

CONCEPTS OF HEALTH,
ENVIRONMENT,
AND ACTION IN SOME DEVELOPMENT PROJECTS
IN HEALTH EDUCATION
IN THE DANISH FOLKESKOLE

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INTRODUCTION

In 1987 the Danish Folketing The Danish Parliament.z÷ passed a motion on a four@year development programme‘for the Danish Folkeskole The Danish primary and lower secondary school from pre@school form to 10th form.ð÷. In the motion the Government was asked to take the initiative to a nationwide, but locally based development work, whose aim was to improve the organisation and the curriculum of the Folkeskole in many different ways. The Government responded to the motion and established a development programme running over the years 1988 to 1992. To administer the programme Folkeskolens Udviklingsr¿#¿d (The Innovation Council of the Folkeskole) was established. The initiative to and the planning of the individual projects had their origin in the local schools or communities, but the financial support was granted by the Innovation Council for the Folkeskole. The

Innovation Council of the Folkeskole designated themes to be evaluated during the period and one of them was Health@Diet@Physical Education

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The evaluation took place during 1990 and 1991. The Innovation Council selected the projects to be evaluated. Eighteen projects were selected in the 1988/89 school year, and new projects were selected in 1989/90 and 1990/91 so that a total of 32 projects was included in the evaluation. Some of these projects run for more than one school year.

The subjects of the different projects to be evaluated were not known to

the evaluators in advance, but the Innovation Council had categorized the initial projects with regard to the organisation of the teaching and the curriculum and methods of teaching. All forms in the Folkeskole from preschool form to 10th form were involved in the projects.

From the categorization of the Innovation Council it was obvious that the field of evaluation was very varied and that a number of different categorization methods were possible. We decided to work with five different categories reflecting both the aim and the content of the teaching and different organisational methods. The five categories were:

Health in a holistic perspective
Health and diet
Health and physical education
Daily physical education/more lessons
Physical education as an optional subject

Two projects were categorized in more than one category, but most projects had elements from various categories.

HEALTH EDUCATION IN DENMARK

Until 1975 health education in Denmark was part of the teaching of biology, but that year health education was made a subject without a specific place in the curriculum, which should be integrated in the teaching of the following subjects:

Integrated studies (biology, geography, history) in third to fifth form,
Biology in sixth and seventh form,
Home economics in sixth and seventh form,
Physical education in all forms,
Sex education, health education, and information on different stimulants and drugs in compulsory courses on the initiative of the teacher

responsible for the form.

The reason for the change was that from 1975 biology was only a compulsory subject in the sixth and seventh form and if health education should stay as a part of the biology teaching it would take too much time from the teaching of biology. From the 1975 statement of aims for health education it is obvious that health is looked upon as a positive concept as in the definition of WHO (1947), which says that health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, but it is also obvious from the guidelines for health education from 1975 that the teaching is centred on lifestyle determinants of health.

In 1991 new aims were adopted for health and sex education in the Folkeskole (Ministry of Education and Research, 1991) and new teaching guidelines were drawn up.

The new aims are formulated in this way:

1. The aim of the teaching is that the pupils should develop the capacity to act, jointly with others and separately, to promote their own and others' health.
2. The teaching should aid the pupils in acquiring knowledge of and insight into physical, psychological and social aspects of human health and the interplay between them, the significance of living conditions for health based on social, economic, cultural, and environmental aspects, the significance of lifestyle for health and factors which play a role in the development of a lifestyle, the relationships between sexuality and physical, mental, and social health, the ethical dimensions of health and sexual issues.
3. The teaching should help the pupils to develop an understanding of different ways of living together, and simultaneously support the individual in the formation of identity.
4. The teaching should further help the pupils to develop the capacity to evaluate ethical issues in cooperation with others and should aid the

development of self respect and the courage to face life.

This statement of aims is based not only on a positive concept of health, but also on a broad concept of health comprising both lifestyle and living conditions so that man is regarded as an entity physically and mentally and perceived as existing in an entity, and central in the statement is the pupils' ability to act as illustrated in the model shown in figure 1, where psychological health shall be understood as both mental and social health. The model also illustrates the connection between health and the environment.

Figure 1: A model of the positive and broad concept of health (Bjarne Bruun Jensen, 1991).

The new aims for health education were followed by a new teaching guideline for the curriculum for health education. The educational aims are compulsory in Denmark, while guidelines are recommendations. The municipalities have the right to adopt their own guidelines for the fulfilment of the compulsory aims, but in practice local guidelines do not differ radically from the guidelines formulated by the Ministry of Education and Research. In order to understand the Danish school system it is also necessary to emphasise that the teacher has a freedom of method of teaching, which is unique compared to most other countries. The teacher may choose his' or hers' own ways and means in following the guidelines and in fulfilment of aims of the different subjects. The freedom of method of teaching includes the freedom to choose textbooks and other materials and therefore the content of the teaching of a given subject in the Danish Folkeskole cannot be deduced by looking at the content of a textbook in that subject.

In the new guidelines for health education the teaching is not centred on organs and illnesses as in the 1975 guidelines, but on areas of human life, which are important to health in modern society. A total of 12 interconnected areas or themes has been singled out as illustrated in figure 2. Each of the 12 themes has to be taught so that the stated aims for health education are fulfilled as far as possible. This may be done by perspectivating the themes with regard to:

- the importance for physical and mental health
- the context of lifestyle
- the context of living conditions
- ethical questions and considerations
- collective and individual possibilities of action

Figure 2: The 12 interconnected themes, which have to be part of the teaching of health education adopted from the teaching guidelines (Ministry of Education and Research, 1991).

It could be argued that the new statement of aims for health education was adopted at the same time as the development projects were planned, and that it might be unfair to view the projects in the light of these new aims as have been done. On the other hand, the aims have been under way for some time and the concept of health has changed dramatically during the last 15 years. The projects were planned and executed during a period of lively debate before the new aims were published and may be seen as the first steps in using not only a positive, but also a broad concept of health as a basis for health education.

THE CONCEPT OF HEALTH

Although WHO formulated the positive concept of health in 1947 (WHO, 1947) a negative concept of health, health understood as the absence of disease or infirmity, dominates much official thinking, many campaigns and much health education. In the Danish Government's Prevention Programme published

by the Ministry of Health in 1989 the target areas for the promotion of health are the prevention of accidents, cancer, coronary heart disease, muscle and skeletal diseases, and psychic disorders, and the Government

have formulated a policy on nutrition, alcohol and tobacco (Ministry of Health, 1989). In the 3rd Nordic Conference on the Promotion of Health held in Aalborg, Denmark, in September 1992, the emphasis was more on prevention than on health education.

The development projects in our category health and physical education can be said to subscribe to a positive concept of health. They all chose to use physical exercise to improve the pupils' fitness and attitudes as a way of preventing and curing physical weaknesses. The main emphasis was on behaviour modification and lifestyle determinants of health and the approach was individualistic, but although the connection between physical, mental, and social health is ill understood there is no doubt that an improved mental and social health has resulted from the intensive physical education. In some projects good motor development was regarded as a prerequisite for good cognitive skills.

The projects are characterized by an interdisciplinary cooperation between teachers and health personnel at the schools and by a close cooperation with the parents.

The projects in our category health and diet could also be said to subscribe to a positive concept of health. The projects addressed the question of how the diet may influence physical health, often in an interdisciplinary context, where ecological considerations play a part, and the work with the growing of vegetables and the preparation of food was used to improve social relations. Also, in these projects was there a close cooperation with the parents.

The projects in the category health education in a holistic perspective have the common feature of making the pupils aware of not only a positive, but also a broad concept of health. The projects were often a cooperation between different subjects in the school, Danish, Mathematics, Home Economics, Physical Education, Biology, and Geography is examples, and they included living conditions as well as lifestyle determinants of health. In practice it was sometimes difficult to maintain the context of lifestyle and the context of living conditions, especially when traditional health subjects such as Home Economics and Physical Education were the leading and guiding subjects in the projects. Therefore, it is important to adhere to and extend the interdisciplinarity in health education.

The social health played a part in some of the projects. In one project the parents showed plays from their own childhood. The pupils took up the parents' plays and stayed with them at least for the remaining schoolyear with a marked improvement in the social climate.

A positive concept may also be found in the projects in the categories daily physical education/more lessons physical education as an optional subject, as one of the aims was to give the pupils information on and knowledge of their own bodies and of the importance of physical activity for physical and mental well-being.

THE CONCEPT OF ENVIRONMENT

It is a logical consequence of the broad concept of health that the environment is part of health education and the 12 interconnected themes specified in the teaching guidelines do also include the environment as such, the living environment, and the working environment. This means that the environment in relation to health education must be understood as more than the nature, man's exploitation of the nature, and man's way of living, it must include the school and the classroom not only in a physical sense, but also in an educational, a social, and a psychological sense.

The environment is often divided into the local environment and the global environment and much environmental education is centred on the local environment and the short term consequences of man's exploitation of nature and way of living as this is considered the most easy to comprehend by the

pupils. And as pointed out by Colquhoun & Robotom (1991) the most dominant discourse in health education and in environmental education is one of individualism, the tendency is to concentrate on those individualistic factors responsible for health.

In two development projects in our category health in a holistic perspective not only the local, but also the global environment is included. Differences with regard to health, illness, education, economy, living environment, crops, food, etc. between Burkina Faso and Denmark were used in one project to illustrate the relations between lifestyle and living conditions and health, and in another project housing in different countries was introduced by a slide presentation and then the pupils described their own home and after that typical homes in Denmark. This was extended to a discussion of housing in Denmark and in developing countries in relation to health and disease, water resources, and environment.

Two projects in our category health and diet included the ecological growing of vegetables for the school lunch and this activity was extended into a comparison between the nature and the cultivated garden and examinations of streams, and several projects sorted waste and made compost heaps.

In our category physical education as an optional subject three projects took up themes as leisure time/nature preservation and the environment, outdoor life in school, and the communication of values through nature experiences. Other projects also addressed environmental issues, but in a

less dominating way than the ones mentioned.

THE CONCEPT OF ACTION

The first paragraph of the statement of aims for health education emphasises that the aim of the teaching is that the pupils should develop the capacity to act, jointly with others and separately, to promote their own and other's health. In trying to define the meaning of the concept of action in relation to health education the following announcements from the general statement of aims for the Danish Folkeskole (Lov om folkeskolen, 1975) is essential. The Danish Folkeskole has to prepare the pupils to participate in a democratic society, to prepare the pupils to share the responsibility for the solution of common issues, to train the pupils to evaluate independently and make up their minds, to cooperate with the parents in the attainment of the aims.

Actions may in this context be seen as deliberate choices directed towards defined goals. The deliberate choice may be followed by an actual doing, but in the work with actions in the school the actual doing is not always possible. Therefore, actions in the sense of deliberate choice followed by an actual doing must be combined with action possibilities understood as the deliberate choice without the actual doing. The concept of action is defined as a deliberate choice towards a defined goal followed by an actual doing. The concept of action possibility is defined as a deliberate choice towards a defined goal without an actual doing.

In health education and also in environmental education actions are often looked upon as individual actions in relation to lifestyle determinants of health and action possibilities often looked upon as collective actions in relation to living conditions, but actions and action possibilities may be seen both individually and collectively in relation to lifestyle as well as to living conditions as illustrated in figure 3.

Figure 3: Categories of actions and action possibilities adopted from The Teaching Guidelines for Health Education (Ministry of Education and Research, 1991).

Actions must not be confused with activities (Hans Levin Hansen & Nete Kofoed, 1991).

Activities are often found in and are essential elements in health education and in environmental education as well, it might be the cleaning of a beach, the collection of used batteries or the sorting of household waste, the growing of vegetables ecologically, the making of a compost heap, the examination of the water in a lake, but these activities can only be said to be actions, if they are the result of a deliberate choice with a defined goal. In health education this means that the deliberations with regard to the choice and the definition of the goal must include the five perspectives mentioned before, and the pupils must be part to the

deliberate choice and the defined goal.

The pupils' own experiments, own observations, own thoughts, and own experiences are important in this context as a basis for a widening of the pupils' ability to form concepts and to establish coherence in their experiences, it is one of the prerequisites in order to establish action proficiency or competence. But it may also be borne in mind to cite a discussion paper on education and democracy by the Ministry of Education and Research that –it is important not to reduce democracy in the Folkeskole to the show parliamentary processes, where pupils are involved in decisions, of which they have no general view. The most important democratic experience the pupil can get in the school is to be taken serious, when he insecure and hesitatingly try to form an opinion of his individual life and life in common with others (Ministry of Education and Research, 1986).

To cite the teaching guidelines for health education the action proficiency or competence depends on firstly knowledge of and insight into the problems and their causes is necessary, if the proficiency to act is to be achieved, secondly the proficiency to act also depends on a number of general skills such as the proficiency to cooperate, the proficiency to solve conflicts, and pleasure and courage in relation to life.

The success of health education cannot be measured as the pupils' knowledge of the health problems of present day society, nor as their behaviour in relation to health. In accordance with the statement of aims the success of health education must be measured as the pupils' proficiency in making deliberate choices towards defined goals with or without an actual doing, jointly with others and separately, to promote their own and others' health.

One project in the category Daily physical education/more lessons had the aim to let the pupils themselves formulates the goals and be actively responsible for their own development. An effort to meet this aim was made by planning the teaching with the pupils:

We talked with the children and the method was that they made a contract, in which they wrote what they wanted to accomplish in a given period, how they would accomplish it and how long the period was to be. We discussed it with them before they started. If they had formulated unrealistic goals or had difficulties in explaining what they really wanted, we tried to clarify their goals through discussion. When they had finished the chosen period of time, they themselves evaluated what they had accomplished. After a period of work we had roundtable discussions about what had happened during the period and two pupils were chosen to write a diary, which they wrote on their own behalf, but also on the behalf of the form, as everyone's experiences of the period had been presented at the roundtable discussion.

It is difficult to evaluate the longterm results of this approach, but as one of the pupils said, "we got a healthier common sense."

It is possible to find similar elements in other projects, as many activities have been planned with the pupils and the goals have been clarified through discussion, but not in such a pronounced way.

CONCLUDING REMARKS

It is important again to emphasise that the development projects have been planned before and many executed when the new statement of aims for health education and teaching guidelines was published in 1991. Therefore the projects must be seen as the first steps in using not only a positive, but also a broad concept of health as a basis for health education.

The projects do this in many different ways and a lot of inspiration is to be found in the projects for those, who wish to go further of the way first set foot on by the teachers and schools, which responded to the announcement of the Innovation Council and got their projects subsidized.

With regard to the action@perspective in school health education it may be prudent to keep in mind that this important question was addressed in Copenhagen in 1991 at the Satellite Congress to the 14th International Conference of Health Education in Helsinki, Finland, by a group of experienced researchers in the field. Many new thoughts were presented and discussed as witnessed by the Proceedings from that Congress (Research Centre for Environmental and Health Education, 1991) and much progress was made. But for the purpose of this paper the individual development projects have been an invaluable inspiration.

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