

RECOMMENDATIONS FOR THE IMPLEMENTATION OF HEALTH EDUCATION IN PRIMARY SCHOOLS

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Abstract: *The paper provides an overview of the subproject results obtained within the School and Health for the 21st Century (Škola a zdraví pro 21. století) research project. The subproject focuses on health education in primary schools. It deals with the projected and implemented curriculum of health education and compares the findings with foreign countries. The research methods include content analysis of documents and professional texts, standardised controlled interviews, questionnaires and modelling of the health education curriculum. As part of the research, educational documents containing the projected curriculum of health education were analysed. The research samples comprise representative samples of the Czech Republic citizens and a random selection of primary school heads. The results serve as a basis for health education modelling in primary schools, the aim of which is to contribute to the optimal implementation of health education as an educational field.*

Key words: *health education, health education model, primary school, projected curriculum, implemented curriculum, school educational programme*

Introduction

Czech education is currently undergoing a curricular reform, among others involving further development and implementation of the new concept of health education into all school stages. Therefore, it is natural to assess the curricular framework for health education in the Czech Republic on a systemic (research) basis, compare the obtained findings with a foreign practice and, by means of school heads and Czech population's views, verify the state of readiness of the Czech primary education for the implementation of health education. These tasks were part of a subproject conducted within the *School and Health for the 21st Century* research project.

The subproject findings enable us to identify recommendations for health education modelling and implementation in primary schools. We follow Maňák's theory (2007), defining modelling as a procedure leading to the creation of a model allowing for the exploration of complex features, such as systems. The model's function is to

identify the important relations and links that are essential for understanding the expected concept.

Research review

Our research is a curriculum research study with a clear focus on the *health education curriculum*. This term denotes the educational content in the health education educational field, which is part of the broad concept of health promotion.

The research draws on the approaches of Walter (1994), Průcha (2002), Kalhous, Obst et al. (2002), Maňák (2006), Skalková (2007) and others. The overview of the existing curriculum research indicates that the main attention is paid to the concepts of educational area, educational field, school subject, cross-sectional topics, expected outcomes, key competences, curricular forms and many others (see Walterová, 1994; Průcha, 2002; Maňák, Janík, Švec, 2008, etc.). The research methods most often include content analysis of documents, questionnaires, interviews and observation.

In the Czech Republic, the health education curriculum is studied only by individual researchers (e.g. Marádová, 2005, 2007; Mužíková, 2008, 2010) and a similar research is also conducted in Slovakia (e.g. Liba, 2005, 2007, 2010; Wiegerová, 2004, 2005). The research results, however, reveal several methodology problems, especially those related to modelling of the health education curriculum. Therefore, the Maňák's study (2007) represents one of the crucial sources for identifying the starting points for the implementation of the projected form of the health education curriculum into the school educational programmes (SEP).

Research aims

The subproject focuses on the evaluation of implementing health education in real conditions of Czech schools. The aim of the subproject is to describe and influence the quality of the implementation of health education in primary schools.

The subproject is based on critical analysis of the current concept of health education set by educational documents defining health education as a separate educational field (*Standard for Basic Education*, 1995; *Framework Educational Programme for Basic Education*, 2005, 2007 and their amendments), or as an integrated part of the *Family Education* educational field (see the *Primary School*, *General Primary School* and *National Primary School* educational programmes, 1997, 2005, 2006). The subproject compares the declared concept of health education with the actual implementation in schools, monitors the schools' readiness for implementing the aims of the WHO *Health for the 21st Century* programme, and analyses the essential preconditions for effective health education in primary schools, with the aim of increasing the resulting effects.¹

Methodology

With respect to the research aim, the so called mixed design research was applied as described below:

¹ See http://www.ped.muni.cz/z21/dilci_projekty-muzikova.htm

1. Partial aim: Critical analysis of the projected form of the health education curriculum in Czech education.
Method: Content analysis of documents.
Research sample: Czech educational documents.
Results structure: Educational aims and contents, forms of subject matter organisation, conditions of education.
2. Partial aim: Analysis of the projected form of the health education curriculum in foreign education.
Method: Content analysis of texts.
Research samples: Foreign documents and publications.
Results structure: Educational aims and contents, forms of subject matter organisation, conditions of education.
3. Partial aim: Analysis of the primary school heads' opinions on the implementation of health education.
Method: Questionnaire.
Research sample: Random selection of primary school heads (n = 532).
Results structure: Categorised and quantified heads' answers.
4. Partial aim: Analysis of the Czech citizens' views on the implementation of health education.
Method: Standardised controlled interview (2 separate surveys).
Research sample: Representative samples of Czech citizens aged over 15 (n = 1606 + 1796).
Results structure: Categorised and quantified Czech citizens' answers.

Main results and recommendations for the implementation of health education

The content analysis of Czech curricular documents allowed for the identification and description of the legislative and content framework of the projected form of the health education curriculum in Czech primary education.

The content analysis of available foreign resources resulted in gathering crucial information on the projected form of the health education curriculum in thirty-five countries around the world. The obtained findings enabled us to make inspiring suggestions for health education in Czech education as well as to compare the Czech curricular aims with the foreign ones.

The analysis of the primary school heads' opinions on the implementation of the health education curriculum in accordance with the *Framework Educational Programme for Basic Education* contributed to becoming familiar with and assessing the implemented form of the health education curriculum in Czech education.

The analysis of the Czech citizens' views of health education allowed for making the data on the current quality of implementing health education in Czech schools more objective, and identified the main reasons for satisfaction and dissatisfaction with health education in primary schools. Next, it revealed that most citizens were not aware of the existence of health education as a separate field within primary education, which is a clear evidence of a generally unsatisfactory state of the researched issue.

The obtained findings serve as a basis for recommendations for the implementation of health education in primary schools.

RECOMMENDATIONS FOR THEORY:

- If we are to accept the Průcha (2002) and Maňák's (2007) terminology then the process of the transformation of the conceptual form of the curriculum into the projected and, finally, the implemented form should be conducted through modelling, i.e. on the basis of a systemic and scientific approach. However, it is necessary to extend the Maňák's synthesising model of the curriculum with a constitutive model of the second level curriculum, which is the school educational programme.

RECOMMENDATIONS FOR RESEARCH:

- The experience obtained while accomplishing the project aims leads us to the conclusion that the implementation of health education requires additional thorough research, not restricted only to describing the results together with the current state of schools and their educational programmes. A real quality cannot be achieved only by means of criticism itself, but rather through a fruitful collaboration. The research results should be therefore understood as a springboard for further research and didactic efforts.
- The focus on the comparison of the individual levels and forms of the health education curriculum appears to be particularly purposeful, i.e. the comparison of the framework educational programme and the school educational programme, the framework educational programme and the curriculum implementation, the curriculum implementation versus the results of the pupils' learning process, etc.
- Detailed analyses of the school educational programmes and health education lesson plans can be recommended to learn more about the implementation of the health education curriculum.

RECOMMENDATIONS FOR THE AUTHORS OF CURRICULAR DOCUMENTS:

- The research results signal that adequate conditions for the implementation of the projected form of the health education curriculum are not prepared yet. This in particular applies to material conditions (textbooks, teaching aids and methodology materials for health education), personnel conditions (enough qualified teachers), organisation conditions (appropriate subject matter organisation within the subjects taught), conditions of the cooperation with the parents (implementation of the health education theory into the family lifestyle), psychosocial conditions (harmony between the health education theory and the school regimen), etc.

RECOMMENDATIONS FOR SCHOOL PRACTICE:

- It is necessary to find a suitable way of drawing the school heads' attention to the health education tasks resulting from the framework educational programmes and other legislative documents including the *Health 21* national programme.

- It is vital to emphasise the necessity for the implementation of the educational content of health education either by means of a separate or an integrated subject. This should help pupils to acquire competences defined in the framework educational programme.
- Appropriate qualification and teacher training in the educational field of health education is an important requirement. Through collaboration with school heads and the Ministry of Education, we recommend a stronger manifestation of the interest in the health education studies within the individual study forms at the faculties training primary school teachers.
- The next recommendation concerns the possibility of adjusting the school educational programmes. At present, only a handful of primary school teachers are qualified enough to guarantee health education. Therefore, positive changes in the personnel conditions (i.e. obtaining relevant qualification) should be accompanied by changes benefiting health education in the school educational programmes.
- On the basis of the descriptive research conducted, schools should be offered with a verified and effective intervention in the school educational process. Therefore, we attempted to clarify the issue of modelling health education at the level of school educational programmes in former publications (Mužíková, 2008, 2010).

RECOMMENDATIONS FOR SCHOOL AUTHORITIES:

- The obtained findings can serve as a basis for methodology and inspection activities of school authorities. On the one hand, it is necessary to critically evaluate the low status of health education in many schools, reflected in poor health education models within the school educational programmes. On the other hand, concrete school conditions should be taken into consideration and schools should be offered with a broad institutional and methodology support.

RECOMMENDATIONS FOR TEACHER TRAINING FACULTIES:

- The studies of a newly accredited teacher training course of health education appear to be purposeful. However, this teaching qualification course of study should be accompanied by the implementation of relevant topics into other teacher training study courses, so as to enable schools that do not have a qualified health education teacher in their teaching staff to effectively integrate the educational content of health education into other subjects. In order to facilitate this model of the subject matter organisation, it is necessary to design and open new further education courses for teachers of other educational fields, with the aim of enriching their qualification with relevant health education topics.

Conclusion

The subproject results emphasise the importance of health education in cooperation with schools, families, municipalities, authorities, etc. Schools cannot fulfil their educational function unless the society understands the importance of health education

for forming a healthy lifestyle as a precondition for staying fit and healthy. At the same time, it is necessary to accept the holistic concept of health as the highest value of human existence. Countries such as Finland and Sweden already make a good example.

Detailed research results are presented in more elaborated publications by Mužíková (2006, 2008, 2009, 2010).

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PODNĚTY PRO REALIZACI VÝCHOVY KE ZDRAVÍ NA ZÁKLADNÍCH ŠKOLÁCH

Abstrakt: Příspěvek shrnuje výsledky dílčího projektu výzkumného záměru Škola a zdraví pro 21. století. Dílčí projekt je orientován na výchovu ke zdraví na základních školách. Zabývá se projektovaným a realizovaným kurikulem výchovy ke zdraví a srovnává získané poznatky se zahraničím. Výzkumnými metodami byly obsahová analýza dokumentů a odborných textů, standardizovaný řízený rozhovor, dotazníky a modelování kurikula výchovy ke zdraví. Analyzovány byly vzdělávací dokumenty obsahující projektované kurikulum výchovy ke zdraví. Výzkumnými soubory byly reprezentativní soubory občanů České republiky a náhodný výběr ředitelů základních škol. Výsledky zkoumání jsou východiskem pro modelování výchovy ke zdraví na ZŠ, jehož cílem je přispět k optimalizaci realizace vzdělávacího oboru Výchova ke zdraví.

Klíčová slova: výchova ke zdraví, model výchovy ke zdraví, základní škola, projektované kurikulum, realizované kurikulum, školní vzdělávací programy