3. HEALTH EDUCATION IN THE SULTANATE OF OMAN

Towards Sustainable Health for Students

INTRODUCTION

Geographically, the Sultanate of Oman is one of the Gulf Co-operation Countries. It is surrounded by three Arab countries—the United Arab Emirates, Yemen, and Saudi Arabia. The population is almost three million, of which around one million are expatriates, mainly from South Asia (India, Pakistan, and Bangladesh). The Omani government has a long-term vision to shift the country’s economy from one that is highly dependent on oil and gas to one that is more diverse, with tourism as a key contributor.

As a response to Oman 2020, Oman’s vision for the future that was adopted in 1998 (Ambusaidi & El-Zain, 2008), the Sultanate of Oman adopted a new education system consisting of 10 years of basic education and two years of post-basic education (Ministry of Education, 2003). These changes marked a major redevelopment of the education system. The major subjects taught within it are science, mathematics, Arabic language, and English language. In addition, students have become the cornerstone of the educational process, with the Ministry of Education giving priority to learner-centered approaches in teaching and assessment. Teachers are now required to use different methods of teaching, such as cooperative learning and inquiry-based learning. Students are assessed formatively and summatively (Ambusaidi & Al-Shuaili, 2009).

Since 1970, modernization has reached into all corners of life in the Sultanate of Oman. A well-treated water supply and a well-designed sewage system are being built to minimize waterborne diseases. However, in the last 10 years, there has been a rapid increase in what are termed “lifestyle diseases,” such as heart disease, high blood pressure, and diabetes. Another concern in the Sultanate of Oman is widespread smoking amongst school students. A study investigating the attitudes of 2,297 Omani 13- to 15-year-old students toward taking tobacco (Ministry of Health, 2007) found that 1 out of 10 students (14.5% of the males and 5.7% of the females) had already smoked tobacco. Furthermore, 5.7% of students admitted to using tobacco products besides cigarettes. Comparison of these findings with those of a similar survey conducted four years earlier (Ministry of Health, 2003) made evident a decline in tobacco use amongst school students. However, the researchers agreed that tobacco use still needed to be addressed. The 2007 study revealed other results relating to the desire to give up smoking, the effect of peers on tobacco use, and the extent to which the respondents agreed that smoking should be prohibited in public places.
Another current issue of concern in Oman is the spread of drugs among school students. The Sultanate of Oman is an open country in terms of expatriates and tourists and has long land and sea borders, factors that make it relatively easy for drug dealers to promote drug use to school students. These problems have led the Omani government to place more emphasis on health education not only in schools but also in institutions of higher education. The Ministry of Education opts to embed or include the concepts and themes of health education in science and life skills curricula instead of as a separate subject area, probably because these concepts and themes are closely related to these two subjects.

The Omani science curriculum has been under review many times since the adoption of the new education system in 1998. Given that health education is largely part of the science curriculum, it also has been under review, a process that has seen new concepts and themes included in the curriculum. In addition, several health education projects have been implemented in schools with the aim of supporting this part of the science curriculum on the one hand and of improving students’ attitudes toward a healthy life on the other. Some of these projects have come into being as a result of cooperation between Ministry of Education, Ministry of Health, and international organizations such as the United Nations Children’s Fund (UNICEF) and the World Health Organization (WHO). These projects include Peer Education for the Human Immuno-Deficiency Virus (HIV), Prevention of Tobacco in Schools Project, Girls’ Health Project, and the Health Promoting Schools Project. Another initiative, Preserving Cleanliness and Health in the School Environment, is run as a contest.

HEALTH EDUCATION IN GENERAL EDUCATION

The Ministry of Health, with strong cooperation from the Ministry of Education, positions the health of school students as its priority. The first school health program launched by the Ministry of Health was signaled in the ministry’s fourth five-year plan, from 1991 to 1996 (Ministry of Health, 2006). At the beginning of the program, the ministry established (within its Directorate General of Health Affairs) a new department—the Department of School Health. The aim of this department is to develop and implement, in collaboration with other government, private, and international organizations, the policies and strategies needed to provide health care to school and university students.

In 2006, the Ministry of Health, Ministry of Education, and WHO proposed a national strategy for school health in Oman, effective from 2008 to 2015 and operating under the banner of Better Health for School Communities. The strategy’s mission is for relevant organizations to work together in order to enhance the health of school communities. According to the Ministry of Health (2006), the aims of the strategy—to be achieved by the end of 2015—are:

- Giving all members of schools the opportunity to enhance health;
- Developing school health services so that they are more effective and of better quality;