



**HEALTH
EDUCATION
1956**

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1956

being a summary of the Report of the
First Annual Health Education Workshop
in British Honduras

held at the

MATRON ROBERTS HEALTH CENTRE

Belize

4th-11th January, 1956



This Workshop was sponsored by the

Medical Department

in co-operation with the

Education Department

FOREWORD

This booklet deserves wide distribution among teachers, nurses, health officers, social workers and indeed, among all those interested in the building of a healthy people and country.

It should not only be read with interest. It is a permanent guide, a national programme for healthful living.

The nurses and teachers who took part in the First Annual Health Education Workshop in British Honduras have returned to their localities highly inspired and with increased desire and ability to serve the people of their communities.

Their role now is to inspire the people in village, rural community and urban neighbourhood association to undertake the planned transformation of their lives through study and action based on Health Education 1956.

May God bless them in this great work.

PHILIP GOLDSON,

Member for Social Services.

INTRODUCTION

In June, 1955, I had the privilege of participating in a Health Education Workshop at the Petit Jean State Park in Arkansas, U.S.A. There the possibility of learning through the free exchange of ideas and experiences between officers of the Education and Health Departments impressed me so much, that I immediately made plans to introduce the workshop method into our health education effort in British Honduras.

The Annual Teachers' Vacation Course in Belize afforded the opportunity to experiment with the workshop technique. His Excellency the Acting Governor, the Honourable Member for Social Services, the Director of Education and the Director of Medical Services approved the idea and gave their whole-hearted co-operation.

But assistance was received from many other sources. The American Medical Association contributed books and pamphlets; the British Council provided study boxes, posters, films and literature on health education; more films were kindly loaned by the American Consul in Belize; the Department of Information and Communication supplied literature and films, and allowed us the use of the mobile cinema unit; the Government Printer very kindly reproduced all the forms used; and the Pan-American Sanitary Bureau sent us two consultants. In all our planning, the ideas of the Petit Jean Workshop Committee were freely used.

We are deeply grateful to all who helped us.

The success of the workshop was due, however, mainly to the enthusiasm of the participants. Teachers, Public Health Nurses and Sanitary Inspectors again showed that they consider health education vital in building a healthier, happier British Honduras.

It gives me great pleasure to introduce this summary of their report.

E. LOSONCZI,

Medical Officer of Health.

Belize, 18th January, 1956.

WHO IS WHO

THE CONSULTANT

The Consultant is a group member who has had wider experience than the participants on the subject matter of the workshop.

What the Consultant does:

1. Provides facts when requested.
2. Participates in the discussion in so far as is necessary to keep it focussed on the problems at hand.
3. Assists the chairman in recognizing those problems which can be solved within the workshop and which should be set aside for a later conference.
4. Recognizes that group thinking progresses only as each member co-operatively and courageously subjects his ideas to the test of factual evidence.
5. Offers alternative points of view which may help in the thorough examination of the solution to a problem.
6. Offers his comments and so conducts himself as to be accepted as an equal worker with the other group members.

THE RESOURCE PERSON

The Resource Person professes to have more information on the workshop matter at hand than any of the participants. He is therefore the specialist and base of reference.

What the Resource Person does:

1. Contributes as a member of the group.
2. Helps the chairman to identify group interests and problems, and individual attitudes.
3. Encourages participants to learn to respect the ideas of others and helps them to see their own ideas in a new perspective.
4. Assists the chairman in producing an emotional climate which will stimulate, encourage and free other group members to make their fullest contribution to the group's thinking.
5. Encourages an awareness by all group members that an individual's problems are not unique.
6. Fosters the group spirit of accomplishment and unity by eliciting from the group, information he might more quickly give.

THE CHAIRMAN

The Chairman works with group members in developing plans that are agreeable to all of them. He never tells the participants what to do and how to do it. He tries to create an atmosphere in which all participants feel that although they are respected as individuals, they will, for the purpose of the workshop, work as a group for a group achievement.

What the Chairman does:

1. Opens meetings interestingly and so sets the pace for the group from the beginning.
2. Keeps sessions alive.
3. Knows the group and calls group members by name.
4. Listens attentively to everyone.
5. Summarizes occasionally.
6. Encourages participation by all members.
7. Clarifies misunderstandings.

8. Is alert to questions that should be put to resource persons and to consultants.
9. Works with recorder.
10. Reviews evaluation sheets at the end of each session.
11. Closes meeting on time, injecting a sense of progress and friendliness.
12. Accepts as his chief function the production within the group of an emotional climate that will stimulate, encourage and free the participants to make their fullest contribution.
13. Expresses his own opinion reluctantly.

RECORDER

What the Recorder does :

1. Records attendance at workshop group meetings.
2. Possesses the ability to grasp the main point which a member is trying to make.
3. Notes highlights.
4. Co-opts the help of other group members when needed.
5. Works with the leader and others in summarizing the results of each session and the final achievements of the whole workshop.

A PRODUCTIVE GROUP MEMBER

1. Encourages others, especially withdrawn members.
2. Demonstrates agreement with, and acceptance of, others.
3. Seeks to arbitrate differences in the group.
4. Seeks the opinions and suggestions of other members and gives own.
5. Seeks information in order to know the whole truth of a situation.
6. Shares his own information and experience in an objective way.
7. Proposes action and solution to problems.
8. Strives to keep the group discussion concentrated on real problems.
9. Strives to define clearly group problems and the status of group action.

MENTAL HYGIENE IN THE CLASSROOM

No conscientious teacher can escape the problem of mental hygiene in the classroom. She faces it daily in the flesh, not in theory. The problem has been studied by many groups outside of British Honduras and it seems worthwhile to give at length the conclusions of one group of experts. The pamphlet "Mental Hygiene in the Classroom" obtained through the courtesy of the Bureau of Health Education of the American Medical Association was consulted by all the members of the workshop. The following principles of mental hygiene, taken from this report should be useful to all teachers:

1. Mental health in its broadest sense has come to mean the measure of a person's ability to shape his environment, to adjust himself to conditions of life around him and to do so with a reasonable amount of satisfaction and efficiency.
2. It is unwise to use fear as a means of forcing the child into desirable patterns of behaviour.
3. Many social maladjustments are caused from a feeling of insecurity. A child should not be censured for his failures, but causes should be discovered and removed and opportunities given for successful experiences.
4. One of the surest means of including feelings of inferiority is ridicule. Where this is practised by other children, the teacher should attempt to divert the tendency. If it occurs in spite of her efforts, she should try to neutralize its effects.
5. A child with a tendency towards inferiority may develop traits opposite to his original characteristic; that is, he may become domineering, self-centred, a bully or a "show-off".
6. An attempt to suppress the "show-off" is likely to accentuate the behaviour. It is better to ignore the tendency and to give attention to the child when he really warrants it.
7. The timid child is apt to substitute excessive reading and day-dreaming for aggressive activity.
8. In overcoming feelings of inferiority and developing a wholesome personality, it is highly important that the child experiences success and that he develops special skill in some field. Each success gives the child added confidence, while repeated failures rob him of the feeling of self-reliance.
9. The school should understand the child's limitations and help him to counterbalance them fully enough to face them.
10. Instead of facing realities some people evade them in various ways. Some of these are temper tantrums, sulkiness, invalidism, forgetfulness, sleep, hysteria, rationalization and criticism of others.
11. A child who is given responsibility up to his capacity and who learns to tackle difficult problems, meets school difficulties with less emotion than the one who has had the protection of his elders in everything.
12. In child development, permanent success is more likely to follow treatment of the causes of the behaviour disorder, than superficial treatment of the symptoms.
13. Teachers should not become angry with behaviour maladjustments in children any more than they should become angry with the child for having fever or tonsillitis; for behind behaviour disorders lie causes to be understood and treated.
14. Independent, aggressive, experimental behaviour is natural to a child. It is wiser for the parent and teacher to direct this behaviour into productive channels than to suppress or punish the child.
15. Usually, discipline which humiliates the child and so decreases his self-respect or personal integrity, is injurious.
16. The child's recognition of the natural disadvantages of misbehaviour is ultimately more helpful to him than obedience obtained through fear.
17. Children of low intelligence should have their education fitted to their capacities and needs. This should not mean merely doing less of the type of work planned for those of higher intelligence.
18. An over-worked teacher runs the risk of developing emotional maladjustment toward her work. This may result in more severe emotional ills.

Purpose of the workshop: Discovering problems and suggesting realistic ways of improving mental hygiene in the classroom.

A census of the mental health needs in the schools and communities represented by the group revealed many problems. These problems are given below, with some of the solutions suggested by the group:

1. *Promotion of mental health in the prenatal and preschool stage*—through improved prenatal and child-welfare services.
2. *Homely atmosphere in the school*—through smaller classes.
3. *Application of the science of child psychology*—through better training of teachers.
4. *Prevention of mental strain in schools*—through five-minute breaks between subjects.
5. *Promotion of mental health*—mixed schools (co-education) throughout the country should be helpful here.
6. *Sex education*—sex education, good or bad, begins at home long before the child starts school. The approach to it, therefore, seems to be through community education; and example on the part of parents and teachers is far more effective than precept. Sex education in school should be integrated in the total education programme at all levels. It should not be singled out for separate or undue emphasis. Sex should be taught positively by showing its nobility in terms of creative drive and family happiness rather than negatively through the enumeration of examples of immorality. It should point toward fuller, better home and family living so that young people may be better prepared for marriage and adult life.
7. *Fear used as a form of discipline*—cannot be recommended.
8. *Nervousness in children*—often caused by insufficient rest, irregular and unbalanced diet, insecurity and uncertainty. Sometimes the nervous child is the “unwanted” child. The Social Welfare Department should co-operate with teachers in these cases and adoption measures for unwanted children should be the subject of legislation.
9. *Sensitive children*—parent education, through community workshop where parents could discuss their children’s problems.
10. *Day Dreaming*—lessons should be short and active; children should be encouraged to take active part in discussions.
11. *Dishonesty in school*—mainly the result of home conditions; it is more a social than a mental health problem; improved teacher-parent relation might be helpful.

The “problem” child, should be the object of systematic study by teachers and education officers, public health nurses and medical officers.

SCHOOL HEALTH SERVICE

Health services have two major aims: health maintenance and health improvement. The maintenance of health requires attention to the control of communicable diseases, and to instant and efficient care in emergencies. Health improvement calls for an assessment of the health of individuals, simple but authoritative advice to people, and conscientious follow-up.

In the not-so-distant past, the health service was considered the sole responsibility of the doctor and the nurse. Today this is viewed as co-operative undertaking in which teachers play a very important role. Individuals with professional health training are still required, but their efforts are more closely linked with the first line work of the teachers.

Purpose of the workshop: Critical review of the existing school health service, with suggestions for its improvement.

The following problems in the the school health service were examined, and suggestions made:

1. *The object of the service*—the early discovery and correction of defects, health education, promotion of health.
2. *Duties of the sanitary inspector*—at least yearly inspection of every school, written reports, listing recommendations for improvement. These reports should be sent to school Managers, teachers and doctors. They may also be made available to the public; insect and pest control, control of communicable diseases, health education.
3. *Functions of the public health nurse in the school*—planning and participating in school medical inspection. This participation includes the interpretation of the results of the inspection to pupils, parents and teachers; instruction of teachers in child observation and screening procedures; assistance in the prevention and control of illness including communicable diseases and other infections; leadership in planning for the provision of proper emergency care and first aid for sudden illness or accidents; helping to guide the family and the school in health matters; serving as a liaison between school, home and hospitals, to improve the health of school children; participating as a resource person in the school and community health education programmes for the pupils, teachers and parents; participation in the modification of the school programme to meet the special health needs of handicapped pupils; assistance in the development and maintenance of a healthful school environment; contribution to in-service training programmes for teachers; participation in planning, co-ordinating, evaluating and promoting health programmes and resources in the school and the community.
4. *Duties of the medical officer*—as there is a great shortage of medical officers their duties should be the diagnosis and treatment of defects.
5. *Medical Inspection*—the object of medical inspection is to assess the health of each child and the degree, however slight, to which it is capable of improvement; to note defects and to take steps to remedy these when possible; to educate parents, children and teachers in health matters.
6. *Presentation of children for inspection*—parents should be always present during medical inspection; Records of insepction should be kept at the school.
7. *Periodical inspections*—a child entering the primary school for the first time should be required to bring a medical certificate showing the immunization status of the child against small pox, whooping cough, diphtheria, tetanus, yellow fever, tuberculosis. If this is not possible, the teacher should arrange for an inspection as soon as possible after admissions have been made; before leaving school at the age of 13; secondary school students should not be accepted without record of medical inspection on leaving elementary school, or without some other medical certificate; yearly medical inspection including x-ray for all teachers free of charge; teachers should provide the Public Health Nurse with a list of the children attending her school who are boarding out. The Nurse will then visit the homes once every term and will see that the child is examined at yearly intervals.
8. *Special examination*—is for children who appear to the teacher to need a medical examination.
9. *Height and weight records*—should be filled in at the beginning of every term by the teacher in order to enable her to appraise the health of her pupils better.

10. *Examination room*—one special room should be set aside in every school for this purpose. This room can serve as a clinic for the mobile health service also; equipment might be raised from voluntary contributions.
11. *Parents role at examination*—parents cannot be replaced by the teacher. If parents will not come to the school for their children's examination, home visits are indicated.
12. *Teachers role at examination*—all necessary preparation of room and records and notification of parents.
13. *Handicapped pupils*—deserve special attention by Government.
 - (a) Educationally subnormal children should have a special classroom and a special teacher. This arrangement should be made possible at least in the towns.
 - (b) Blind and epileptic pupils need education in a residential special school.
 - (c) Maladjusted children require thorough examination and a proportion of them might require their removal to foster parents.
 - (d) Partially sighted and partially deaf pupils require favourable position in the classroom.
 - (e) Delicate pupils require special provision for nutrition and rest.
 - (f) Children with speech defects require treatment from a qualified speech therapist.
14. *Home visits*—to be encouraged. Both teachers and nurses can learn a great deal from visiting the homes of their charges.
15. *Medical treatment*—
 - (a) school clinics should be established to deal with special defects; eye, ear, nose and throat, orthopaedic;
 - (b) hospital out-patient department should not accept schoolchildren for treatment unless accompanied by parents; Red Cross workers could be trained to teach children who are hospitalised or bed ridden at home for a long time;
 - (c) private practitioners and Medical Officers should contact teachers and give advice when a child needs special care in school.
16. *Immunization*—should be done before school age; infant welfare cards should be attached to school health records, to enable the teacher to detect children who have not been immunized.

SCHOOL FEEDING PROGRAMME

The school feeding programme, whatever its origin and purpose, offers opportunities for direct learning in health and in socialization. The school lunch makes it possible for each child to have at least one attractive, nourishing meal each day. Eating is an important (and frequent) event in the child's day, and even the smallest child likes to plan his meals. Learning that healthful foods are appetizing foods, learning the combinations of foods which are most valuable to health, and forming the habit of eating a balanced lunch, are permanent health assets. Coming to lunch with clean hands, and contributing to the quiet enjoyment and friendliness of an unhurried lunch-hour represent practical education of a high standard. Much of the important business of life is conducted over the dining table.

The school feeding programme may also stimulate classroom instruction and suggest activities for the children. Facts about the sources of common foods, their methods of production, transportation, storage, cooking and serving, become far more palatable when these foods are actually served at lunch in the school. Planting and caring for a garden are natural results of good teaching in nutrition. The feeding of animals takes on a new meaning. In some instances it may be possible for the children, under supervision, to plan, prepare and serve school lunches. In schools where no lunch is served, teachers and parents can initiate a group project by co-operating to make hot lunches available.

The lunchroom atmosphere should approximate to conditions found in the best public eating places and homes. The crashing and banging of dishes and trays and the shouting of children above the din is no more acceptable than the funeral calm imposed by some teachers. Pleasant conversation, attractive surroundings and sufficient time for eating contribute to emotional and social health as well as to happiness and nutrition. These ceremonies are "the sauce to meat".

Purpose of the workshop: Discovering problems and suggesting practical ways of improving school feeding programmes.

Here are some suggestions relating to problems in the school feeding programmes in the schools and communities represented at the workshop:

1. *Delay in the distribution of milk supply*—affects mainly the small schools in rural and urban areas. Distribution of 6 months supplies to each school at a time would save cost and prevent this delay.
2. *Preparation of the mid-morning snack*—senior pupils who are usually made to do the preparation, often without supervision, miss lessons; voluntary help should be encouraged through parent—teacher associations.
3. *Serving of milk is handicapped by lack of utensils*—local drives should be made to provide cups and pails and ladles.
4. *Storage and preparation facilities are absent*—in new school buildings special rooms should be set aside for use as milk rooms and lunch rooms.
5. *Middy meals*—should be better planned from a nutritional point of view.
6. *Handwashing facilities*—should be provided in every school.
7. *Seating accommodation*—should be provided both for the mid-morning snacks and the midday meals.
8. *Lunch programmes in rural areas*—should be organized as a community effort and not as a dole from government. Contribution in kind and in labour should be encouraged.
9. *Preparation of meals on the school premises*—considered to be more advantageous than distribution. The co-operation of the parents could be enlisted more easily.
10. A survey of the preparation and distribution of lunches is recommended with a view to reorganizing the feeding programme.
11. *Monthly returns*—should be revised so as to give more relevant data.
12. Checking on weight and height and general development of children who benefit from the feeding programmes should be done once each term.

13. The help of the Marketing Board might be sought in planning the better distribution of supplies.
14. Sanitary inspectors should teach clean food-handling methods to all those participating in the feeding programmes.
15. Insect control should be intensified in all schools.
16. Returns on school feeding programmes should be filled out carefully by teachers to enable better planning by those in authority.

ENVIRONMENTAL SANITATION IN SCHOOLS

"Every school has a responsibility for providing a healthful environment: physical, social, spiritual and emotional. The authority which requires pupils to attend school implies the responsibility to provide an environment as evocative as possible for growth, learning and health. Location of the school should be chosen with a view to ample space for buildings and grounds; to safety from accident hazards; to freedom from noise; to cleanliness; and to the provision of as good drainage as possible. The school should not be at the bottom of the valley nor at the top of an exceptionally high hill. There should be appropriate sunshine and shade. The location should be easily accessible, particularly for small children.

"Construction and maintenance of the school building should be superior to standards established by law and health regulations. Important considerations are adequate size; appropriate ventilation, lighting and acoustics; adjustable seats with regard for postural considerations; attractive decorations; fire and hurricane proof construction. Lavatories and handwashing facilities should be adequate and accessible.

"Play areas with necessary dressing and shower rooms should be available. School facilities should be accessible for community use. There should be adequately planned and equipped health service rooms.

"Housekeeping procedures and the maintenance of sanitary facilities in the building and school-grounds should be under constant supervision. In addition a complete, detailed survey of sanitary conditions and facilities should be made at least once each year. Written reports, listing recommendations for improvements, should be filed with school managers, education officers, medical officers and be made available to the public."

Thus reads "A Charter for School Health" of the American Medical Association which was consulted by the workshop.

1. *Existing legislation*: The legal position regarding the provisions of latrine facilities in schools is governed by Section 23 of the Public Health Ordinance, 1942 and the Board of Education Rules (S.R. & O. No. 33 of 1947), which read as follows:

Section 23 of the Public Health Ordinance, 1942.

"(1) Where it appears to the Senior Health Officer that any house or building is used or intended to be used as a factory or school by persons of both sexes he may if he thinks fit by written notice require the owner or occupier to construct a sufficient number of water-closets, earth-closets or privies, for the separate use of each sex within a time specified therein.

"(2) Any person who neglects or refuses to comply with any such notice shall be liable on summary conviction to a fine not exceeding one hundred dollars and to a further fine not exceeding five dollars for every day during which he makes default."

Regulation 4(b) of the Board of Education Rules 1947.

"Every school shall be provided with latrines for the use of *teachers and pupils*. In mixed schools separate latrines shall be provided, as far apart as possible, for boys and girls. The latrines shall be constructed and maintained to the satisfaction of the Medical Department. The number being at the rate of 2 for every 50 pupils in average attendance: provided that where a school has 50 pupils or under in average attendance there shall be one latrine for each sex."

Purpose of the workshop: Discovering needs and discussing realistic ways of improving existing community environmental conditions, with special reference to the school child.

The following needs in environmental sanitation were examined and some of the suggestions made were as follows:

1. *Enforcement of existing legislation*—as the Denominations have to approach Government for help, Government should insist that the law is complied with.
Latrines for teachers are practically non-existent.
2. *Cleaning the latrines*—proper supervision by teachers and sanitary inspectors.
3. *Personal hygiene*—should be discussed at parent-teacher meetings, since the success of it depends upon full co-operation between the home and the school.

4. *Formation of good habits*—best results are achieved by example.
5. *Inadequate water supply leads to*—unsanitary drinking habits, no handwashing facilities, gastro-intestinal diseases.
6. *The schools influence in the community*—must be reinforced by adult health education, participation by public health nurses and sanitary inspectors at parent-teacher meetings.
7. *Clean homes*—may be encouraged by giving certificates for best kept homes.
8. *Clean towns*—may be encouraged by slides, slogans, posters.
9. *Structure of school buildings*—hurricane Janet proved the importance of concrete structures; school buildings should also serve as hurricane shelters in the rural areas, community centres, clinics.
Therefore Government would be justified in giving the Churches more aid in the erection and maintenance of school buildings.
10. *Ceiling the rural schools*—would reduce heat.
11. *Refuse disposal*—covered dustbins should be provided for every school in order to teach its use to the community.
12. *Preparation of school meals*—personnel in charge of cooking and handling school meals should be regularly examined by a Medical Officer. They should also be given a "food handlers course". Public Health nurses might supervise the preparation and distribution of school meals.

WORKSHOP PARTICIPANTS

Consultants

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|----|--------------------------------|----|----|----|---|
| 1. | S. F. Farnsworth, M.D., M.P.H. | .. | .. | .. | Director, Zone III Pan American Sanitary Bureau. |
| 2. | M. de Moraes | .. | .. | .. | Consultant, Nursing Education, World Health Organization. |

Resource Persons.

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|----|-----------------------------------|----|----|----|---------------------------------------|
| 1. | L. C. Angiers, B.A. | .. | .. | .. | Principal, Teacher's Training College |
| 2. | E. C. Davies R.S.I. | .. | .. | .. | Sanitary Inspector, Belize |
| 3. | I. Hall, A.R.S.H. | .. | .. | .. | Senior Public Health Nurse, Belize |
| 4. | E. Losonczy, M.B.E., M.D., D.P.H. | .. | .. | .. | Medical Officer of Health, Belize |

Mental Hygiene Group

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|----|-------------------|----|----|----|----------------------------------|
| 1. | E. Bennett R.S.I. | .. | .. | .. | Public Health Nurse, Stann Creek |
| 2. | Carlos Engleton | .. | .. | .. | Teacher, Crooked Tree |
| 3. | R. Figueroa | .. | .. | .. | Sanitary Inspector, Corozal |
| 4. | K. Longworth | .. | .. | .. | Ward Sister, Belize Hospital |
| 5. | A. Mejia, B.E.M. | .. | .. | .. | Public Health Nurse, Corozal |
| 6. | Rudolph Norales | .. | .. | .. | Teacher, Roaring Creek |
| 7. | E. H. Pitts | .. | .. | .. | Teacher, Ebenezer School Belize |
| 8. | Andrew Valentine | .. | .. | .. | Teacher, San Jose Nuevo |

School Health Service Group

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|-----|-----------------|----|----|----|---------------------------------|
| 1. | Olivia Amaya | .. | .. | .. | Teacher, Yo Creek |
| 2. | E. A. Castillo | .. | .. | .. | Sanitary Inspector, Stann Creek |
| 3. | S. E. Enriquez | .. | .. | .. | Teacher, Caledonia |
| 4. | Phyllis Gaynair | .. | .. | .. | Teacher's Training College |
| 5. | M. L. Grant | .. | .. | .. | Teacher, Boom |
| 6. | E. Kerr | .. | .. | .. | Teacher's Training College |
| 7. | Barbara Powell | .. | .. | .. | Teacher's Training College |
| 8. | Roy Rivers | .. | .. | .. | Teacher, Mango Creek |
| 9. | C. Rhys | .. | .. | .. | Public Health Nurse, El Cayo |
| 10. | L. Robateau | .. | .. | .. | Public Health Nurse, Belize |
| 11. | Sedella Skeen | .. | .. | .. | Teacher, Wesley School Belize |
| 12. | Phyllis Stuart | .. | .. | .. | Teacher, Ebenezer School Belize |

Feeding Programme Group

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|-----|--------------------------|----|----|----|---------------------------------------|
| 1. | Elswith Betson | .. | .. | .. | Nutrition Officer, Health Department |
| 2. | D. J. Flowers | .. | .. | .. | Teacher, Wesley School Belize |
| 3. | Violet Ford | .. | .. | .. | Teacher, Rockstone Pond |
| 4. | Daisy Hornby | .. | .. | .. | Teacher, Belize |
| 5. | L. E. Humphreys M.R.S.H. | .. | .. | .. | Sanitary Inspector, Belize |
| 6. | E. Johnson | .. | .. | .. | Nurse, Nazarene Mission, Benque Viejo |
| 7. | J. Noguera | .. | .. | .. | Public Health Nurse, Belize |
| 8. | Elinor Pennil | .. | .. | .. | Guradate, Technical High School |
| 9. | Marie Usher | .. | .. | .. | Teacher, Holy Redeemer School, Belize |
| 10. | D. E. Uter | .. | .. | .. | Teacher, Ebenezer School, Belize |

Environmental Hygiene Group

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|----|------------------|----|----|----|-----------------------------------|
| 1. | J. Alcoser | .. | .. | .. | Sanitary Inspector, Belize |
| 2. | C. J. Augustine | .. | .. | .. | Teacher, Caye Caulker |
| 3. | Enid Mitchell | .. | .. | .. | Teacher, Belize |
| 4. | E. Bell | .. | .. | .. | Rural Health Nurse, Gales Point |
| 5. | J. M. Logan | .. | .. | .. | Teacher, St. John's School Belize |
| 6. | T. J. Miranda | .. | .. | .. | Teacher, Wesley School Belize |
| 7. | Oswald Reyes | .. | .. | .. | Teacher, San Roman |
| 8. | F. Staine R.S.I. | .. | .. | .. | Sanitary Inspector, Orange Walk |