Zsuzsanna Benkő (Ed.)

INTEGRATED PROGRAMMES FOR LOWER-PRIMARY TEACHER TRAINING

HEALTH PROMOTION, HEALTH EDUCATION, HEALTH PROMOTION PROJECTS

Lisbon – Szeged – Vienna
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Conceptual umbrella

Since the development of hierarchical societies most social scientists agree that inequalities in the countries of the developed world are still characteristically defined by this hierarchical arrangement. Different classes, strata and groups of the society are arranged along financial, property, educational, social division of labour and settlement differences. Social scientists agree also on the fact that opportunities in the society are largely influenced by factors that can not be represented in the hierarchical arrangement. What are these factors?

Without hierarchical ordering of the factors in question here we think of inequalities related to gender: women in all societies of the developed world are in worse social positions than men of similar stratification characteristics. The national and ethnic palette of European societies is very colourful; belonging to a national or ethnic minority can be source of social disadvantages. Though cases are different by countries and societies, the state of the disabled further expands the system of unequal opportunities.

An increasingly indispensable part of knowledge-based society, highlighted more and more in the recent years – beside disciplinary knowledge (geography, biology, chemistry, etc.) – is the need for a complex orientation in the society. Public education can support social orientation the best if it is able to develop, strengthen and implement practice-oriented skills and expertise. What are those skills we aimed at developing in this project? We intend to deepen health promotion, health-conscious behaviour, value system and practice. Opportunities for health are described also along social hierarchy and along the level of education as a decisive factor within, and this chance or opportunity is further increased or decreased by minority status or of being different. It is already an important aim and task in itself that lower-primary school educators and through these educators, children, parents and grandparents should become acquainted with modern approach to health. So as to reduce health inequalities new educational and psychological methodological elements are required beside essential knowledge, because paradigm-change is also essential for getting to know, accepting and make others accept "difference".

We can hope for a modest result only if we base health promotion solely on knowledge transmission – however thorough it is –, and it is the same case if

we focus only on knowledge transmission in relation to minority issues. In the case of health promotion we considered practice-oriented education and the transmission of values as decisive educational methods. In case of minority issues value is carried and transmitted by arts. Music, dance and literature – saga as a genre corresponding to the age characteristics – make this complex world visible, audible, perceptible and enjoyable. This scope of questions means not only the historically determined, traditional minority groups (for example the Gypsies, the Jews, Black people or the disabled) but it also means the present migration process within the European Union that happens in front of our eyes: migration from close countries within Europe and from distant countries in Asia, Africa, Latin-America.

There are considerable differences among European countries in terms of their attitudes to their down-and-out, and here we mean the disabled primarily. Though we know it well that those countries where disability is visible in the whole society, because most of them left the closed institutes two or three decades ago (Great Britain, the United States), has defined many tasks for themselves, this process has just started in other countries, where at the same time all this should be made acceptable for small children and for their parents, that is for the whole society.

Inequality appears not only in health chances or in case of minorities but in fostering talent as well. Hence we are well aware that public education strives at the capital-reproduction of the middle class of the society (see the theory of Bourdieu). That is why it is essential to foster the talent of those children in lower-primary school whose parents lack this cultural capital: their communication is underdeveloped, their self-evaluation is low. That is why we have chosen an educational domain for fostering talent where these two factors are not decisive, and it is mathematics. But we are not approaching mathematics the way as the vast majority of the adult society would imagine on the basis of their earlier school experiences. All these of course do not help the communication difficulties of disadvantaged children. Communication skills practice is the answer to that. According to our experiences, teacher training in most European countries does not offer this kind of skills development practice for their students.

We take an invaluable step by developing mother tongue communication, but this increases equal opportunities within the given nation only. Speaking foreign languages (like English and German), especially in three small EU countries like Hungary, Portugal and Austria, is extremely important. Austria has helped a lot in working out the German language module.

Striving at equal opportunities is of key-value in each content module. Creativity, practice-orientation, the socially integrated individual (keeping family, settlement and cultural backgrounds in mind during the education of

lower-primary pupils) are the methodological bases of the transmission of these contents and values. This new perspective can form an organic part of the traditional values of lower-primary teacher training of these three countries.

Zsuzsanna Benkő
International professional coordinator of the project

Preface

Health education has always formed an integral part of school education since the beginning; however its aims, content, problem scope and methods has always changed according to the characteristic features of the given period.

Large-scale social changes of recent years and international comparative researches connected to these changes (with regard to our topic the most important researches are the WHO HBSC 1983-2000, and the PISA 2000 – see more about these later) put the problem scope of the relationships between education as a strategic sector (and public education within) and health into the foreground.

The situation-revealing researches provide possibility for a criterion-oriented grasping of country specificities on the one hand. Those connection points (global key questions) that can become the actual motives of development in international – here in European – terms through mobilizing internal resources, helping and fortifying one another can become more realisable on the other hand.

The main directions of this European development were set by the international agreement known as the "Lisbon Strategy" (Council of Europe. 2000), which sets the most important European educational targets for the period ending in 2010.

This strategy depicts Europe's future as the creation of a knowledge-based society, and the tasks of education are worded also in this context.

Education has to prepare people for being able to contribute to the creation of a knowledge-based society and for being able to live and work in it.

This places debates surrounding the effectiveness and efficiency of education into new light.

New social, political and economic challenges, the understanding and content of school knowledge, the highlight on new key-competences put the profession of educators to a serious test. But not only them. This is an equally great challenge and responsibility for the whole EU-community, the society, the educational management, the school and the parents as well.

Educators and of course every candidate has to be prepared for the fact, that schools have/will have a changed and extremely important role in enabling individuals in new ways for building their personal knowledge life long, for

choosing among values and for searching for and creating new values and positive examples.

There is no doubt that health education - promotion has to/should play a distinguished role in this process.

All the above facts underline the importance and actuality of our present module ("Health promotion, health education, for lower-primary teacher trainees") even more.

By raising the topic we strive at "tuning to one another" with the primary teacher trainees of three countries, providing a broad possibility for becoming more absorbed in own country specificities and then learn from one another, enrich one another and try to answer our starting question: What is that school like, or more precisely: by emphasizing versatility, what are those schools in which, as a part of our professional competence and by using health education and health promotion actively we can contribute to the fulfilment of the above mentioned global aims.

We are inviting you for a joint interactive thinking and cooperation!

Let's examine what does that school mean here and now that, in the noble sense of the word, is healthy and whose understanding is it, what should we pay attention to so as to make this school be able to contribute to the development of a healthy, multi-faceted personality who is able to combat and cooperate, and to make it a really attractive and motivating living-space and workplace for pupils and teachers as well.

Let's think it through, what could we ourselves add to it to be able to gain more!

„If ...we connect the life and work of many people,
we all can get farther together,
than anyone advancing alone could."

(Descartes)

For our interactive health-education workshop we are happily waiting for all those people who wish to cooperate!

Erzsébet Gyimes
Subcoordinator

Introduction to Health Promotion

Zsuzsanna Benkő

The interpretation and definition of health is closely related to the way one determines the tasks and directions of health promotion.

1. Changes in the health-concept throughout history

The ways health-concepts are formulated are based on two different health–definitions: one is focusing on preserved health, the other is on restored health meaning a cured disease. Myths of Hygeia and of Asclepios could symbolise the two different approaches.

For the followers of Hygeia health and preserving health are a normal status of human life as a part of nature, and is something one is entitled to if he lives his life accordingly. The main task of mankind is to discover and teach those principles and regularities in our natural and social surroundings.

The main focus of the followers of Asclepios in return is to restore health, whereas it is caused by the discrepancies of birth or other states of life, and as it is the foundation of medicine.

These two approaches were in balance up to the 17th century; both of them had its impact in equal terms. As natural sciences developed (Galileo) the technical, scientific approach founded in medicine became and remain dominant up to present times.

The prevailing image of the health sector is the acute health care in hospitals and not enough attention is paid to the natural-social-environmental defining factors of a disease. This approach is called the biomedical disease model. In relation to health and disease, they are concerned with diseases, and disease is to be deliberately separated from health. This model has been wide spread on the basis of successful cure of several diseases however it has also been criticised by many. As a counterpart of it evolved the model which focuses on the psychological and social conditions of the appearance of a disease.

According to the biopsychosocial model, a joint analysis of the physiological, psychological and social factors of a disease and its prevention is necessary. This model understands diseases as a much more complex process than the

other two models above do, however still explains diseases only. Most of the initiatives based on prevention have this model in mind.

Though the above mentioned models are different they all have similar starting points: disease.

There is no exclusive, scientific definition or approach to health. I will highlight at some of the interesting ones:

- Health can be identified with the perfect operation of all biological functions of the human body.
- Health is our ability to love and work (Sigmund Freud).
- Health means that one is feeling well, can move freely, has a good appetite, fulfils his tasks normally and does not need to see a doctor (M. Gandhi).
- Health is the status of optimal performing ability of an individual that makes him or her capable of fulfilling the tasks and roles which he was *socialised* to (Parsons).

These examples show the wide variety of approaches to the concept of health.

Literature on understanding health gives the health definition of the WHO from 1949, which could be a base for consensus: health is not the absence of disease, but it is the state of physical, psychological and social well-being.

The WHO definition has been widely criticised, mainly because of its utopistic nature. The main virtue of the definition however was that it suggested cooperation among health-related sciences.

The original WHO definition has been completed with new mental-psychological and ecological elements. These elements were interpreted in several different ways as well. Some has defined mental health as a search for the meaning of human life (LLONA KICKBUSH). Others find it necessary for the effecttiveness of health sciences that a link is established among scientific rationality, spirituality and political awareness (EBERHARD, GÖPEL 1994).

Most of the modern health interpretations outline integrative models. Natural and social environment, the amount of available sources, the ability to ovecome problems, the feeling of success and satisfaction are all determining factors of health (BECKER, 1992).

Health has been interpreted as a process rather than a status. The ability to act develops throughout our whole life, as one aims at acquiring new competence.

BADURA interprets health as an ability to solve problems and control emotions that enables the presentation and rearticulation of positive self-image and physical-spiritual satisfaction (BADURA, 1992). In his life-style concept he takes a look at those behaviour strategies people have in order to overcome the

discrepancies between their abilities and needs in one respect, on the other hand he examines the positive forms of behaviour the society and the environment can establish (BADURA, 1993).

Health is the state of objective and subjective condition of someone, which is ensured if the physical, spiritual and social development of that person is in compliance with his personal opportunities, aims and the given external life circumstances (KLAUS HURRELMANN and ULRICH LUASER).

Maybe the fulfilment of the four prerequisites below could provide the best chance for the completion of health:

- If the individual is socially integrated;
- If he can adapt to changing load;
- If he can preserve his individual independence;
- If he can establish harmony with his bio-genetical, physical, mental and social opportunities.

Many analysts mention a paradigm change: the ascetic health interpretation of the 19th century is replaced by the hedonist approach around the eighties.

Hedonism in our interpretation reaches back to that line of philosophy according to which satisfaction in life is the major good, so we are talking about life enjoyment.

The ascetic approach is expressed by self-restrain, economy, and self-control. Defining educational methods were constraint, prohibition and strict rules of behaviour. In this system they concentrated on mental complaints too and health education was devoted to perfectuate the control over behaviours endangering health.

Due to paradigm changes of past years the emphasis has been put on sources, happiness and satisfaction instead of lack, complaints and problems. According to the so called hedonist health interpretation happiness, positive-thinking, joy, good general feeling and self-realisation mean health (KEUPP, 1992). This concept favours successful people, people, who live their life as a continuous challenge and also accept that life. Popularised hedonism is a prize for successful people. Problems surrounding one's health, disasters and grief all belong to "losers". Blaming the victim – that is the victim himself is responsible for his pains – as the Americans say.

2. Individual, community and social defining features of health

2.1. Consensus in health interpretations

Present discussions tend to agree that health is a dynamic phenomenon and concentrates on life. The individual finds hindering and aiding conditions – life conditions – through comprehensive and active conflicts with his natural and social environment.

Different approaches agree on the multidimensional character of health: physical, mental and social factors equally exist, as they are non-separable even if their emphasis is different.

The political approach completing this system can serve the development of an integrated concept where man and the system of his historical past and his environment are discussed together. The positive health definition prevails in all models dealing with the life-quality and the health-potential of the individual. The ideas of positive health are directed mainly at development and promotion. Undoubtedly these concepts go beyond the traditional approach of preserving health. That might probably explain why these concepts have been only very cautiously and hardly accepted among health professionals.

Finally health is a functional concept, it is realised in different ways throughout life, and it strongly depends on life-conditions and environmental culture. This determines the practical significance of health.

2.2. Interpretation of health promotion

There is a broad and a narrow interpretation of health promotion. This narrow definition emphasises the novelty of the theory of health promotion and distances itself from other preventive concepts. As it is presented in the Ottawa Charter (1986), it aims at formulating the requirements of individual autonomy and urge the improvement of life-conditions such as – job, residence, peace and culture.

According to the broad interpretation, health promotion is the collective concept of all non-therapy health-improving methods.

Many interpret it as all the non-therapy measures that enable the preservation, promotion and improvement of health, and that helps to solve behaviour- and/or environment-related health problems. Heath promotion integrates the so far separate strategies of health-information, health-education, self-help and prevention.

Interdisciplinarity and the need for crossing over sector-borders, taking life- and labour conditions into consideration are also considered to be highly important.

The basic principles of health promotion are the following:

- Health promotion focuses on the whole society and not only on the endangered groups;
- Heath promotion influences the prerequisites and causes equally, so a co-operation is inevitable;
- In health promotion complementary approaches are linked;
- Health promotion aims at the cooperation of the population;
- Health promotion emphasises individual autonomy in decision-making.

Health promotion is a social task and not a medical service even though medical professions play a major role in health promotion (CONRAD and SCHMIDT, 1990).

The aim of the broad definition of health-promotion is clear: it motivates to act, and tries to ensure possibilities for the elements of health promotion to complete each other instead of excluding one another.

In order to understand the novelty in the concept of health promotion, let us take a closer look at the criticism of health-education and risk-factor theories. This critique applies mainly if the intervention-based process and perspective is not completed with the application of health-centred methods of health promotion.

2.3. Health education

The aim of *health education* was to influence children and young people in a positive way through *information and instruction*. Most of the criticism was directed the risk-factor based health-education, because it was based on the bio-medical paradigm, it was directed at the risk-factors, it applies the methods of regulation and discipline and lacks social relations. Critiques of health education however admit that in the framework of health promotion there is a need for the different forms of health education, directed at specific groups, communities and organisations, to raise awareness concerning the environmental, economic and social causes of health and disease. Health education was traditionally concerned with the behaviour of the individual in risk situations. This concept of health education corresponds to the English *"health education"* concept in which no difference is made between education and teaching.

Health promotion heavily criticises the risk-factor theory, which is the basis of health-education and prevention approaches. This theory starts from the medical approach of diseases and examines static relationships between the probability of becoming ill and the different behaviours or genetic and social statuses. Its original medical-biological approach has been completed with mental and social components, but it still focuses on diseases.

According to the critiques of the risk-factor theory there have not been any paradigm changes, but new mental, social and ecological components were involved in the model completing the genetic, endocrinological, neorological and physiological factors. Instead of health, the risks of the development and process of an illness is in the focus of research in case of the followers of risk-factor theory. This model considers disease as an isolated phenomenon, does not take into account its links to life-history, to personality-development, life-style and to the partly pathogenetically structured society.

The concept of "*prevention*" is used mainly in the health sector. The concept of disease prevention is used for those strategies through which specific risk-factors of given diseases can be reduced. Health promotion does not concentrate on individual or group problems, but starts from the every day life of the whole society and aims at improving health. In this context, health promotion and disease prevention are two separate but complementary activities, overlapping each other (CONRAD and SCHMIDT 1990).

LAASER, HURRELMANN and WOLTERS (1993) use the expression *interventional steps* as a collective term for health promotion and prevention. They distinguish between *health promotion* as measures referring to lifestyle – to conditions and behaviour change – for the whole population. *Primary prevention* concentrates on limiting the risks before the disease appears by measures referring to lifestyle. It concentrates on people who carry the sign of risks. *Secondary prevention* (cure) is applied for curing the individual. The *tercier prevention* is applied as a rehabilitational measure after the treatment of chronic illnesses and it aims at compensation.

The main methods of health promotion:
Macro political methods:
- law (acts)
- structural measures
- institutional level decisions

Improving life-skills (empowerment)
This is a strategy directed at the change of social-structural and subjective elements. Emphasis is put on the promotion of opportunities and abilities.

2.4. Health Training

Health training is separated from heath education which presupposes a dependency relationship between student and teacher, it is separated from disease pre-

vention as being too technology oriented and instrumental, and it is also separated from behaviour-therapy, as health is not practicable (SIEBERT, 1990). Health training provides learning possibilities on the domain of thinking, acting and emotions. It links learning to the outside-world. Health training gives the opportunity for the individual to find the suitable health promotion method for himself and to recognise the reasons behind possible diseases. Health training is a learning process involving all the senses and it is targeted not only to the individual but it also covers his social and natural living conditions.

Health training deals with the actions of individuals in their own health-related issues.

The similarity between health promotion and health training results from the common concept. Health training is a pedagogic opportunity to health promotion. Health training is a part of health promotion, but it covers only that part of it that somehow is connected to organised learning.

Many experts (BLAETTNER and SIEBERT, 1990) emphasise the importance of training with regard to health promotion). They say health training is more than learning how to prevent and cure organic diseases. In a broader sense, training is a part of health and being unqualified is a form of illness. Training decreases dependency, promotes the unfolding of opportunities, opens new perspectives and this way contributes to health, whereas the alienated work-conditions, the everyday monotony and the falling of spiritual interest can make people unsatisfied and sick.

GROSSMANN (1993) suggests a broad interpretation of training processes. According to him training is still strongly individual and small group oriented and the role of management skills as subjective skills still has not got enough attention, though these skills would enable us to act in larger social systems and to have a decisive impact on it.

2.5. Health promoting organisational development

This method of health promotion helps not only to find and cure the causes, but also to make more favourable conditions for our health.

Organisational development aims at diminishing role-conflicts. It serves to change the control-awareness and satisfaction of the members of an organisation (the workers) through the implementation of modifications in the system. The organisation is promoting their ability to recognise and solve problems. (It can hinder it as well!)

The dynamism of modern societies can be characterised by the following sub-systems: economy, politics, science, religion, health services, family etc.

Since health does not have its own sub-system, that is why it tries to enter all of them. For the fulfilment of health promoting tasks they have to communicate in the "language" of the given organisation. For example: in the institutions of economy the means of communication is money, so health promotion has to speak that "language" too.

The specific institution has to prove statistically that the health promotion of the members serves the interest of the institute by making the members more productive, satisfied, flexible, and competitive.

The "language" of educational institutes is teaching and education, so health training serve these targets. By this means the social skills of pupils will be more developed (for example communication skills, conflict management skills), they can get to know their own personality better, so they can make their autonomous decisions and choices easier in different situations. These skills serve their social integrity as well, meaning a performance and corresponding to their all-time abilities.

WHO takes healthy school, healthy workplace, healthy hospital and healthy city as settings of health promotion.

The most important means of organisational development is project management.

The project is an organisation, which is established within an institution or among sub-systems of a society. The project realises its tasks always within a definite timeframe (it can be one day, but also 5 years as well). A project can fulfill its innovative function only if it can act autonomously on the one hand, and maintains and utilizes its relationships with the mother institution on the other.
Essential for runing a project effectively:

- a definite task and contract;
- creation of a right structure for decision-making;
- creation of a team suitable for carrying the task out;
- providing time and place for the work (necessary (re)sources);
- creation of necessary cooperations;
- ensuring the continuity of implementation;
- creation of steps needed for implementation;
- project marketing;
- self-evaluation, report;
- contact with the mother-institution.

School and health

Summary by Erzsébet Gyimes

1. Under the magnifying glass: health of school-age children

In the previous chapter we have discussed the criteria of the modern understanding of health and we have stated that today health is carrying not only physical characteristics. So when we try to map the health state of children, we have to bear in mind the complexity appearing in health due to the mutual interweaving of bio-psycho-social-ecological-spiritual aspects.

Before we start to reveal the health state of a child-group or a class, it is worth getting acquainted with those research results that could orientate us in interpreting the health characteristics of our own group.

In Austria, Hungary and Portugal as well we can find researches that could be of interest concerning our topic. However, now we would like to concentrate mainly on that large international comparative study that at the moment is considered to be the most comprehensive "trend-research" concerning the health of school-age children.

At the beginning of the 1980s the youth researchers of four countries, Austria, England, Finland and Norway, has launched this series of research as an informal cooperation, and it has soon become one of the most important researches of the World Health Organisation, and became known as the research into the "Health behaviour of school-age children" (WHO, HBSC). Hungary joined the programme in 1985 already, and in this programme by now 35 countries are contributing (Portugal as well).

The research is repeated in every four years. It is an anonymous questionnaire survey among 11-, 13- and 15-year-old youngsters.

The aim of the research is to reveal the relationships between the health and living circumstances of young people, to be able to understand factors influencing their well-being better.

The regularly repeated survey is a project with a monitoring function on the one hand. On the other hand it tries to provide a deeper insight into factors defining the way young people feel and their life-style, and all this is done with a

larger and larger scope and with the help of a more and more differentiated choice of topic.

Its international scope allows us to compare the health state and health behaviour of the young people of socially and culturally different countries and consequently to be able to define differences and similarities.

Results obtained so far prove the identity or pronounced similarity of behaviour patterns and relationship-systems, that is why can these trends, relationships be considered to be universal.

Beside the fact that these data reflect the opinion of upper-primary age children, these are very important for lower-primary school teachers as well, as the characteristics of a higher age-period and the signs of already manifested forms of behaviour can be found (or could be found if we would pay attention to them!) in the previous life-stage. All these would be of high importance concerning prevention not only in terms of risky or harmful behaviour examples, but by knowing all these we would be able to provide more healthy and favourable conditions for solving the developmental tasks of the given age. This is extremely important, as personality characteristics, abilities and skills required for a healthy conduct of life can still be dynamically developed at this age. Their chances in life are squarely defined by the fact, whether the favourable abilities and skills and the interiorization of positive attitudes that are extremely important from the aspect of health-conscious behaviour could be adequately founded in this socialisation phase (HURRELMANN, 1994).

Below we highlighted some characteristics of the health behaviour of pupils from the latest results of the comparative studies, which results we consider especially important for the health education programme of 6–10 year old children. The tendencies of the three countries are converging to one another and to the middle-field, in some cases we will refer to the differences. Country specificities are practical to be processed in more details within an elaboratory seminar.

1.1. Some characteristics of the health behaviour of pupils

Nutrition

In the first life stages (infant and small child/baby) the order and quality of everyday nutrition is defined by the family, the care-taking environment mainly. These stages are extremely important concerning later conduct of life as well, as the basic eating habits are founded at that time. In Hungary the number of kindergartens is high in European-terms as well, where the nutrition of children is considered to be very important. There is however a break when children enter school.

In higher ages – especially among girls – the proportion of those who eat irregularly on school days is increasing. The high number of those who do not eat breakfast is especially obtrusive. 1/5 of 11-year-olds do not eat breakfast, 1/3 of 15-years-old boys and almost half of 15-years-old girls omits breakfast. The proportion of those who do not eat lunch as well on school days is rising; it is altogether 1/10 of the answerers.

In a certain sense two controversial tendencies appear: on the one hand appears starving (because of economic reasons or poverty) and "being overfed" is observed on the other. We will come back to this point later.

From data referring to the quality of nutrition we can state, that 32% of Hungarian pupils eat fruits daily and 15% of them eat vegetables daily: they are in the middle field concerning fruit consumption and they are among the last ones in the international field concerning vegetable consumption. This proportion becomes even worse by the progressing of age. Portugal shows a more favourable picture than this.

Every third Hungarian adolescent eats sweets daily and this places them to the first third of the rank of countries. In Austria, on the contrary, the number of sweets consumers is very low.

Hungary is in the middle field concerning the consumption of sparkling refreshers, and boys are drinking more of them daily.

Body-picture

Not only the bodily and hormonal changes, but the cultural (media) effects transmitting and in some cases disproportionately enlarging the importance of looks, also contribute to the fact that adolescents pay more and more attention to their own body and changes in it. The picture they form about their own look influences the way they feel generally and their self-evaluation considerably.

The idea of the surveyed pupil sample about their own body physique and about their satisfaction concerning their physique clearly reflects the desire towards the ideal transmitted by culture.

The extent of satisfaction with the physique and the size of the body is different by countries, but it is always more characteristic to girls than to boys, and this difference increases by age.

On average ¼ of 11 year old girls considers herself too fat, while this proportion is already more than 40% in the age-group of 15 year olds! In Hungary 34% of 11 year old girls (5. place) and 41% of 15 year olds calls herself too fat. On the contrary, in case of boys the feeling of being thin causes problems in their

self-evaluation. 23% of boys consider himself thin, and 15% of girls consider herself thin. This proportion among the boys increases further by age.

The rate of those on diet and those who regulate his or her weight is higher in case of girls than in case of boys.

The rate of girls on a diet shows great differences by countries. Many of the 15 year old girls are on a diet (almost 30% or above) in Canada, Denmark, Hungary (36% - 1st place), in the USA and in Wales.

All these phenomena could be signals for the educational practice and for health promotion, and it calls attention to the displeasing social effects of present beauty-, behaviour- and consumer ideals (SEEBAUER, 2004).

Physical exercise

It is suggested that young people take part with a daily regularity in an at least one hour long and at least middle intensity physical exercise. This in almost every country is characteristic only to less than half of the young people.

In international comparison, Hungarian pupils exercise only very little: in average the 38% of 11 year olds exercise enough (21. place), which is already reduced to 21% in case of 15 year olds (31. place).

The proportion of doing sports at school is very low. Girls exercise less in every observed age-group and this is further decreasing by age.

The evaluation of own endurance reflects the age-trend of physical exercises; boys and younger pupils consider their endurance better.

The physically passive leisure time activities are watching television and listening to the radio.

Pupils – we think – spend a disproportionate amount of time in front of the television. On school days 43% of pupils spend 2–3 hours daily in front of the television set, at weekends 57% of children spend 4 or even more hours watching television or video films. Girls watch television to a somewhat lesser extent than boys.

There are greater gender differences in case of using computers. On school days somewhat more than 1/3 of boys and somewhat more than 1/10 of girls use the computer for 2 or more hours.

Time spent on "in front of the screen" activities can be useful and healthy depending on the content of the programmes, the aim of using it and the proper adjustment of the device, as pupils can acquire a lot of information through these means and this can help the process of self-organised learning. Very long application, using them without control and selection, and the creation of a workplace where the screen is present can however be a source of several physical and mental complaints and problems, especially in case of younger children.

Time spent on preparation for the lessons

The overburdening of pupils is an everyday topic in Hungary, and this also seems to be underlined by time-scale measures on time spent by studying (in school and at home). The following indices can be mentioned here concerning the present research: 18% of pupils spend 1 or less hour's long time for studying at home, for preparing homework for the next day; half of the pupils spend 1–2 hours, 1/5 of them spend 3 hours and 1/10 of them spend more than 3 hours on studying. Time spent on studying shows considerable gender differences, the proportion of girls among those learning more than 4 hours daily is 2 or 3 times as much as the same in case of boys.

Comparing the time spent on preparations for the next day and the number of lessons we can see, that the working hours of half of the pupils, spent mostly in a sitting position, goes as high as 8 hours per day, and in case of 1/3 of the pupils this number is even higher! Overburdening seems to be lower in Austria and in Portugal as well.

Attitudes towards school

Research results obtained so far indicate that the positive attitudes towards school have favourable effects on the feeling of being satisfied with life.

The extent of pupils' favourable experiences with schools differs by countries, age and gender, and this could be of extremely high importance concerning the formation of all-time school innovations.

The tendency is the following: the younger age-group has more positive attitudes towards school, prefers to go to school more than pupils of higher grades do (more than 30% of 11 year olds, less than 18% of 15 year olds). The discrepancy between extreme and one-sided achievement-centeredness and the subjective evaluation of individual achievements contributes to the development of unfavourable attitudes to a great extent. Achievement-centeredness is outstandingly high in case of Hungary, preceding Austria and Portugal.

The success of integration into the classroom community and the quality of relationship with the teachers also plays part in the development of pupils' feeling themselves well in general at school.

Excommunication and bullying happens less times in a good classroom community. Bullying behaviour is not characteristic to Hungarian young people and the rate of bullies is decreasing by age (in case of 11 year olds we are standing at place 26, and in case of 15 year olds we are the last but one, the 34th). It is outstandingly high in Austria in each age group.

Acceptance by the peers, in and outside school, is extremely important for adolescents. Acceptance by a school peer-group and the fact that the pupil feels well in the given community show positive relationships with the well-being of adolescents and it is a preventive factor of possible forms of risk-behaviour.

Subjective well-being

The previous scope of questions leads us to the importance of defining general subjective well-being.

We can observe that in the recent years researchers pay more and more attention to the study of subjective well-being. This reflects the attitude that the subjective perspective of the individual is highly important in the evaluation of life-quality.

This also indicates that objective factors considered so far to be objective and only defining factors do not reflect in themselves and in whole the life-quality of the individual.

According to the comprehensive study by the WHO, the way children see their own health is different by countries and by regions. The Hungarian young people are in the middle of the rank order of countries, in all three age-groups.

In general, boys give an account of better health state, greater satisfaction with life, higher self-evaluation, and rarer occurrence of illness/symptoms, than girls. This – it seems – underlines the observation, that girls are more sensitive to certain somatic and emotional disturbances. Furthermore, their socialisation also makes them more apt to "undertake" and communicate complaints.

The occurring illnesses/symptoms however refer to the change of the illness spectrum as well, which can be experienced not only in case of the observed age-group, but in case of the preceding ages as well: the number of chronic illnesses (allergy mainly), and the number of psychosomatic complaints, illnesses has considerably risen.

The rate of those pupils who give account on being dispirited, nervous, tired and irritable often is high (1/3 of boys, almost half of girls!).

Head-, stomach- and back-ache is frequent; the occurrence of nausea and dizziness is less frequent. The number of sleeping problems and eating disorders (in case of girls) is rising.

A considerable part of pupils (30–36% of boys, 37–59% of girls) give account on the presence of many symptoms at the same time. The origins of the symptoms are often not organic, these can be generally connected to stress the young person meets during his or her socialisation and that is the result of the

changing and often tense relationship between the individual and his/her surroundings.

Finally let us refer also to those epidemiological researches that indicate, psychical dysfunctions appear in case of 10–15% of lower-primary pupils already (attention – concentration problems, performance – learning problem). The number of chronic illnesses is rising: allergy, asthma, neurodermitis, that can for a long time negatively influence the cognitive development of children and the way they feel themselves in general as well. In Hungary the number of locomotor disorders and spinal complaints is outstandingly high in this early age already.

1.2. Conclusions

Let's summarise shortly the main conclusions we can draw on the basis of findings provided by international comparative studies (perhaps supplemented by the results of other national researches and situation analyses too) so far that can be important during our health educator – health promoter work at school!

Knowledge, analysis and profession-specific discussion of results can contribute to the creation and implementation of a more effective developmental strategy for bringing up a healthier generation. For this it is essential to have a more differentiated picture on those factors (health factors) that can be authoritative for the development of a more favourable health-conscious behaviour.

Though the health state of children is something we should be concerned about in many respects, yet we should concentrate during our educating-developmental work primarily on those inner reserves, "hidden resources" that can promote, strengthen and complete health. So we would like to call attention to the health factors again, that appear as orientation points in the educational process.

For the sake of living the well-being, thinking at the role of bio-psycho-social factors we can not set aside the basic needs (development and strengthening of basic hygiene and eating habits, balance in physical and mental load, need for physical exercises, feeling of security, etc.) essential for the completion of age-specific developmental tasks.

Health is accompanied by the real and favourable picture of the self, self-evaluation and "self-efficacy". This is possible only if we exceed the one-sided tight performance-centeredness and keep the completeness and wholeness of the personality in view instead. Family has the leading role in this development, but school as a secondary socialization setting with its value, norm, interpersonal and communication system can modify it.

A strong correlation among health, the way we feel, well-being and life-style can be detected in this young age already. From this follows that formation

of school life can determine pupils' health on the long run. To oversimplify this complex interaction would be a mistake. The question however seems to be a right one: how does the school become a healthy living-space for children, a living-space that is real and that helps their personality development?

What role does health education itself play in this process? And anyway, how should a health education like this look like?
We will examine this in the following chapters.

1.3. Suggested tasks for processing the topic

1. Collect further articles, reports and analyses to the questions discussed in this chapter! Compare the results, complete them and formulate new relationships!
2. Make observations on the characteristics of children's health behaviour in the given group of children! Discuss your experiences in group-work!
3. Prepare a time-scale (daily and weekly agenda) with some selected pupils! Compare the time-scale of the different pupils! Word your conclusions!
4. Explore what attention the media gives to the health state of children! (Preferred topics, way of presenting them, importance) Media-report.
5. Create a poster to the topic that calls attention!

2. Changes in the understanding of health education

The concept of health education has different implications to many respects nowadays than it had in the earlier decades. As a result of this, several misunderstandings and problems can appear not only in public opinion or in the media, but sometimes among professionals also. The integration of health education is a challenge for the education profession as well. At the same time we should define precisely the content present schools fill the concept of health with and the educational methodology culture it applies and establishes for the creation and forming of these. Paradigm changes in the understanding of health education will become clear only through a systemic approach.

If we think of the extremely big social changes of the recent half century, of the new phenomenon of "changed childhood" that requires other, new tasks to be solved from schools, education and training (see: changed social expectations).

Social changes carry the transformation of the value- and norm system in themselves. Value systems are in conflict, the individual often finds him- or herself in a situation where he or she has to choose among values, rank them and decide. This presupposes the mobilisation of different competencies (the

importance of personal, social, communicational competencies rises). All these are reflected in expectations concerning the directions of school education; the aim, tasks and knowledge content of schools are changing.

The socialisation process of children, and changes in family socialisation above all, affects not only their personality development but the restructuring of expectations towards school education as well. Children are too soon required to solve tasks, without being carefully prepared for the tasks that would otherwise be the attendants of a more mature developmental phase. (In some cases the degree of freedom of individual life-conduct increases without control.)

Children will soon become "self-supporting" and left to their own devices, in many cases without basic examples, stabile affections and orientations necessary for a healthy life-conduct.

School is a secondary socialisation setting and consequently it has to take certain tasks over, completing its unique tasks, that should basically be managed by the family.

The school can provide right answers to these challenges only if it is able to become a real living-space for pupils, teachers as well, if it is able to renew as an educational, that is *developmental and self-developing organisation*. Within this the basic task of health education will be to prepare future generations for taking an active role in the forming and preservation of their life quality by forming their health behaviour within the given institutional frames.

This approach is more different from the earlier direct concepts of health education that were based on traditional, information transfer.

For refining the concept it is worth referring to those theoretical back-grounds, models that will enrich our view with new scientific findings.

When considering changes *in health sciences* here we should think of the complexity of the *health concept* first, hence it extends the former narrow health education scope in itself. The *saluto-genetic model* (ANTONOVSKY, 1987, 1999) highlights the priority of positive value presumptions and health-possibilities instead of using the pathologic risk-orientation. This model offers many adaptation possibilities for the developmental programmes; we will often come back to this point later.

The paradigm change in *educational sciences* can be the best traced in the full development of the *competence-model* (NAGY, KEMM, 2000), that has followers in other disciplines as well. Viewing the cognitive-personal-social competencies as a system makes for example the formerly too broadly understood educational-developmental aims operationalisable too, and it provides a good starting point for making health-education concepts more concrete. Nowadays the

question of the so called *key-competencies* became highly important in Europe. Knowledge and competencies that were not integral part of school work formerly came to the foreground: communication- and social skills development, stress management, conflict management, knowledge-transfer, usable and added knowledge, learning in general, mastery learning as a methodological competency, etc.

Findings of *socialisation theories* (HURRELMANN, 1995, 2001; SCHNABEL, 1998; BADURA, 1998) provide us with new information referring not only to the health promoting and personality development effects of the socialization settings, but they also add new aspects to the innovation efforts of schools and they can become the driving force of a more complex school development connected to *project management* mainly.

All the approaches presented above added new aspects to the modern understanding of health education that – we can say – synthesises the presented knowledge within its unique scope of competencies.

Because of this complexity it is hard to provide a brief concept-definition; we can find many kinds of definitions in the literature. Let's start from the following interpretation that, we think, gives a good picture on the appearance of those new elements that strive at making the synthesis of theoretical and practical criteria unambiguous for educational practice.

New-type health education is the process of consciously created learning possibilities that use varied (target-group-, age- and personality specific) communicational and cooperation forms, and that provides help for the acquisition and development of health-related knowledge (knowledge, skills, expertise, abilities, attitudes) for the sake of promoting the health of individuals and communities (PAULUS, 1995).

As it is visible, the development of health-relevant key competencies is in focus, the road to the development of choosing a healthy life conduct as a disposition leads through important health-related knowledge plus through the creation of skills and proficiencies required for practical applications. Taking part personally in the process of mastering makes pupils affected and creators of their own "education" through everyday social interactions, if all this happens according to their age and individual characteristics.

As a supplement let us examine closely the main characteristics of traditional, rather direct, authoritative health education that is strongly based on knowledge transfer and the changed, new-type, the so called participative (based on participation, involvement) health education! (Figure 1.)

Figure 1. Main characteristics of health education ideas

	Traditional, authoritative idea	**New-type, participative idea**
Aim	Avoiding health damaging behaviour, prevention of diseases through exercising direct influence.	Promotion of health-conscious behaviour through strengthening and development of competencies.
Educational orientation	Normative Emphasis on personal behaviour, individual responsibility	Offering possibilities Health behaviour as a form of expression (choices and decisions with positive attitude to life)
Didactics	Authoritative Teacher-role: direct, regulate Knowledge transfer Risk-factor-centred Deterrent didactics Educational programme: linear	Participative Teacher: helper, supervisor, cooperative Knowledge acquisition (knowledge, skill, expertise, key-competencies) Preference of health-factors Experience-education methodology culture, reflective learning Branching, self-developing, self-organising Importance of added knowledge
End-criteria	Avoid negative behaviour Normative change of behaviour	Health promotion, positive life-conduct strategy

Modern health education is a health- and action oriented educational activity and as such it contributes to personality development (as the main educational aim) in a way and to an extent that it mobilises or develops existing power reserves for health promotion and to reach bio-psycho-social well-being.

The prerequisite of this is the development of a sense of some inner psychic security or feeling of balance that includes three important components: in the form of cognitive, emotional and volitive feeling. Antonovsky calls this balance-experience "coherence-experience" (Figure 2.).

This realisation is a great help in solving the tasks of health education and for their operationalisation. During education organised on the basis of coherence-experience the importance of connecting the "here and now" and the "future" preferred life-conduct strategy will be enforced in everyday life-situations of school. Let's take some examples:

Figure 2. The concept of coherence understood by Antonovsky

KNOWLEDGE	IMPORTANCE	ACTING
The phenomena are cognizable, the relationships and happenings are understandable	Adding individual, personal importance. Presupposition of aims. See the meaning of activities.	I am able to solve life-tasks. I can mobilise internal and external power reserves to this.
Sense of striving at understanding, knowledge	Sense of realizing importance	Sense of acting ability
Knowledge as a security element	Importance as a security element	Acting ability as a security element
The joint COHERENCE EXPERIENCE of internal balance and external support		
HEALTH (Subjective sense of health)		

The experience of striving at understanding and acquiring knowledge can be aided by:

- involving possibly all sense organs in the learning process,
- reinforcing practical relations and own experiences,
- exploration of individual "strengths" and make the person be conscious about them,
- making roles and functions unambiguous,
- comprehensibility of teaching and school life („a school that is child-scale"),
- building in orientation points,
- wording and keeping to rules together,
- branching developmental programmes and curriculum instead of the linear, normative one,
- development of creativity,
- forming transitions optimally (positive tuning, new possibilities) for example changing the teacher, changing class or branch, in case of introducing new methods.

Sense of importance can be developed by:

- making voluntary participation possible.
- making own responsible activity possible (possibilities of autonomy on individual, group and community level).
- considering group-processes to a marked degree and to exercise an effect on them constructively.
- to build in the strengths, initiative and experience of pupils,

- to make significant learning possible (Rogers): the pupil should consider the study material relevant in terms of his or her aims (here and now), but at the same time for the future as well!

Can result in the enforcement of *acting ability*:

- providing individual learning paths (individual learning style – learning techniques),
- colourful educational methodologies, dynamic methodology culture,
- learning of how to learn,
- the rhythm of teaching,
- to offer the versatility of experience possibilities,
- creation of an adequate requirement system,
- development of own realistic expectation-level,
- to allow mistakes, to consider the consequences,
- to live own efficiency, reflective realisation of own experiences,
- to accept "me" as the resultant of my activitie,
- the collective experience of „we leave a trace in the world" – but it does matter what kind it will be!

Nowadays debates surrounding school-related knowledge (CSAPÓ, 2000) has intensified (the results of PISA 2000 international comparative study has strongly contributed to this). The consequences deeply affect health education as well, or more precisely, they reinforce the basic assumptions of modern health education!

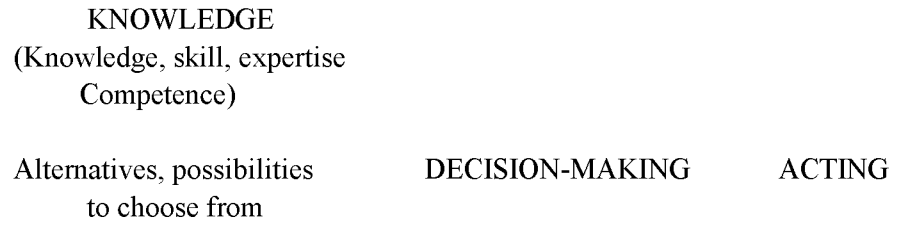
In our conception school related knowledge (here: "health-knowledge") is more than a declared set of knowledge. It includes skills and proficiencies together and a certain system of cognitive, personal and social competencies.

How does school-related knowledge become active? The understanding of competence helps orientation. Competence on an individual level means – with a simplification – being fit for fulfilling a certain function. This on the one hand has an ability content and a motivational part on the other: I can transfer acquired knowledge to the level of application. To make it happen I have to decide. For the decision I have to be in a decision situation. When will I be in a situation where I have to decide? If I have alternatives and possibilities to choose from (cf. Figure 3.).

For the sake of creating an active knowledge it is not enough to offer or "provide" pupils with valid knowledge. Presenting the possibilities (in our case as much positive unfolding and choosing possibility as possible) is indispensable. Let them decide (encouraging them to make more favourable decisions). Making the decision already directs acting. But the consequent carrying out of activities –

in this phase too – requires support from the educator, a favourable and supportive atmosphere.

Figure 3. Active knowledge



The development of active knowledge can be more easily realised in an experience-rich activity system. Positive experiences accompanied by the feeling of personal satisfaction serve as permanent reinforcers. That is why it is important to consider individual characteristics through the filter of age-related life-tasks and to plan and fulfil our activities starting from the given group situation and alter them considering the possible changes. (The work of educators is a series of decisions also!)

In summary: health education at schools aims at making the personality complete, it is directed towards pupils personality as a whole and it strives at exercising a stimulating effect on its acting ability: to the mind through valid knowledge, to the feelings through experiences of involvement, to will through (chosen) determined activities. All these are done with taking individual- and setting-specific characteristics into account.

Suggested tasks for processing the topic:

1. What changes in the scale of values can be observed in your own countries? What consequences could these have in school life?
2. Collect educational situations that result from health-related value clashes!
3. According to your opinion what carries the newness of modern health education concept?
4. Have you met the different health education practices? Collect your experiences and discuss them according to the specific organising principles!
5. Within a workshop create a clear "mind map": "Experience-rich health education among lower-primary pupils" (Age-related specificities – on the basis of developmental tasks and the comparison of health contents).

3. The realisation of modern health education

In the previous chapters we have demonstrated those relations that contributed to the appearance of the new health paradigm. Now we will examine to what extent was this new perspective reinforced or completed by practice. For us of course experiences from school practice come to the foreground.

It has been more and more strongly expressed from the 80s already that traditional health education was not successful in achieving long-term favourable changes in the way of living among the population, actually, the state became even worse concerning quality of life indices.

Stronger need for change and for more effective international collaboration arises. As the initiative of the World Health Organisation and the Council of Europe the "Education for Health" experimental program has started, the experiences of which have greatly contributed to the 23rd of November, 1988. resolution of the Council of Europe about the realisation of schools' health education activities.

In this the need for a closer European cooperation was worded among others, which cooperation would target at the health promotion of school-age children and the creation of a "health-/life-friendly" environment.

Primary (lower) schools came into the focus of attention, as the pupils in question are still in such a developmental stage in terms of their personality development and the acquisition of values in which substantial effects can be exercised at the development of later life conduct preferences. Since school as a social institution exists not in a social vacuum but in constant interaction with other social institutions and organisations, any changes that affect the school's internal world will exercise an effect on its closer and wider environment as well. The starting assumption was then: by changing school health education we can reach a more favourable health picture on the level of the whole society too.

The "cornerstones" in the development of thinking together on an international level are those international agreements, recommendations that were published following the Ottawa Charter of Health promotion" (1986). The most important among these are:

1989. European Charter of Environment and Health
1990. Dublin „European School Health Education and Health Promotion Congress
1990. Congress on "The development of health promotion" held in Strasbourg, as a result of which the common plan of "European Network of Healthier Schools" was born.

The "*European Network of Healthier Schools*" is a school health promoting movement initiated by the World Health Organisation, the European Union

and the Council of Europe. An important aspect in its establishment was the fact that a unified framework could be ensured through it for the promotion and support of innovation, for the organisation and dissemination of proper practice. Hungary, Austria and Portugal have all joined this movement.

Let's examine those basic principles, aims and tasks that at that time formed the basis of this international cooperation program.

3.1. The idea of Health Promoting Schools

The main aim of the movement was to educate the whole school-age population for a healthy way of life that leads to the promotion of general health state and all this was planned to be done through the creation of a supporting environment. The program offers possibility and assumes commitment for the establishment of a secure and health promoting social and physical environment.

The main *aim* of the Network is to improve the life-chances of the - oncoming generation.

in the time when pupils are in the most susceptible age,

in the place where they spend most of their time.

To reach this goal the main *tasks* were given as follows:

1. To *ensure a health preserving environment* for work and for learning with the help of existing buildings, playgrounds, catering facilities, safety measures, etc.
2. To promote individual, family and community responsibility for health.
3. To *encourage for the choice of healthy life-style* by showing pupils and educators real and attractive alternatives related to health.
4. To enable students to realize their physical, psychical and social possibilities and develop their self-evaluation.
5. To *set clear tasks* for the whole school community (pupils and adults) for the sake of health preservation and safety.
6. To promote the creation of a good teacher-pupil and pupil-pupil system of relationships, and the improvement of school-family relationship.
7. To *utilize community resources* for the sake of supporting health preserving activities.
8. To work out consistent health education curricula and methods that actively involves pupils.
9. To *arm pupils with practice-oriented knowledge* that enables them to make clear decisions concerning their personal health and to preserve and develop their safe and healthy physical environment.

10. To make pupils acquainted with the *wide range of health care services,* which is an educational resource that prepares them for being able to take the possibility provided by effective health care.

Health promoting schools are not a priori, already existing "healthy schools". These are schools that are ready to plan and carry out a developmental/self-developmental programme starting from their concrete conditions, and being aware of their own problems and possibilities. With the contribution of all participants they are ready to create a "setting":

where health appears as a value that should be promoted,
where the personal health-potential of all participants develops,
where willingness to solve problems together increases,
where factors endangering health are decreasing or are eliminated,
where the participants enjoy themselves and give better and better performance.

The idea contains two new content aspects that make the school mission of health education more precise:

1. *School as a* living-space, *"setting"* and organisation.

This aspect almost exceeds the frames of health education and enters the domain of health promotion competency. Therefore many people tend to "replace" (due to conceptual merge, lack of semantic clarity or blending) school health education totally with health promotion. Whereas both activities has its own scope of competence and importance.

The setting approach means that school as a system changes through health becoming the organisational principle (PAULUS, 1995, 1998), and can contribute to the process of a health promoting school development by this means. The setting-specificities can also be measured through the extent and level the school makes health the "topic" of the institute.

„Health promoting school makes health its topic in the respect that it considers the aim of school development the realisation of a school setting which helps pupils strengthening their health-related life-activities on the one hand, and the school as a learning- and work-place makes an effort to promote the health of its every participants" (PAULUS and BRÜCKNER, 2000).

The participants reveal and try out new possibilities that make the experience of health and well-being in the school possible. School can become a supportive setting where health is reproduced in the form of healthy learning – teaching and healthy work as well. The former communication and cooperation structures, school rules and regulations change.

2. The targeted school development process enforces the health-related activities of pupils and teachers. How? It seems to be self-evident, still it is worth paying separate attention to this other new content component, as it plays a great role in the change of methodology culture in schools and it also influences the formation of whole school culture and general feeling. We touch upon the way and nature of change. It is not a forced change that comes from outside the school, it is rather a kind of self-organisation, self-development. *It means joining actively to the process,* which is one of the key problems of educational policy and health promotion as well.

We have already mentioned the participative direction during interpreting health education. *Participation* means taking part in something. Those concerned participate in making decisions that are important for them. That means being concerned and involved in a process. Thinking at school life, for example, it concerns the question how can pupils become active formers of their own learning process. It is at the same time an educational task for the teacher to help pupils become "concerned" in a certain topic or situation and what measures should be taken to make them internally motivated to take part in the given activity. What could they themselves add to that?

It is important that the "issue", the topic, the situation itself should become important for the child. This is not enough in itself. He or she should be aware on the level of his or her age of his or her strengths, values to be able to mobilize this towards acting. The other element of activity is connected to this:

Empowerment – it refers to the fact that "people are able to develop and strengthen those abilities that help them form their social life-situations and life and they do not let themselves be manipulated" (STARK, 2003). This presupposes a successful self-identification, the promoting potential of which will be the experience of subjective sense of health and well-being discussed in the previous chapters (cf. coherence experience by Antonovsky).

In school terms it calls attention to the importance of developing self-picture, self-evaluation and self-confidence on the one hand, and the utilization of the variety of developmental possibilities on the other.

This is the way of connecting the basic value-yield of health promotion and modern health education into an organic unity:

Knowledge - Importance – Acting ability

„Get to know it, understand it, get an inkling of and do for it!"

3.2. Organisational structure of the network

The network is the most extensive international school network that is organised at European, national and local level. Each level fulfils planning, organising and cooperation tasks within its own competence.

Strategic planning and the support of the network is done through the *International Planning Committee* that resides in Copenhagen (with contribution of the World Health Organisation, European Union and the Council of Europe). Its main tasks are:

- To work out a system of requirements for the support centres of member states and the individual countries, for the national coordinators and the participating schools;
- To establish connections between the national support centres and the national coordinators, to aid their activities;
- To plan and arrange educational, further-education programmes;
- To promote bilateral and other exchange programmes, experience-exchange corresponding to the aims of the program;
- To promote monitoring and evaluation;
- To organise international conferences.

On the level of individual member states direction and coordination is done by the *National Support Centre* with a national coordinator as head. This centre plays an active part in the everyday activities of the national level network. Its main scope of activities is:

- It works out developmental plans, recommendations and ideas for the schools of the national network, corresponding to national specificities;
- Ensures coordination on the national level;
- Promotes the work of school level coordinators through educational programmes and other developmental activities;
- Ensures the national level dissemination of information through the creation of a methodology centre;
- Promotes evaluation (on local and national level as well).

The national coordinator has a key role in terms of international and national level communication as well, as he or she keeps contact with the International Planning Committee.

Within a given country – adjusted to the local characteristics – regional centres can be inserted if it is essential for more effective cooperation. This variation exists in Portugal for example.

Joining the network is voluntary, but the applying schools have to meet several requirements.

The first and most important one is the commitment to the idea of healthier schools. The whole teaching staff and all the pupils should see, understand, accept clearly the requirements of joining. Each school should prepare its own health promotion programme. This kind of program needs a detailed school-level state analysis, planning and objective evaluation. Transparency is the key element of the whole program.

Requirements of joining:

- The active promotion of pupils' self-evaluation to enable everybody to take part in affairs related to the public life at schools;
- The creation and maintaining of a good relationship between adults and pupils and among the pupils in everyday school-life;
- Making the school's aims clear for teachers, parents and pupils as well;
- Ensuring motivating challenges by creating wide scope of activities;
- Utilization of all possibilities for the sake of improving school environment;
- The promotion of good relations among school, the home and the community;
- Establishing good relations with the partner institutes for the sake of creating a unified health promotion curriculum;
- Active promotion of the well-being of the whole school community;
- Reviewing the role of teachers and professionals, with regard to the importance of personal examples related to health;
- The complementary role of school catering in health education;
- Utilization of special community services in the system of health education related support and counselling;
- Utilization of possibilities in health services that contribute to school health promotion.

The Network of Health Promoting Schools with 41 member countries is more than ten years old by now.

Several hundreds of schools per countries joined the movement. Many new experiences were accumulated during the past period; several new aspects of school health promotion were developed and tried out. The number of health-related projects and activities has increased, publications, writings in certain topics and methodological materials and programs were born.

Dynamic development seems to stop short in some countries, with economic, organisational and general professional reasons behind.

Let us examine in the following section the example of Portugal. In Portugal as a result of Joint Despatch 734/2000, a structure was put in place to support health-promoting schools and define their responsibilities. There are four levels: national, regional, sub-regional and local. However, it is not simply a hierarchical structure, but a series of channels of communication intended to constitute a system whereby information as to what is being done and what are the conditions required to make it effective can be communicated from the field to the decision-making organs and vice versa.

It is the intention of Portuguese professionals that the work should be undertaken in partnership. Major steps have already been taken, but, due to the mobility of the experts and the fact that schools are at different stages of development, professionals have to admit that the process is still far from being fully effective.

The NSC (National Support Centre) is responsible for the technical orientation of the NNHPS (National Network of Health Promoting Schools) and is comprised of three representatives from the Ministry of Health and three representatives from the Ministry of Education, as well as the Regional Education Coordinators and the Regional Health Representatives. The NSC opted for a *top-down* approach, that is, its planning and response is based on the information received.

As far as the *regional* level is concerned, school support is provided by the five Regional Education Offices – REOs – (North, Centre, Lisbon, Alentejo and Algarve) and the Regional Health Authorities. Those designated as regional representatives of the REOs and the RHAs are known as Coordinators of the Technical Groups for Health Promotion and Education (TGHPE). It is their responsibility to:

- Participate in the defining of aims and strategies, in association with the NSC;
- Submit to the NSC the annual Plan of Activities and respective report;
- Set up liaison at regional level between the organs of Education, Health, and other appropriate partners;
- Coordinate and ensure the supervision of local support teams;
- Promote the inclusion of health-promoting activities in the Plan of Activities of the REOs and RHAs;
- Encourage forms of logical, meaningful and continuous intervention;
- Guarantee the flow of information/communication between the various levels of the structure.

At *sub-regional* level there are local support teams (LST), made up of health and education experts from the Education Area Centres (EAC) and the Health Sub-regions.

In the Education Area Centres there are education experts with specific responsibilities for advising schools over issues related to health in general and, in particular, for the monitoring and assessment of health promotion and education projects being carried out by the schools.

At local level, health promotion and education has the support of Health Promoting Teams made up of members of the schools and of the health centres, viz: teachers, psychologists, social workers, doctors, nurses, environmental health experts and others. These teams are not only a local support, but also an intra- and inter-institutional resource.

Although these are principal partners in the project, sharing and inter-communication is possible as well as desirable at local, regional or even national level. Accordingly, other bodies, such as the National Commission for the Fight against AIDS, the Centre for the Prevention and Treatment of Drug Dependence, the Portuguese Youth Institute, Alcoholics Anonymous, etc. have all been involved in school projects.

Special mention should also be made of the work undertaken by the Institute for Drugs and Drug Dependence, an organ directly dependent on the President of the Council of Ministers.

The teams in each school base their work on a Project for Intervention, taking into consideration priorities defined in accordance with problems detected in the particular school.

The strategies adopted include the whole of the wider school community, from management bodies to pupils' parents and families, with emphasis on the work carried out directly with the children and adolescents involved in the defined activities.

Among the issues most commonly dealt with in schools, the following may be highlighted: diet, physical exercise, hygiene, security, drug prevention, sexuality and reproductive health, prevention of HIV/AIDS infection, first aid, development of social skills, use of health services.

The support of the Health representatives is not restricted to NNHPS schools. In the area of school health, they are also responsible for ensuring:

- The implementation of the National Vaccination Programme;
- The carrying out of nationwide health checks at the key ages (before compulsory schooling, at age 5/6, and between ages 11 and 13);

- The overseeing of hygiene, security and health conditions of the school and surroundings within a radius of 200 metres;
- The detection of any malfunction, and assurance of school support for pupils with special health needs;
- Compliance with the legislation on school expulsion;
- Training in oral hygiene and the supply of fluoride to schools with children aged 3-10;
- Backing the First Aid training of those involved in education.
- Portuguese professionals are concerned that Health projects be designed with the idea that learning should be fun and that they give pleasure and job satisfaction to those involved.

At the various levels of the structure it is their intention that the work should be carried out in partnership, inter-communication should be encouraged and knowledge should be shared at local, regional or even national level. Moreover, that is the guiding principle behind the operation of Health Promoting Schools.

The future of the NNHPS in Portugal

The development of the National Network of Health Promoting Schools has been rendered viable by the support of educational and health policies that have enabled the project to proceed from a pilot phase to one of enlargement and, currently, to be on the road to full integration in the system.

Laws have been passed, in Health and Education, to promote autonomy and liaison between teaching establishments and health centres (school groupings, local health systems). This has aided work inside the network and stimulated the setting up of partnerships on a variety of levels.

The project in Portugal can be said to have been a success: it has created invaluable collaboration partnerships between schools, health centres and the community. A significant number of schools look forward to starting work along the lines of the Health Promoting Schools, and those that have had an initial experience are anxious to make these principles an established part of day-to-day life.

Education and Health are two overworked sectors at a time of significant change. Reconciling the issues of supply and demand has long been the quest of a great number of experts. The distance between motivation and implementation is largely a question of the willingness to share knowledge and power. It is a learning process that Portuguese experts are putting into practice but that requires time, maturity and consolidation.

The Network, although motivated, can only be satisfied if its members constantly breathe new life into it. Belonging to this Network is to accept the need to question and to appeal to creativity and innovation, and to put into place practices conducive to the full exercise of citizenship.

Adopting a culture of mutual responsibility is essential, but indissolubly linked to a policy of decentralisation, so that we can build the infrastructures necessary for raising the health and education level of all.

Have Portugal attained its goals? The truth is, they have only just begun.

They took on the challenge of ensuring sustained development for the NNHPS, striving for this to be not just another project but one that in the long term would improve schooling and well-being and be of benefit both to the individual and to society.

In spite of improvements in recent years, they still come up against schools where conditions of hygiene and security are unacceptable, participation by parents and pupils leaves much to be desired, the diet is unhealthy, and communication and sharing of knowledge and power between those responsible for education is still not common practice. Certain local authorities have found it difficult to exercise responsibilities vital to local development.

If, in the beginning, they began working *for* the children and young people, and if, little by little, they began to work *with* them, the future would indicate the need to work *from* them, seeing them as an infinite source of motivation and dynamics for change. (Manuscript of ISABEL REIS, and ALFREDO DIAS, 2003 Portugal).

The example of *Austria* reflects well the process how an initiative starting from the experiences of the Health Promoting School Network can become, with the help of intersectoral cooperation and social collaboration a value setting effective factor that influences not only the educational policy effectively.

The Network of Health Promoting Schools was developed in Austria according to the already mentioned international principles and recommend-dations. Two ministries have actively supported it since the beginning (1993): the Ministry of Education, Science and Culture (Bundesministerium für Bildung, Wissenschaft und Kultur) on the one hand, and the Ministry of Social Security and Generations (Bundesministerium für Soziale Sicherheit und Generationen) on the other.

The Ministry of Education with its Education Act introduced in 1993/94 (Schulgesetz) meant a large step for widening school autonomy, in which it provides school with a larger acting space for the fulfilment of health promotion

efforts as well. School autonomy regulated in the Act provides greater possibilities in the following domains among others (SEEBAUER–GRIMUS, 2003):

- In choosing the unique content profile of the school;
- In the application of new learning and working forms (e.g. more open learning forms, project teaching);
- In the fulfilment of a more flexible organisation of learning (e.g. breaking down to classes and to groups, teaching lessons in blocks, etc.).

The ensurance and regulation of frame conditions is an indispensable term in the educational process. Setting the content focuses however is of same importance for the sake of development. This is indicated by the ministerial order issued in 1997 referring to health education including every educational institute (Grundsatzerlass Gesundheitserziehung, 1997).

Recommendations related to school health education largely build on the existing practical experiences of Health Promoting Schools and by their generalisable conclusions they intend to provide help to the efforts promoting school development.

The Recommendation highlights again that the corner stone of educational work of every educational institute is the modern health education, health promotion.

The main aims are as follows:

- Creating school as a healthy setting, with the involvement of those participating in school life;
- The development of pupils' personal competencies and performance-potential, with special regard toward health-conscious, responsible behaviour;
- Opening and manifold connections of school to its social environment;
- Development of the communicative and cooperative potentials of teachers, parents and pupils;
- Development of more effective communication-structures;
- Documentation and dissemination of innovative projects and measures.
- The document lists several possibilities for the sake of fulfilling the aims; these possibilities are rather ideas than compulsory orders.

It pays a great attention to the proper forming of schools and classes for example that makes new, more open working forms and more healthy life conduct possible within a school.

For the creation of a healthy school-culture it finds the improvement of the quality of within-school communication, cooperation, and decision making essential, and as a means it suggests educational contents and methods like knowing

oneself, stress management, conflict management, individual learning paths, relaxation, mini- and school projects, etc.

We find a rich and stimulating collection for solving health education tasks that could be a good starting point for schools for the creation of their own healthier setting and for the organisation of a healthier life style.

This document has greatly contributed to the "appreciation" of health.

Though the Network of Health Promoting Schools still exists and its importance with its innovative projects that work according to quality assurance criteria – as it was also acknowledged in their 2002. conference („Egmond Agenda" Wien, 2002.) – is indisputable, we have to refer also to a very favourable process within Austria that deserves international attention as well.

The "Health prize of the Year" is awarded regularly, schools can apply for it with presenting their health projects. The movement is very popular and not only winning the dignified prize motivates participants. School initiatives are given high publicity through the Internet and actual new cooperation and communicational learning and working forms come to life not only within the country but across the borders as well. The information centre (GIVE) launched and operated by the ministries and by the youth branch of Red Cross takes upon a bulk of this intensive "health building". The centre is at the disposal of schools (not only for schools that belong to the Network of Health Promoting Schools) with providing professional help, it organises further education and contributes to the compilation of methodological teaching aids.

In 2003 they have issued prizes in the following topics among others:

We Go Together – We are strong together: Connected to the topic of communication and conflict management. The aim of the project is to build mutual understanding and trust, to end fears of contact with regard to age-related and educational differences.

Masala –Playing, joy and creativity for psycho-social good general feeling. In the topic of psycho-social health: Preparation of pupils for a more secure future not only in professional terms but in social relations as well. The „Masala" is a complex programme for the development of social learning and psycho-social good general feeling.

Friends: Related to the topic of personality development: The "Friends" summarises all those activities that aim at creating an informal relationship with those in disadvantaged position, how we could help them. Building a special institutional cooperation provided a new possibility here for the development of emphatic approach.

Peer-assistants in conflict management: Pupils are prepared for certain mediational activities, who as multiplicators can transmit this knowledge in their peer groups and this way they can form the communicational climate of the class and the school positively, with a very active contribution.

This colourful and multi-level activity goes outside the school and the kind of change in attitude that considers health to be a value is perceptible in the society as well. It is not for its own sake, but it is the prerequisite of a full-value life conduct.

Let us shortly summarise the value gain that should be taken into account for the further development of health education. Let us examine what effect this development exercises/could exercise on the changes in school life and educational policy.

School – with its working health promotion activity – became a "health factor" itself and as such researchers and practical professionals started to be interested in it again.

During the monitoring and evaluation of health promoting schools it turned out that school exercises a greater effect on the general well-being of pupils than we have previously assumed. The number of healthy pupils is significantly higher in schools that have a positive school culture and positive school climate.

Experiences are especially favourable in schools where the "health topic" became organic part of school life, and the organisational life of the school became a factor influencing the well-being of participants. In these cases the strive at creating a healthy school became more and more important through personality- and educational development and through organisational development making all these possible.

School health education and health promotion appear together as an educational and social value-setting activity.

The change in the role of schools by the appearance of the "self-developing school" profile seem to verify that the development of self-definition can be reached through the conditions of health, and this means the strengthening of health as well (PAULUS, 2002). In the healthy creation of school autonomy, active contribution and responsibility and the strengthening of independence stand in the centre as important strategies and educational tasks to be developed.

Health-conscious attitude as a value-setting attitude appearing in school innovation is an important prerequisite of sustainable development, on the level of individuals (see: life-perspective, life conduct), groups, community and organisation as well. Health factors appear as orientation points, hence they comprehend those characteristics of everyday school life through which the

state of health and well-being will be experienceble for the individual and will spread within the school as a workplace and as a setting.

The effectiveness of health education depends strongly on how the knowledge included is reflected in the everyday practice of schools. What possibilities are there for practical application and for its enrichment through "added knowledge". To what extent the child experiences the importance of dealing with health, its meaning and effect on his or her own physical and mental state. What stimulus is gained through this for active intervention?

Colourfulness in content and methodology can provide teachers, pupils and groups with a wide range of possibilities to choose from. It can help to create the feeling of satisfaction, it is self-strengthening and encouraging.

It can fulfil its educational aims though only if the frame conditions and prerequisites are ensured. Here I would like to refer to the necessity of legal regulations above all, that in the form of acts, orders, guiding principles, recommendations and curricula define the range of effect schools and educators have. To create these we need a higher level intersectoral communication and cooperation.

It is not only the school health education and -promotion that is responsible for the life chances of the oncoming generation, but its effectiveness at the same time is larger than that, hence it affects the wider population layers as well through the young people.

Setting competence scopes and limits is actually the prerequisite of successful cooperation. Improvement of the quality of our activities within our scope of competence, the strengthening of professionalism is one of the topical key questions of the renewal of schools. Relations discussed so far make us go on with thinking together from this respect as well.

Suggested tasks for processing the topic:

1. Study the basic international documents related to health education and health promotion! Show the line of development on the basis of source-analysis!
2. Contact a school in your region that is member of the Network of Health Promoting Schools! Study the documents of the school!
3. Observe the health-specificities of the school and present your findings in a group session!
4. Make comparative observations on the everyday work of a "health promoting school" and a "normal" school, according to preset aspects! Examine the extent the principles of health education and health promotion prevail in practice!
5. Collect examples of healthy and good schools!

4. The place and importance of health education in the educational programme of schools

4.1. Health education reflected in the law

A twofold tendency can be observed since the 90s in Europe. The already analysed general dissatisfaction, referring to the health state of school-age children within, became a "hot spot" created by health care mainly. Almost parallel to this, dissatisfaction with the effectivity of school education and the quality of education appeared almost as sharply (cf. among others "White book on the state of European Education"). In spite of this parallelism at the beginning, some prerequisites of unfolding a joint strategy can be found and they can be traced well along the issued legal regulations.

The Public Education Acts (see the list of sources in the Bibliography) of the three countries – Hungary, Austria, Portugal – clearly state that "the basic task of schools is the development of pupils' whole personality", and health education appears as a compulsory general educational principle.

This starting point was made more precise and concrete by amended orders, acts and curricula issued in the second half of the 90s. In Austria an amendment regulating school health education („Grundsatzerlass Gesundheitserziehung", 1997) was issued in 1997, and in Portugal orders referring to school health promotion were issued in 1998 and in 2000.

The educational basic document for schools in Hungary is the National Core Curriculum (1995, amended in 2003.). Principles and requirements of the NCC are defined by the values presented in the Constitution, in the Public Education Act, in the different international agreements on fundamental human rights, freedom of conscience and religion, children's' rights, public education, health promotion and on the national and ethnic minorities.

This is completed by the scale of values highlighted in European civil development, values appearing in scientific and technological progress and in national cultural and educational traditions: the values of democracy, the common national values, the European, humanistic scale of values among others. It pays great attention to the global problems humankind meets. The NCC serves openness and tolerance towards different cultures. It educates for the knowledge and appraisal of the traditions, culture, customs and life-style of other nations.

The NCC contains all those requirements of compulsory education to be fulfilled in every Hungarian schools that can contribute to the unified and proportionate prevailing of basic knowledge content in every school type of public education. This is to promote the indispensable content unity of education and the possibility to go from one school type to the other.

The NCC stimulates the *personality developing educational work* through defining the requirements essential for the development of children's, adolescents' and young people's abilities and competencies.

This can be successful only if the *educational programmes, educational and learning processes of institutes* provide scope for manifold school life, learning, playing and work: if it develops the self-knowledge and cooperation skills of pupils, trains their will, if it contributes to the gradual development of their life-style, motives, habits and identification with values.

The NCC presupposes an educational work at schools in which the development of pupils' knowledge, abilities, and whole personality is in the centre, taking into consideration that the scene of education is not the school only, but several other forums of social life and activities as well.

Health education is presented in this document as the basic requirement of educating for a healthy life.

„Schools should serve pupils' healthy physical, mental and social development with all their activities "... Through its personal and objective environment the school should help the development of those positive attitudes, forms of behaviour and habits that improve the health state of children.

School health education should contribute to enabling pupils to acquire enough motives and knowledge for a healthy way of life that is rational in personal and environmental sense as well and that can realise and make use of possibilities. It requires that they understand the importance of health-related questions and the related attitudes should be strong.

Education for a healthy life-style teaches not only for the way we can prevent illnesses but also for the happy experiencing of health and for respecting harmonious life as a value.

Educators should prepare children and young people to be able to make right decisions in their independent, adult life referring to their life-style and develop a healthy way of life.

They should develop tolerant and helpful behaviour towards ill, injured and disabled people.

They should make pupils acquainted with those factors of the environment (school, household, traffic) that endanger health and the body and the ways these should be prevented. They should provide help in preventing the development of risk behaviour and habits. Schools should inevitably deal with the questions of healthy social interaction culture. It should pay enough attention to preparation for family life, responsible and joyful partnerships.

Habits that provide the basis of a healthy and harmonious way of life can be created with the active participation of pupils. School environment as a setting should also ensure the possibility of experiencing healthy physical – mental – social – ecological – spiritual well-being.

Certain aspects of health education are immanent in other principles as well: environmental education, communication culture, learning, career orientation, inter- and multicultural education. These basic principles together emphasise the development of a healthy life conduct and these should appear in the whole range of activities of schools.

The basic idea then encourages for the fulfilment of a carefully thought-out school health promotion programme that is based on modern health definitions.

Compared to earlier educational documents, here the importance of health educating – health promoting work among children is stronger for the sake of gaining more favourable life-chances.

The NCC represents the tasks of modern health education on three levels:

- *in its educational function*: as a task concerning the whole institutional organisation
- (as a „hidden curriculum", in managing interpersonal relationships, development of behaviour examples, healthy formation of objective environment)
- *as an educational possibility:* as a compulsory task for each educational domain, and
- in the system of educational tasks appearing as *individual educational domains.*

The NCC provides schools with a relatively large scope for the educational programmes to be able to adjust to the local needs, requirements and conditions.

4.2. The educational programme of schools

The educational/pedagogical programme of a school or an institute contains the educational programme and the local curriculum compiled by the given school. The educational programme contains the health promotion strategy of the school.

The Hungarian Ministry of Education has published an aid for schools in 2004 with the aim of providing help for the institutes to be able to deal effectively with all their activities referring to health promotion when preparing their programme.

Planning the programme needs team-work and careful preparations and state analysis. The aims and structure of the programme can be created on the basis of the present state and the analysis of conditions. When is a program good? If:

It has concrete and real aims;

Considers age specificities and developmental tasks;

Accepted by the teaching staff and the professionals of helping relationships;

Adjusts to the local possibilities during the stages of realisation;

Sets tasks in details;

Contains methodological elements;

Defines the necessary resources;

Sets the deadlines and namesof the responsible people.

Health education contents written down in the programme that should always be founded connected to age-specific context and concrete activities, life situations. Suggested knowledge contents:

Knowing ourselves and our health state;

The importance of healthy posture and culture of physical exercise;

Knowing the values;

Influencing role of nutrition in health;

Development of illnesses and the process of recovery, behaviour that helps recovery, prevention of diseases, (first aid);

Physical hygiene;

Personal safety (safety measures, school-traffic-household ...);

The role of friendships, couples and sexuality in preserving health;

Learning and study techniques;

The role of making use of time;

Taking risks and its limits and consequences;

Healthy creation of the learning environment;

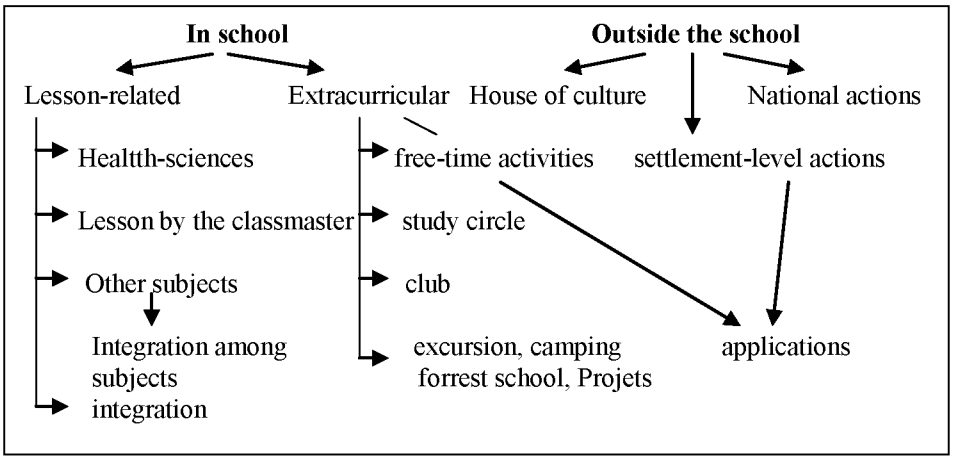
The relationship with nature, the importance of the environment.

Health education contents appear in different *forms of activity* and in different *settings*. The main scene of activity of schools is the educational process, so it naturally has an important role in health education also (see figure 4.).

Lesson-related activity	health sciences lesson
	other kind of lesson
	lesson held by the class master
	integration
	between subjects module

Extracurricular activity:	day-care activities afternoon free-time activities study circle self-educating circle club activities panel discussion health day weekend school programmes holidays, festivals, programmes for preserving traditions excursion forest school camping exchange programmes projects, applications, etc.
Settings outside school:	(school cooperation partially) institutional organisations (e.g. house of culture, house of youth) settlement-level organisations health day, "village day" national programmes joining the programmes of other institutes, organisations

Figure 4. The settings of health education



The *methods* we can use for fulfilling the programme cover the colourful methodology offer of modern health education and health promotion.

More open and active methodologies come to the foreground, where active participation, creative acting, exploration, learning from one another, and trying out new forms of communication and cooperation are possible. Especially effective could be the following methods among children:

games
situational practices
„revolving stage"
group-puzzle
creative, manual activities (montage, collage, making posters ...)
panel discussion
projects.

The development of school methodology culture can largely contribute to the improvement of children's general feeling and it can also favourably influence the mental state of the whole teaching staff, preventing in many cases the development of burn-out. The experience of learning from one another can induce a strong cohesional force and it can introduce new forms of cooperation and communication within a community.

Improving the quality of methodology culture exercises an effect on the development of the whole school culture and so we arrive at the idea we highlighted as the aim of health promotion!

4.3. Evaluation

Defining the criteria and indicators of evaluation is an organic part of the program. It is worth building on the quality management of the school in it.

New tendency: General feeling at school appeared as a new index among the OECD educational indices, and this contains the satisfaction indices of pupils, teachers and parents as well.

Suggested tasks for processing the topic:

1. Analyse the health education programme of your school on the basis of the above aspects! What local characteristics could you find?
2. What health promotion initiatives could you find during your practice in the given school? Create a compilation of methodologies!
3. Make a course book analysis! Study the extent health related knowledge corresponds to age specificities!

4. Make observations during day-care activities: What possibilities can we find there for health education?
5. Plan a school health project, related to the creation of an e.g. "Healthy school canteen" or related to other important topics of concern.

5. "Health-map" of the school

Remember, we have started our course with the basic idea of the "European strategy" saying education should prepare people to be able to contribute to the creation of a knowledge-based society and to be able to live and work (in health) in it. Certain conditions should however be established for it. Legal, legally regulated frameworks among others. To make school health education and health promotion an actually effective agent and acknowledged and valued immanent part of school work its legal tasks and possibilities should be presented on the level of legal acts as well. This helps and further motivates school innovation as well.

In the previous sections we could trace how, due to international cooperation and thinking together, the place and role of school health education and health promotion in solving the key-task of the Strategy became clear. International recommendations, agreements has led to the state, that the member states defined this "global set of tasks" in national acts and orders, adapted to their own state and possibilities. That is why we can find different solutions in the concrete realisations not only among countries, but among regions or schools as well. This is inevitably a good result, as avoiding sematism means colourfulness and this can be the starting point of strength, as this "active versatility" can be seen as the sign of health. ("Think globally, act locally!")

Legal regulators provide possibilities then. In a certain sense we should define the choices and decisions – how we can make these decisions, what content we fill them with and on what level we fulfil them. This refers to the educational, health education and health promotion programmes of schools as well.

In the following section we will use an unusual educational "double-sight" and try to sweep the school through to be able to create its "health map" at the end, that could help us is fulfilling a health education rich in experiences.

"Double-sight" here refers to the fact, that we will examine school situations from two perspectives at the same time: with the eyes of a child (lower-primary child in our case) on the one hand: what are those factors that are important for him or her, that could be extremely important for him or her at this age.

With the eyes of the educator on the other hand: what *health education* possibilities lie in these situations that can at the same time contribute to the solution of age- and personality specific developmental tasks as well.

School as a *setting (space for living)* comes to the foreground. Space for living: the concept already indicates, it contains the system of activities and the space, the environment where the activity is realised. Both components exercise effect on the quality of life in themselves, but they can also mutually fortify or weaken the feeling of being healthy. Let's take a very simple example: younger children feel very well in a room where older children can not find their place, or the contrary. Or, the e.g. writing performance of small schoolchildren deteriorates when they have to sit at desks designed for "bigger" pupils as a result of that very "simple" fact that the environmental conditions are not proper for the given activity (too high, the writing surface is far from the pupil, etc., cf. ergonomic and anatomic aspects).

Age-specific system of activities requires an adequate environmental system of conditions. This is very important for example in terms of creating a favourable, motivating learning environment, in reconstructing the school court, etc.

Healthy living space: is a space that enables the experiencing and creation of healthy (bio-psycho-social) life.

On the basis of the salutogenetic approach we can list the *health factors.* Health factors can help the creation and fulfilment of school health education and health promotion programmes as real orientation points, as they comprise those characteristics of everyday school-life through which health and the state of well-being develops, becomes experienceble and strong for the individual within the school as a workplace, place for studying and living space.

The internally integrated inner and the supporting external factors can all considered to be health factors. These factors help the individual to mobilize those forms of behaviour in a given life situation through which well-being, good general feeling develops or is stabilized (SCHNEIDER, 1993).

The positive activity directing functions come to the foreground in case of health factors, the self-strengthening effect of which deserves special attention in educational practice.

Health can not be *created from the outside,* health behaviour and the sense of being healthy should be discovered and experienced individually. We experience behaviour examples, for this a certain kind of sensibility should be developed. This development can be aided by education, but making people aware of the health forming effect of internal-external factors is almost as important. That is why health factors are the primary focus of modern health education. It tries to sensitize people for the health factors and establish health-knowledge and health-conscious behaviour through it.

As a reminder: traditional health education on the contrary intended to educate children by concentrating on the risk factors and intended to call their attention to the dangers. In many cases it used the didactic means of warning to be able to change behaviour. Children were more strongly sensitized to danger situations and not to developmental, self-developmental and strengthening possibilities.

Children learnt what *must not* be done, but they were provided with little help to what and how *can* be done.

We can still meet actions based on risk factor theory in many cases and schools also use these "solutions".

We can create the system of health factors from many aspects. Here we chose the grouping that is rather simplified but seems to be quite practical in terms of operacionalisation in schools. Its basis lies in the assumptions of needs- and motivational models (BARKHOLZ and PAULUS, 1998).

5.1. School health factors

Let's consider the five main factor groups in which we can find those external and internal factors that affect healthy way of life on the level of individuals and communities as well, and through which we can attain more favourable changes for the sake of physical-mental-social well-being

1. Protection, care, nursing:	personal hygiene, cleanness, nutrition, child catering safety, first aid prevention of diseases ...
2. Creating the space, environment:	good space climate state of the building quality of air lighting noise school furniture (ergonomic aspects) ...
3. Internal – external physical exercises	and balance, proper set of exercises healthy rhythm of school life creation of the day, the week, the teaching cycle and the academic year

healthy endurance
load and recreation
...

4. Mental and spiritual stimulation: personality development, strengthening
development of personal competencies and identity
self-evaluation, confidence
learning and satisfaction with work
autonomy
...

5. Communication and cooperation: cooperative forms of work
communication skills development
tolerance, accepting otherness
constructive problem-solving
conflict management
community building
enforcing self-organisation

Let's compare factors listed within the given factor groups to educational tasks derived from age specificities and actual developmental tasks. We can get valuable data for a starting state analysis through this, and the directions of necessary development will also be revealed. This way it will be easier to set preferences and concrete tasks.

We can try to reveal strengths and weaknesses within the given groups as well.

1. Protection, care, nursing

In case of lower-primary pupils for example we pay special attention to the creation and enforcement of habits relating to body hygiene, hygiene and cleanness. It is important to word it as a concrete task in our health education plan as well. Are the conditions proper for it? How can we improve them?

Personal hygiene and the community. How do cleanness, tidiness and transparency affect our general feeling? What do we do for it? How can we sensitize children for developing a need for it?

Is the state of child catering suitable for the age-group? The offer of the school-canteen.

Healthy elevenses, snack, eating culture. School-milk. Let's collect good examples from schools! Include the initiatives by children, parents and supporting organisations!

We experience all these day by day in a natural life-situation, it is worth then making the better solution a habit for children before the less good or the health damaging one becomes fixed.

The health protecting activity of school doctors, nurses, school psychologists belong to this domain. To what extent are they partners in our common work?

2. Environment, creation of the space

In terms of creating space and school environment it is important to consider sanitary regulations. There's much room for improvement in case of the safety of buildings in Hungary, and in many cases it is due to financial problems. There are however things that do not cost money or need only a small amount and could be of positive influence on our health.

With a more practical rearrangement of classrooms we can create more favourable conditions for successful learning, we can motivate for reading with creating a reading corner, with the help of plants the classroom becomes friendlier and the quality of air will also change.

On the lower-primary level children work in many kinds of activities. Create the essential and most practical conditions for these, as this can aid successful work. Consider their need for physical activities, which requires space! Overcrowding results in the feeling of being closed in, and will result in aggression later.

It is worth examining the effect of corridors and the court on health. First consider the functions they should cover.

Many good school projects were born so far („Green school", „Manifold School court" „Colourful school", etc.). It is advisable to collect and discuss experiences. But never copy models only because you like something in them!

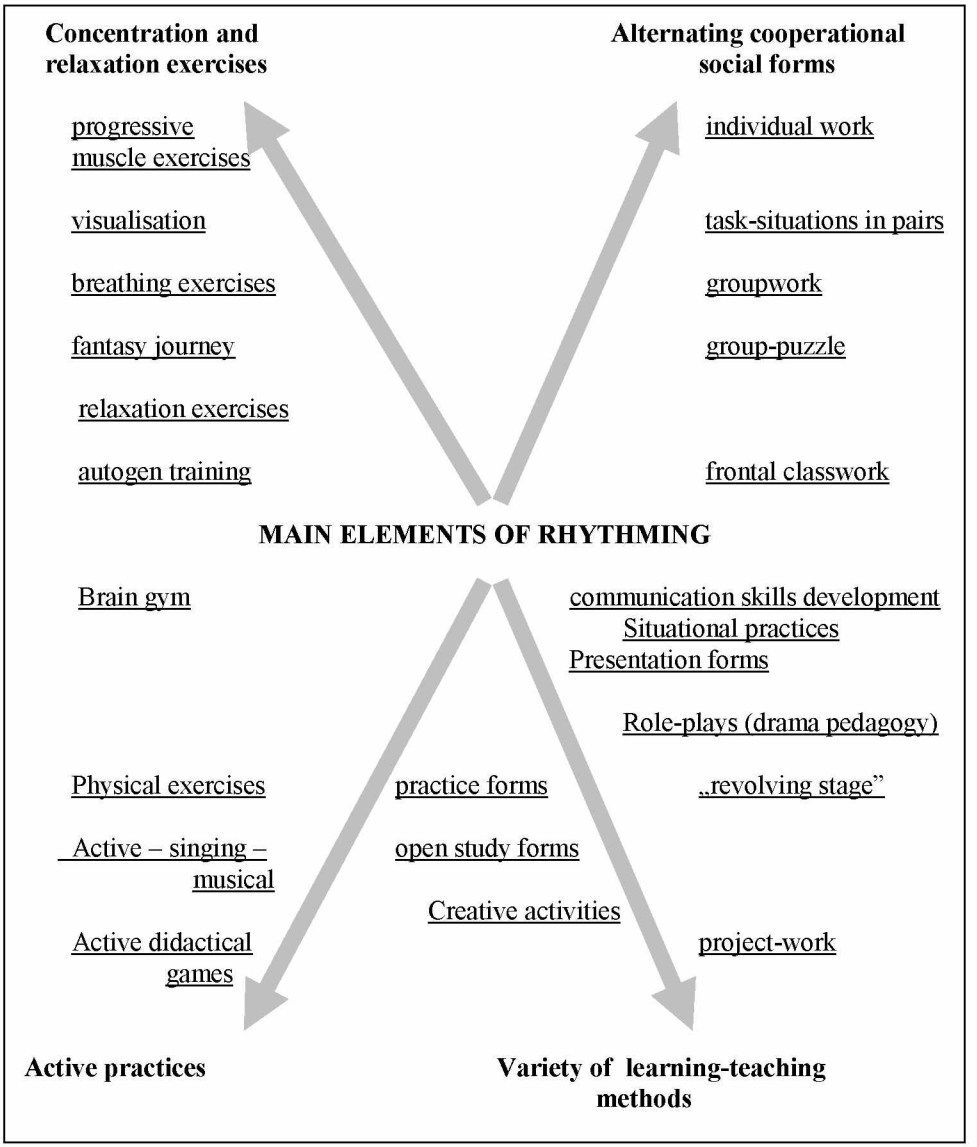
3. Internal-external physical activity, balance

The great need fof lower-primary pupils of physical activities was already mentioned in the previous group. There we have mentioned its space requirements, but it also has a great effect on the general feeling of pupils. If they can not satisfy their need for physical activities permanently, negative symptoms could arise. Take special care of keeping the healthy balance through adequate pacing of time and activity:

Load should be gradually increased but include rest and relaxation in the right time. They should learn techniques corresponding to their age.

During teaching we can help pupils to create the proper working process by using a great variety of methods (Figure 5.).

Figure 5. Healthy rhythm of school methodology culture



Consider the biological and physiological factors in creating their daily, weekly and yearly agenda, do not overload them!

4. Mental and spiritual stimulation

The educator's activity concerns the domain of one of the most important professional competences: the concrete realisation of personality development.

Children start their school career at that age. That is why we should pay special attention to the ways we can make learning a joyful process for them.

Professional help for successful learning. Help for finding individual learning paths. Make them explore and discover things, collecting works, including all sense organs to the learning process, presenting own experience in the process of learning from one another – these are all good possibilities for development.

Learning as the main form of activity, the background experiences connected to it influence the development of pupils' self-picture and self-evaluation. Education for knowing oneself is a central task. Use every possibility that can bring the reserves in children into the surface.

Think of the wide scope of self-knowledge games, ensure possibilities for participation for the children. This can be important not only for the given pupils but in terms of building a community as well.

5. Communication and cooperation

The quality of school factors is expressed through these factors the most. How can we ensure the "lower-primary atmosphere" at school: by operating age specific communicational forms and through cooperative activities.

Introduction of the experience-pedagogical methodology culture can help us.

Exploring, cooperative tasks, competitions, games, projects and creative manual activities that require a lot of physical activities can all be well-inserted into school life. We can also go outside the school-walls, though the school ties remain, e.g. A forrest school or a summer camp can multiply the educational effect (see the Treasure seeking kid's camp as an example).

The above list was meant to be an inspiratory list only. Each school as a unique institute has much more health potentials than this. It is worth then volunteering to explore them. The work is more interesting and more valuable if we manage to include children in this process also. This way they can also be parts and active creators of their "educational" process. (Remember, we have already discussed this issue in more details in connection with being concerned – participating – empowerment!)

We suggest the method of creating the health map of the school according to the followings:

6. About drawing the map

The five factor groups should be the five projection points, points of orientation of our imaginary "health-map" and place experiences collected during the detailed observation and analysis of school life around these points.

It can happen that there will be points where we discover more and more new details, and some points will be "less colourful". It doesn't matter. This will provide a realistic picture of our own school.

As we progress with drawing our map, we can mark the individual health factors by "settlements", like in case of a real map, here we can also include smaller or larger "settlements", where the small ones will in time – maybe during the academic year – grow suddenly. What happens? We get to know better what we focus at and we discover more and more possibilities in it. If we make the most of these possibilities, the perspectives will open further.

We can draw paths between the settlements: what is connected to what. A whole network can be created at the end ... The so far hidden "health-network" of our school!

This method seems to be a playful one.
„Let them play ..." as the Hungarian poet (József Attila) says.
And it is not a problem if we are able to play together. We will surely be parts of that process in the collective experience what this course is about.
Children will surely get an inkling of it too!
How did we say?

NOTICE,
GET AN INKLING OF,
UNDERSTAND,
and
DO FOR IT!

Health promotion projects, Health education practices

In this chapter we present practical materials that can provide lower-primary teachers with help in their methodological preparations.

The first part uses a Portuguese example and strives at promoting the health view of lower-primary teacher trainees through involving own-experience-related tasks, and also strive at making parallel ideas and adaptation possibilities conscious in the direction of their future health education activities.

The second part presents an extract from a teaching material for lower-primary pupils and it can be a starting point for processing health contents at school and for providing methodological solutions.

In the third part we discuss the methodological questions of extracurricular health education that is realised within a more open framework, related to the programme of a Hungarian kids' camp.

Methods of health education in Portugal

Herminia Pedro – Isabel Reis – Alfredo Dias

1. Training for teachers and health-promoting schools

In Decree-Law Nº 241/2001 of 30th August, the Portuguese government defined the specific performance profiles of the kindergarten and the primary-school teacher. This legal text was the fruit of a lengthy process of reflection and participation in which teacher training colleges played a leading role.

Against the backcloth of these profiles, defined in mid-2001, colleges responsible for the initial and continuous training of teachers have progressively adapted their training programmes to meet the new demands and expectations thus created.

Some of the features contained in these profiles are in line with certain concerns already being addressed in the work of training teachers in the field of health education in schools.

This fact allows us to conclude that the proposals put forward in recent years by all those involved in the field of health-promotion are gradually being incorporated into the general policy guidelines of the Portuguese Educational System. On the other hand, it does not serve to disguise the fact that there is still a long way to go before we see the implementation in all schools of pedagogical practices consistent with the guidelines established for health-promoting schools.

(i) One of the recommendations outlined at the very beginning of the Decree-Law is that teachers should follow their curriculum "in the context of an inclusive school" (Chap.II, 1). On the one hand, the principle of the "inclusive school" is the bedrock of any school's strategy in the domain of promoting health. On the other hand, the development in all teachers of pedagogic practices that will further the acceptance of *all* children in schools is a central concern for all those responsible for training, especially in the field of health promotion and health education.

(ii) Participation is one of the essential pillars of the dynamics of introducing health promotion projects into schools, and a concept that should be extended to the wider educational community. Thus the training of teachers in the field of health promotion is channelled into developing strategies to encourage

the participation of pupils, teachers and parents/families in the organization and management of the school, as well as activities held to promote health. It should therefore be stressed that the performance profiles for primary teachers require the ability to "collaborate on the design and assessment of the school's educational project" as well as the form's curricular project (Chap. II, 2 a). Besides teacher participation in these two instruments that inform pedagogic practice within the school, a further requirement is that teachers be able to "promote the active participation of pupils in the drafting and implementation of social rules, encouraging teamwork and team spirit as part of their training for democratic citizenship" (Chap. II, 2 j). These two provisos of the performance profile are catered for in teacher training in the field of health promotion, and especially related to the organizational and social dimensions of the Health-Promoting School.

(iii) Directly related to the skills to be developed in teachers with a view to their future role in the community and social aspects of the health-promoting school, we find a further characteristic of the teacher performance profile: "To relate positively with children and adults in the specific context of their relationship with their families and the community, and thus provide a climate of affective wellbeing in which learning will take place." (Chap. II, 2.1). With regard to training programmes, one of the main objectives in the area of health education concerns the need to develop the ability to intervene as a promoter of individual and group wellbeing, by encouraging the entire educational community to take part in the life of the school and implementing pedagogic projects that make for a lifestyle characterised by the physical and psychic wellbeing of the individual and the group.

(iv) The primary teacher profile places great importance on the need to be aware of the particular needs of the child or group of children, both with regard to "individual and contextual circumstances" (Chap. II, 2. b, d), and to the cultural capital brought by each child to the school. This constitutes one of the basic methodological concerns of a teacher who assumes responsibility for health education. This is why, in teacher training, the subjects directly related to health take into account the need to spotlight the reality of each child and each community, in all its strengths and weaknesses. These are principles that inform the teachers' work regarding the development of capacities that can be harnessed in the construction of a project for life.

Conclusion

The Higher Schools of Education endeavour, throughout the course, to enable future teachers to increase and consolidate a vast range of knowledge that will give them confidence and fulfilment when dealing with health-related issues with their pupils and their families. We believe that future teachers should be able to set in motion small changes that will lead to major results.

Teachers will need to be innovative, creative and persistent, capable of planning and implementing a series of changes, not necessarily major in themselves but conceived according to a framework of clear and well-defined objectives. Teachers can play a major role as promoters of better health - the term "health promotion" denoting a tacit recognition that health education should not be restricted to a specific curriculum, but form part of the school's overall programme. Indeed, the most interesting facet of this concept lies in the assurance that what is learned in health education can be greatly reinforced by the interest and support shown by the school, the family and the community.

Taking health promotion seriously involves:

- Reinforcing what is taught and discussed in the classroom through values and attitudes which recognize that children and young people are able to take responsibility for their own development, and by attributing equal value to their contributions, irrespective of their intellectual and academic ability;
- Involving parents and families by encouraging them to take part in activities and tasks carried out by their children, namely the creation of "family school materials";
- Forging links with other entities and institutions in the community, primarily with the local health centre, and setting up partnerships for the creation of a network of resources.

These are the principles behind our work with future teachers. We favour participatory methodologies and encourage the trainees to experiment with a series of situations that may inspire their future work in schools that we hope will become health-promoters, that is, concerned with the health of all their members (pupils, teachers and ancillary staff) as well as with that of all those with whom they come into contact.

2. Objectives

By the end of their initial teacher training, future teachers should be equipped to:

- Understand the various dimensions of health education: biological, psychological and social;
- Understand the importance of socio-ecological factors influencing the health of individuals and populations;
- Recognise the importance of health education in schools;
- Develop strategies for the promotion of health in schools;
- Be conversant with communication technologies useful for their future professional development;
- Be able to harness local, regional and national health resources;
- Be able to intervene to promote individual and group wellbeing;
- Design, implement and assess concrete health-promoting activities in the school and/or community.

3. Syllabus Content

This is based on a survey of pupils' expectations concerning the subject, and related to the primary school curriculum.

Promotion of Health

Concepts of health education. Historical background. Factors influencing individual and community health. Standards of health intervention. Primary, secondary and tertiary prevention. Education for health and the promotion of health. Health-promoting schools and their ecological, social, community, curricular and organizational dimensions. Drafting of projects to promote health: planning, execution and assessment.

Accidents, First Aid and Safety

Common accidents at different ages. Identity of risk factors. Projects for safety in the school. School emergency plan. Emergencies in the school. Action that can be taken by the teacher. Correct administration of first aid.

Health and biorhythms. Chronobiology

Sleep as an example of basic biological rhythm. Natural sleep patterns. Functions of sleep. Hours of sleep required at different ages. Rituals of sleep. Main disturbances to sleep (enuresis, bruxism, somniloquism, somnambulism, insomnia).

Child growth and development

Parameters used in evaluating the growth and development of the child. Physical and psycho-motor development. Aids to overall development. Importance of early diagnosis of alterations in development. Play and growth. Role of the family and school.

Diet

The importance of diet. Diet and nutrition. Types of nutrients and their functions in the organism. Features and importance of the different food groups. Balanced diet. Main dietary errors and their consequences. Food hygiene. Diet-related problems: anorexia, obesity and tooth-decay. School canteens and cafeterias. Eating disorders: anorexia nervosa and bulimia.

The sick child and the school

Concept of chronic illness. Some of the most common chronic illnesses: asthma, diabetes, epilepsy, kidney failure etc. Role of the teacher and the family.

Affective sexual education

Sexuality as common to us all. Difference between sex and sexuality. Values and aims of sex education. Characteristics of childhood sexuality. Thematic areas in sex education: knowledge of and respect for the body; sexual identity and sexual roles, interpersonal relationships; human reproduction. Importance of parental/ family involvement.

The child and toxic substances

Prevention of the consumption of alcohol, tobacco and drugs. Learning to make choices. Management of risk and stress. Role of the teacher and role of the family (HERMINIA PEDRO 2003. Portugal, Manuscript).

4. The health syndrome

Suggestions for Teaching Activities

Compiled and adapted by Herminia Pedro (Portugal)

Each of us participates in our own health or sickness.

We use the word *participate* to refer to the vital role that each of us plays in determining our state of health.

Many of us assume that cure and health-care come after the appearance of a problem and that it is our responsibility to go to the doctor, who, in his turn, is responsible for the cure. This is partially true - but only part of the story.

We all participate in our health through our convictions, our feelings, our attitudes and our way of dealing with life, as well as in more direct ways, such as diet, physical exercise and rest/sleep.

Information for the Teacher

There is a growing phenomenon in our society . . .

Human beings are capable of expressing their real needs and of working and fighting to satisfy them; they are aware of the need for proper diet and of the importance of physical exercise; they are able to express their ideas and emotions in such a way as to communicate their experiences to other people; they are involved in projects that represent and reflect their inner values; and they seek a basic quality of life in spite of difficulties in learning to understand their internal emotional and physical patterns and in understanding and paying attention to signals given out by the body.

This phenomenon is accepted as the *health syndrome.*

We shall be discussing preventive medicine and the responsibility of the individual for his/her health. Health-care is a guide and a facilitator, and the patient participates in his own treatment.

Wellbeing is a relatively recent term used to describe our state of health, which begins when a person accepts that he is a creature in a state of constant change and adaptation.

- A high level of wellbeing, of good health, has to do with physical condition, the channelling of stress energies in a positive way, the ability to express emotions, the creativity of relationships with others, and concern with protecting the environment.

We need to develop in our pupils an awareness of the relationship that exists between the highest risk factors – smoking, excessive consumption of alcohol and other drugs, lack of exercise, aggressive and violent behaviour towards others, unhealthy diet high in fats and salt, unsafe sexual practices – and the main causes of death and infirmity in the developed countries. If we can ensure that children and young people do not desire these behaviours for themselves, and resist them throughout life, we shall be contributing to an improvement in the health of nations.

Reducing risk-enhancing factors is a fundamental prerequisite for the achievement of better health.

Individual health varies considerably, and is a result of the action and interaction of a series of events that begin with conception . . .

Three broad categories of factors are considered essential to this interaction:

- Heredity
- Environment
- Lifestyle

Heredity

Certain health problems may be hereditary, for example: haemophilia, anaemia of the falciform cells, some forms of cancer, heart disease, mental problems, etc.

Early awareness of the existence of hereditary disease in the family, changing the environment and behaviour, can help reduce the risk of hereditary disease.

Environment

The socio-economic and physical environment can have an effect on our health.

Risk factors include air, water and food contamination; pollution; radiation; food preservation.

Socio-economic causes include, for example, income, housing, education and professional level, and medical services.

A stable and caring family environment contributes to the development of good health, as opposed to drastic changes such as separation or the death of a loved one.

Moving house can also affect physical and mental health.

Lifestyle

Health is to a great extent influenced by individual lifestyle.

Many serious health problems are related to personal habits and behaviours: smoking, excessive consumption of alcohol and drugs, lack of exercise,

unhealthy diet, over-exposure to stress, reluctance to accept – or inadequate awareness of – the importance of road accident prevention (e.g. wearing of helmets and safety belts), inadequate sleep.

Some general guidelines may be given for possible activities with children in this connection.

1. Objectives

Pupils should be able to:

1. Assess their state of health and define objectives for the future.
2. Identify risk factors.
3. Describe various bodily functions and the way they are related to health.
4. Take physical exercise, watch their diet and sleep well.
5. Reduce stress through relaxation.
6. Assess the nutritional value of food and be able to plan healthy meals.
7. Identify ways in which emotion affects health.
8. Plan a programme, in the long term, of physical exercise, stress and diet control and hours of sleep.

2. Key Concepts

We consider it important to focus on certain basic concepts:

Wellbeing/good health –- a high level of health and wellbeing, which can be achieved through physical exercise; channelling of positive energies; expressing emotions; creativity in relating to others; a good relationship with the environment.

Risk reduction – a process that establishes behavioural patterns that reduce the risks associated with smoking, obesity, high blood pressure, lack of physical exercise, and a poor diet, rich in salt and fats.

3. Duration of the Instruction:

The teaching can take place over three weeks.

We suggest certain contacts and a variety of activities.

1. Ensure that the canteen diet is balanced, or ask the pupils' parents to prepare a healthy tea, or prepare group teas in the classroom. Use the parents' help to prepare lunches and teas. Invite a dietician to give seminars in the school and to help define a good diet. Obtain the parents' permission for the children to participate in the programme, thus guarding against any allergies or restrictions. Alternatively, every day a child/family can be responsible for a healthy tea to be shared with the class.

2. The day can begin with a group activity such as yoga exercises, story-reading or discussion of the day's plan or a specific topic from the plan. Throughout the day, have breaks for relaxation. Prepare the transitions from one activity to another. Give the pupils the opportunity to think about what they have done or are going to do next. Other activities can be introduced for relaxation between activities, such as listening to classical music, allowing the pupils to play with Lego or go outside for some fresh air. End each day with group activities where pupils talk about what they have done and what they will do the following day.

4. Teaching Stages:

There are three stages to consider:

Stage 1 — Theoretical introduction/interactive teaching

Some of the suggested activities require a theoretical exposition, but most are done in small groups.

"Look to your Health" is an excellent interactive activity because it allows the teacher to assess pupils' knowledge about health and related attitudes.

Stage 2 — Group work

Many of the suggested activities are for pupils working in small groups.

The research projects are an example of this. The projects are explained to the class, and each group is allowed to choose their project and how they want to approach it.

Stage 3 — Presentation of reports

It is important to set in advance a date when project reports will be presented to the whole class.

Evaluation and feedback from our activities can be obtained through a pupil questionnaire.

Information for the pupil

LESSON I – "Look to your Health"

This activity consists of making an inventory of pupils' behaviours in relation to health. It will serve as the basis for a debate on health and wellbeing.

Activities:

1. Ask pupils to give their opinion about things/activities that make us healthy. A list is made on the blackboard of the various responses.
2. The class is organised for group work.
   A photocopy of the results of the previous task is handed out, and pupils are asked to complete it individually.
   Pupils are told that this is not a test, but just to give them an idea about their attitude towards health.
3. Discuss the following topics from the inventory:
   a) relaxation and habits;
   b) physical exercise;
   c) diet and mealtimes;
   d) mental and emotional health;
   e) personal values in relation to others;
   f) environmental health.
4. Summarize the results of the discussions.
5. Ask the pupils in which areas they need to improve and practise in order to improve their wellbeing and good health.
6. Discuss the title of the activity "Look to your Health".

LESSON II – "The Body is the Hero"

Do the students know their own body?
Make a diagram of your own body and the organs inside it.
Material: Paper for each pupil, pencil and a reference book about the human body.

Activities:

1. Tell the pupils that they are going to draw a diagram of their own body.
   After drawing the diagram, they are going to locate the following systems/ organs of the body:

Systems of the body	Locate on the diagram
Skeleton	vertebra, femur, radius, pelvis, coccyx, tibia …
Digestive	Oesophagus, liver, large and small intestine, mouth, pharynx, anus …
Circulatory	Heart, aorta, pulmonary arteries and veins
Respiratory	Lungs, bronchi, bronchioles, larynx, wind-pipe
Brain and nervous system	Brain, encephalon, spinal marrow and prin-cipal nerves

2. Encourage pupils to help each other complete their diagrams.
   Each pupil in this case will complete only one diagram (one system).
3. Allow more time for individual completion of the diagram and the system.
4. Tell the pupils to colour each system in a different colour.
5. Pupils who drew the same system come to the front of the class and show the others their work.
   Discuss similarities and differences. Put up the diagrams.

LESSON III – "Running Game"

This is an activity about physical exercise.
Regular physical exercise has been proved beneficial to health and wellbeing.
This activity can be a stimulus for regular physical exercise, both for the teacher and the pupils.
The high point of this activity is the run. Parents can be involved at weekends and other classes during the week.
Materials: chronometer, small flags, photocopy of a chart to plot the heartbeats.

Activity:
A.

1. Ask pupils if they have any idea about their pulse rate.
2. Take the pulse (15 seconds) and multiply by four.
3. Repeat three times.
4. Take the average.

B.

5. Time each pupil's run over 50 metres and 100 metres.
6. Take the pulse for 15 seconds and multiply by four.
7. The activity lasts 10 minutes for each pupil, with intervals of two minutes between each count.

Note: each pupil should run hard for two minutes until breathing rapidly, and then see how long it takes for the pulse to return to normal.

Later research:
The pupils can investigate the benefits of running or the advantages of a regular exercise programme.

Study the link between breathing and the release of CO2 from the blood, the benefits of weight control, muscular elasticity and mental stability.

Start a programme in which each pupil goes for a 30-minute walk or run three times a week.

Record the reduction in time as the training progresses.

(They should make a record before and after the walk/run.)

THE "HEARTBEAT" CHART

8. Find your pulse. Make sure you can feel it to count your heartbeats.
9. Count your heartbeats for 15 seconds.

10. Repeat three times and write it down.
11. Multiply by four to find your number of heartbeats per minute.
12. Find the average by adding and dividing by three.

Number of attempts	Number of heartbeats in 15 seconds	X4	Number heartbeats of per minute		
1		X4			
2		X4			
3		X4			Average
Total heartbeats per minute				/3	

PERSONAL RECORD

1. My pulse today is …… beats per minute.
2. Find your pulse and get ready to count.
3. When the teacher says, "count", start counting for 15 seconds.
4. When the teacher says, "stop", write the number on the chart.
5. Find your pulse again after the exercise.
6. Wait for the word "count".
7. Repeat the activity for 10 seconds.

Minutes after the exercise	Heartbeats in 15 seconds	X4	Heartbeats per minute
0.0			
0.5			
1.0			
1.5			
2.0			
2.5			
3.0			
3.5			
4.0			
4.5			
5.0			
5.5			
6.0			
6.5			
7.0			
7.5			
8.0			
8.5			
9.0			
9.5			
10.0			

LESSON IV – "Biofeedback and Health"

This lesson focuses on the importance of relaxation in controlling and reducing stress.
The aim is to help pupils control stress.

Activity:

1. Ask the pupils in what situations they feel tense and how they feel when they are tense.
   Write the answers on the board.
   Tell the pupils that in this activity they will learn how to combat stress by relaxing the body.
2. Relaxation
   - Turn off the lights and put up a "Do Not Disturb" sign. Create restful surroundings.
   - Tell the pupils to make themselves comfortable. They can sit on the floor if it is carpeted.
   - Try not to think about anything.
   - Close your eyes and repeat the number "one" for five minutes.

     Ask the pupils how they feel at the end of this time.
     Write the answers on the board and compare with the answers given before.
4. Biofeedback
   Explain that "bio" is life and "feedback" is sending information, putting information into a system, in this case the brain.
   Send a message to the brain: "Slow down, relax".

LESSON V – "All illness begins in the stomach"

This lesson teaches pupils to eat and evaluate what they are eating.
Find out what pupils eat in the breaks. Write the answers on the board.
SUGGESTIONS: fruit, nuts, cereals, cheese, yogurt, fresh fruit, pure juices, sugar, coca-cola, popcorn without salt or sugar, carrot sticks, jelly, pasta, chicken, ham sandwiches, cakes, lettuce.

Activity:

1. Party

A. Preparation of the food using knowledge of nutritional values, e.g. vegetable soup.
Other dishes made from recipes featuring healthy ingredients.
Pupils try the juices and other things and answer questions like:
Which juice did you like the best?
Which of the other things did you like the best?
What differences did you find in the taste?
Had you already tried something similar?

B. Put all the foods used at the party on a table and ask the pupils where they come from, what they know about them, and why they like some but not others.

Pupils then group the foods according to the categories on the food wheel.
Definition of healthy food and identification of the most common and most serious dietary errors:

1. Excess of sugar
2. Overeating
3. Excess of salt
4. Excess of fat

2. Make a recipe book

Collect recipes from various sources and type them onto a computer to make a book to give to other pupils, parents and teachers.

LESSON VI – "Feeling Positive"

Begin by making pupils aware that feeling good depends on proper diet, regular physical exercise and personal hygiene.

The following are prejudicial to our sense of wellbeing:

- a marked tendency to harbour grudges and an inability to forget;
- a tendency towards self-pity;
- difficulty in keeping friends;
- a very poor and discouraging self-image.

Activity: Developing a positive self-image.

In patients suffering from cancer, it is a fact that a positive self-image plays a crucial role in the remission of the illness.

1. Each pupil finds positive aspects in his body and his life, and says them aloud, eyes closed.
   - I respect myself both for my qualities and my defects;
   - I am healthy and feel good;
   - I am not a failure. I can be successful at anything I do;
   - I have studied, I'm calm, and I'm going to pass the test;
   - I am able to put my feelings into words;
   - I am capable of helping myself to be a better person.
2. Give each pupil a day. This is the day when he will be king, and so he will have to behave like one.
3. Each pupil has a poster, which is his "Me" -on, which he writes what he likes best, what he can do, what he has, what he would like to be and to have, places he has visited and others he would like to visit, people he likes and admires.
   He can cut things out and stick them on the poster.
   Explain the poster to other pupils.

LESSON VII – "The Defenders of our Body"

The immune system is our natural protection against disease. Without it we should die.

The immune system includes antibodies, white corpuscles and a complementary system.

Antibodies circulate in the blood.

Make drawings to represent the functions of the immune system.

Activity:

White corpuscle	Source of pain and aggression
Fleet of white corpuscles	Invading disease
5. Antigen	Antibody
2.	
3.	
6. Antigen complex – antibody	

After the explanation, ask the pupils to create their own visuals and to identify cause/effect variables.

RESEARCH PROJECT

1. The environment influences our health
   Make posters to illustrate that environmental factors influence our quality of life.

TOPICS:

- Air pollution
- Water pollution
- Waste (atomic and chemical)
- Traffic pollution
- Safety at work and on the roads
- Abuse of alcohol and drugs

2. "Your" project:
   Pupils think up and write down a small project, in 30 minutes.

SURVEY ON EATING HABITS

1. How many glasses of milk do you drink a day?
   a) 1
   b) 2
   c) 3
   d) 4
2. Did you have breakfast this morning?
   a) Yes
   b) No
3. Do you skip meals?
   a) Yes
   b) No
4. If you answered *yes* to the previous question, what is the reason?
   a) I haven't got time
   b) To lose weight
   c) I don't like food
   d) I'm not hungry
5. Do you eat between meals?
   a) Yes
   b) No
6. Do you drink between meals?
   a) Yes
   b) No
7. Do you think your diet is balanced?
   a) Yes
   b) No
8. Do you need more information about good diet?
   a) Yes
   b) No
9. Do you often have lunch or tea out?
   a) Yes
   b) No
10. Do you have lunch in the canteen?
    a) Yes
    b) No
11. If you answered **yes** to the previous question, what is the reason?
    a) You are on a diet
    b) You are not hungry
    c) The food is no good
    d) There are long queues
    e) To save money
    f) The food isn't enough

RESEARCH PROJECTS:

1. What influences our health	Influence of environment on wellbeing	Interpretation of data and control of variables	Left: affective	Raising awareness about environment protection
2. "Your" project	Influences of personal tastes can be positive and help us to remain healthy	Control of variables	Right: Physico-sensory	Self-confidence
3. Helping the body image	Regular exercise helps to maintain high level of health and wellbeing	Control of variables: measuring weight&height	Physico-sensory	Self-confidence

HEALTH QUESTIONNAIRE

On A scale of 1 – 5, put an 'X' in the column that best corresponds to your answer. (1 = 'Not at all'; 5 = 'Very much').

	1	2	3	4	5
Relaxation, Awareness and Habits					
1. I feel calm					
2. I recognize my inner tensions.					
3. I never breathe deeply.					
4. I feel stressed.					
5. I often feel tired.					
6. I am an active person.					
7. I feel sleepy during the day.					
8. I love spending time on unplanned activities.					
Exercise					
9. I take physical exercise.					
10. I enjoy the exercise I do.					
11. I am aware of the effect of exercise on my posture.					
12. I get out of breath when I walk quickly or climb stairs.					
Food, Nutrition and Dietary Habits					
13. I enjoy what I eat.					
14. I cook my own meals.					
15.Mealtimes are free of tension, conflict and misunderstanding..					
16. I use food as a way of escaping my problems.					
My meals include:					
17. Fresh vegetables.					
18. Fresh fruit.					
19. Fibre-rich foods (nuts, seeds, fruit, vegetables, bran).					
20. Whole-grain cereals.					
21. Bread.					
22. Fish.					
23. Poultry.					
24. Red meat.					
25. Vitamins.					
26. Sweets (honey, molasses, sugar).					
27. Coffee.					
28. Regular tea.					
29. Herbal tea.					
30. Salt.					
31. Refined foods.					

	1	2	3	4	5
My meals include:					
32. Prepared and frozen foods.					
33. Ready-to-cook foods.					
I drink:					
34. Water					
35. Fizzy water.					
36. Artificial fruit juice.					
37. Fresh fruit juice.					
38. Milk.					
39. Regular tea.					
40. Herbal tea.					
41. Coffee.					
42. Coca-cola.					
43. Fizzy fruit juices.					
Mental and Emotional Health.					
44. My schoolwork satisfies me and gives me a sense of companionship.					
45. I am always working.					
46. I find it difficult to make decisions.					
47. I feel positive about my life. My life is positive.					
48. I never show my feelings (anger, happiness, fear, pleasure).					
49. I find ways of expressing my feelings.					
50. I am demanding with myself.					
51. I hate criticism or am frightened of criticism.					
52. I feel good about myself.					
Social values and relationships with others.					
53. I prefer being alone.					
54. I have friends.					
55. I like having people around me.					
56. I like living in my community.					
57. I belong to various clubs and social groups.					
Health environment.					
58. My school has a positive effect on my health.					
59. My home has a positive effect on my health.					
60. The air I breathe is pure.					
61. I think that personal health is related to the health of the planet Earth.					
62. The rivers, the land, the place where I live are waste-free.					
63. I think that certain plants damage my health because of chemical products.					

Lesson	Concepts	Science Processes	Ways of Learning	Attitudes
I – Look to your heath	Knowing that healthy practices are the first step towards health and wellbeing.	Interpretation of data.	Left: affective	Objectivity
II – The body is the hero	The human body consists of various interactive systems.	Measurements. Inference.	Right Left	Objectivity and Curiosity
III – Running game	Exercise reduces health risks.	Measurements. Interpretation of data.	Physico-sensory: left	Self-confidence
IV – Biofeedback and health	Relaxation and biofeedback are techniques to reduce stress.	Measurements. Control of variables.	Physico-sensory: right	Self-confidence.
V– Chinese Proverb: "All illness begins in the stomach".	Balanced diet reduces health risks.	Classification. Inference.	Physico-sensory: left.	Sensitivity
VI – Feeling Positive	Positive self-image reduces health risks.	Interpretation of data.	Affective.	Concern for others.
VII – Research into dietary habits.	Dietary habits.	Interpretation of data.	Left.	Objectivity.

The integration of Health Promotion in schools is in line with the basic rights – to Education and to Health – that are widely recognized by all international bodies and institutions, as well as by the legislation and constitution of Portugal.

Health Education, defined and recognized by the Council of Ministers of the EC and sanctioned in Resolution 89/C3/01, is described as "a process based on scientific rules that harnesses educational opportunities programmed in such a way as to enable individuals, acting alone or as a group, to make vital decisions on health-related issues". This resolution also includes the idea that health education is a comprehensive educational process, and that responsibility should be shared by communities, institutions and social groups.

Teachers, who socialize on a daily basis with children and young people, are the ideal interlocutors to work with them to find answers to the vital question – What can we do, you and I, to lead healthier lives? But for this to work, teachers must be able to establish a relationship of mutual trust and respect, and believe in

young people's ability to evolve, that is, see them as the main "resources" in health education, able to become autonomous and responsible and to share in the solving of problems that concern them.

However, teachers must feel qualified to perform this key role. It is essential that health professionals, particularly those involved in school health, undertake to be a close and available resource for the teachers, to provide them with the greatest possible sense of security, not only in their educational role, but also in their ability to harness the participation of the families and the involvement of the community.

Before dealing with health problems in the classroom, it is vital that the teacher devote time to clarifying his own position, his doubts and certainties. The age-old balance of power between the teacher and the pupil, and the obsolete distinction between what the pupil knows and does not know, cease in this case to have any relevance. Pedagogically, health promotion is the "science" of exchange and interaction. Human relations have moved from the vertical plane to the horizontal. The teacher should be aware that in Promotion of Health the scientific knowledge essential to the transmission of credible information is still a necessary prerequisite, but not enough in itself.

Teachers cannot be led to believe that health is taught like any other subject, since it should be readily inferred from all that has been said that we have left the haven of scientific and rational information and moved into the unpredictable world of interpersonal relations.

Unlike traditional or abstract knowledge, which has little effect on the emotional and affective spheres, health education goes beyond mere knowledge, to deal with attitude, involvement and commitment. From all that has been said, health education can only be considered as constituting a part of overall education.

Today we recognize the importance of including health on school curricula, from the very first days of schooling, because the principal causes of death, disease and disability can be significantly reduced by preventing six high-risk patterns of behaviour that begin early in life: bad eating habits, sedentary lifestyle, smoking, use of alcohol and drugs, behaviours giving rise to accidents and violence, and high-risk sexual practices that lead to unwanted pregnancies or sexually transmitted diseases.

Investing in health in the school is a sound strategy because besides preventing high-risk behaviours among children and young people, it also leads to improvements in both health and education: healthy children learn more easily and healthy teachers teach better.

The ability of each child to realize its full learning potential is directly linked to good health and proper education. Health and education are therefore not only an objective, but a means of attaining a productive and satisfying life.

The promotion of health in schools implies that pupils enjoy stimulating experiences, posing questions in relation to their own health and that of others, and building the knowledge, attitudes and skills required if they are to make free choices.

By promoting health in schools, teachers not only contribute to the development of children and young people, in the sense of taking responsibility for their own life and that of the community in which they live, but also enable them to be responsible for the evolution of society.

The concept of the World Health Organisation (WHO), "think globally, act locally" is highly pertinent with regard to the promotion of health in schools.

It is of the utmost importance that each country and each region create its own framework, but always based firmly on the three foundations that make up the overall objectives, which can be briefly summed up as: caring for myself, caring for others and caring for the environment. These three aims are of course very closely interrelated, and represent the classic trinity: individual, family and community.

The development of health promotion in schools implies not only the development of pupils but of all the members of the school community: parents, teachers, and non-teaching staff and health workers.

It is our opinion that the Promotion of Health in schools should also satisfy certain conditions:

- It should be early and opportune, since habits become quickly ingrained and the influence of role models is particularly strong in adolescence:
- It should be progressive and consistent, with a graded programme that goes from the adoption of specific patterns of behaviour to the learning of more complex decision-making processes;
- It should be ongoing, since in order to curb influences and achieve lasting results, it will be necessary to revise material and deal with it from different angles;
- It should be part of a global concept of health, in which in order to deal with the various components, the teacher will have to construe the topics and adapt the different issues to the current stage of development of the child;
- It should be based on an active methodology in which the teacher is a go-between who sets up situations and provides the resources for the pupils to be themselves, thus allowing them to develop the capacity for self-expression and to take responsibility for the projects (ISABEL REIS and ALFREDO DIAS, 2003. Portugal, Manuscript).

Health. I want to know myself. Task-sheets for primary school pupils in Austria

Hans Fibi – Ingrid Hantschk – Silvia Napravnik – Sonja Zach

As we have already referred to it in the previous chapters, health education is expressed explicitly and implicitly in the core curriculum of all the three countries.

In lower primary school we meet health contents explicitly when they are processed in the form of certain subjects (in Hungary for example Health sciences can be an elective subject too) or embedded into an educational domain or integrated into this domain as a module (e.g. in Austria as part of "Natural Sciences" – „Sachunterricht").

Health contents correspond to age specificities, cognitive prerequisites, interest and developmental tasks.

This is reflected by the preferred topics in the methodological realisation of which the class teacher has an important role. Suggested topics, ways of processing them, tasks and task sheets are offering starting possibilities which can be extended by adapting them to the local conditions and educational aims.

In the following section we introduce the health-education-related module from the educational materials of Austrian schools.

The "health" module was developed for the 2nd grade of primary level, for the so called „Volksschule", and it is integral part of the "Natural sciences" - (Sachunterricht) educational domain.

The concrete topics are connected to the health education aims written in the curriculum.

Its main topics:

I don't like being alone
We work together at school
Fruits are healthy and tasty
A social country
The family
Parts of the body
Our sense organs
Taking care of our teeth

We have seen a consistent method of processing in the presentation of the material:

The topics are exponated on the "i" – informational pages, then a page containing active, playful practicing exercises comes. Here is a greater possibility to include own experiences, to extend the topic and to give free way to children's creativity, paying attention to making them aware consciously in relation to the given health contents.

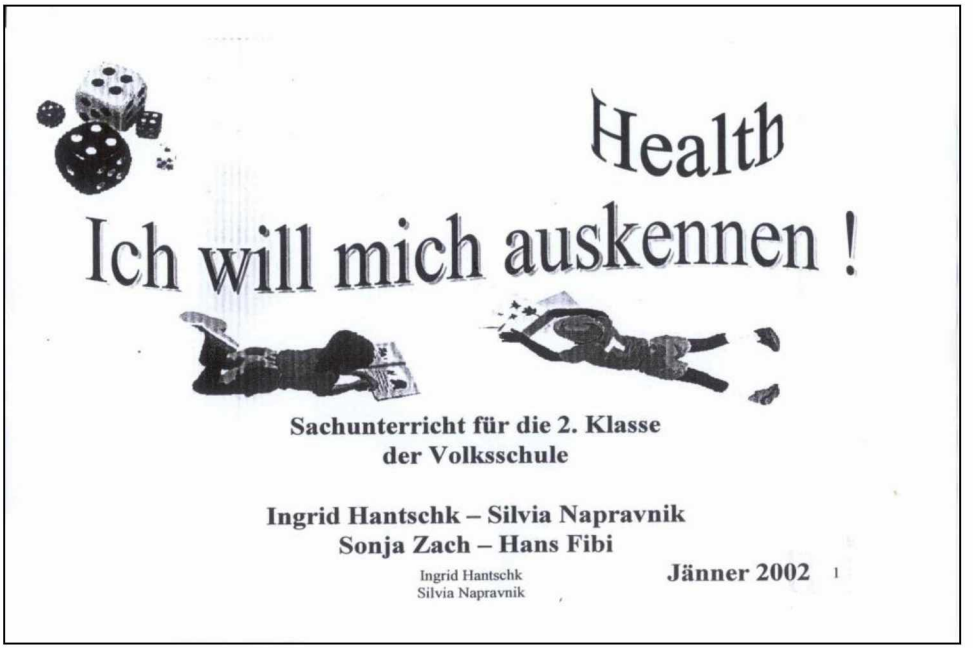
The teaching material part presented here can stimulate to further analysis, evaluation and comparison of national course books and teaching materials and to an active contribution later in a teaching material development.

I WANT TO KNOW MYSELF

Natural sciences for the 2nd grade of elementary school

Ingrid Hantschk – Silvia Napravnik
Sonja Zach – Hans Fibi

January, 2002.



I don't like being alone

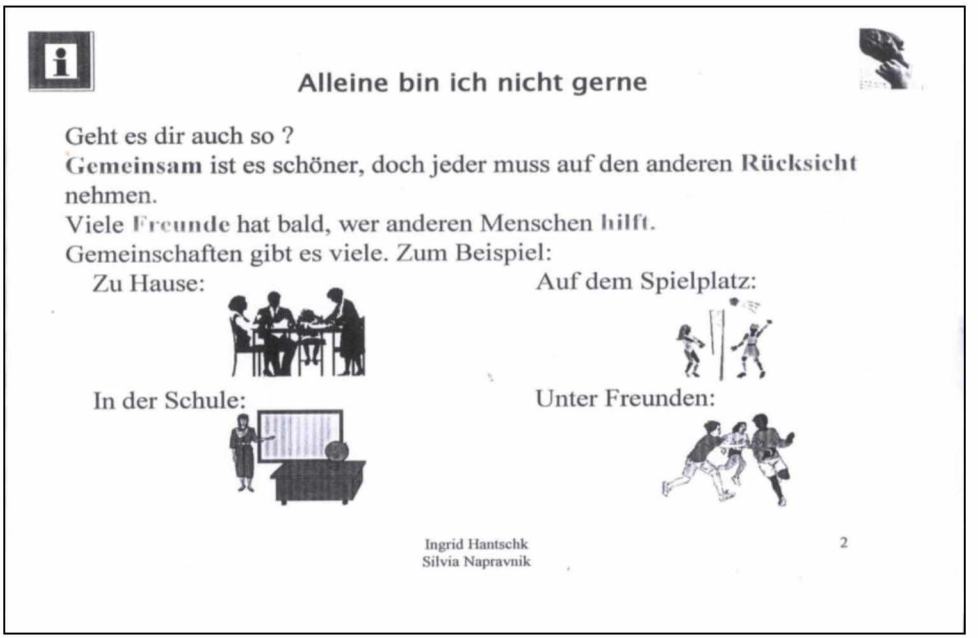
Do you feel the same?
Together it is more beautiful, but everybody should *pay attention* to the others.

The one who *helps* others will soon have a lot of *friends.*

Many kinds of communities exist. For example:

At home: On the playground:

At school: Among friends:



I don't like being alone

There are animals that live in herds:
The stags, the deer and the chamois too

It is more fun to be in a community!
Are you part of communities?
List communities!.....

The one who helps others will soon have a lot of friends. How can you help? Form groups, talk about this and write down the most important ideas. Show the results to the class! Write down the most beautiful examples!

At home:

At school:

Form small groups
Choose the game that
means the greatest pleasure
for all of you

On the playground:

Among friends:

We are working together at school

Every school has ...

Gym

Director many classes

With the warden

Workshop

Every class has …

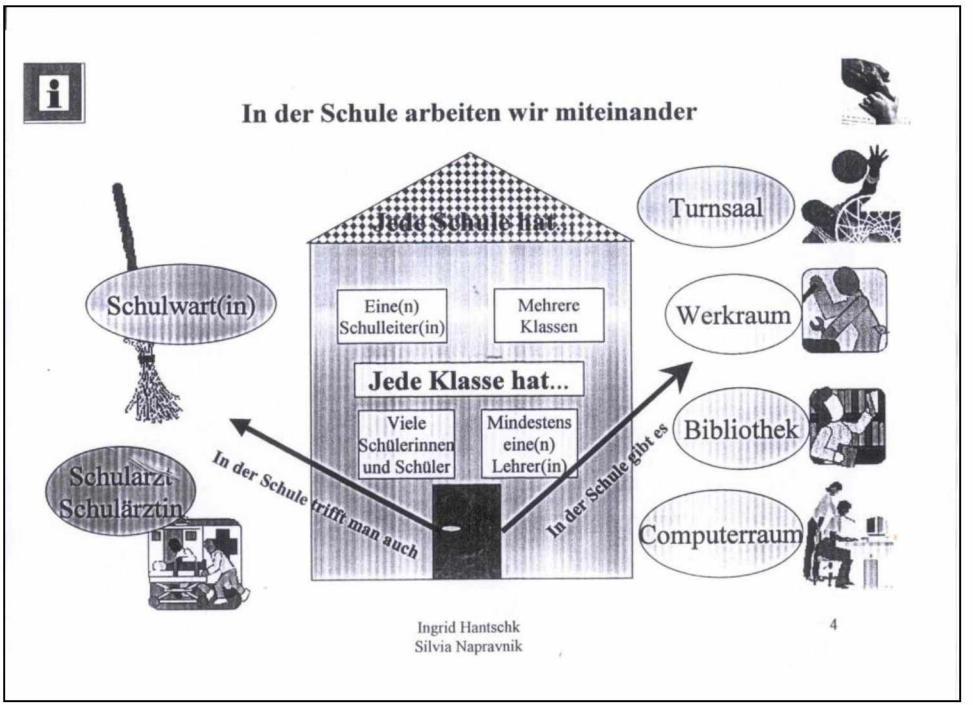
Library

Many pupils at least one

Lower-primary teacher

Computer room

In schools we can find **Schools have**



We are working together at school

I mustn't go in there!

Holding this sheet let's observe the school and write down what we see.

The director of your school

.....

your lower-primary teacher

.....

you are studying in class

……

You can meet at school

……
……
……

In your class there are

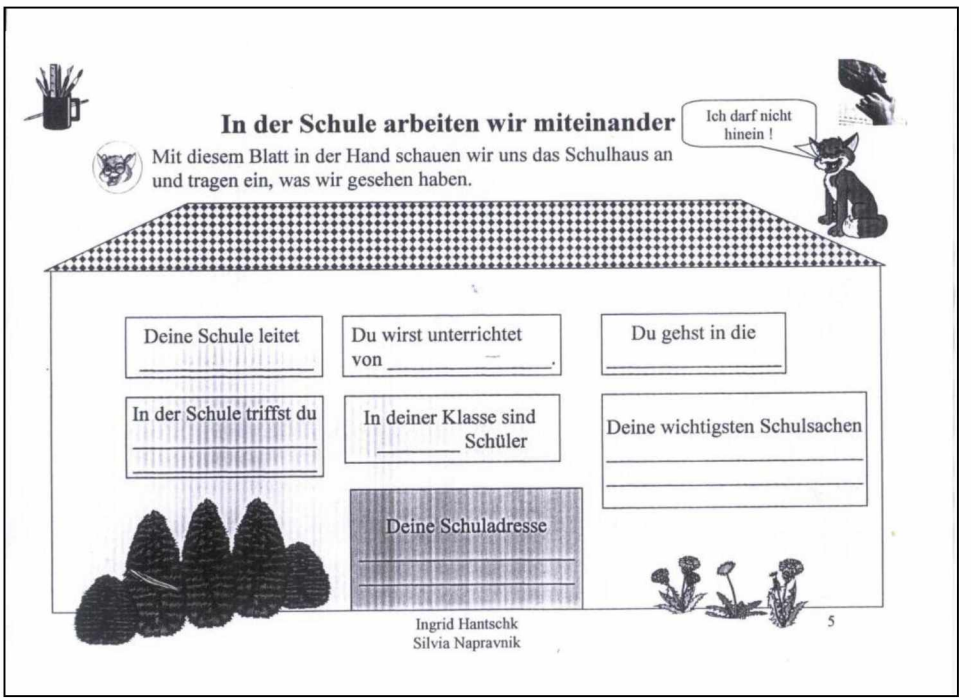
…… pupils

Your most important school equipments are

……
……

The address of your school is

.....
.....



Fruits are healthy and tasty

You would like to taste these with pleasure!

Native fruits

Foreign fruits
(Tropical fruits)

Fruits contain vitamins!

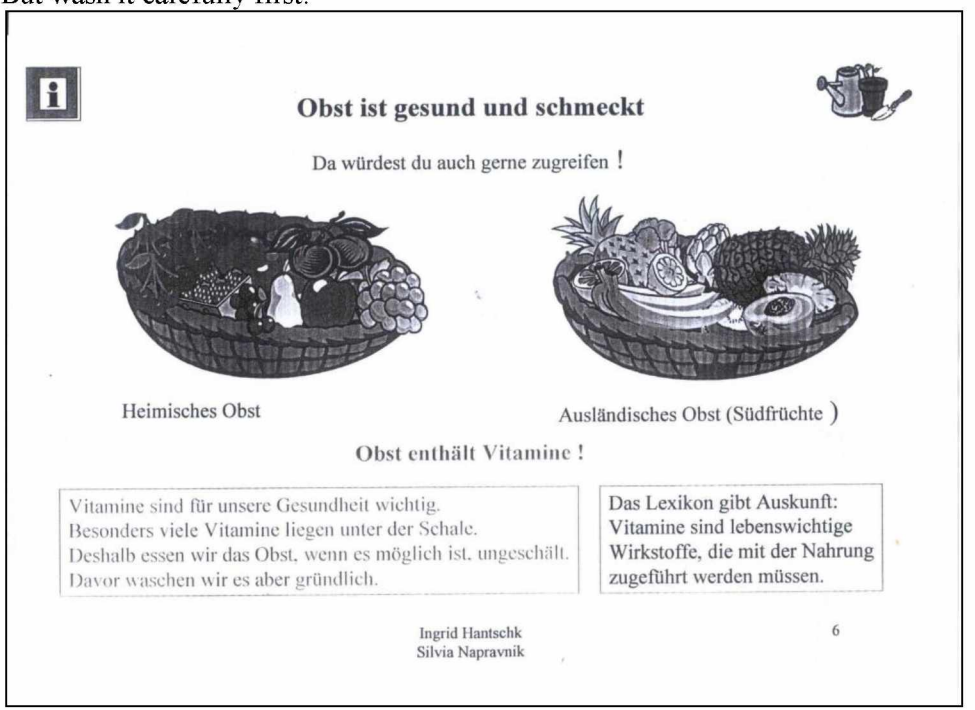
Vitamins are important for health.

There are extremely many vitamins under the skin.

If it is possible eat the fruits without peeling them

But wash it carefully first.

We can find the explanation in the lexicon:
Vitamins are very important agents
that should be eaten with food.



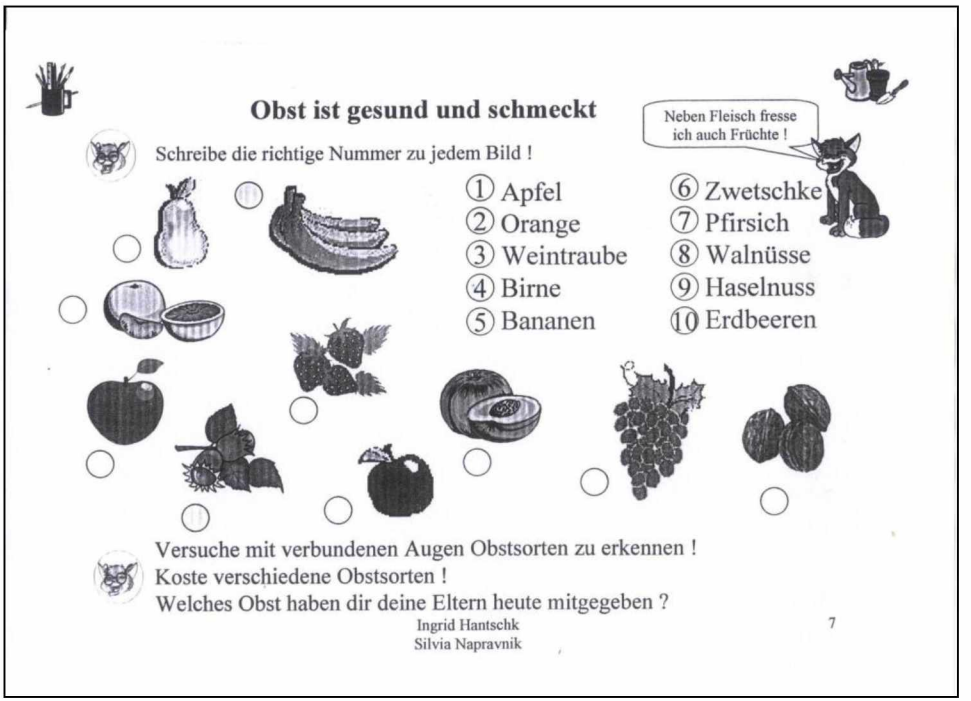
Fruits are healthy and tasty

I eat berries (fruits) also beside meat!

Write the proper number next to the given pictures!

1. apple
2. orange
3. grapes
4. pear
5. banana
6. plum
7. peach
8. nut
9. groundnut
10. strawberry

Try to name the given fruits with your eyes covered!
Taste the different fruits!
What fruit did your parents give you for elevenses?



A social country

If you become ill or if you are injured your family takes care of you.

Those people who are seriously ill or who are injured should be taken to hospital.

The phone number of the Ambulance is: *144*

Medical emergency call:*141*

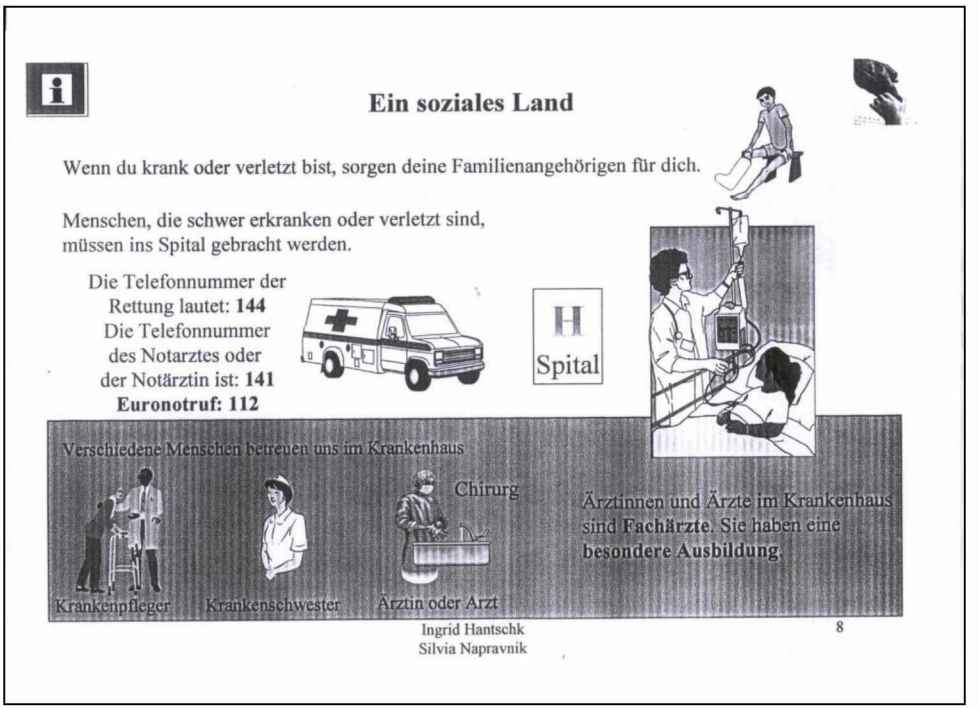
EUROPEAN EMERGENCY CALL: 112

Different people take care of us in the hospital

surgeon

he-nurse she-nurse doctor

The he- and he she-doctors at the hospitals are *specialists.* They have a different education



A social country

I should help myself

The phone number of the ambulance is: .....

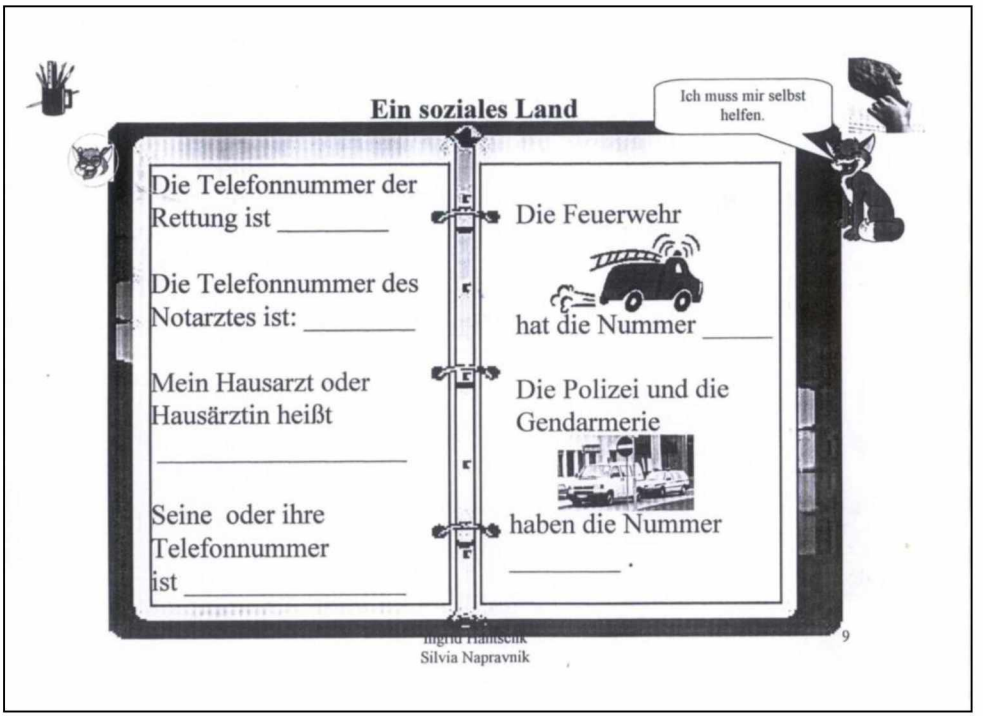
Medical emergency call: .....

The name of our family doctor: .....

His/her telephone number: :.....

Telephone number of the Fire Brigade: .....

Telephone number of the Police: .....



The family

The bear family has many members.

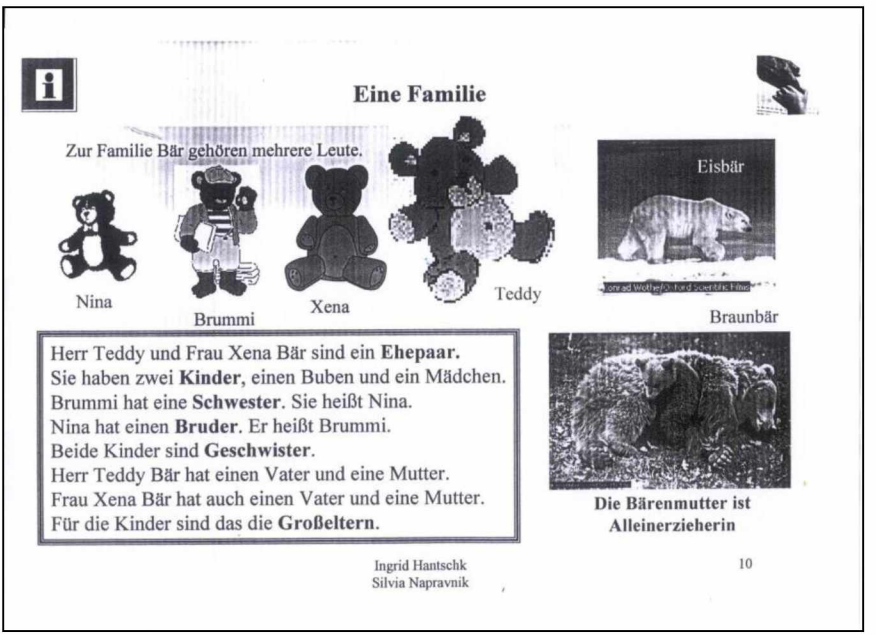
Ice bear

Nina Growly Xena Teddy

Brown bear

Mr. Teddy and Mrs. Xena is a bear *married couple.*
The have two *children,* a boy and a girl.
Growly has an *older sister.* She is called Nina.
Nina has one *brother.* He is called Growly.
They are *siblings.*
Mr. Teddy has a father and a mother.
Mrs. Xena has a father and a mother too.
They are the *grandparents* for the children.

The bear mummy brings the bear-cub up alone
Single parent



The family

The foxes bring forth offsprings once a year.

Insert the name of your family members in the figure!

Parents

Grandmother Grandfather Grandmother Grandfather

Father Mother

Me Do you have a sibling? Write down his or her name,
If it is necessary draw two more pictures.

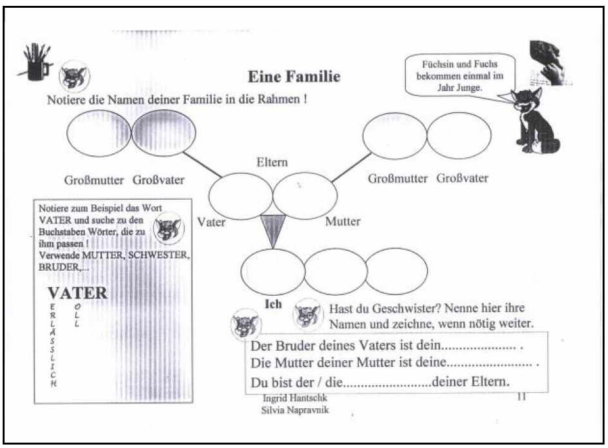
Write down the word FATHER, and
Find words to its letters that
Characterise him!
Use the other expressions as well,
MOTHER, SISTER, BROTHER

FATHER
f
f
e
c
t
i
v
e

The brother of your father is your ……

The mother of your mother is your ……

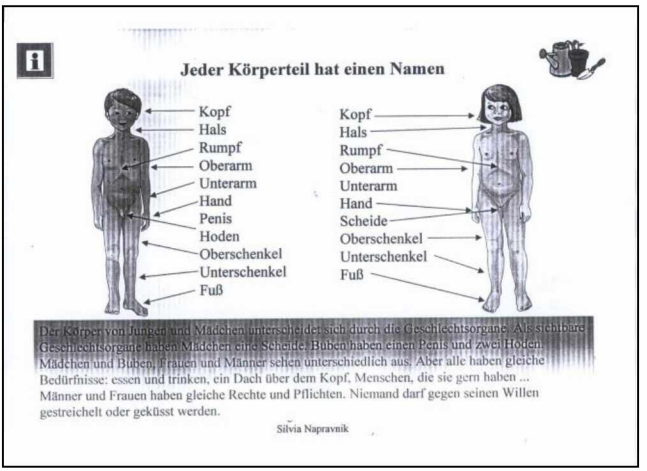
You are the ..... of your parents.



Each body part has a name

Boy figure	Girl figure
head	head
neck	neck
body	body
upper arm	upper arm
lower arm	lower arm
hand	hand
penis	vagina
testicles	
thigh	thigh
leg	leg
foot	foot

The body of boys and girls differs only in the genitals.
As you can see, the genital in case of girls is the vagina. Boys have a penis and two testicles
Boys and girls, men and women look different. All of them however have the same needs: eating and drinking, have a shelter, to have people around who they can like ....
Men and women have the same rights and responsibilities. Nobody is to be stroked or kissed if he or she doesn't want it.



Each body part has a name

I also have a long and Bushy tail!

Write the numbers corresponding to the given body parts into the squares!

1 leg 4 head

Figure 2 arm 5 hand

3 body 6 foot

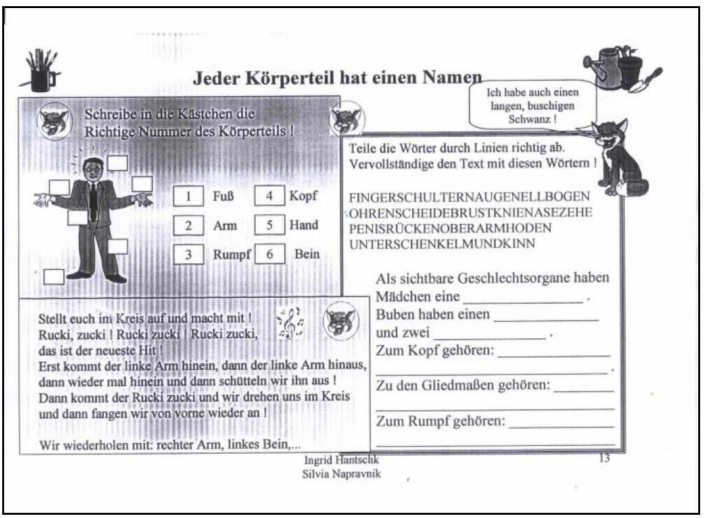
Separate the words with lines.
Complete the text with these words!

FINGERSHOULDERSEYESELBOW
EARVAGINACHESTKNEE
NOSETOEPENISUPPERARM
BACKLEGMOUTHCHIN

Form a circle and do it together!
You put your left hand in, you put your left hand out, you put your left and in and you shake it all about!
Do the Hokey-pokey and you turn yourself around, that's what it's all about!

Repeat it with right hand, than with left leg.

As a genital girls have ……,
boys have a …….. and have two ……..
……..
belong to the head.
……..
belong to the limbs.
……..
belong to the body.



Our sense organs

Our sense organs are the followings:

Eye

Nose **Ear**

Tongue

Skin

We see with our **eyes**, that is why we have a **sense of vision**.

We hear with our **ear.** This way we have **a sense of hearing.**

We taste with our **tongue**. This way we have a **sense of taste**.

We smell with our **nose**. So we have a **sense of smell.**

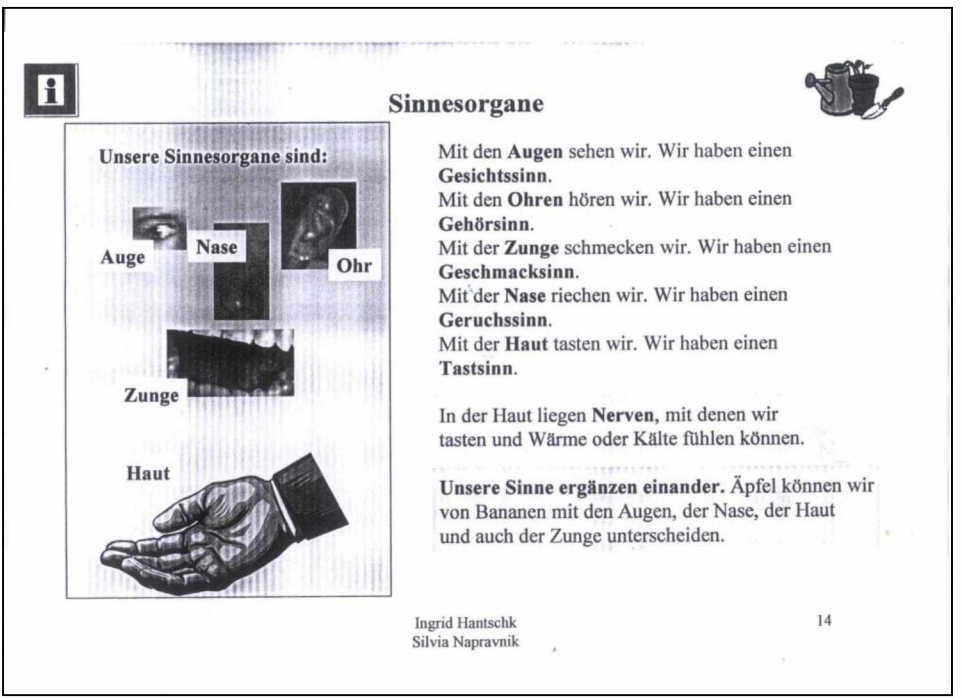
We touch with our **skin**. This way we have a **sense of touch**

There are **nerves** in the skin.

With the help of which we touch and feel the cold or the warm.

Our senses complete one another.

We can distinguish between an apple and a banana with the help of our eyes, nose, skin and tongue as well.



Our sense organs

My nose, ears and eyes can not miss anything!

What do we sense and with which organ?
Group them correctly!

sweet, colour, sounds, loud,
low voice, warm, sour, smells,
light, pressure, rugged, cold,
smooth

eye: .....
.....
ear: .....
.....
tongue:.....
.....
nose:.....
.....
skin:.....
.....

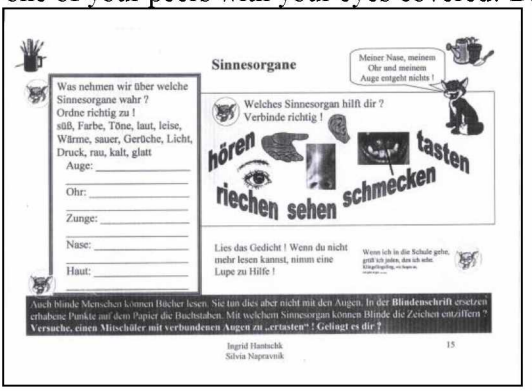
Which sense organ helps you?
Connect!

to hear
to touch
to smell
to taste
to see

Read the poem!
If you can not read it
use a magnifying glass

When I go to school,
I greet every child
Klingelingeling, school is starting

Blind people can read books too. But they do not do it with their eyes.
In the writing for the blind dots replace the letters. Which sense organ can they use to interpret the signs?
Try to "recognise" one of your peers with your eyes covered! Did you succeed?



Dental hygiene is not witchcraft

Our teeth stand at the entrance of the mouth cavity as loyal guards who stop everything that wants to go to the stomach.
Children have **milk-teeth**, 20 altogether.
Adults have **permanent teeth** already. 32 teeth: 16 up, 16 down.

Every surface should be cleaned
Up and down
Left and right
Upper set of teeth with a tooth-brush!

4 incisors
2 eye-teeth
10 chewing tooth

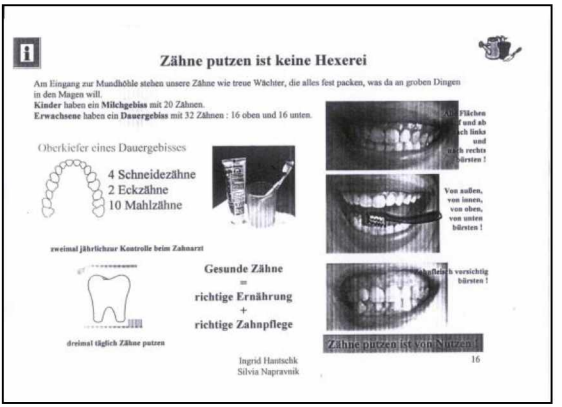
Brush it From the outside.
from the inside,
from up
from down!

Let the dentist check your teeth twice a year

Healthy teeth Brush your gums carefully!
Proper nutrition
+

Dental hygiene is a good habit!
Proper dental care

Brush your teeth three times a day!



Dental hygiene is not witchcraft

My teeth are healthy without the help of the dentist!

Our teeth have developed practically. What tools could you compare our teeth to?
Find the right concepts and write them down!

Scooper	knife	hammer
nail	pincers	millstone

Incisors .....
Eye-teeth .....
Chewing-teeth .....

Proper dental hygiene!

Underline what you want to memorize!

Brush it with a brush that is not too soft your teeth – with a circling motion every tooth surface outside and inside, up and down.

The gums should also be brushed: This stimulates blood supply
Then wash out your mouth several times.
Then gargle in the throat.

Clean the tooth-brush under running water.

Inevitable for dental hygiene:

tooth-brush
tooth-paste
glass
Write their names to the proper places!

Cross what is bad for the teeth, mark with an X what keeps healthy:

0 Eating a lot of sweets
0 Let the dentist check the teeth twice a year
0 To eat carrot
0 Pick your teeth with hard objects
0 Eat apple and pear without pealing them
0 Chew bread-crust carefully
0 Wash your teeth only in the evening
0 To drink something cold after eating a hot soup

Zähne putzen ist keine Hexerei

Unser Gebiss ist sinnvoll eingerichtet. Mit welchen Werkzeugen kann man die Zähne vergleichen ?
Suche die richtigen Begriffe aus dem Kästchen und notiere sie !

Schöpfer	Messer	Hammer
Nagel	Zange	Mühlstein

Schneidezähne _____

Eckzähne _____

Mahlzähne _____

Zähne richtig reinigen !
Unterstreiche, was du dir merken willst !

Mit einer nicht zu weichen Zahnbürste bürsten:
- mit kreisenden Bewegungen
- alle Zahnflächen
- außen und innen, oben und unten

Auch das Zahnfleisch bürsten:
- es fördert die Durchblutung.

Dann den Mund mehrmals ausspülen.
Dann den Rachen gurgeln.

Die Zahnbürste unter fließendem Wasser reinigen.

Zur Zahnpflege unbedingt notwendig sind
Zahnbürste
Zahnpasta
Zahnputzbecher
Schreibe die Namen richtig in die Kästchen !

Streiche durch, was für Zähne schlecht ist, kreuze an, was Zähne gesund erhält:

O Viele Süßigkeiten essen
O Zweimal im Jahr zur Zahnkontrolle gehen
O Karotten essen
O Mit harten Gegenständen in den Zähnen stochern
O Äpfel und Birnen mit der Schale essen
O Brotrinde ordentlich kauen
O Zähne als Öffner verwenden
O Nur am Abend Zähne putzen
O Nach heißer Suppe ein kaltes Getränk

Ingrid Hantschk
Silvia Napravnik

17

„Health is a dear treasure...“ – Treasure-seeking kids' camp in Hungary

or A peek into the country of the treasure-seeker elves

Erzsébet Gyimes

As an integral part of our comprehensive health education programme, we present a complex topic week aiding the organisation of learning that steps out of the usual school agenda and strives at making children acquire useful and experience-like knowledge through natural life situations.

This complexity refers of course to nature that is endless to almost all directions, as the topic of cognition, but not only to this; it refers also to the variety of activities induced by social time together and common experiences.

We emphasise nature and the natural environment as a setting, but it is not the usual ecological knowledge acquisition or study of the nature. Knowledge, human relationships and life-style examples scarcely or superficially known by children are emphasised, that can be of individual importance for them in their present life situations or in the future.

The programme can be fulfilled in various forms, e.g.:

Forrest school
Day-care camp
Summer play-house.

Its educational value – connecting to national and international developmental aspirations – is richer than the processing of the topic would seem at the first glance.

Given elements of the programme can be variously applied in lessons, extracurricular classes, children's clubs and as free-time programmes, everywhere children's playfulness, fantasy, empathy and creative activities can have a large scope: that is it can enrich everyday educational work with new perspectives, forming an organic part of new-type health education practice, effectively contributing to the innovative aspirations of schools.

The complex activity, life situations lived together, the "novel" living-space can bring such values (or *treasures* using the expression of fables) close to

the pupils that help to form their relationships, on individual and community level as well, into a basic moral principle defining their life quality.

These values – meaning the treasures of enrichment and accomplishment – develop from one another and with one another, as it is shown on the following scheme:

Values of the biological existence
(health or wholeness, physical and sensual pleasures)

↓

Values referring to the harmony of the self
(personal experiences, mental pleasures)

↓

values referring to social relations
(harmonious, consummating community relationships,
sharing the happy experience with others)

↓

values referring to social effectiveness
(active participation in creating the values of a sustainable society that lives in harmony with the environment, can be globally preserved and that is healthy)

↓

Values of the humanised society and world-concept
(experience that we can be part of natural and social wholeness as well)

We would like to contribute to this accomplishment with our programme, on the level of children.

1. Aims, tasks, forms of activities

Resulting from our basic concepts, (cf. Theoretical backgrounds) our main aim is to help children develop positive life skills, with a positive attitude to life. Authentic knowledge is essential to this, but applicable knowledge is more than this: the joint development of skills, expertise, competences (personal, social, cognitive) forms the basis of secure acting ability together.

On the basis of this we strive at involving each organs of sensing, providing rich experiences, processing information according to the age charac-

teristics, providing own experiences, using the supporting force of positive and secure life-perspective.

The direction of development – if we can talk about any direction in this system-view approach – goes from sensitisation and sensibilisation together with the positive enforcing effect of emotions, through understanding and individual importance towards actual acting.

To sum up shortly: NOTICE!
GET AN INKLING OF!
UNDERSTAND!
DO FOR IT!

During working out this programme our main tasks were: to make the real charm in everyday „treasure seeking" along the health factors perceptible, liveable, and more conscious and attractive for children.

The following areas belong to the health factors:

- Protection, nursing, care (safety, like accident prevention as well),
- Environment,
- Physical exercises (rhythming, concentrated work – relaxing, balance),
- Intellectual stimulation, individual performing ability, creativity,
- Communication, cooperation.

According to this we have chosen life situations, "learning situations" where children can have the possibility to acquire this knowledge.

Other aspects of selection were:

- Age- and developmental specificities (see later: forms of activities),
- Season-specificity (here: Summer),
- Features of organising learning (forest school, day-care, camp,
- dimension of being set or open),
- Curricular programmes, developmental tasks.

Preferred forms of activities

Emphasis on methods that move children's fantasy and promote discovery seems to be evident within the more flexible and open educational frameworks.

To strengthen the playful nature of the programme, we have chosen several activities that are not customary. Our aim was to call attention.

(Children can further enlarge the set of activities during the time spent in the camp, using their own ideas.)

Forms of activities and the possible experience- and value contents:

BEING ALL EARS	rustle, noise, thud, Discovering and collecting "new sounds" "Hearing" the silence Wind, breeze, rainfall Changes according to parts of the day (being all ears in the morning and in the evening) "Hearing" the distance (close and distant noises, sounds and rustles) Attention and concentration exercises Meditative exercises Games (fantasy, guessing and fiction games …) (self-knowledge and communication games „I like it, it is pleasant ...") Search for onomatopoeias Creation of a "rustle map"
SMELLING	collecting fragrances, odours Smell of fresh grass and characteristic plants, Smell of moss-pillow Smell of mud "Message" of fragrances and odours (protection, prevention, possible dangers) Orientation by using smells (Elf kitchen alluring) Changes corresponding to the parts of the day (early morning, during the day, in the evening or at night) The changing smell-cloud Changes in the weather Games (fantasy, guessing and fiction games …) (self-knowledge and communication games Creating a "map of smells"
TASTING	experiencing original basic tastes Tastes of nature (spices, vegetables, fruits, berries, mushrooms TAKE CARE!! Edible – non-edible – poisonous Taste compositions (eating habits ...) what is in the "elf-kitchen"? "We have brewed what we are cooking" games (If I was a goat …)

	Fantasy journey into the land of tastes
	Guessing with your eyes covered: Can you recognise it? (fruit, vegetable)
	TAKE CARE! Individual sensitivity to food
	Self-knowledge, knowing the partner
	Compiling the "collection of favourite tastes"
SEARCHING	life in the nature.
	Art in the nature
	Clouds, sunlight, wind, rainfall
	Evening, star constellations, shooting-stars
	Characteristic and unique plants, animals, butterflies
	Interesting stones, pebbles ...
	Reading traces. Trails, signs, messages
	The most … (motley, winding ...)
	games (island of explorers
	That could be … - stories from the traces)
TUNING	making tune and rhythm instruments out of willow and other materials found in nature
	games (Mood inspirations
	"Background music"
	Associational games)
	Self-knowledge, community building, situational exercises
HUMMING	Topic-specific songs (summer, sunlight ...)
	Animals, plants, insects,
	Camp-songs, excursion-songs, at the camp-fire
	With the prepared rhythm and tune instruments
STIRRING	Small and big movements: imitating games
	(e.g. characteristic movements of animals
	quivering of leaves, flights of birds,
	running of insects,
	the waving of water falling over the rocks
	motion and communication
	Safe motion, „traffic"
	(forest, meadow, water, bank of the river, mountain ... playground)
	means of transport - ship, boat, ferry-boat
	traffic rules
	proper clothes

A sound mind in a sound body
Cheerful exercising competitions (storks, sneaking foxes, Frisking little rabbits, toddling ducks, funny competition of frogy frogs)
Morning elf stretching (morning physical exercises)
Strength-collecting, "heave-ho!"

ROAMING – COMMPASS

Exploring nature,
Connection of animals and plants
Discovering changes
orientation
collection of experiences (for self-knowledge and for building a community as well)
Together – for one-another – helping each other
Safety, First aid
Big book of discoveries
„Guidebook to the Country of treasure-seeking elves"

DEXTERITY (HANDYMAN DRAGONFLY)

Bio painting (painting plants)
Jewellery out of plant parts,
twisting, spinning, weaving, using husks (grass, straw)
felting (ancient handicrafts)
bark-patterns, leaf-prints
self-knowledge, knowing the other (hidden abilities)
(creating balance)
Elf gallery, art exhibition
Creation of presents and surprises

The listed forms of activities can be altered, enlarged and revised according to the characteristics of the given child group.

Designations created on the basis of "speaking names" make children act and contribute in situations different from usual ones and they do all these with humour and merriment.

We find it important, that the child him- or herself chooses the forms of activities that are interesting and important for him or her at the moment.

These situations can be for him or her the developmental situations, the springs of development.

Some forms of activities were included with educational aims in mind, but we strive at grasping every situation in its complexity and make them experienceble for the child in its "Wholeness". (To experience it in the unity of head – heart - hand). The complete experience is provided by the

"glinting elf eyes
Warming elf-hearts, and
Busy elf-hands".

The whole personality takes part in the developmental process.

2. Pages (days) from the life of Treasure-seeking Elves

Selection from the programme offer

The programme is a framework plan that can be flexibly altered according to the interest of children, the weather and haphazard unexpected events.

Furthermore, our important educational aim is to provide grounds for active contribution and independent activity in the creation of the programmes of all times, so the child-group has to play an outstanding role in the perfection of the programme, as this is the way through which we can reach our targets: to make the building in of the importance of individual contribution and "added value" experienceble.

The plan is tried out in the summer holiday, then comes evaluation and revisions if needed. This is the process through which the programme reaches its final shape.

Completed with valid documents we offer this programme warm-heartedly for others for an enriching treasure-hunt.

Participants: wonder-group of restless treasure-seeking elves
(Lower-primary school children, 6-8 year olds)

Location: Wonderland of Treasure-seeking Elves
(In the soft lap of nature, children's camp)

Date: when the sun rises early and sets late
(Summer holiday, 5 days)

Without joking, the "helpers" are:
radiating teachers who prefer fun
Dedicated teacher trainees
Kindergarten teachers, nurses (or trainees)
A doctor who is always available
Practical masters of the science and art of nutrition

THE COUNTRY OF TREASURE-SEEKING ELVES

Its most famous islands

Our secret maps
Rustle-map
Smell-map
Taste-map

ISLAND OF EXPLORERS
Trace-map
Sign-map

We sing and dance

ISLAND OF WIZARDS – CHARMERS
Role-plays
Drama-pedagogy
The forrest and the meddow comes to life …

Handcraft inspired by nature
A-ha!
Heureca!

ISLAND OF HANDYMEN – DEXTERITY
Art in nature
I have one (?) idea!

Do not panic!
Take care!

ISLAND OF GUARDS
Safety
First aid

Food-stock of forrests and medows
We have brewn what we are cooking

ELF WONDER-KITCHEN
Spread my table, spread!
Summer dainties
Let's drink, but what?

1. DAY

1.1 Opening address

1.2 Passport to the COUNTRY OF TREASURE-SEEKING ELVES

Cheerful discussion, getting to know each other

(Communication games)

the rules of treasure seeking

(Programme offer
programme of the week
daily agenda
requirements
wishes)

discovering the location

(Orientation points)

1.3 Playful elf-conferring

Something is always happening here ...

Emblem making — flag
T-shirt
Hat
Satchel

Password, team-shout, elf march

Spells of treasure-seekers

Book with a clasp and a treasure chest

1.4 Creating the elf-nook

2. DAY

„Shine, Sun"
Sunlight is in the centre today.
Everything we know and we have to know about sunlight
There can be highlighted tasks and observation aspects as well:

Light - shadow
The life-giving force of the Sun
The damaging effect of the Sun (sunbathing, skin type, protection)
The Sun and the plants
The Sun and the animals, insects, butterflies
The Sun means this to me …

7–8 Greeting the Sun
Wake up, morning physical exercise by the forest, have a wash
Breakfast

9–12 ROAMING
BEING ALL EARS

12–14 Lunch
Silent rest „Have a rest and leave others rest as well"

14–18 DEXTERITY
STIRRING
SEARCHING

18–19 Dinner

19–21 Sitting by the camp-fire presenting the treasures found that day
HUMMING
BEING ALL EARS
21 „Retire for the night"

3. DAY

The tasty day of TASTES
Today we examine the topic of nutrition.
Our highlighted aspects: healthy eating at summertime
The amount of liquid we need
The food stock of the forests and the meadows
Dangers, they can be prevented!
Visiting our favourite people
We have brew what we are cooking

7–8 Fragrant, fresh wake up
The raspberry bush is calling. Cheerful morning physical exercise
Have a wash, eat breakfast

9–12 SEARCHING
TASTING

12–13 Special dainties: „We have brew what to cook today“
Present of the forest – the meadow

14–18 DEXTERITY
RUMMAGING

18–19 Light dinners, “creative dishes”

19–21 Walk, game, saying good bye to the Sun
Large poster (group-work): I liked this today

4. DAY

Today everything is in MOTION!
We explore the necessity and importance of physical and mental movements for being healthy.

Highlighted aspects: exercises in nature
To let do exercises
Changes and messages
Hidden happenings
Being safe (rules and violators)
It is good and exhilarating to move

7–8 The streamlet is calling — Morning physical exercises, have a wash
Breakfast

8–12 STIRRING
ROAMING

12–14 Lunch, silent rest

14–18 Competition of Treasure-seekers
CHALLENGE day
Playful competitions
The cavalcade of islanders
„If the battery is starting to become dead...“

18–19 Dinner

19–21 TUNING
Observing the stars
Greeting the night

5. DAY

TOGETHER, WITH ONE ANOTHER, FOR EACH OTHER
The force of joint experiences is in focus.

Highlighted aspects: biocenosis on the meadow, field, in the forest and in the water
Men and nature
The strength of help
Together and for each other in good and bad
„We have found this all, we have been richer by these "
What is in the treasure chest?

7–8 Trilling call – morning physical exercise on the path, morning wash
breakfast (with a hidden message)
secret map, coded
call for an obstacle race

8–12 solving the coded message in groups:
obstacle race
aim: THE TREASURE OF TREASURES

COMPLEX BLOCK – all forms of activities appear as a stage in the competition
Being all ears
smelling
tasting
searching
tuning
humming
stirring
dexterity

Finally the big puzzle is solved, representing the whole added and compiled knowledge: the treasure chest is full!

12–14 Gala-Lunch, with guests
(Everybody can bring with him- or herself a "somebody", who he or she became fond of during the various events of the past days – it can be a plant or an animal …)

14–18 Preparations for closing the camping
making surprises, rehearsal of the show

18– Closing discussion of treasure seekers by the camp-fire

Main international agreements

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1990. Strasbourg, About the development of health education. Common plan of the European Network of Healthier Schools.
1992. Rio de Janeiro: Declaration on Environment and Development
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