

PROMOTING HEALTH IN SCHOOL CURRICULUM - CURRICULUM GOALS AND STRATEGIES FOR THEIR IMPLEMENTATION IN PRIMARY SCHOOLS

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Abstract: *Framework educational programmes are based on the assumption that knowledge and practical influence on health development and protection will become one of the priorities in school education and they define the objectives of Health Education in accordance with the European strategy for health promotion. Past experience from primary schools shows that the transformation of curricula in this area puts increased demands on schools. Therefore a holistic approach to the issue so that Health Education could significantly contribute to the development of pupils' key competencies is not always respected in the creation of school curricula. This paper presents preliminary results of a survey which took place at 160 selected primary schools in 2009. The methodology enabled systematic monitoring to what extent the requirements of the framework curriculum were implemented in practice.*

Key words: *curriculum, Health Education, school education programme, teacher training*

Transformation of the framework curriculum of Health Education in school education programmes

In recent years, primary schools have undergone significant transformations associated with the on-going curriculum reform. In accordance with applicable legislation (Framework Education Programmes), teachers of individual schools dealt with problems associated with incorporating the newly designed framework curriculum of Health Education into school education programmes. Now they have the opportunity to gradually verify whether the expected outcomes specified in projects can also be implemented at their schools.

The actual design of educational content for Health Education was not easy, since the topic of health permeates the Framework Educational Programme for basic education on several mutually overlapping levels. It mainly corresponds with the funda-

mental objective of the reform, i.e. it supports the intention that schools develop pupils' critical skills and the students should know how to use these competencies in specific situations.

Pupils' ability to decide in favour of health and health protection is one of the key competencies which the school should pursue in its educational activities. Therefore in creating the FEP, it was necessary to consider the promotion and protection of health on a comprehensive school-wide level (thus concerning all teachers and other employees). Teachers in particular had to be clear about what the objective "to teach students to actively develop and protect their physical, mental and social health and be responsible for it" meant and how the school will fulfil it as a whole and through each of its teachers .

If a school systematically addressed the implementation of health promotion in school programmes and paid expected attention to its incorporation, (given the importance of the topic for everyday life), then developing health literacy should constitute specific content of education and training plans in school programmes, which are reflected educational and teaching strategies of the school. Specific subjects in the curriculum are a space for the realization of educational content of Health Education. Topical plans of individual subjects include specified contents of Health Education and specified means of education. Efforts to promote health should permeate specific activities and teaching practices to make sure that the comprehensively designed programme creates opportunities for achieving the expected outcomes related to health.

It is assumed that teachers of individual subjects will be meeting the educational content while respecting the above mentioned joint health promotion strategy at school level, they will think through strategies at the subjects level. They should cooperate and negotiate with each other about how the curriculum will be incorporated into specific subjects, what ways will deal with its integration and its share in meeting the expected outcomes.

We can not ignore the fact that the issue of health promotion is built in the content of the FEP as part of the cross-cutting themes. In the selection and inclusion of a cross-cutting theme with elements of health promotion (e.g., environmental education, media education), it is necessary to consider a common way of realizing this topic at school level and in subjects that will provide for the topic most of all. A specific approach is required for the development of the cross-cutting theme "Personal Social Education" in relation to expected outcomes and the subject matter of the Health Education sector.

Health, its promotion and protection are the basic prerequisites for successful implementation of the school curriculum. This means that when creating the School Education Programme it is important to consider what conditions support, or conversely do not support pupils' health in school. The following indicators are monitored: psychosocial conditions of teaching, respect for the pupils' needs, communication and collaboration, forms and methods of education, quality of environment, spatial and material conditions, hygiene and safety, organization of school life. The results of the input and on-going analyses of these indicators serve as a basis for setting up training and educational strategies at school and procedures in teaching of individual subjects which point out what to needs to be improved in the school in favour of pupils' health and why, what to modify in the organization of school life, etc.

The procedure outlined above in transforming the framework Health Education curriculum in the school programme makes it evident that the design based on the framework programmes provided a great opportunity for schools to realize their own ideas about the form of basic education in the promotion and protection of health, so that it matches the changing social and individual needs as much as possible. Using the option to proceed actively and creatively in curriculum planning as well as in its implementation, however, places increased demands on teachers and their professional training.

Training Health Education teachers

In response to the described needs of practice, several faculties in the country created workplaces that managed to successfully accredit and develop **specialised study programmes focused on the teaching of Health Education**.

The aim of the Primary and Secondary School Teachers - Health Education follow-up master study programme at Charles University in Prague - Faculty of Education is to provide students with a university qualification for the profession of teaching Health Education in primary and secondary schools. The subject of Health Education with its focus reflects the current state of the educational system in the Czech Republic and responds flexibly to the requirements of the Framework Educational Programmes for primary and secondary education. It fully fits into the context of the educational field “Man and Health” and its structured form enables quality preparation of professionals involved in improving health literacy for all age groups, particularly children and youth.

The study programme allows graduates to obtain comprehensive and highly professional orientation in the issues of “health” throughout the **bio-psycho-social and spiritual context** of the holistic approach to human health. The study programme includes biomedical, psychological, sociological and pedagogical disciplines, conceived as a whole, integrating the three interrelated and complementary modules, profiled with regard to the didactic transmission of health promotion issues in the process of teaching and the implementation of health promotion programmes in schools.

Throughout the study, emphasis is put on primary **prevention of negative factors affecting human health**, educational opportunities and creative educational activities and the positive consolidation of optimal habits enhancing the natural determinants of health. The concept of the study programme enables students to adapt to structural changes in education, to focus on the possibilities of interdepartmental cooperation, learn to solve issues of health protection of children and youth in school and in the region with an interdisciplinary approach, comprehensively and systematically.

The study is primarily focused on the formation of professional, pedagogical and psychological, communication and other personally cultivating skills to perform professional teaching of Health Education in schools and school facilities and other educational or coordination activities in health promotion at primary and secondary schools. Beside **deepening the professional science base** (successor to the bachelor’s degree) emphasis is put on the didactics of these disciplines and the application of professional competencies in teaching and pedagogical practice.

The study programme develops pedagogical, psychological and didactical competencies of students simultaneously, so that there is a close interconnection of study

components on a theoretical and practical level. The master's programme is dominated by the **study of subject didactics** which allows through its concept (a system of compulsory and optional subjects) an organic connection of the field with pedagogical and psychological disciplines and with teaching practice.

With regard to the study programme content, it can be assumed that graduates of this programme will:

- a) obtain a broad theoretical background on the issue of health;
- b) be equipped with the competences required for designing and implementing Health Education curriculum in schools (they know the recommended implementation strategy for health promotion in creating and adjusting school curriculum, they can develop expected outcomes of Health Education and specify them through the subject matter, they can create thematic programmes of instruction, they mastered interactive forms and methods of teaching, and are personally convinced of the importance of Health Education.

A Survey in Schools

Primary schools have been putting their own educational programmes into practice since 2007. If we assume that schools have a curriculum for Health Education in their educational programmes projected in accordance with the intentions of the framework programmes, graduates of the Health Education study programme will not only find employment in these schools, but their proficiency in the field of health promotion can be a considerable benefit in improving schools' overall educational activities.

When organizing teaching practice, we have unfortunately encountered cases where some schools underestimated the education in promoting and protecting health and the achievement of expected outcomes was rather a formal affair. The lack of understanding and dismissive approach of some school principals to Health Education was also noted in the conclusions of another research by Mužíková.

The situation was made significantly complicated by additional adjustment of the curriculum, which was performed at the direction of the Ministry of Education during the introduction of FEP in schools (1). The change consisted of reducing the number of hours required for the direct Health Education lessons in primary school, from 3 hours to 2 hours over four years (i.e., in 6th to 9th grade).

Given the above, the Health Education department at the Faculty of Education of Charles University in Prague prepared a research survey, designed to map the current situation of health promotion in schools, specifically looking for answers to these questions:

- What is the overall attitude of schools to the issue of health promotion?
- How did the transformation of the framework curriculum in the school programme go?
- How is Health Education projected in the school curriculum?
- How much space do the schools actually provide for Health Education?

- Do the schools manage to achieve the expected outcomes (both in terms of the project, as well as in the actual implementation of teaching)?
- What attitudes toward teaching Health Education do teachers have in practice?
- What conditions for their work can prospective Health Education teachers expect?

Survey Methodology

The preparatory phase of the research was aimed at creating a methodology for examining the above issues, i.e. the criteria under which it would be possible to assess the current state of the designed and implemented Health Education curriculum, and the choice of adequate research tools. The source of information about schools' approach to health promotion and performed transformation of Health Education framework curriculum in the SEP was found in the school educational programmes. A deeper insight into the educational reality in the field was provided by teaching staff working in the monitored primary schools. Valuable knowledge was acquired through own observations.

The basic research tools included:

- Tables to record results of the qualitative analysis of selected passages of the SEP,
- Outline for structured interviews,
- A questionnaire for Health Education teachers,
- Data sheets for the analysis of thematic plans (according to key thematic areas)
- Data sheets for recording observations.

The first phase of the survey included in **160** primary schools in Prague and Central and South Bohemian regions. The implementation of research took place in cooperation with students from the Faculty of Education of Charles University in Prague, the future teachers of Health Education.

Analysis of school educational programs with regard to health promotion

The text of every school education programme has been studied in detail. From its contents we selected and categorized information, which was directly related to the subject issue, i.e. concerned ensuring "social, material and organizational well-being". Specifically, it involved the assessment of these aspects:

a) "Health" as part of the school's philosophy, education programme, name, logo, and basic school education strategy

The characteristics of the school define, what educational priorities the school has, what is its profile. The school's focus (in accordance with the objectives of basic education) is based on the needs of pupils, teachers' qualification, educational traditions of the school. The school's focus does not have to just point out what the school handles

well, but what the school wants to handle and what it is gradually creating a functioning system for. Here we examined and recorded the extent to which schools prefer to support health in their intentions (health-promoting school, environmental education, school sports, etc.).

Schools can formulate a motivational title of their SEP, which should reflect the orientation of the school and be consistent with the educational strategy of the school. It was therefore examined whether health promotion was included in the SEP name or logo.

b) Inclusion of the Health Education subject into school curriculum

The curricula of the schools were examined especially regarding subjects in which the school declared the educational content to include Health Education. It has been reviewed, whether they are separate or integrated courses (which educational fields the subject came from and what cross-cutting themes it integrated), we also recorded the names of these subjects. The data on the number of hours of instruction were summarized for each grade

c) School environment (material) - ensuring the safety of pupils inside and around the school, hygiene and environmental requirements, space for physical activity

The school programmes describe the implementation conditions which the school has available and what needs to be changed in the future in favour of better education (classroom and teacher study equipment, learning spaces, facilities for physical education, facilities for other pupils' activities, etc.; technical facilities that support teaching and school life, sanitary facilities for personal hygiene, catering, mental hygiene of students and teachers, measures concerning pupils' safety, etc.). Data on the location of the school may be important in terms of its safe environment which the school should respond to in its programme (such as when the school building is located near a busy crossing, industrial zone, etc.).

The research also examined these aspects of "school life". Data on the location of schools, transport accessibility and safe access to schools, sanitary facilities in schools, the areas for relaxation and sports was also obtained and analysed.

d) Organisational measures - projects focusing on health promotion, offer of extracurricular activities, meals, drinks

An important contribution to the objectives of Health Education (in the bio-psycho-social context) includes long-term and short-term projects that allow you to connect the different thematic areas of the educational field with cross-cutting themes and educational contents of other fields. In addition to the involvement of schools in projects aimed at promoting health, we surveyed the offer of extracurricular activities (in connection with prevention of risk behaviour). School meals and drinks provision were also subject to examination.

e) Content of thematic plans in connection with the framework curriculum requirements

Analysis of thematic plans was based on the Health Education curriculum stated in the FEP. Thematic units have been analysed into various areas of the curriculum,

they were encoded and the analysed school curriculum programmes were transferred to tables using those codes. Then it was possible to obtain an overview of the timing of the curriculum, i.e. grades in which the topics are included in the teaching, whether it is a linear or spiral curriculum development. It turned out, which topics are given more detail in some schools, or what topics are not included at all.

Educational reality from the perspective of Health Education teachers

There is no doubt that the person that specifies the content of education and thus determines the actual implemented curriculum is the teacher directly involved in teaching Health Education. Staff allocation in teaching is a key problem here. The research therefore investigated, who was involved in implementing Health Education through the drafted SEPs in the monitored schools and who was teaching Health Education now. These teachers provided information about the length of their teaching practice, their education in the field, attitudes to Health Education and experience with its implementation. The questionnaire survey results and structured interviews with teachers resulted in obtaining some insights into educational reality, i.e., whether the curriculum implemented in schools corresponded to the officially intended curriculum represented by the framework education programme.

Selected results of the survey in 160 schools

a) Health promotion as part of the **orientation of the school** was explicit in **12** school programmes. Of these, 3 schools were profiled as a sport schools. Other schools did not mention the intention to promote pupils' health in the introductory part of their programme. This did not mean however that they ignored this issue in the project curriculum.

b) Inclusion of Health Education into school curriculum

Creating sufficient time allocation for Health Education teaching is an important prerequisite for effective implementation of expected outcomes. The investigation revealed that many school programme creators have realized this fact. The curriculum included Health Education (in minimum scope of 2 lessons) as a separate subject in **122 schools** (i.e. 76.2 %). These were subjects called either by the field of "Health Education" (87 schools), according to the tradition as "family education" (29 schools) or otherwise (6 schools). A possibility of **extending time allocation** of available hours was used by 84 schools. This means that more than half of the surveyed schools implemented Health Education in the form of separate subjects during at least three years of secondary school. An overview of teaching in each grade is shown in the table.

Lessons of the independent subject in various grades:	Schools
6th grade	82
7th grade	98
8th grade	108
9th grade	62

Some examined schools implemented the contents of Health Education in integrated subjects, mostly with Natural History (especially in the 8th grade in connection with human biology) or in Civic Education. Two sports-oriented schools selected integration with physical education during one grade.

c) Health promoting projects in schools

Projects aimed at protecting the pupils' health and safety at school are organized in different ways. They differ in specific content, range, course and number of cooperating entities. They are often part of funded programmes to prevent risk behaviour among students or of projects devoted to environmental protection. Long-term projects were found in 28 schools, short-term projects in 136 schools. These were school-wide projects (33 schools), mainly in connection with physical (sports) activities. 144 schools implemented the expected outcomes of Health Education through classroom projects.

d) Professional preparedness of Health Education teachers

As already mentioned, teacher training, preparing specifically for Health Education has been gradually developed at the faculties of education only in recent years. This means that the first graduates are entering into practice just now. Given that the Health Education teacher training programme is identical in many respects with the previously taught family education subject, Family Education graduates can also be considered qualified Health Education teachers.

Yet the situation is still critical regarding teachers' qualification. Our examined sample only included **18 teachers** with this qualification at selected schools. Other Health Education teachers acquired the necessary knowledge in different courses for life-long learning or through independent study. According to some teachers' testimonies, the "school of personal life," and many years of teaching experience with the family education subject were stated as valuable source of information (32 % of teacher respondents have been teaching subjects focused on the promotion and protection of health for more than 15 years).

That corresponded with the teachers' attitudes to implementing Health Education into the school curriculum: 79 % ranked Health Education as an important part of teaching, 18 % had no strong opinion, 3 % considered integrating Health Education into basic education as unnecessary. Teachers who admitted lax or even negative approach, dealt with this issue out of obligation and their attitudes could be demotivating for pupils.

Health education belongs in the hands of qualified teachers!

The results of a wider research investigation selected above provide partial insight into the current primary school. They reveal how individual schools managed to transform its curriculum, specifically the outcomes of health promotion, by themselves, into their own project documents (school curriculum).

In this context, considerable qualitative differences were discovered between schools (in the approach to health, in the overall design of the programme, etc.). On-going verification of school programmes in education should provide a base required for any adjustments and innovations of these documents. Taking into account that the requirements for training and development of health literacy in relation to on-going social processes are changing rapidly, there is no doubt that even the educational content of Health Education will need to be revised and updated continuously. Let us hope that these revisions and innovations will lead to appreciation of the importance of Health Education for the development of pupils' key competencies.

A look into practice showed that the preparation of future teachers should much more take into account the current educational reality in Health Education and thus prevent the above-mentioned demotivating "shock experience". Due to the specifics of this subject, in addition to traditional teaching practices, practical seminars of subject didactics proved to be useful, because student teachers acquired the necessary skills in direct relation to the real situations in school practice. Cooperating (faculty) schools play an important role here. It is their educational programmes, which should be developed so that teachers and practising students would be able to develop a creative style of work and not be limited in applying time or methodological differences, that may be based on the experience of existing staff, but also on innovative methods of teaching, which newly certificated Health Education teachers will bring to the schools.

Transforming a school requires universal support of teachers who want to improve the quality of their work in line with the objectives of the framework curriculum. In this context it would be necessary to promote the benefits of knowledgeable and qualified Health Education teachers for the teaching practice.

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PODPORA ZDRAVÍ VE ŠKOLNÍCH VZDĚLÁVACÍCH PROGRAMECH – CÍLE KURIKULA A STRATEGIE JEJICH REALIZACE NA ZÁKLADNÍCH ŠKOLÁCH

Abstrakt: Rámcové vzdělávací programy v souladu s evropskou strategií podpory zdraví vycházejí z předpokladu, že poznávání a praktické ovlivňování rozvoje a ochrany zdraví se stane jednou z priorit školního vzdělávání, a vymezují cíle výchovy ke zdraví. Dosavadní zkušenosti ze základních škol ukazují, že proměna kurikula právě v této oblasti klade na školy zvýšené nároky. Proto při tvorbě školního vzdělávacího programu není vždy respektován celostní přístup k dané problematice tak, aby výchova ke zdraví mohla významně přispívat k rozvoji klíčových kompetencí žáků. V příspěvku jsou předloženy dílčí výsledky výzkumného šetření, které proběhlo v r. 2009 na 160 vybraných základních školách. Použitá metodika umožnila systematicky sledovat, do jaké míry jsou požadavky rámcového kurikula realizovány v praxi.

Klíčová slova: kurikulum, výchova ke zdraví, školní vzdělávací program, příprava učitelů