness and practices of body and clothing hygiene among children is due to a weak commitment of the family and the school.

4. Effects of Awareness and Practice of Body and Clothing Hygiene on Children's Health

"For children, as indeed for everyone, hygiene is very important in the sense that it helps preserve health," (T. S., School Principal, June 2020).

The concept of hygiene is of great importance for children as well as for any other person. Given that it has to do with a series of principles and of individual or collective habits aiming at the conservation of the health and the normal functioning of the organization, [7], a show of interest from everyone is vital.

"Hygiene is of great importance because, as they say, in a healthy body lies a healthy mind. When the child does not conform to the rules of hygiene, he/she remains exposed to diseases and a sick child cannot follow the courses properly and acquire awareness as his/her healthy peers would" (W. N., Teacher, 2020).

According to the above, hygiene is very important for children because it keeps them from all kinds of infections and diseases related to poor hygiene. Several diseases are caused by the non-respect of hygiene rules. In that regard, a health worker states that:

"Children in particular are at great risk due to poor hygiene. They are more exposed to diseases such as diarrhea, acute respiratory problems," (S. U., Health Agent, June 2020).

It appears that the youngest are the most vulnerable to infections and diseases related to poor hygiene. D. Denis and R. Jihane (2014, p. 6) state that "diseases related to unsafe water and lack of access to sanitation cause more than one million deaths per year worldwide, the majority in developing countries". For the authors, hygiene and sanitation are among the most effective ways to reduce the risk of transmission of diarrheal diseases which are the leading cause of the death of children under five. In the same sense, a health worker estimates that:

"Most of the infections that result from poor body hygiene are related to the skin. They can be dermatoses, scabies, darts. Children remain exposed to all these infections when there is poor body hygiene" (T. K., Health Agent, June 2020).

In short, the objective of the Health Promoting School is to improve the environmental conditions of schooling and to promote healthy behaviors among children by developing prevention and health promotion from the earliest age both in primary and secondary schools. It is therefore a process whose aim is to educate on the preservation of children's health. It is all about health which, according to the WHO [13], is a "*state of complete physical, mental and social well-being and not merely the absence of disease or infirmity*". Children acquire awareness and then practice it in order to preserve their health. It should be mentioned that the awareness in question here is none other than the psychosocial skills

that children learn at school. In fact, a child who is well educated on the notions of body and clothing hygiene is predisposed to respect the rules attached to them. Awareness and practice therefore go hand in hand. By respecting the rules of body and clothing hygiene learnt at school and at home, children preserve their health. According to circular no. 98-237 of November 24, 1998, health education aims to help every young person gradually learn the means of choice-making and adopt responsible behaviors that prepare them for life in a society where health issues are a major concern. As a result, children's awareness and practice of body and clothing hygiene have an impact on their health.

The work of Optimizing Education Outcomes [15] shows that *"the most common health problems in school-age children, such as malaria, malnutrition, intestinal worms and anemia, can reduce the intelligence quotient (IQ) by 3.7 to 6 points."* These are generally diseases that can be prevented through the choice of appropriate behaviors, which is the ultimate goal of the teachings children receive about preserving health. This is what J. Descarpentries (2008) means when she asserts that by participating in the values of a society, schools train responsible and autonomous citizens that are free to make choices to promote sustainable development of health. Thus, the social function of education joins that of public health and shares the challenges of developing lifelong health education. For C. Eymard (2004), the very quality of these links raises numerous questions within the research world, to the point of debating the various linguistic designations that characterize health education ("for health", "in health") and thus determine the field (health, social, school) to which it belongs.

In the light of the analysis model which advocates the promotion of a school environment and social relations favorable to the well-being of students, R. Langford (2004), it follows that the children's awareness and practice of body and clothing hygiene habits ensure their well-being and health.

5. Conclusion

Schools appear to be the ideal place for the promotion of health through the content of health-related disciplines. Hygiene is one of the concepts that find their place in these disciplines. It should be noted that the school is a great and effective entry point for developing hygiene programs in rural communities. Teachers and students are predisposed to become agents of change in rural and urban communities. Schools thus play an essential role in health education, in prevention, and also in health promotion. Through this research, the issue of the poor body and clothing hygiene in elementary schools in the commune of Tanguiéta was addressed. In order to achieve the objectives, a mixed research was conducted due to the diversity of the information to be collected. The data analysis was conducted on the basis of the R. Langford's

analysis model (2004).

The results showed that, in general, schoolchildren have a good level of awareness about the concept of hygiene. Since they are taught on that at school, they surely know enough about the subject, although sometimes their awareness is only theoretical. It appears that children know very well what to do and have a good mastery of the rules related to the concept of hygiene.

In addition, it appears from the investigations that the responsibility is actually shared both by the teachers and the parents. Thus, both the family and the school have a role to play in the education of children with regard to the respect of the rules of body and clothing hygiene. Parents and teachers are therefore seen as potential actors in health education. Another aspect worth noting is the lack of tools and equipment necessary and conducive to hygiene in the school environment.

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