Being healthy: what do you think?

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A survey employing the questions on page 87 of the HEP 13-18 Co-ordinators' Guide was used as the basis of a 'consultative' curriculum-planning initiative undertaken by the Shropshire Association of Health Education Teachers (SAHET). Initiated by Fran McLoughlin and her HEO colleagues, it was a continuation of the theme envisaged by Bronwen Taylor in an article published in *Education and Health* in May 1985.

The following account describes a survey of pupil and teacher opinion which might be employed as a basis for planning a health education programme for the first three years of a secondary school. The eight schools taking part (Ercall Wood, John Hunt, Croeswylan, Rhyn Park, Abraham Darby, Priory, Mary Webb and Lakelands) were volunteered by the members of staff who happened to be at a meeting of SAHET when the exercise was suggested. Form groups were chosen according to the convenience of the schools concerned, and consequently the survey was not systematic in that respect.

It was decided to consider what the health education programme for the first three years of secondary school might be, using the questions presented on page 87 of the Co-ordinators' Guide of the HEP 13-18 materials (Forbes 1982). Written responses were invited from pupils in years 1, 2 and 3, and also from secondary school teachers responsible for teaching in these years, 21 of whom attended a SAHET workshop. The questions ask (a) *What does 'being healthy' mean?* (b) *What do you need to learn about health?* and (c) *Who is most responsible for your own health?*

The intention of using this particular HEP questionnaire, rather than a simpler version, was to obtain written clues to pupils' and teachers' own unprompted concepts of 'health' and 'responsibility for health'. It was also intended to receive opinions as to which aspects of health were 'important' for inclusion in secondary school health education during the first three years. There are, of course, limitations to this method of survey (as with any other method): interpretation, as always, is fraught with difficulties, and inevitably there are certain ambiguities in the data which reduce the certainty of the results. However, the following tables are presented to convey the concepts and opinions held according to the words used in the replies. The pupils in seven of the schools are represented here, tabulated by year group and a letter representing the school.

What is 'being healthy'?

On the basis of the wording of the replies, it was then decided to categorise people's concept of 'being healthy'. The resulting categories, which are listed in Table 1, would seem to suggest that most pupils' concept of 'being healthy' was

associated with *food, exercise,* and to a lesser extent with *avoidance of body abuse.* In contrast, only a few mentions were made of *bodily hygiene, personal care and appearance, dental care* and *mental and social health.*

What all this actually means is, however, unclear. The implications for the planning of health education in school are also obscure and uncertain.

The results of the survey of teachers' concepts of 'health' (including the 21 people attending the workshop) suggest a very different orientation to that of their pupils. For example, *mental and social health* figured prominently, and so, to a lesser extent, did *exercise. Food* shared only third place with *absence of disease!* The teachers, it would seem, tended not to associate *dental care, bodily hygiene, weight/appearance, personal care, avoiding accidents* or, surprisingly enough, *avoidance of body abuse* with being healthy!

It would appear, therefore, that teachers and pupils have rather different emphases in their respective concepts of what counts as 'being healthy'. One can only tentatively say 'appear', because further probing and subsequent qualification could alter the picture obtained. In addition, it should be pointed out that the method of collecting the data may have restricted the responses to clichés and stereotyped replies, and generally what was believed to be 'the right answer'. It was also evident that with some replies regarding food, for example, pupils may have quite different views as to how food contributes to health. As always, there is the problem of respondents telling the questioner what they want the questioner to know.

It is also interesting to note that both pupils and teachers seemed not to associate *safety* with health, and neither was *sexuality* mentioned. One can only speculate as to why this was so in each case. In addition we should also note that *relaxation* was only mentioned rarely by either pupil or teacher, and only one person mentioned *sleep* in association with health. Looking back in the records of the 1930s and 40s we find that sleep was not only given high priority, but it was also the subject of talks to school children by some Medical Officers of Health.

Topics associated with 'being healthy'	Pupils (%)								Tutors (%)
	1st year			2nd year		3rd year			
	1A	1F	1M	2B	2C	3B	3D	3E	
Food	96	64	58	48	95	75	69	50	25
Exercise and sport	91	41	32	76	100	50	100	68	64
Bodily hygiene	0	14	79	19	5	50	0	18	9
Weight control	0	18	11	57	0	31	17	14	7
Personal care/grooming	22	9	16	0	18	6	21	18	11
Absence of handicap	0	0	0	33	0	0	0	0	0
Absence of disease	13	18	26	43	23	56	0	23	25
Dental care	26	9	16	10	18	0	77	5	0
Avoidance of body abuse (drugs etc.)	91	23	5	76	50	6	21	32	7
Mental and social health	0	9	16	19	9	19	0	64	80
Avoiding accidents	0	0	0	0	0	0	0	0	9
Other	0	0	37	0	0	0	0	0	5
No. in sample	23	22	19	21	22	16	52	22	44

Table 1. Percentage support for topics associated with 'being healthy', by pupils and tutors in eight secondary schools in Shropshire (schools identified by letters.)

Table 2. Percentage support for topics relevant to 'learning about health', by pupils and tutors in eight secondary schools in Shropshire (schools identified by letters.)

Appropriate topics for 'learning about health'	Pupils (%)								Tutors (%)
	1st year			2nd year		3rd year			
	1A	1F	1M			3B	3D	3E	
Food	65	7	63	100	95	94	83	73	59
Exercise and sport	48	3	58	52	100	88	81	45	59
Bodily hygiene	0	0	21	10	5	12	10	41	61
Weight control	4	0	0	19	0	0	38	9	2
Personal care/grooming	13	20	29	19	18	31	60	23	23
Handicap	0	0	0	0	0	0	0	0	5
Disease and prevention	0	10	16	24	23	0	0	9	23
Dental care	22	14	26	19	18	25	8	0	23
Avoidance of body abuse (drugs etc.)	87	10	16	52	50	31	35	36	34
Mental and social health	0	5	0	14	9	19	0	59	75
First Aid	4	5	5	24	0	0	0	0	5
Sex education	0	0	0	0	0	0	0	0	25
Growth and development	0	0	0	0	0	0	0	0	39
Menstruation	0	0	0	0	0	0	0	0	14
Safety	0	0	5	0	0	0	0	0	18
Other	0	0	47	0	0	0	0	0	23
No. in sample	23	21	19	21	22	16	52	22	44

Differences between groups

Differences in the conceptual pattern between Years 1, 2, and 3 were not marked, but it is possible that the older the pupils the more the emphasis was placed on *exercise, fitness,* and *mental and social health,* whereas there was less emphasis on *food, avoidance of body abuse,* and on *dental care.* However, we should perhaps not take too much notice of such possible trends without examining the situation in closer detail.

The differences in the concepts of health of boys as compared with girls might have been expected to be clear, but, in fact, there were very few, the only consistent difference being that girls tended to associate health with personal appearance, care of skin, hair, etc, more than did boys. As regards exercise, even of the more rigorous kind, there was no consistent sex difference.

One factor which did, however, seem to make a difference was that pupils attending those schools which emphasised certain aspects of health education (Health Related Fitness, Personal Relationships, etc.) also reflected those emphases in their concepts of health and in their ranking of aspects amounting to importance. This might not seem altogether surprising, but it is perhaps encouraging to teachers to be reminded that what they do seem to make a difference!

What needs to be learned about?

Table 2 illustrates the pattern of responses to appropriate topics for inclusion in the curriculum, pupils again claiming *food, exercise,* and *avoidance of body abuse* to be the most important aspects in that order. It is interesting to note that *personal care/grooming, weight control/slimming,* and *dental and personal hygiene* were also mentioned. *Mental and social health* came next, but this figure was dominated by the unusual replies from just one class.

In contrast, as with the concepts of health, the teachers placed priority on *mental and social health* (meaning personal relationships, social responsibility, caring for others, etc.), with *personal hygiene* occupying second place. *Food* shared next place with *exercise,* and *growth and development* came next. It is interesting to note that *sex education,* as such, was regarded as important by only a quarter of the sample.

Teachers could usefully review the position in their own school, noting how priorities, in practice, matched the rating of importance shown in their own table. For example, it might be worth asking whether sufficient time and resources were being allocated to learning about food and to the aspect of exercise. It would also be interesting to note just what proportion of health education provision was being taken up with consideration of the effects of cigarette smoking, drinking alcohol, drug-taking, and solvent sniffing.

Value judgments

An inspection of these figures invites questions relating to value judgment. How much reliance should be placed on the pupils' ranking of aspects which they say are important to learn about? How much attention should be paid to teachers' own concern for the more holistic domain of emotional, social and personal relationships? More particularly, how might it best be done? We might also ask 'What about sex education?' or 'What about safety?', or 'Is "food" really that important?'. What are we to make of the teachers' different orientation from that of the pupils regarding the emphasis on mental and social health? We might well ask ourselves how recent is this emphasis, and why? For what reasons are we now so concerned about lifeskills and group work? To what extent are we as teachers influenced by the fashion of the times, the presence of the active-tutorial work, and so on? We should also note that some teachers more than others insist on this emphasis. Why is this? Would they all have declared that same emphasis ten years ago?

Questions might also be asked as to the appropriateness or otherwise of the HEP 13-18 materials. Does the distribution of aspects in the materials reflect the ranking of priorities – of either pupils or of teachers? Are the 'levels' suggested by the Project appropriate?

Who is most responsible for your health?

The results for this question are shown in Table 3, which does not include those teachers attending the SAHET workshop. The teachers' answer to this question might seem self-evident, for it is now axiomatic in conventional health education circles that the individual assumes responsibility for his or her own health. Even so, at a deeper level this view might invite some modification, and it could be

The agency most responsible for your health	Pupils (%)									Tutors (%)
	1st year			*2nd year*		*3rd year*				
	1A	1F	1M	2B	2C	3B	3D	3E		
Yourself	87	38	21	38	50	12	83	73		72
Yourself plus others	17	24	21	24	18	38	13	32		11
Parents	13	24	84	48	36	88	25	41		6
NHS	0	19	42	24	14	6	4	0		6
Others, including school	0	0	37	10	0	12	6	0		6
No. in sample	23	21	19	21	22	16	52	22		18

Table 3. Percentage support for 'the agency most responsible for your health', by pupils and tutors in eight secondary schools in Shropshire (schools identified by letters.)

argued that the individual is not solely or even mostly responsible. In using this questionnaire it was not possible to achieve such a sophistication, and the replies received may not necessarily reflect peoples' views in the way that further discussion might reveal.

However, if we temporarily ignore the problems of methodology, it is of interest to note that whereas teachers insisted upon the 'orthodox' view with respect to responsibility for their own health, the pupils were less inclined to do so – only just over one-half regarding themselves to be alone responsible. The 1st and 2nd-year children especially included parents, doctors, and dentists as being responsible for their health. It was interesting to note that, of the parents, Mums were most frequently mentioned – mainly as suppliers of the right foods! School canteens and food manufacturers also got occasional mentions.

Implications for curriculum planning

What are the implications for teaching from the results of the survey? Assuming that the results have some validity in their own right, teachers might ask themselves the following questions:

1. **How much notice should be taken of the pupils' statements?**
2. **How much opportunity is there in the first three years of secondary schooling for pupils to learn more about food and nutrition, to engage in exercise, and to receive health education regarding cigarette smoking, etc.?**
3. **How much provision is already made for health education in these three areas, and is it sufficient and appropriate?**
4. **Why should teachers have placed such emphasis on the 'mental and social health' aspects of health education when the pupils have not done so? Are they justified in so doing?**
5. **To what extent can the school itself – as a health-promoting community – promote such health education without necessarily requiring more curriculum provision?**