Secondary Health Education – a site for democratic practice or just another PE theory lesson?

Felicity-ann Lewis- Flinders University

Felicity.lewis@flinders.edu.au

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Abstract

Since the 1980s the health education program at Flinders University has provided a suite of topics which explore the theoretical and ideological constructions of health through a socially –critical lens. The program constructs health education as having its own history and body of knowledge and it is offered independently of Physical Education (PE). With the creation of the Key Learning Area of Health & PE in the 1990s, secondary schools have managed the teaching of health education elements within the curriculum in a variety of ways. This paper focuses on the opportunities graduate health education teachers have to use a socially critical approach to shape curriculum in the secondary school context in South Australia.

This paper is framed as practitioner research. Jarvis (1999, p.9) says, 'Practitioner research is increasingly becoming known as action research, a form of research that began in education, although it has now spread to other professions.' A number of questions were examined during the research process. Data was collected initially from a focus group of 8 graduates from Flinders University who had become health education teachers in secondary schools. The resulting transcription was thematically analysed and questions developed. These questions were explored in semi structured in depth interviews with another 11 secondary health education teachers.

This paper will highlight through interpretive analysis, the challenges for health education teachers in secondary schools, many of whom are not PE teachers, to develop health education curriculum and pedagogy that promotes social action and works towards a healthier school and community.

Introduction

Understanding the curriculum practice of health education teachers in secondary schools in SA since the introduction of the Health and Physical Education Key Learning Area is of importance to those who work in the field of teacher education. Cochran- Smith and Lytle (2009, p. 121) say that working from an inquiry stance means that "every site of professional practice becomes a potential site of inquiry."

The broad qualitative project from which this paper emanates involves 19 graduates from the Bachelor of Education degree at Flinders University (2000-2009), who were trained as specialist secondary health education teachers. Only one third of the secondary student cohort at Flinders University choose to take Health and Physical

Education together and there are many other combinations of learning areas. Participants in the study were teaching or had taught health in a secondary school setting since graduating. A sociocultural approach has been advocated in curriculum documents since the introduction of the national Statement and Profile in the late 1990s. Using a sociocultural approach (Cliff, 2012; Tinning, 2002) requires consideration of the social and cultural environments which influence health outcomes.

This paper describes the challenges for health education teachers in secondary schools, many of whom are not PE teachers, to develop health education curriculum and pedagogy that promotes social action and works towards a healthier school and community. In order to explore these challenges I will focus on Kathryn, from the cohort.

Introducing Kathryn

Kathryn is a secondary health education teacher in a metropolitan high school in South Australia. She completed her studies at Flinders University in 2005 and began her teaching career as a Temporary Relief Teaching (TRT) during the first half of 2006. She was offered a contract position at Western Adelaide High School for the second part of 2006 which was renewed in 2007. In 2008 Kathryn took a contract at a large Area school in the Riverland in SA. She returned to Western Adelaide High School in 2009 where she continues to teach both health and physical education. She has held a number of leadership positions as Year level Coordinator and Acting HPE coordinator. Health education at Western Adelaide High School is taught for a semester in Years 8, 9, 10, is compulsory, and not linked to any other subject. Kathryn's context for teaching health education is therefore quite different to that experienced by many graduates. In the majority of secondary schools Health Education is linked to Physical Education and Home Economics (HPE). How this is structured and delivered varies widely across schools and an understanding of how these two 'subjects' came to be linked into a learning area is instructive (Kirk, 1996; Thorpe, 2003).

Thematic analysis as described by Braun & Clarke (2006) has been used to interpret Kathryn's interview. Interpretive analysis as a method of identifying and organising codes into themes from the interview data provided a rich description of the issues which together describe the experience under investigation. Kathryn was asked specifically about facilitators and barriers which impacted on her ability to translate the health knowledge and practice she had developed at university to the secondary school context. Themes were organised into a mind map as they developed from the code words and descriptions given by Kathryn. (Appendix1) These were created inductively. Only themes which relate to the structure and delivery of health education in the secondary school setting were used in this discussion.
Kathryn's voice as one secondary health education teacher specifically trained in health education in her teaching degree is used to reflect on how the learning area has functioned in the secondary school and how health is positioned and taught in relation to other subjects in the HPE learning area.

Kathryn described her experience as a secondary specialist health education **and** physical education teacher. This provided an opportunity to compare and contrast how

health education is positioned and taught in secondary schools in relation to both physical education and home economics. The analysis of Kathryn's experience can provide greater understanding of the factors which have shaped the learning area over the last twenty years.

We are embarking on a new cycle of curriculum renewal through development of the Australian Curriculum so this research is timely. It will allow tertiary educators to reflect on the courses they have developed and potentially make changes to enable more rigorous engagement with health education concepts and theoretical ideas. The struggle between the two named subjects for 'place' and 'space' in the curriculum and on the school timetable, will be explored through Kathryn's experience and the model used by one secondary school

How health is positioned in the secondary school

Health education is valued at Western Adelaide High School - Kathryn says, *'This is the first school I've really come across with health being compulsory to year 10. A lot of it's just the PE - and Health is slotted into the PE kind of stuff. This is the first school where it's really been separate as well. Health is its own topic in the junior years and PE is a separate topic in the junior years as well.'*

Here Kathryn describes her current experiences and reflects upon how she has experienced the positioning of health in relation to PE in other school contexts.
She has experienced the HPE learning area structured in several ways in the junior secondary years. One model sees health education being taught for one semester and then replaced by PE in the following semester, which is the case at Western Adelaide High School. As Kathryn notes, this positions both health education and physical education as two discreet parts of the whole learning area.
The second model is where Health education is integrated with PE and taught throughout the year. This Kathryn observes, sees health as 'slotted' into the PE program. Health education aspects of the curriculum are often described in the integrated approach as 'PE theory.' For example a lesson on drug education appears amongst a series of other lessons during the week which are focussed on PE knowledge and skills. The HPE program often has more lessons with a PE learning focus than with a health education one. Kathryn describes Western Adelaide High School as valuing health education as it is a compulsory subject in Years 8, 9 and 10. In some schools HPE is only compulsory in Year 8.
Kathryn comments that health education is taken seriously at Western Adelaide High School. Kathryn uses timetabled lesson opportunities to promote the sociocultural approaches to health education and strives to achieve health for all through a focus on supportive environments, diversity and social justice.

Who teaches Health education?

The structure of the HPE learning area in secondary schools varies but the most predominant model is Faculty based. This is common when the integrated approach, described above, is being used to deliver the HPE curriculum. A majority of staff in these faculties is university educated PE teachers who also teach in another subject. This is rarely health education (or home economics) for the reasons outlined earlier. The majority of these teachers are male teachers who are employed full-time.

Kathryn believes that when she was employed at Western Adelaide High School it was because she was a PE teacher. There was an assumption that she taught health as well.
'I mean it was because of my PE side. I find that if you teach PE they expect that you would teach Health, even if you haven't been trained in Health. So actually first of all it was hard. I've done PE and Health that was just kind of bundled up in one thing and they're like well what's your other area, though? And I'm like Health, PE and then Health is my other area. But they're like no, do you teach SOSE or Maths or Science or anything and I'm like well not really.'

'I do think – like I said, a lot of PE teachers are expected to teach Health and, I don't know, but I think having Health training is really important because it's different. As I said before it's taught differently to PE.'

'Well they (other PE teachers) call it a bit 'airy-fairy.' 'Health is just a bit airy-fairy,' and it's not. It's really important actually and I don't think they understand the scope of Health.

Kathryn goes on to describe her observations of the way in which health is taught and the value placed on it by some teachers in the Faculty.
'When some of the other PE people, particularly males, teach Health it's very different. They just teach a directed, 'This is what you're doing, fill out this sheet.' And they've even gone, 'Oh well we've finished this; let's go do some PE stuff,' kind of thing. I've given them my Health folders which doesn't always help and offered to talk through stuff and have said, 'This is what I find helps – lots of group stuff.' But I can't be in there and teach it for them.'

Discussion
HPE teachers continue to teach health education using a 'healthism' approach which positions health as being the responsibility of the individual and is a result of their lifestyle choices (Tinning, 1990, p. 86).Teachers who have not been specifically trained to teach aspects of the curriculum in its 'new' form as a KLA and not as PE need to be supported to undertake professional development to ensure that they are competent in providing the best learning experience for their students (McCuaig and Tinning 2010). Those who use socio-cultural perspectives in their practice need support to continue to work in this way.

At Western Adelaide High School Kathryn has the opportunity to teach health as a 'stand-alone' subject, not integrated into PE or Home Economics. She feels that this allows her to develop a supportive and safe classroom where the values and beliefs held by the students are explored as they learn about making democratic decisions across a range of health topics. The pedagogical practices she uses to support student learning are role plays, group work, brainstorming, discussions, scenario cards, deconstructing U-Tube clips, Research-Based Learning, Multiple Intelligences which provide her with an opportunity to promote democratic processes in her classroom.
We do lots of role-plays and group discussions and think, pair, share. So they're by themselves and then with another person and then in a smaller group and then we'll have a whole class discussion and report back.
These are in stark contrast to the descriptions of pedagogy she observes being used by other HPE teachers.

Kathryn believes she is in a fortunate position at Western Adelaide High School as she is has been provided with a curriculum plan for health education for the Year 8, 9 and 10 classes which was developed by the Home Economics teachers prior to her arrival at the school. This program is developmental and reviewed on a regular basis. Western Adelaide High School is unique in Kathryn's experience as she has never been in another school where the Home Economics teachers are responsible for teaching most of the health education classes. In this model, they teach Sexual Health (SHARE program), Drug and Alcohol Education (Safe Partying), bullying, including cyber-bullying, Child Protection, and Thinking and Communication. These health topics are underpinned by a harm-minimisation approach and those who teach in the health classes are able to shape the learning activities to suit their students. As illustrated above Kathryn has the knowledge and experience of supportive health pedagogy that she can draw upon to teach these health education lessons well.
This was evident when the students provided her with spontaneous feedback,
'Actually I had a girl last week said "Miss, your class seems really chilled" and I'm like "What do you mean?" and she said "Well, with English and SOSE it's right we're doing this. Ra ra. Take your books out. Bla bla bla." And they said "It's just really relaxed – not relaxed but just different here, Miss." It's just– I don't know. She couldn't really put her finger on it but it was interesting that she said that.'
Kathryn described the approach to health education at Western Adelaide High School as being different to other PE classes.
'They're cohesive and you're sharing, you're discussing things that are quite personal, well not your personal story, your values and your ideas and your beliefs on things. The class norms are really important and I think they have been. The kids take it seriously though because they generally are very interested – they want to know about information and that kind of thing.'
The students are aware of the different approach being taken in the health education classes taken by Kathryn but can't 'put their finger' on why or what makes them different. Kathryn brings pedagogical knowledge that supports a sociocultural approach to the content knowledge she engages her students with. The health education classes she teaches are not viewed as taking time away from PE as she sets up a democratic classroom and engages students with the learning tasks.

I return to an analysis of the school curriculum structure at Western Adelaide High School to further understand why it feels like health education is valued at this school. The school Pastoral Care program is titled 'Pathways' and includes time each morning before classes begin for administrative tasks such as checking attendance and advising about organisational matters. This is a common structure in secondary schools, often called 'Home Group'. Additional to this there is one lesson each week which is planned by the Year level managers.
Kathryn says, *'It's just an opportunity to be able to develop relationships a bit more. Because if you only see them in the morning for 15 minutes – and one lesson a week doesn't make a massive, massive difference but it allows you to build those relationships a bit more and kind of keep in touch with what your Home Group is doing and that kind of thing.'*
The focus of these lessons has been on topical issues, often in the media, impacting on young people. Topics such as self –respect have been addressed using the Lions Club International 'Skills for Adolescents' material, along with bullying, in particular cyber -bullying and safe partying. A commitment to the development of a safe and healthy

school classroom and wider school environment in consultation with parents was promoted in developing the learning program. This approach is supported by research into drug education in schools as that there is some evidence that it may be more effective when working with other agencies to target young people's wider environment. This includes strengthening family resilience and tackling the availability of substances in the local community (Stead and Stradling, 2010, p. 93).

Kathryn's university health education program had a socio-cultural approach which focused on making changes to the environment in which health is created. When asked about the opportunities she had to support her students to take social action she explained, '*I probably just haven't thought heaps about it, to be honest'*. She then went onto say, '*You get so busy. I know that's just such an – not an excuse but just – especially with just extra roles that you do that sometimes. You just don't even get a chance to really look at your classes and your structure and your lessons and develop it and move it around heaps.*

Conclusion

Even though Kathryn believes the school leadership would be supportive and not put up barriers to her working in this way, she describes a number of structural barriers to using this approach in her teaching. Significantly the 'busy-ness' of teachers and the extra roles they have on top of their teaching responsibilities (Greenberg, Domitrovitch, Graczyk & Zins, 2005). These roles she feels are impacting on the time she has to reflect on her lessons. She has opportunities available in her health education classes to incorporate social action activities and events as part of student learning but needs time to develop the relationships needed to make this socio-cultural practice sustainable.

Empowering health education graduates to implement alternative pedagogical and theoretical approaches into their teaching, particularly those not widely taken up in the secondary school context, has been challenging for Kathryn. The integrated approach to the delivery of the HPE learning area in secondary schools and the predominance of the PE focus taken by many of the teachers who are responsible for the delivery of this learning area has left health poorly served. It is in need of a major 'health check'. University programs must become more effective in preparing graduates of HPE courses to work on changing the environments in which health is created. Secondary teachers work in time poor environments which make using a health promotion approach to support health education a challenge. Greater school leadership support and professional learning which acknowledges the time required by teachers to work in partnership with colleagues and the wider community is required.

University programs which structure their HPE degrees using the healthism approach must be encouraged to rethink and reorganise. HPE teachers need time to develop pedagogical knowledge about how to teach both health education and PE using a sociocultural perspective. They need dedicated topics which examine these important theoretical ideas from this field with opportunities to explore and research specific topics other than PE such as drug education, sexual health, and bullying to name a few. Sharing the time available for both Health and Physical education is a challenge. Western Adelaide High School do it successfully. Working with the wider community to improve the health outcomes of students will require a whole school commitment and support for HPE teachers who work in this way. Time is needed for reflection and

development of relationships and HPE topics which can lead to students being empowered to take social action in their community. Then, health education will be more than just another PE theory lesson.

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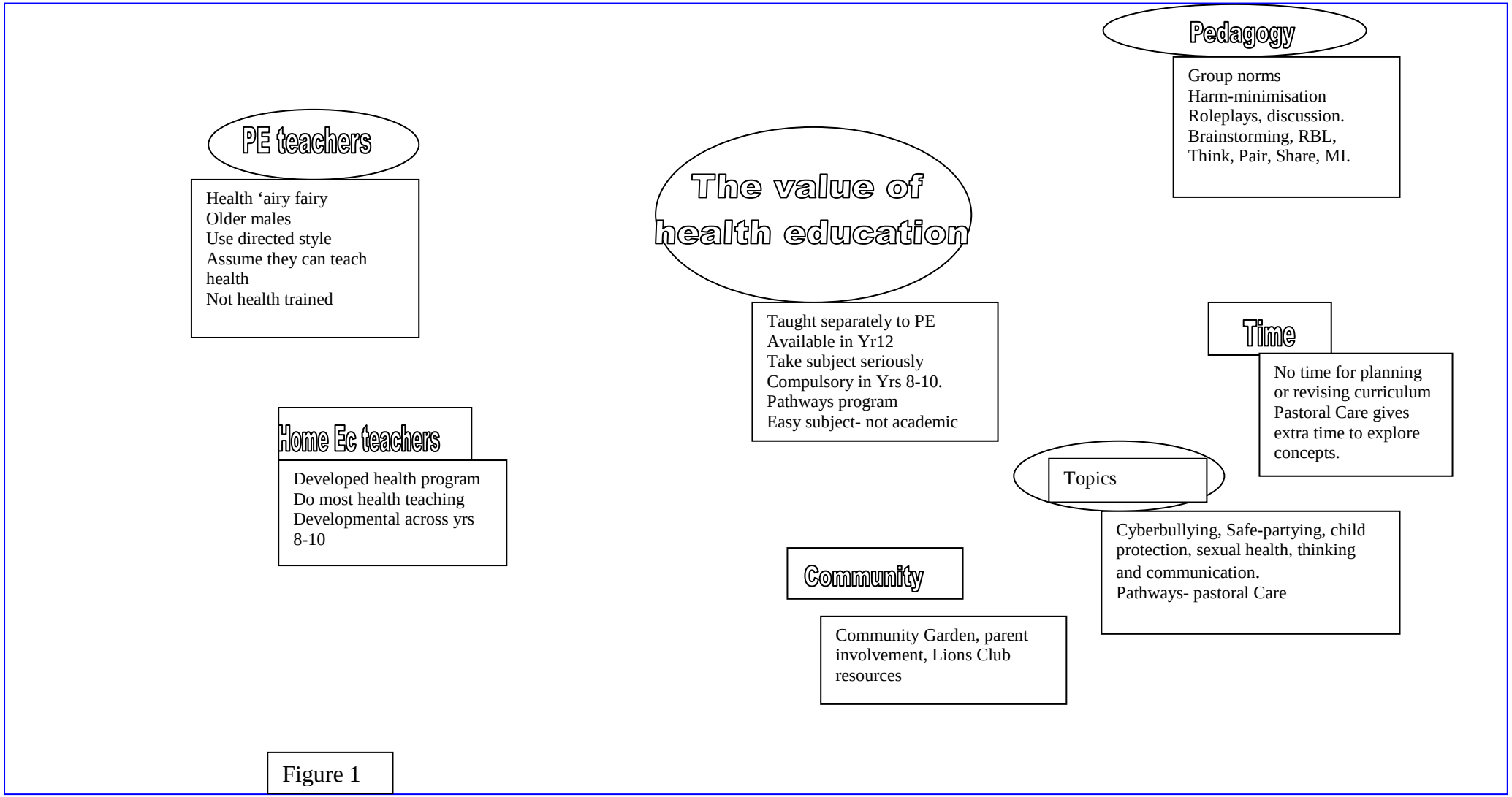
Pedagogy
Group norms
Harm-minimisation
Roleplays, discussion.
Brainstorming, RBL,
Think, Pair, Share, MI.
PE teachers
Health 'airy fairy
Older males
Use directed style
Assume they can teach health
Not health trained
The value of health education
Taught separately to PE
Available in Yr12
Take subject seriously
Compulsory in Yrs 8-10.
Pathways program
Easy subject- not academic
Time
No time for planning or revising curriculum
Pastoral Care gives extra time to explore concepts.
Home Ec teachers
Developed health program
Do most health teaching
Developmental across yrs 8-10
Topics
Cyberbullying, Safe-partying, child protection, sexual health, thinking and communication.
Pathways- pastoral Care
Community
Community Garden, parent involvement, Lions Club resources

Figure 1