

HEALTH PROMOTION IN THE CURRICULUM AND EDUCATIONAL REALITY AT THE PRIMARY AND SECONDARY SCHOOLS

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***Abstract:** The paper presents the results of a comparative study focusing on the current state of implementation of the education to promote and protect health into educational programmes for primary-school pupils and grammar-school students, as prepared at the Centre for health education within the Faculty of Education of Charles University, Prague. Research has shown that the educational programmes at schools and in particular the educational reality do not live up to the visions of the authors of the pedagogical documentation in this respect. The paper analyzes the causes of the identified state and presents possible solutions.*

***Keywords:** health education, curriculum, school educational programmes*

1. Implementation of the “Health 21“ programme objectives into the educational system

More than 10 years have passed since the publication of the “Health 21“ document which can be seen as the basis laid for the present European strategy of health promotion. In the Czech Republic, too, the issues concerning the comprehensive approach to health care have become a priority of the health care policy with regard to the objectives of the Long-term programme to improve health of the Czech Republic population known as “Health for all in the 21st. century“ (Government Resolution No. 1046/2002), and have been reflected in the description of work content for several departments. It is necessary to follow in this connection to what extent the fulfilment of the tasks set for the department of education in this field continues with success. In relation to the need to increase the health literacy among the population, specialists are first of all interested in the current stage of implementation of health education into schools. What activities are being effectively developed in schools and educational institutions in the area of health promotion? Can any positive changes be seen in the given area?

The Ministry of Education, Youth and Sports of the Czech Republic submits reports on fulfilling the “Health 21” programme. These documents show that the curricular documents represent an integral system of education in the health area, continuously supported by an information methodical portal and an expanded offer of continued education for teachers and educators. We are pleased to state that at the level of state curriculum the problems related to health promotion are among educational priorities and should be comprehensively and “spirally” developed at schools. The health education objectives formulated by the framework educational programmes (i.e. RVP) for the system of secondary education are a continuation of the RVP for primary education, namely of the programme for pre-school education. At the same time grant programmes are supported aimed at health education, prevention of accidents or forming of nutritional habits of children and youth. The ‘Health promoting school’ programme is being developed.

The realization of the goals in the area of health education in the elementary schools was reviewed by the Czech School Inspection during the school year 2007/2008; it carried out inspections in 116 elementary schools. There were considerable differences found between schools already at the level of implementation of the health education objectives into the school educational programmes (i.e. SVP). Only 48 % of the schools satisfactorily incorporated the conditions for healthy teaching and the fields of education associated with the subject, into the SVP. These schools created better projects of risk behaviour prevention compared with the others, nearly half of them made use of specialist assistance.

The report further states that schools primarily focus on providing healthy nutrition for pupils, safety and health protection mainly during their stay at school. The quality of school meals has improved, now nearing the principles of healthy eating, as well as the availability of drinks during the school day. Justified complaints about health and safety of children and pupils in schools being put at risk are rather are and usually made repeatedly about one particular school.

The school managements made it possible for 37 % of the educators to complete courses treating the subject of health education in 2007/2008. All the school staff are continuously trained in the area of safety and health protection (pursuant to Article 103, para 2 of the Labour Code) and in organizing first aid (pursuant to Article 102, para 6 of the Labour Code). Despite this effort the schools still have not managed to reduce the occurrence of accidents. The adopted preventive measures lack in efficiency and frequently are treated as mere formality. Although schools have drawn up preventive strategies to forestall bullying, the evidence given by pupils testifies to bullying incidents not being rare in elementary schools.

The above results suggest that two possible angles of views need to be considered when evaluating the level of fulfilment of the Health 21 programme objectives in the department of education. At the legislative and conception levels an important positive shift has definitely been achieved. Schools and educational institutions have the state-guaranteed documents available that define expected outputs, i.e. clearly describe what competences for pupils to acquire in relation to health promotion the schools should aim for. The problems remain, however, at the level of transforming the curriculum into practice Marádová, 2007, Mužíková, 2007. Only some of the evaluated schools

managed to use the materials in the manner leading to their adaptation to specific conditions and thus achieve the expected targets in practice. Is this a chance finding or rather a commonplace practice?

2. Health promotion within the curriculum of the primary and secondary education

The ongoing curricular reform has entered its next phase, the transformation of education based on the framework educational programmes is applied across the systems of primary as well as secondary education. A precondition for the achievement of the expected outputs of the individual programmes is the development of pupils and students' competences within the elementary, grammar-school and vocational-school education, in relation to the objectives of the "Health 21" document, also in the area of health promotion. The elementary education is aimed at building a relation to health and awareness of preventive protection of one's own health and safety. The follow-up education at the grammar school and secondary vocational school focuses on acquiring the competence of actively promoting and protecting health within the broader community.

It should be noted that elementary school pupils in the 1st. and 6th. forms started to work according to their own SVP as early as 1 September 2007. Whereas the elementary schools have now been collecting and evaluating their experience of realization of the educational programmes which they created in the course of recent years (based on the requirements of the Framework programme for the elementary education), the grammar schools and secondary vocational schools are only now opening the "door toward transformation". The framework educational programme for the grammar schools was approved on 24 July 2007 and its implementation began on 1 September 2009.

At the elementary schools health promotion has been traditionally given (in relation to educational needs of children and their personality and social development) much more attention than at the grammar schools. In the 21st. century conditions, however, education toward health represents an important part of life literacy and preparedness of people to live a meaningful life. Therefore it is also incorporated as a new educational subject in the curriculum for grammar schools. This innovation corresponds with the European and global strategies of populationwide education, that are steadily gaining ground in the interest of the protection and improving of health of both individuals and the whole population. The realization of this educational area at the grammar school (as compared with the elementary education) can to a much greater degree draw on self-reliance of students and their active approach to problems involved, their personal experience and views, develop their responsibility for safety and health etc.

At the present time, educators no longer question the importance of incorporating the field of "Humans and Health" into all the mentioned levels of education. But it still remains unanswered how to manage this area of education so as to achieve the required health literacy.

3. Research carried out at the selected elementary schools and grammar schools with study exceeding four years

The current problems relating to the preparation of school educational programmes concerned with health education are systematically studied by a research team at the Faculty of Education at Charles University, Prague. The results of the completed long-term researches have confirmed that it is just the implementation of health education into SVP which is one of the more difficult tasks within the transformation of elementary schools and on account of that specialist support, first of all methodical, should be offered to schools in this field. The effort to find the effective form of assistance must take into account the present needs of practical teaching. With regard to that, material and operational conditions for health education in schools are explored on a running basis, including methods of incorporation of the content into syllabus, the follow-up activities of a school targeted at health promotion (projects, offers of free-time activities), preparedness of teachers to communicate health education as well as educational reality as such at the selected schools.

Interesting results have been brought by the pilot study conducted in 2008, with teachers and students of the Faculty of Education, UK, Prague, participating. Its aim was to gain information about the ways of implementing health education into school programmes at randomly selected elementary schools and grammar schools and then compare the approach to health promotion at the two types of school which conduct the education process based on the same RVP ZV. Along with that the research probe allowed for testing methodology and verification of reliability and validity of tools being prepared for broader exploration of the current state of implementation of health promotion into the curriculum and educational reality in schools.

The data was provided by **12 elementary schools and 12 grammar schools**. We assumed that in relation to the preparation of the school educational programme the SWOT analysis had been completed in these schools, describing the current situation in a given school including the area of health promotion and protection of pupils' safety, which in turn stimulated increased interest of the school staff in health education. Regarding the fact that the same outputs of elementary education (RVP ZV) are being fulfilled at the second stage of elementary schools and in the lower grades of grammar schools (with length of study over four years), there should be no significant differences in the realization of this educational area.

To verify individual hypotheses several qualitative and quantitative methods were used: content analysis of curriculum, structured interview with a member of school management, observation and questionnaire-based research among pupils of individual schools.

4. Selected results of the research

The results obtained through the individual methods were comparatively analyzed, laid out in tables, compared with other available data and commented on against the defined hypotheses.

a) Implementation of health education into syllabus

The following overview shows how the monitored elementary schools and grammar schools incorporated the health-related problems into the syllabus in their school educational programme.

No. of schools	Manner of implementation of health education into syllabus
ELEMENTARY SCHOOLS:	
4	Health education as a separate subject taught every year from the 6th. to 9th. grades.
2	Health education as a separate subject taught every year in the 6th., 7th. and 8th. grades.
2	Health education as an integrated subject with physical education in the 7th. and 8th. grades.
1	Health education as an integrated subject with civics in the 7th. and 8th. grades.
1	A separate subject named family education taught in the 8th. and 9th. grades
1	Health education as a separate subject taught in the 8th. and 9th. grades. Health education as an integrated subject with physical ed. in the 6th. and 7th. grades.
1	Health education as an integrated subject with biology in the 8th. grade Health education as a separate subject taught in the 9th. grade
GRAMMAR SCHOOLS WITH STUDY EXCEEDING FOUR YEARS:	
2	Health education as a separate subject taught in the first and third grades
5	Integration of content into physical education – continuously throughout the grades
2	Integration of content into civics – continuously throughout all grades
1	Integration of content into biology in the third grade Health education as a separate subject taught in the fourth grade
2	Health education is not considered at all in the school educational programme.

b) Facilities and material conditions for achieving health education goals

The information collected *at the elementary schools* confirms that all schools have their own facilities appropriate for physical exercise of their pupils, i.e. pupils have gyms as well as outside school playing fields available. In addition to that, one school has expanded physical education, two schools have set up relaxation rooms for children.

The conditions in the monitored *grammar schools* are less favourable. Only 6 of the approached schools have their own facilities for physical education classes. Two of the schools provide classes of health-oriented physical education. As for the remaining grammar schools, pupils go to rented facilities to have physical education. These schools therefore cannot provide any sports facilities for use outside the classes.

c) Provision of eating and drinking regimen

All the *elementary schools* provide school meals at the canteens run by the schools, 9 school canteens offer pupils a choice from two meals. Five schools are involved in the School milk programme and have milk and milk products vending machines in service. 10 elementary schools have snack counters, whose offer, though, does not even in one case satisfy the requirement of healthy nutrition. All the elementary schools have drink vending machines in service, whose offer of course cannot be seen as provi-

ding the satisfactory drinking regimen. In six of the approached elementary schools the drinking regimen is supported by a special offer only reserved, though, for the 1st. stage pupils attending the after-school care centre.

The provision of healthy meals for pupils at the *grammar schools* is given less attention by comparison. School canteens with more than one meal to choose from is run at nine grammar schools. Pupils of the remaining three schools go to a different school (i.e. another building) to have lunch, if interested. Snack counters offer refreshments at six schools, 11 schools have drink vending machines in service. The food and drinks offered by the snack counters or drink vending machines do not satisfy the principles of healthy diet or appropriate drinking regimen either.

d) Health promotion in projects and other activities of schools

All the *elementary schools* provide a wide range of freetime activities of different kinds that are used by pupils. It was further ascertained that 6 elementary schools organize on a regular basis projects to promote health involving the whole school, 6 school use a help-box and carry out activities concentrating on the personality and social education. Attempts to promote health-oriented activities by means of notice boards have been recorded at 7 schools, but the information put up was not updated during the school year.

An offer of freetime activities for pupils has only been ascertained at 4 *grammar schools*. Every year these four schools realize health-promotion oriented projects and organize introductory “get-together“ excursions for pupils, whose programme is aimed at their personality and social development. In addition, one school has a help-box set up for pupils. As for health promotion, at two schools only were notice boards found, focused on substance abuse prevention.

5. Summary

The findings gained through examining the individual aspects of implementation of health promotion into the curriculum and exploring its teaching at the selected elementary schools and grammar schools (with a focus on the target group of pupils aged 11 – 15) can be summarized in the following problem groups:

- Compared to grammar schools with study exceeding four years, health education is given much greater attention at elementary schools, not only in terms of incorporating its content into the syllabus, but also and in particular as regards implementation of health promotion into the daily life of the school.
- Health education is only viewed in most grammar schools in the narrow (mainly medical) sense and its real goals (although specified within the valid curricular documents with regard to integral development of human personality) still evade many teachers.
- The health education themes are considered less important at some grammar schools, there is “not enough time“ for their development.
- It is assumed that pupils are sufficiently informed about health-related problems in the family and can learn more from other sources (internet, TV, magazines etc.).

- The content of health education is divided into several subjects (mostly biology, physical education, civics). Further, discussions or school projects are organized.
- Some topics are dealt with during excursions (mostly as part of programmes of prevention of pupils' risk behaviour).
- Health, its promotion and protection are only considered at the school's general level in association to safety training and familiarization with the school rules.

The completed pilot study identified some significant disproportions between the approaches to implementation of health education into the learning processes at the 2nd. stage of the elementary school on the one hand and in the corresponding grades at the grammar schools on the other. The elementary schools definitely have long-term experience of teaching the content focused on health-related problems (e.g. the earlier taught compulsory subject of family education). The grammar schools, by contrast, frequently see this educational area as a new "load" and probably need more time to fully appreciate its relevance and look for suitable ways to its implementation. Health promotion, however, should by no means be underrated within the grammar-school education. At both types of school the same target group of adolescents are involved after all, and they all have the right to acquire the competences needed for health protection and safe life.

6. How can the faculties educating teachers help?

Following evaluation of all the partial outputs of the described pilot stage of the research the schools will be offered further collaboration with regard to health education. The teachers will be provided with specialist information based on their interests as well as methodical support.

We are considering a closer interconnection of future teachers' training with the educational practice:

- Research activities in schools will be undertaken in cooperation with teachers and students of health education at the Faculty of Education of Charles University;
- Quality criteria for school activities and evaluation tools will be defined in the field of health promotion;
- Students will have an opportunity to collect materials in schools and follow the problems of the studied branch in connection with the learning process;
- Not only the valid curriculum, but also the objective risks threatening health and safety of adolescents (in relation to lifestyle changes, the growing occurrence of socially undesired phenomena etc.) should motivate each school to seek efficient strategy of developing health literacy of their pupils;
- Students will prepare within the college seminars specific proposals for continued development of the health promotion programme at the collaborating schools. They will use a modern approach that apart from getting information across also tries to influence attitudes, decision-making on styles of behaviour, supports confidence in children and their skills to resist unwanted influence of their peers;

- After defending the drafted scenarios the methodical material will be offered for further use by schools;
- Presence of education students at schools may be a motivating element for teachers in practice as well as pupils.

PODPORA ZDRAVÍ V KURIKULU A EDUKAČNÍ REALITĚ NA ZÁKLADNÍCH A STŘEDNÍCH ŠKOLÁCH

Abstrakt: V příspěvku jsou uvedeny výsledky srovnávací studie zaměřené na současný stav implementace výchovy k podpoře a ochraně zdraví do vzdělávání žáků základních škol a gymnázií, která byla zpracována na oddělení výchovy ke zdraví na Pedagogické fakultě Univerzity Karlovy v Praze. Výzkumné šetření odhalilo, že školní vzdělávací programy a zejména edukační realita nenaplnují v tomto ohledu představy tvůrců pedagogické dokumentace. Stat' analyzuje příčiny zjištěného stavu a předkládá možná řešení.

Klíčová slova: výchova ke zdraví, kurikulum, školní vzdělávací programy