

Analysis of the projected curriculum of the educational field of Health Education

Tereza Šimčíková, Leona Mužíková

Faculty of Education, Masaryk University, Brno, Czech Republic

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Abstract: The Analysis of the projected curriculum of the educational field of Health education dealt with the current projected curriculum of Health education in connection with current conceptual materials. The main goal of the research was the analysis of school educational programs at selected elementary schools. The theoretical basis for this research was the curriculum, its forms and conducted researches on the curriculum. Then the research was based on the development of the field of Health education and projects and programs related to this educational field. It also contains basic methodological data on research, which focuses on the projected form of Health education curriculum evaluated based on a deeper analysis of school educational programs of selected elementary schools.

At the end, the results are summarized and conclusions and recommendations especially for school practice are formulated. The acquired results show that the time allocation for Health education ranges from 1 to 4 hours per week, most schools teach Health education as a separate subject, almost all schools have all the thematic areas of Health education included and each school provides interdisciplinary relationships. The result of the presented research is the formulation of starting points for the improvement of Health education.

Key words: curriculum, Framework Education Programme (FEP), school education program (SEP), lower secondary education, health education

Introduction

Curricular reform took place in the Czech education system about fifteen years ago. As a result, schools have got more freedom, but also responsibility in how education will take place in their institution. In the past, curricular documents lacked a separate subject that would deal with human health. In 2008, the subject of Health education was implemented in the FEP. The educational field of Health education should lead an individual to the active development and protection of health in the interconnection of all its components (social,

mental and physical) and teaches him to be responsible for them (RVP ZV, 2017). We therefore assume that we should gradually learn the basics of health literacy already during school attendance. Even though health is an integral part of everyone's life, Health education is still a neglected subject in many schools.

There are many definitions of health that have changed throughout history. However, it is important to mention that health is irreplaceable, and therefore everyone should know how to take the best care of their health. The requirement to increase health literacy is a long-term goal of documents such as the Health 2030 or the previously valid document Health 2020 – National Strategy for the Protection and Promotion of Health and Disease Prevention. These documents are approved by the Government of the Czech Republic and their implementation should be binding.

The concept of the curriculum is the theoretical basis of this project and a general overview of curriculum research with a focus on research in the field of Health education is the starting point for the research. The research deals with curricular documents across the history of Czech education, projects and programs that are related to health promotion and enter the educational environment as an important determinant of Health education.

Important curricular documents, such as Standard of basic education from 1995, have enshrined Health education in the primary education system.

The projects complete the content of the educational program and enable the integration of the curriculum. They connect curricula from different educational areas, and above all teach students teamwork. They can also help to fulfill the thematic curriculum and at the same time provide students with an interesting form of teaching essential health-related topics. Therefore, important programs and projects dealing with health promotion are mentioned in our research. We mentioned for example *Health 2020*, *Health 2030*, *Health promoting school*, *Really healthy school* and other health promotion projects.

The main goal of the research was to assess the curricular framework of Health education. To verify the projected form of Health education curriculum by evaluating the inclusion of Health education in the school educational programs of selected schools. The curriculum of Health education in the Czech Republic was examined only by individuals. For example, Hřivnová analysed and evaluated the curriculum in 2014–2016, then she presented the results in her habilitation thesis from 2018.

The analysis of the SEP itself may be a reflection of how schools have embraced curricular reform. The results can be a valuable guide for the implementation of other changes or recommendations in the Czech education system.

Objective(s):

The main objective of the research was the analysis of school educational programs of primary schools. Based on the main objective of the work, we determined in advance three research questions that we monitored in the SEP.

It was mainly about the basic structure of the curriculum of Health education at the second level of elementary school, about the content related to Health education and about finding out the interdisciplinary connection.

Three main research questions:

- What is the structure of Health education curriculum at the second level of primary school?
- What is the content of the subject Health Education?
- Is interdisciplinary connection ensured?

Methods

Several techniques can be used to collect data (Švaříček et al., 2014; Hendl, 2016), mainly through observation, interview, questionnaire and content analysis. Vlček (2015, p. 405) states that the mentioned techniques are used mainly in research with a small number of compared phenomena, which corresponds to our research. The basis was qualitative research (content analysis of educational documents), but at the same time it was necessary to compare the SEPs of individual schools to find out what the differences are between them. Thus, elements of quantitative research were also used.

In the first phase of the research, we defined research questions, in the second phase, a selection of educational documents (school educational programs) for research took place. In the third phase, the educational documents were assessed and in the fourth phase they were interpreted to find answers to the questions asked.

It should also be added that the research is focused only on what the selected schools declare in writing in their SEPs. We randomly selected ten Brno primary schools for the analysis. The necessary information was found on the schools' websites. We almost always found SEP in the bookmarks for school documents.

Results

Partial results are based on both continuous data collection and work directly with SEP. As for the first research question, we can state that schools differ in many ways. The hourly subsidy dedicated to Health education was very various. It ranged from 1 hour per week to a 4-hour weekly subsidy (some schools had Health education integrated into other subjects and it was not possible to determine the exact number of hours).

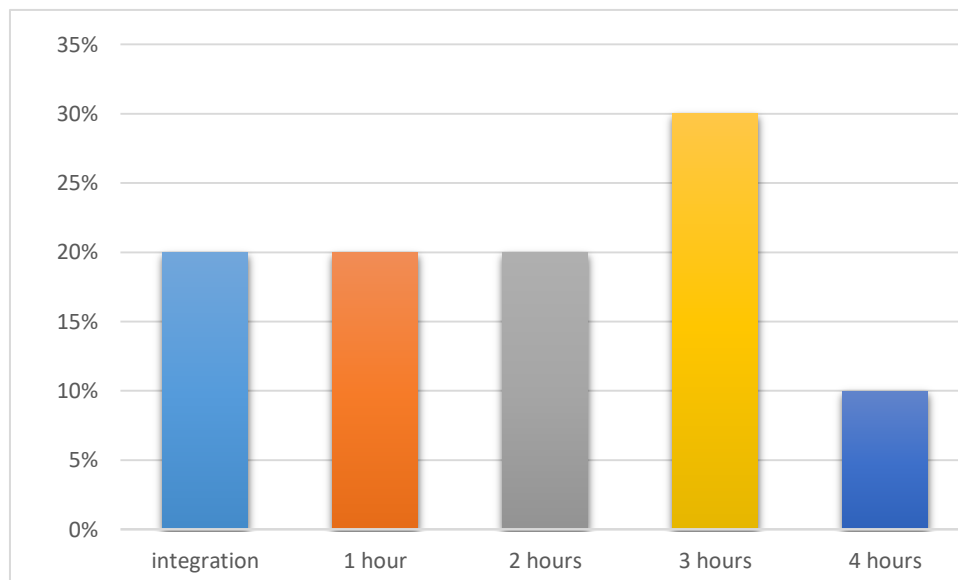


Figure 1. Percentage of SEP according to the hourly subsidy for Health education.

The second research question focused on the content of subject Health education showed that almost all schools have in their SEPs all thematic areas related to the teaching of Health education. Almost half of the schools had all six cross-cutting themes included in the subject of Health education, only one school did not have this information included and the remaining schools included only some cross-cutting themes. Half of the schools did not draw up the curriculum of Health education cyclically. It was cyclically drew up by a third of schools and the remaining schools drew up it cyclically only partially. If the school does not work with the cyclical curriculum, we see it as problematic, as there is no deepening and expansion of the acquired curriculum.

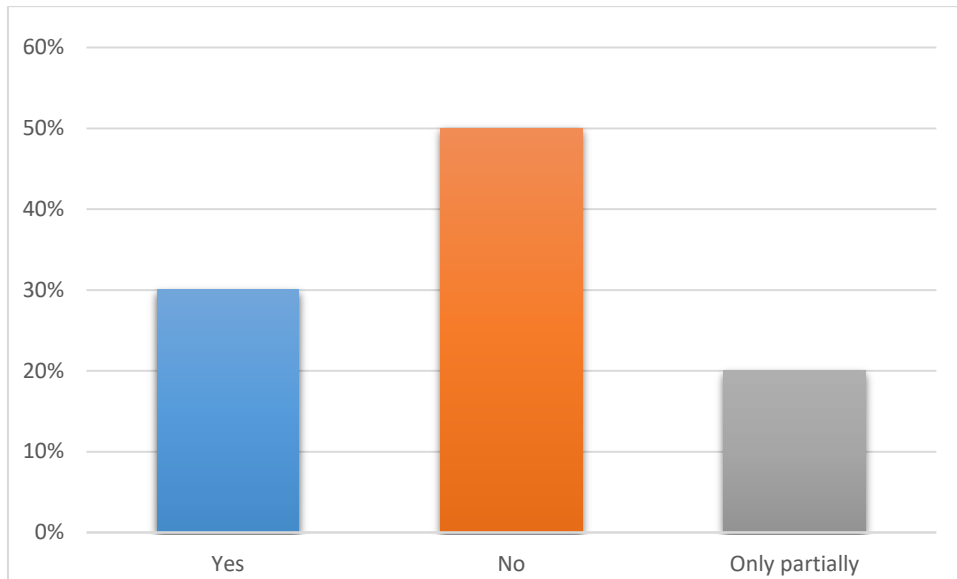


Figure 2. Percentage representation of cyclical curriculum of Health education curriculum.

For the third research question, we looked at whether interdisciplinary interconnection is ensured. In terms of horizontal interdisciplinary interconnection, the subject of Health education at each of the selected schools corresponded with other educational areas. Interdisciplinary vertical interconnection was also ensured in all 10 schools.

It was striking that some SEPs were a clear copy of the FEP formulations. Some schools did not pay attention to the elaboration of topics and did not place them in connection with the subjects taught in individual grades. The form of their SEP from the point of view of Health education was very formal.

Some school educational programs gave us the impression of a thoughtless concept that could lead to poor quality teaching of Health education. On the other hand, evaluating the level of education was not the goal of our research. And it is not possible to assess the level of education only on the basis of the analysis of the projected curriculum. We noted many other stimuli for research, but the epidemiological situation did not allow us to conduct further research directly in the schools. We did not have the necessary methods available.

Discussion

The definition of the educational field of Health Education in the FEP is not clearly defined, which is also reflected in the data obtained. The sample examined consisted of only ten

primary schools, and yet we came to different results. In the area of time allocation, these differences were probably the most significant.

If in the school educational program, the time allowance is not increased from the allocated time, the two-hour time allowance does not allow for a continuous stratification of the content into all years of lower secondary education.

The division of the educational content of Health education into several subjects may reduce the overall quality of education of pupils in the field of health promotion as a result of the division of the holistically defined educational content of Health education. Therefore, diversification of the educational content of Health education between more subjects should be a rather temporary solution.

Obtained findings should be supported by further research directly in schools - especially by interviewing the school management to check the qualification of the teaching staff, didactic apparatus, aids, etc.

Conclusions

The research dealt with the analysis of the projected curriculum of the educational field of Health Education. In accordance with the research objectives, research questions were set and subsequently analysed.

Based on the results of the work, which we obtained through the analysis, there are recommendations for the authors of the projected curriculum and school documents, for schools and for the entire field of Health education.

- It would be appropriate to declare more clearly the concept (structure of the curriculum - distribution of the curriculum between grades, hourly allowance) of Health education in state-level curricular documents so that there are no misconceptions in school-level documents. Further develop teacher education, organize methodological seminars for school principals for FEP innovation, etc.
- School principals could contribute to increasing children's health literacy by improving the teaching of Health education. It follows from the responsibilities of school principals that they should monitor the quality of the subjects taught, in this case Health education.

- The quality of teaching is related to the qualifications of a Health education teacher, who can significantly contribute to the quality of teaching of this subject.

We have thoroughly evaluated and described the results of the SEP analysis, which can be a starting point for further research. It was qualitative research conducted in ten schools. Further investigation should therefore be area-wide research. It is necessary to analyse all schools in the Czech Republic and evaluate the state of the implemented Health education curriculum. Further investigation could clarify whether shortcomings related to the Health education curriculum are common throughout the Czech Republic.

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