

Health education knowledge is essential knowledge. Health education, as one of the elements of primary health care, is a method of conveying knowledge useful for the prevention of disease and the opportunity to lead a full and normal life. The C-T-C approach can be used to enable children, who form a large part of the community, to practice what they have learnt in school in terms of herewith behaviour.

This study was carried out in Kitooni primary school in Masii location of Machakos district, and sought to investigate whether health education acquired in the classroom was put into practice just for the sake of it or because the school children understood the usefulness of particular health behaviors. It was also necessary to monitor through the study the opportunities that existed in this primary school for pupils to make use of the C-T-C approach in internalizing the health messages that they have acquired by translation health knowledge into health practice. The purpose of the study was to identify specific applications of the C-T-C approach in promoting health education among primary school pupils in Masii.

C-T-C is an international programme for teaching and encouraging school children to concern themselves with the health of younger brothers and sisters. The programme was developed for the third world countries among them Kenya. Since the inception of the C-T-C movement in 1979 in Kenya. The approach has had official recognition and support. With the introduction of the new 8-4-4 systems, more syllabus panels have turned their attention to health education and the Kenyan C-T-C project concentrated on the primary School level. The C-T-C approach suggests ways in which school learning can be related to community needs and the positive effects of the C-T-C approach make it more attractive.

The approach that was used for this research study was ethnography and the researcher was immersed in the study setting and completely involved with the informants. The main sample consisted of standard seven pupils with parent's teachers and the younger siblings of the pupils constituting the sub-sample. The tools of data collection included semi-structured interviews, observations checklists and schools attendance records and the researcher was the primary instrument.

The results of the study indicated that the C-T-C approach could indeed be applied in primary schools to enable pupils translate the health knowledge acquired in the classroom into health practice both at school and at home. Many pupils suffered mainly from diseases such as malaria as was incidence of bilharzias). In order to cope with such illness, the pupils sought guidance from either their parents or older siblings, and they would receive advice on what to do. In most cases, the action that would be taken when a pupil was sick was that he was either given medicinal tables or was taken to the local health dispensary for specialized treatment. Pupils only needed a little encouragement and guidance from teachers and parents in order to internalize and put into practice the health messages learnt in school. This is because in Kenya from time immemorial older children have always looked after that younger brother. Based on the C-T-C approach it was seen that when knowledge was translated into practice, its importance became more noticeable and as the practice became a way of life, the knowledge was likely to remain with the pupils even long after they had left school. The various changes that were seen as a result of this study included smarter pupils, a cleaner school compound, more careful use of the latrines, and also, older pupils taking much greater care of and showing more responsibility

towards the younger pupils in the school. The overall picture of health standards in the school improved as was seen in better attendance records by the pupils and less absenteeism due to illness.

On emerging themes, the pupils indicated a responsibility for their own health as was reported from the practices they followed such as ensuring that they washed their hands after visiting the latrines. The older pupils said that they taught their younger brothers and sisters the things that they should do in order to ensure that they too remained healthy. This showed that most of the pupils felt responsible for their younger siblings and they had a high level of knowledge on health matters. When the illnesses were very serious, they affected the pupils the pupil's attendance at school and some missed school for periods ranging from a few days to a full week. Teachers felt a responsibility for the pupils' health when they were in school the teacher's themselves were an example of healthy behaviour. In the school, the teacher's role was mainly facilitated in terms of the child-to-child approach. Teachers encouraged and guided the older pupils on the tasks that they should perform in order to help the younger pupils. The Child-to-child approach was found to be actively in use at the school and the researcher found this out by asking the older pupils if they actually helped their younger siblings. They all answered in the affirmative. The younger pupils were asked to illustrate any health messages that they had acquired from their older siblings. The pictures they drew showed that they were taught things such as washing hands after visiting the latrines washing their clothes and sweeping the house.

The study's usefulness to educational policy makers is seen in the way that it would enable them to work out strategies of devising learning material that is area-specific. For example, health knowledge that is relevant to an area's needs would be taught there so that pupils could better identify with the information that was presented to them. The C-T-C approach can go a long way in catalyzing the process of acquisition of useful health knowledge.

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