

MEDICAL EDUCATION

Nutrition in School and University Curriculum in Bahrain

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Bahrain is facing two kinds of nutritional problems; those associated with underdevelopment such as underweight and iron-deficiency anaemia, and those associated with affluence such as obesity, diabetes, hypertension and heart diseases¹. One of the most important measures to prevent and control these diseases is through both formal and informal nutrition education. Formal nutrition education includes the introduction of nutrition to school and university curriculum, while informal education includes the activities to promote nutrition awareness through various mass media. This paper will focus on the role of formal education in promoting nutrition in Bahrain.

CURRENT SITUATION

In general, nutrition is given low priority in schools, and colleges including the medical colleges in Bahrain. There is no sole programme for nutrition in schools at any level. However, some nutrition information is included in programmes of science, home economic, public health, and agriculture in schools. In the College of Health Sciences nutrition education is given to the students, but mostly of a basic nature. There is no information on local nutrition problems and measures to prevent and control such problems.

In the College of Medicine and Medical Sciences at the Arabian Gulf University the situation is worse, as nutrition is mostly neglected as an important part for management of diseases. It is well documented all over the world that medical schools pay little attention to nutrition, and this is why many physicians lack adequate knowledge in nutrition.

Now is the right time to include nutrition education in school and college curriculum. There are a number of ways in which formal education can contribute to increase nutrition awareness in the community. Nutrition education can be easily integrated in many learning activities in schools, especially primary schools. It was found that introduction of nutrition education at intermediate and secondary schools face various difficulties².

Children at the age of 6 to 10 years are more ready to accept new ideas and to adapt their food habits than older children (11-18 years). Nutrition education can be easily fitted in primary schools in mathematics, science, islamic, arabic and conversation subjects.

In intermediate and secondary schools nutrition education can be included in selected subjects like science and home economics. The latter one may be

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the best subject to include adequate information on nutrition. Unfortunately, home economics is only taught to females, and that is why many females know nutrition science better than males. Another important deficiency is that the curriculum of home economics focuses on cooking and recipes rather than giving some essential nutrition information such as nutrition problems of the community and factors associated with these problems.

At the College of Health Sciences, nutrition subject should be extended to include more information on dietary management of diseases, current nutrition problems in the country, social, health and economic factors affecting nutritional status, and nutritive values of foods and dishes commonly consumed in Bahrain and other Gulf countries. This information can be obtained from various studies and books published in the region. Unfortunately, nutrition curriculum in health and medical colleges is based on foreign textbooks which are prepared for their own countries but not for Arab or Gulf countries. The nutritional problems, food habits and customs, as well as socio-economic situation are all different in the Arabian Gulf countries than many Arab and foreign countries. Teachers and lecturers in schools and Universities should adapt the nutrition information obtained from such textbooks to be relevant to the situation in Bahrain.

In College of Medicine and Medical Sciences, for example, one of the problems which was given to the 4th year students was iron-deficiency anaemia which is one of the common diseases in the region. But all the educational materials provided to the students were quoted from foreign textbooks, there is no information on the social, health and economic factors associated with anaemia in the Gulf. The food composition tables and meals provided were those of the United States, although we have three books on composition of foods commonly consumed in Bahrain, Middle and Near East. The food tables of the United States provided the weight of food in pounds (lb) which is no more used in the Arabian Gulf (we use Kilogram).

The students in the medical colleges must be able to prevent, diagnose and treat nutritional diseases commonly prevalent in the community. Therefore, examples and information given to them in the education curriculum should be relevant to community. The students at health colleges, especially the nurses, should be able to give appropriate dietary advices to patients to control the diseases.

Difficulties in introducing nutrition education in school and medical curriculum

There are several difficulties encountered in the introduction of nutrition in formal education:

- Lack of qualified personnel in nutrition.
- Lack or absence of nutrition training of teachers in schools.
- Lack of useful textbooks related to health and nutrition in Arabian Gulf region.
- Lack of interest of policy makers in colleges and schools in nutrition.

The need of pre-service and in-service training programme for teachers and lecturers in schools and colleges is essential. Health subjects and related fields in school and college curriculum should be reviewed to include more information in nutrition. Results of nutritional studies and surveys which were carried out in Bahrain should be utilized in designing any nutrition curriculum.

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