

FRAMEWORK EDUCATION PROGRAMMES AND THE ATTITUDES OF TEACHERS IN PRE-PRIMARY AND PRIMARY EDUCATION TO SELECTED ASPECTS OF HEALTH EDUCATION

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Abstract: *The paper points out certain persisting attitudes held by pre-primary and primary school teachers that represent an obstacle to the full implementation of the educational programme “Health Education”.*

Comparison of the results of studies into the work of teachers in the area of health education before and after the introduction of the Framework Education Programme in schools showed that the topics of drug prevention education (and illegal drugs in particular) and sex education (including the prevention of sexual abuse) are still incorporated into teaching only sporadically or not at all. The attitudes of teachers to open education in this area, which encroaches on the intimacy of the family, continue to be influenced, first and foremost, by their own individual scholarship, communication skills (including communication with the families of their pupils), their view of the world and their personal experience.

Instruction in the area of medical skills and first aid also continues to lack a systematic approach in the majority of schools, generally taking the form of one-off project days at which instruction is the responsibility of members of the emergency services. The approach taken by teachers is primarily influenced by the fact that their training is generally merely theoretical, and that they have not had the opportunity of training lifesaving methods in practice. They lack the practical skills required for teaching such methods, for which reason they do not demonstrate them.

Keywords: *drug prevention education, sex education, instruction in medical skills and first aid*

Introduction

The issue of health (healthcare and health education) can be said to have become part of the education offered in our schools many decades ago, evidence of which is

provided by, for example, textbooks of elementary teaching and science dating back to the formation of Czechoslovakia (e.g. TŮMA, 1920, etc.). The idea of health education is not, then, an entirely new one within the educational system in this country. Various topics associated with a knowledge of the human body, health and illness, injuries, first aid, etc. were incorporated into teaching, though this could not be considered a comprehensive or thoroughly integrated system encompassing all aspects of health. The aim of this *health and hygiene conception*, focusing on medicine, was primarily:

- *to ingrain habits of good hygiene*
- *to prevent infectious diseases*
- *to provide first aid instruction*

This conception continued until the nineteen nineties, and in its time made a great contribution to the awareness of the population of this country and to the majority of the population observing the principles of good hygiene and the recommendations and instructions of medical staff, and taking an interest in health education, to this day.

The change in political conditions at the beginning of the nineteen nineties was accompanied by increasingly frequent calls from health service staff and educators for an improvement to the environment seen in primary schools, which inevitably created health risks for children (the excessive burden placed on the children, situations of mental stress, their being forced to sit in place for long periods of time, the general restriction of physical movement, the risk of social conflict, etc.).

Efforts aimed at improving the primary school environment were supported by the Faculty of Education at J. E. Purkyně University in Ústí nad Labem in 1992 with the introduction of the optional course “Health Education”, which was then incorporated into the compulsory syllabus for the study fields Teaching at the First Level of Primary School and Pedagogy in the following year (1993). This was inspired by the “Programme of Improvement for Primary Schools” drawn up by the National Institute of Public Health and the study trip to Holland taken by Czech university educators in 1991, during which they became acquainted with the content and conception of “Health Education” in Dutch primary schools and with the idea of the “Healthy School” project, which was beginning at that time.

If Czech educators were rather bewildered by the wide-ranging scope of “Health Education” in the local primary schools during their trip to Holland in 1991, by 1995 it had become clear that the problems leading to this conception of health education in the countries of Western Europe (drug abuse, the increase in aggression, the issue of AIDS, etc.) had also snowballed in this country. The aforementioned “Standard of Primary Education in the Area Healthy Lifestyle” of 1995, along with the introduction of the position of school prevention methodologist, were the first responses of the Ministry of Education of the Czech Republic to the rapid spread of negative social influences among increasingly young age groups of primary school pupils. In essence, this represented a (largely borrowed) model of health education used in Belgium, Holland and other Western European countries, in which elements of health education were accompanied by environmental education.

The “Standard of Primary Education in the Area Healthy Lifestyle” introduced into schools in 1995 by a Ministry of Education Gazette set out the following basic components of health education:

- The individual development of the child (self-fulfilment)
- Physical and mental hygiene, a daily regime
- Nutrition
- Exercise
- Drug prevention education
- Sex education
- Personal safety

Issues that had formerly been widely seen as extremely intimate and delicate (drug prevention education, sex education and the prevention of risks associated with personal safety, including child abuse), that encroach on the intimacy of the family, became part of the educational curriculum in our schools on an official basis for the first time. It had always been the family, first and foremost, that had selected a certain strategy in these areas with a view to family traditions, their view of the world, their religious beliefs and the personal experience of family members. Three basic approaches, which can also be distinguished among individual educators, can be seen within these strategies:

- The restrictive approach – sees first and foremost the risks and threats of social destabilisation in the provision of information relating to intimate issues and drugs. Sees a solution to the influence of destabilisation in placing as many obstacles and impediments (prohibitions, threats, the suppression of all discussion) as possible to the realisation of activities in these areas. Considers open information as potentially threatening, disintegrating and corrupting.
- The tabooising approach – a complete lack of the provision of information about these areas or discussion of a particular area being taboo. Simply ignoring a particular issue amounts to the same as a teaching method that presents the given issue as undesirable.
- The liberal–open approach – takes the position that only a universally informed and knowledgeable person is capable of properly assessing all the positive and negative aspects of these issues, and that only such a person behaves responsibly even when there is no threat of restriction. Based also on the conviction that it is possible to talk to a child about anything, even serious and intimate matters, openly from the earliest age. Suitable words corresponding to the child’s intellectual development and age can always be found, divesting the issue in question of its mythical nature and mysteriousness. Sufficiently strong barriers to asocial behaviour can be formed for the future before the child’s first contact with a negative phenomenon at a time at which the child still has a complete acceptance of authority.

Following the introduction of the “Standard of Primary Education in the Area Healthy Lifestyle” into schools, its teaching at the first level of primary school fell within “Elementary Teaching” (elements of health education) and in years 4 and 5

within “Science”. The course “Health Education” (33 teaching hours) was drawn up as part of the subject “Science” within the educational programme “Primary Schools”, with the knowledge and practical skills demanded being elaborated in detail for the individual components of health education within the programme’s syllabuses.

Our experience of school teaching (KUBÁTOVÁ, 2004) indicated that more than 80 % of teachers in the first level of primary schools working according to the educational programme “Primary Schools” overlooked the course entitled “Health Education” and failed to implement it, as it was not attached to the subject “Science” as an integral part of it within the programme’s syllabuses, but given elsewhere. Teachers took no interest in this course, since Health Education did not exist as a separate subject, and since the majority of teachers overlooked the Gazette introducing health education and a healthy lifestyle into schools.

Teachers’ attitudes to drug prevention education

Drug prevention education fared worst of all aspects of health education in the aforementioned research into the work of teachers according to the “Standard of Primary Education in the Area Healthy Lifestyle”, in which 93 teachers in the first level of primary schools in Bilina, Most and Teplice took part. Responding to the question as to whether teachers agree to the inclusion of drug prevention education in the educational curriculum, 70 % of those questioned replied positively, 21 % were unable to decide whether it was a good or bad thing, and 9 % of teachers were definitely opposed. These attitudes were confirmed by their responses to the question as to how often the teachers considered the topic during teaching. A total of 8 % of teachers held the tabooising approach, i.e. stated that they deliberately avoided the issue of drugs in an alleged effort not to draw children’s attention to drugs, and 52 % of teachers incorporated the issue into teaching less than once a month, and then only in response to a particular problem that had to be resolved.

Table 1: What did primary school teachers in the Central Bohemia and Ústí Regions consider the greatest problem in the area of negative social phenomena in the year 2008–9 (n = 64 teachers from 16 schools)

Negative phenomenon / Occurrence among pupils (% of teachers’ answers)	not at all %	sporadically %	among 1/3 of pupils %	among 1/2 of pupils %
Addictive substances, primarily smoking	26	53	15	6
Bullying	18	76	6	-
Absenteeism (primarily truancy)	35	59	6	-
Rude and vulgar behaviour towards teachers	23	71	5	-
Theft	21	76	3	-

a) Drug prevention education in primary school syllabuses in the Ústí Region in the 2008–9 school year:

- In spite of the fact that, according to the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA, 2004), 36.2 % of 13-year-old children in this country have had at least one experience of sniffing solvents, 20.7 % an experience with the use of cannabis products, 18.1 % with the use of ecstasy, and 12.4 % with the use of pervitin, the school syllabuses drawn up in accordance with the Framework Education Programme that we had at our disposal do not reflect this situation to any great extent. Research among teachers in the 2008–9 academic year, however, showed that it is drugs that teachers consider the greatest problem in the area of negative social phenomena (KŮPEČKÁ, 2009, see Table 1).
- In spite of the fact that the issue of drugs affects increasingly young age groups, a third of teachers at the first level of primary school still believe that talking to young schoolchildren about illegal drugs only arouses or increases an undue interest in them, and do not realise the importance of awareness and the formation of defences and anti-drug attitudes at a time at which children have yet to encounter the given phenomenon.
- At a number of schools there may be a certain tabooising of the issue of drugs associated with fears for the prestige of the school and concerns that the school may attract smaller numbers of pupils. In this respect, the public should be informed in a targeted manner of the fact that no school can avoid socio-pathological phenomena, including drugs, and that it is of the utmost importance that these phenomena are not concealed, but rather resolved. Schools that prove capable of successfully resolving any problems that do arise and ensuring personal safety and the health of the social environment for each child should, in contrast, gain even greater prestige. Following our research into the primary school syllabuses at selected schools in the Ústí Region we stated that a school drug prevention strategy had been incorporated in a comprehensive manner both into the school syllabus and on the school's webpages for parents, including information about how to tell whether their children are taking drugs and recommendations of action to be taken in such cases, at only two of the twenty primary schools studied.
- It is, however, positive to see that drug prevention education was included in all the twenty primary school syllabuses in the Ústí Region that were available to us. In view of the fact that this related merely to alcohol and smoking in the majority of cases, the introduction of the Framework Education Programme for Primary Education in schools can be said to have resulted in a desired shift in the attitudes of teachers to school drug prevention teaching as compared to the situation before its introduction, though generally only in the case of alcohol and smoking.
- It is clear from the primary school syllabuses evaluated at selected schools and the School Prevention Programmes that draw up methodologies of prevention, and which are referred to in primary school syllabuses, that one-off projects from outside the school that establish methodologies of prevention are generally used in school drug prevention education, rather than systematic work on the part of the teacher.

A total of 42 % of teachers state that when teaching drug prevention (understood principally as anti-smoking) to their pupils they feel a sense of futility, feel that they are lacking necessary skills, or feel that the family has a greater influence (KOPECKÁ, 2009).

The teacher’s own relationship to drugs also plays a role in teaching, as is shown by research conducted among future primary school teachers at the Faculty of Education at J. E. Purkyně University in Ústí nad Labem (see below). The Czech public is generally considered to have an extremely tolerant attitude towards drugs, and this is also true of many of our future teachers. A tolerant attitude towards certain psychotropic substances may have an influence on the plausibility of their teaching work with their pupils (see Diagrams 1, 2, 3 and 4).

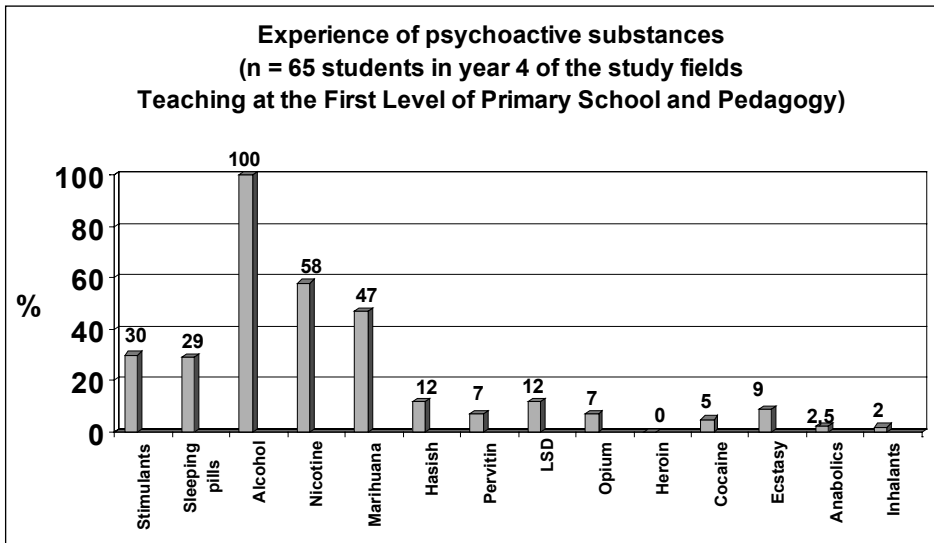


Diagram 1: Students’ experience of psychoactive substances

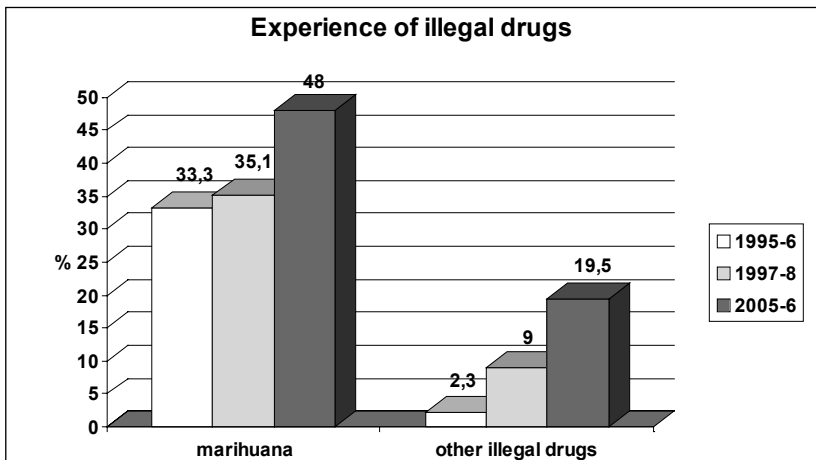


Diagram 2: Students’ experience of illegal drugs in the period 1995–2006

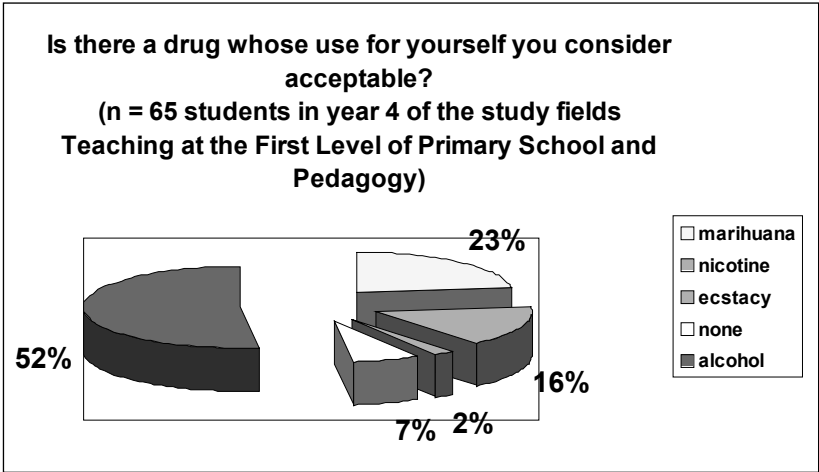


Diagram 3: Students' attitudes towards the tolerance of drugs

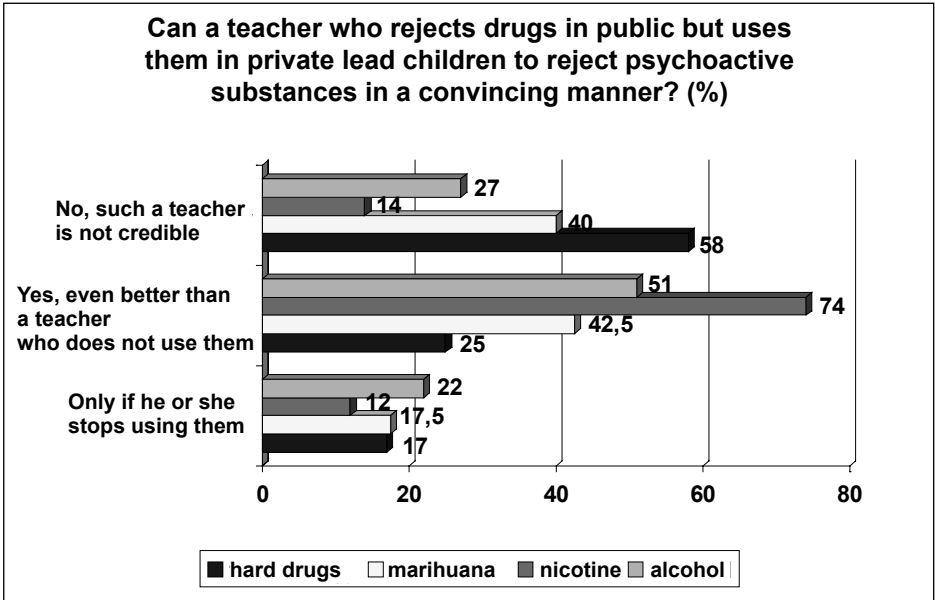


Diagram 4: Students' view of the teaching work of teachers in the area of drug prevention in relation to their own private lifestyle
 (n = 65 students in year 4 of the study fields Teaching at the First Level of Primary School and Pedagogy)

b) Drug prevention education in nursery school syllabuses in the Ústí Region in the 2008–9 school year:

Only 15 % of the 23 preschool syllabuses in the Ústí Region available to us included a programme of drug prevention education relating to alcohol and smoking. This result indicates that nursery schools are not, as yet, fully aware of the importance of their role in shaping attitudes towards drugs at an age at which children are most easily influenced.

Teachers' attitudes towards sex education

Our experience of teaching before the introduction of the Framework Education Programme for Primary Education and Framework Education Programme for Preschool Education into schools indicated, on the basis of our research, that sex education (if taught at all) was not taught in a comprehensive manner, but rather on a psychological and social level (KUBÁTOVÁ, 2004).

Factors influencing the attitude of teachers towards sex education (n = 67 teachers at the first level of primary school, Děčín)

Factor	% of respondents		
Faith	Religious 17 %	Not religious 83 %	Did not say 0 %
Sexual orientation	Heterosexual 89 %	Homosexual 1.6 % Bisexual 6 %	Did not say 3.4 %
Sexual abuse in childhood	Physical 2 %	Verbal 1 %	None 96 %
Relationship towards sex	Positive 73 %	Difficult 27 %	Did not say 0 %
Concerns about possible problems with the families of pupils	Yes 86 %	No 14 %	Do not know 0 %

The greatest problem was seen to be the lack of soundness among teachers in the area of sex education and the resulting uncertainty as to how to teach sex education in such a way that there was no conflict with the families of pupils.

Sex education in nursery school and primary school syllabuses in the Ústí Region in the 2008–9 school year:

- There was no specific mention of either sex education or prevention of sexual abuse in any of the 23 preschool syllabuses in the Ústí Region available to us, in spite of the fact that the media have recently presented a number of dramatic cases of sexual abuse and child abuse. E. VANÍČKOVÁ, K. PROVAZNÍK, HADJ-MOUSSOVÁ (1999) draw attention to the importance of the school in the prevention of sexual abuse and child abuse.

- The 20 primary school syllabuses in the Ústí Region available to us gave most frequent mention to the prevention of HIV AIDS (18). None of them made specific mention of the prevention of sexual abuse or child abuse.
- The teacher training experience of students points to the fact that sex education is still neglected in our schools. Only 2 of 32 students in year 4 of the study field Teaching at the First Level of Primary School encountered the topic of sex education during continuous work experience in the current academic year. Of 12 students studying Nursery School Teaching none encountered the topic.

Teachers' attitudes towards the teaching of medical skills and first aid

Our experience of teaching following the introduction of the “Standard of Primary Education in the Area Healthy Lifestyle” into schools was that this area continued to be neglected. The principal reason for this was the uncertainty of the teachers themselves in respect of the skills of lifesaving and first aid, resulting in them being unable to pass them on to their pupils.

First aid teaching in primary school syllabuses in the Ústí Region in the 2008–9 school year:

The teaching of medical skills and first aid was included in all twenty of the primary school syllabuses in the Ústí Region that were available to us. It can be said, however, that their teaching in the majority of schools is still not conducted on a systematic basis, usually taking the form of one-off project days at which instruction is the responsibility of members of the emergency services. Teachers' attitudes are influenced primarily by the fact that although they are trained, this training is generally only theoretical, and does not give them the chance of trying out lifesaving methods in practice. They still lack the practical skills necessary for teaching, for which reason they do not perform this teaching themselves. The majority of schools also do not have sufficient aids (resuscitation dummies, training bandages, etc.).

Research conducted among pupils in years 5 and 9 at primary schools in the Litoměřice area (ISEROVÁ, 2009) discovered that the unsystematic approach to the teaching of first aid and the reliance of teachers exclusively on project days featuring demonstrations of the work of the emergency services are reflected negatively in the knowledge and skills of pupils, particularly in the higher years of primary school, where interest in such repeated events falls. The discovery that self-assessment on the part of the pupils did not reveal any great difference between pupils in years 5 and 9 is particularly alarming. The percentage of year 9 pupils who believed themselves capable of providing first aid to an unconscious person was actually lower than that of year 5 pupils (see Diagrams 5 and 6).

It is appropriate to support interest in the teaching of first aid among older pupils, who have a greater interest in modern technology, with the use of media sources (com-

puter technology, the Internet, communication over the Internet, etc.). The commensurate skills and a sense of certainty in performing first aid cannot, however, be attained without practical training. Teachers' attitudes towards the teaching of first aid cannot change if they do not themselves attain practical skills in first aid methods. Modern teaching methods also demand the use of computer technology and the Internet, in order that teachers do not lag behind their pupils.

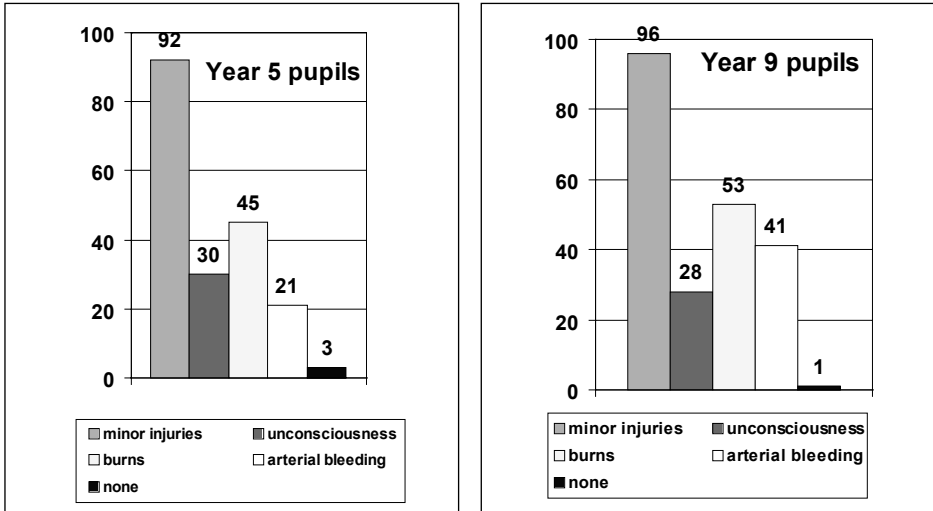


Diagram 5: A comparison of the ability of pupils in years 5 and 9 (expressed by the pupils themselves) to provide first aid (%)

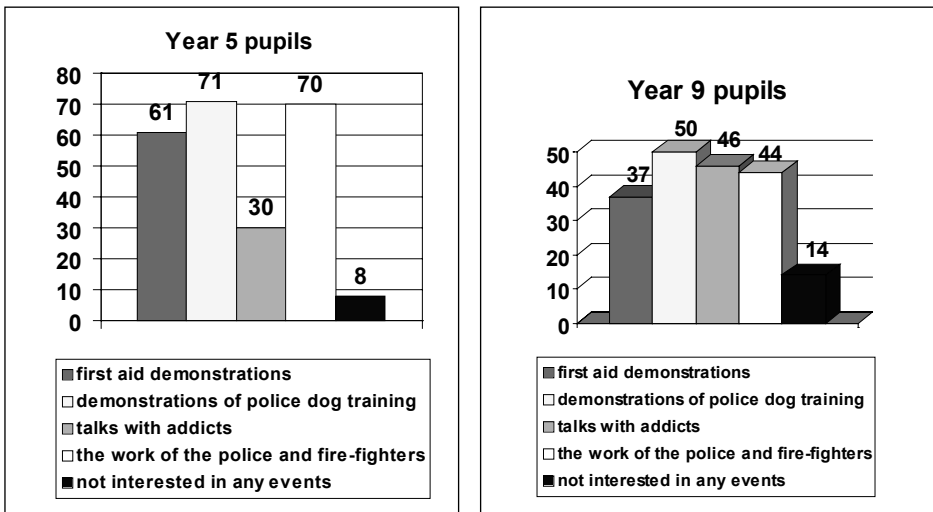


Diagram 6: A comparison of the level of interest among pupils (as expressed by the pupils themselves) in various project day events (%)

The creation of preschool and primary school syllabuses in the area of health education

Health support has become an integral part of the Framework Education Programme for Preschool Education and Framework Education Programme for Primary Education in the Czech Republic – binding documents for nursery schools and primary schools – and the school syllabuses based on them. Both these programmes offer schools wide-ranging opportunities for the realisation of health education, which are reflected in educational goals, competencies, conditions and content. **The creation of school syllabuses is, however, extremely dependent on the soundness of those drawing them up, in order that important aspects of health support are not neglected.**

The principal educational area for health education within the Framework Education Programme for Preschool Education is The Child and Its Body. The most important results expected include:

- The child being able to name the parts of the body and certain organs (including the genitals), knowing what their function is, having an awareness of its body and its development (birth, the growth of the body and its changes), knowing the basic terms used in connection with health, exercise and sport.
- The child being able to differentiate between what is good for the health and what is detrimental to it; the child behaving in a way that does not endanger its own health, safety or well-being or that of others in ordinary situations familiar to it.
- The child being aware of certain ways of protecting its personal health and safety, and about where to seek help if necessary (who to turn to, who to call, how to do this, etc.).

The principal educational area for health education at the first level of primary school within the Framework Education Programme for Primary Education is Man and His World, subject area Man and Health. The most important results expected include:

- Pupils expressing a responsible relationship towards themselves and the rules of a healthy lifestyle.
- Pupils reacting in an appropriate way to physiological changes during adolescence and behaving in a civilised manner towards the opposite sex.
- Pupils understanding the medical and psychosocial risks associated with the abuse of addictive substances and the prospects in life of young people; applying acquired social skills and models of behaviour when they come into contact with socio-pathological phenomena both at school and outside school; seeking expert help for themselves and others if necessary.
- Pupils expressing responsible behaviour in situations in which their health or personal safety is endangered, under extraordinary circumstances; providing adequate first aid if necessary.

In drawing up preschool and primary school syllabuses it should be remembered that the principal goals of drug prevention education at the preschool and early school age include:

- Having an influence on the child within the framework of primary drug prevention. The role of the teacher comes to the forefront in pre-primary and primary education, as at a preschool and early school age the child still has a complete respect of authority and is therefore still capable of forming effective defences against antisocial behaviour and antisocial acts.
- Forming attitudes against drugs, if possible before the child comes into contact with drugs for the first time.
- Preventing imitation in cases in which a child sees a bad example in the family or its surroundings, thereby avoiding later problems associated with the abuse of alcohol, other drugs and medicaments.

It should also be remembered that the principal aims of sex education at a preschool and early school age include:

- Teaching children to be aware of and like their bodies, and to want to take care of them.
- Supporting civilised communication between boys and girls.
- Contributing towards the prevention of sexual abuse and child abuse (identification of the intimate parts of the body, a knowledge of what certain kinds of touching mean, when one shouldn't keep a "secret", what to do in the case of danger posed by contact with strangers and possible danger posed by family members, acquainting children with the proper role of individual family members in relation to them).

Practical skills are the most important in the teaching of first aid.

Conclusion

- The results of our research into school syllabuses drawn up in accordance with Framework Education Programmes (20 primary school syllabuses and 23 preschool syllabuses in the Ústí Region) showed that the topics of drug prevention education (specifically illegal drugs) and sex education (including the prevention of sexual abuse) appear only sporadically or not at all.
- The majority of teachers in pre-primary and primary education still do not appreciate the importance of primary prevention, including the primary prevention of drug dependency, which should come at a time before children's first contact with this negative phenomenon, and that they are not fully aware of the importance of their role for children at a preschool or early school age in creating defences against risky behaviour in the future.
- In the area of drug prevention and sex education we see a persistence of the attitudes held by teachers in the period before the introduction of the Framework Education Programme for Preschool Education and Framework Education Programme for Primary Education, with the exception of the prevention of alcohol and smoking. The attitudes of teachers to open education in this area, which encroaches on the intimacy of the family, are particularly influenced by their individual scholarship, communication skills (including communication with

the families of their pupils), their own view of the world and their own personal experience.

- Rather than systematic work in the teaching process about delicate or intimate subjects or during first aid instruction, teachers tend to rely on one-off events held on project days at which instruction is the responsibility of external experts.
- For older pupils with a greater interest in modern technology, it is appropriate to focus on teaching in this area (computer technology, the Internet, communication over the Internet, etc.), which necessitates teachers having the appropriate skills in the use of computer technology and the Internet, so as not to lag behind their students.
- Our findings raise the question as to whether the Framework Education Programme for Primary Education is not too general, i.e. whether it provides those drawing up primary school syllabuses with all the necessary foundations for drawing up a high-quality syllabus that does not neglect any of the important aspects of health support. At the present time, the most important thing in the drawing up of school syllabuses is the soundness of those drawing them up.

RÁMCOVÉ VZDĚLÁVACÍ PROGRAMY A POSTOJE UČITELŮ PREPRIMÁRNÍHO A PRIMÁRNÍHO VZDĚLÁVÁNÍ K VYBRANÝM ASPEKTŮM VÝCHOVY KE ZDRAVÍ

Abstrakt: Příspěvek poukazuje na některé přetrvávající postoje učitelů preprimárního a primárního vzdělávání, které jsou na překážku realizace vzdělávacího obsahu „Výchovy ke zdraví“ v plném rozsahu.

Porovnáním výsledků průzkumu práce učitelů v oblasti výchovy ke zdraví před a po zavedení RVP do škol bylo zjištěno, že tematika protidrogové výchovy (konkrétně nelegálních drog) a sexuální výchovy (včetně prevence sexuálního zneužívání) je zařazována do výuky i nadále jen sporadicky nebo vůbec. Postoje učitelů k otevřené výchově v této oblasti, která zasahuje i do intimity rodiny, jsou i nadále ovlivněny především jejich erudovaností, komunikativními schopnostmi (včetně komunikace s rodinami žáků), světovým názorem a osobními zkušenostmi.

Také výuka zdravotnických dovedností a první pomoci stále na většině škol neprobíhá systematicky, nejčastěji jen formou jednorázových projektových dní, kdy výuku přebírají členové záchranných sborů. Postoje učitelů jsou ovlivněny především tím, že jsou sice proškolení, ale obvykle jen teoreticky, bez možnosti vyzkoušet si život zachraňující úkony prakticky. Pro výuku jim chybí praktické dovednosti, proto ji sami neprovádějí.

Klíčová slova: protidrogová výchova, sexuální výchova, výuka zdravotnických dovedností a první pomoci