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Pedagogy and Health Promotion

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Abstract

The purpose of this paper is to explore and analyze three aspects of the relationship between general pedagogy and Health education.

Two different doctoral dissertations on Health education, claimed to be written from different scientific positions (hermeneutic and positivistic), were analyzed from science--philosophical, knowledge-theoretical and methodological points of view.

The analysis showed that none of the dissertations contained any deeper discussion on science-philosophical or knowledge-theoretical issues and that both of the dissertations were written mainly in the hermeneutic tradition.

The reason for this is probably that Health education, especially promotive Health education, handles divergent questions that seldom, or never, can be handled with positivistic methods.

One consequence of this is that the results of research on promotive Health education rarely, or never, are normative and can tell how to teach about health in a specific educational situation. Instead the results can be used as a background for didactic reflection whey planning and realizing Health education initiatives.

Another consequence is that the present trend with demand for evidence based Health education, can be questioned! Because promotive Health education is so heavily loaded with divergent questions, and because pedagogical research, according to Habermas, has an emancipatory or critical "knowledge interest". Research can explain what is going on in one situation but not predict what will happen in a similar, but other situation! Therefore this paper argues that the idea of evidence based, promotive health education is hard, or impossible, to realize.

Key words: health education, health promotion, pedagogy, evidence based.

Introduction

In the advanced level-course "Vetenskapsfilosofi, Kunskapsteori och Metodskolning, 15 hp" at School of Education and Communication (HLK) in Jönköping, one of the examination tasks is to produce a paper that describes the analysis and comparison of two different dissertations with different approaches to science. One of the dissertations shall have a mainly positivistic approach while the other should be more hermeneutic in its appearance.

My main research interest is located in the area of "Health and Learning in School", i.e. what learning ,and consequently, what teaching is required if the students shall be able, and willing, to take responsibility for their own health and for the development of the society in a more health-enhancing way?

But I am also interested in how pupils´ health, in its widest sense, affect their ability and willingness to learn, that is the reciprocal relation between learning and health!

When I searched for suitable dissertations on this issue, there were not many to find, at least not in Sweden. But also world-wide there seems to be little research in this issue.

There is a lot of research, mainly positivistic, about students health and there is a lot of research, often more hermeneutic, about students´ learning.

But few research projects link these two issues to each other, especially not with focus on how students mental health affects the conditions for their learning in school.

Finally I decided to read, analyze, compare and describe two Swedish dissertations;

"De nya hälsomissoinärerna – rörelser i kosvägen mellan pedagogik och hälsopromotion" [9] and "Hälsoarbetets möte med skolan i teori och praktik" [11].

None of these dissertations have a typical positivistic approach to their research – both are more or less hermeneutic – but they have different foci in their theoretical background sections on Philosophy of science, Theory of knowledge and Methodology. That´s why I chose these two dissertations.

Aim

The Aim of this analysis of the two dissertations is to find differences in their approach to science and to see if these differences are reflected in the researchers view upon the role of health promotion in school as well as their understanding of the role of pedagogy in health promotion.

Background

One of the reasons why there are relatively few dissertations discussing the reciprocal relation between learning and health could be that "Health promotion" which is focus in most Health education projects, is a relatively new issue that not yet has fully found it is academic legitimacy.

Learning, with it is "brothers" and "sisters" (and perhaps "parents") pedagogy, pedagogical work, didactics etc, is a more well defined concept and relatively well established in most universities, especially those with teacher education.

When I talk about health initiatives in schools, I talk about Health promotion.

Health promotion is defined in Ottawa charter [16] as "*the process of enabling people to increase control over, and to improve, their health. To reach a state of complete physical mental and social wellbeing, an individual or group must be able to identify and to realize aspirations, to satisfy needs, and to change or cope with the environment. Health is, therefore, seen as a resource for everyday life, not the objective of living. Health is a positive concept emphasizing social and personal resources, as well as physical capacities. Therefore, health promotion is not just the responsibility of the health sector, but goes beyond healthy lifestyles to wellbeing"* [17].

Health promotion has one of its roots in Health prevention, which has its origin in medical science. Another root Health promotion has in pedagogy, which is obvious from the following definition of the concept: *Health promotion = Healthy public policy x Health education* [15].

Within the concepts of Health Prevention and Health promotion the definition of health plays a crucial role. There are many different definitions of health.

Some are more medical and humoristic as e.g. "*Healthy is only the one who is not sufficiently examined"* or "*Health is the result of successful medical treatment"* to more psychosocial and holistic definitions e.g. *Health is the ability to realize important aims in life* [12] or *"Health is a state of well-being where the individual's body, psyche, feelings and soul are in balance with each other, with the society, the nature and cosmos"* (American Medical Holistic Association).

The official definition of health is the one launched by WHO in 1948. *Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity* [18]. This definition is important because it points out that well-being, and not only the absence of disease or infirmity, are important factors for health.

While Health promotion is more focused on well-being and how to promote well-being, Health prevention is more occupied with disease and infirmity and how to avoid these conditions.

In this aspect of health the discussion on risk factors and protective factors is very important [7].

Risk- as well as protective factors can be present at both individual-, family-, peer-, school- and society levels and often a riskfactor and a protective factor are "the two sides of the same coin", e.g. while bad academic performance is a risk factor, good academic performance is considered to be a protective factor on school level.

Present research shows that the number of protective factors a person has access to, minus the number of risk factors the same person is exposed to, is a good predictor of that persons health development in a broad sense [14].

In Health education initiatives in school that have an "promotion approach", the protective factors, and how to strengthen them, are in focus while in Health education initiatives that have an "preventive approach" the risks, and how to avoid them, are in focus.

Personal protective factors are for example self esteem, coping ability, ability to control anger, social competence etc. One idea of health promoting Health education is that the school should support the development and strengthening of these protection factors. But this kind of health education should also develop skills and competences to cope with, and change the situation is the family, in school and in society towards a more health promoting situation i.e. action competence [1].

In the "preventive approach" of Health education, focus is on teaching the students "risk awareness" and how to avoid different risks such as drugs, alcohol, a fat, sweet, salty and low-fiber food, smoking, sexual promiscuity, etc.

From what is written above in this Background section, it is obvious that pedagogy plays a crucial role in education for health in schools. But what this role looks like, and is performed, is very dependent on which approach to health education that the individual school or the teacher/s decide to realize.

In a promoting approach the pedagogy used is probably very different from the pedagogy used in a preventive approach.

The role of pedagogy in Health education is also "on the table" in the discussion about the Successful school [4] and possible differences and similarities between the Successful school and the Health promoting school [3].

If there is a close relationship between pedagogy and Health education, a change in the common approach to one of these factors, should be reflected in a change also in the other factor, i.e. a change in the common view of pedagogy should bring about a change also in the approach to Health education or vice versa.

In Great Britain health promotion at present have a very weak position, both in universities and in the public health sector (Personal communication with Derek Colquhoun, professor of urban learning at Hull university) Whether this could be the result of a changing approach to pedagogy, teaching and learning in Great Britain, is still under discussion.

Another reason for the diminishing importance of Health promotion in Great Britain could also be caused by a change in research policy. More funding is directed to medical and technical research while less funding is available for humanistic and pedagogic research. Also this assumption is still under discussion.

In Sweden Health promotion is still an important issue in school health initiatives. But presently big changes are announced and undertaken in the national educational policy. In teacher education there will be more focus on knowledge of academic subjects and less on "common teacher skills" as pedagogy, developmental psychology, leadership, conflict handling etc. (Personal communication with Hans Albin Larsson, professor of History, member of the "Teacher Education Committee" and "vice president of the Swedish national school inspection authority).

And it is these "common teacher skills" that are important when the school intends to develop and strengthen the students personal protective factors.

If the ongoing change in Swedish education policy also will be followed by a change in the approach to health education, from a promotion approach to a prevention approach, still remains to see.

Therefore it is interesting to see how relations between school and different health initiatives as well as the relation between Health promotion and pedagogy are described in the two chosen dissertations.

Method

The method I use for analyzing these two dissertations is to read them carefully, especially the sections about scientific approach and methodology and put these in relation to what is said about philosophy of science, theory of knowledge and methodology in the course literature.

Finally I compare what is written in the dissertations about relations between health and school and between Health promotion and pedagogy with some international textbooks in this field. The purpose for this comparison is to see what differences and similarities there are between

Sweden and some other countries (Great Britain and Germany) in the discourse around health education in school.

Result

The overall aim of the thesis *Hälsoarbetets möte med skolan i teori och praktik* [11] ”is to investigate whether, and if so how, schools can be developed in a way that foregrounds a greater awareness in their role of the promotion of health”. The methods used in the research is a comprehensive analysis of literature on the issue of health and learning [10].

The literature analysis was followed by a collection of data made in connection with a number of evaluations of different school projects with the purpose to develop health promoting schools. This data collection was made mainly by interviews and the method used during these interviews was “creative interviewing” (p. 106).

According to the author, there are three circumstances that have contributed to the creation of the thesis *De nya hälsomissionärerna – rörelser i korsvägen mellan pedagogik och hälsopromotion* [9]. These circumstances are

- “a wish to understand the place of pedagogy on the arena for health promotion”,
- an ambition to discover and defend a certain degree of scientific competence among (the author´s) students and to account for the art and direction if the health promotion work”,
- funding from the University college in Värnersborg.

The method used in the research is mainly analysis of students´ examination papers in the course “Application of pedagogy in Health promotion”. These papers are on academic C-level and the students final examination thesis before receiving their “B.Ed. with a major in health promotion”.

These papers describe the students´ own research projects in the field of Health promotion and are not restricted to the school for children or young people.

Many papers describe projects undertaken in other settings and with other target groups, but with a purpose to promote the health among the persons in these groups.

As pointed out in the Introduction section, none of these dissertations have a positivistic approach to science. Nome of them use questionnaires, medical analysis, statistical calculations or other methods that could be considered quantitative, in their research. On the contrary, both dissertations apply more qualitative methods on literature reviews, analysis of students papers and “creative interviews”.

In spite of great similarities in scientific approach between the two dissertations, there still are important differences, especially in to what degree the two dissertations relate to philosophy of science.

For example B. Mårdén discusses rationalism and empirism as two radically different philosophies of science that are important if we want to understand Health promotion in a scientific way (p. 16). B. Mårdén places Health promotion partly in the rationalistic tradition because it has been defined as a social science and it has been decided that Health promotion should take its starting point in the healthy, not in the illness!

But B. Mårdén [9] admits that also empirism plays an important role in Health promotion, mainly because of the relationship between Health promotion and medicine and medical science mainly builds on a empiristic philosophy of science. B. Mårdén also gives references to H.G. Gadamer (p. 19) who really places health promotion in the Hermeneutic philosophical tradition [2].

So my conclusion is that B. Mårdén positions his research on the “eclectic” or “pluralistic” [5] arena where he picks different elements from different scientific philosophies.

In L. Nilsson [11] I cannot find such a profound discussions about the philosophies of science as in B. Mårdén [9]. L. Nilsson seems to take it for granted that Health promotion is a natural part of a hermeneutic philosophy of science. But from the following citation it seems obvious that Nilsson also think of an eclectic perspective in her research “*can one, as I have done, mix results received not just with different methods but also emerging from different ontological and epistemological approaches? Yes, you not only can, in social science research there is a need for combining different scientific approaches and methods to be able to get*

further in these problems that are about several disciplines" (p. 102).

Except from this philosophical reflection, L. Nilsson seems to be more occupied with questions about methods.

L. Nilsson compare her research to a journey where she sometimes have a map, sometimes not, she travels through different landscapes, meet different people, have no exact plan for her journey but let the landscape and meetings guide her way to the goal, which is to try to better understand how educational efforts in school can contribute to the development of the students´ health.

L. Nilsson starts her research with knowledge gathered with quantitative methods, i.e. her literature review, but at the same time she argues that *"All research starts with a qualitative approach in the fundamental sense that all research methods are, at bottom, qualitative and are, for that matter, equally objective; the use of quantitative data or mathematical procedures does not eliminate the intersubjective element that underlies social research"* (p. 104).

The main part of L. Nilsson´s research is based on interviews and participating observations. She elaborates her findings in these activities by writing, which L. Nilsson means is her main method. This leads me to the conclusion that L. Nilsson´s research is qualitative research based in a hermeneutic philosophy of science.

New Knowledge

What new knowledge has the research behind these two dissertations developed or revealed?

In my view, none of these dissertations delivers new knowledge that can be directly adopted by colleagues and other professionals working in the field of pedagogy and health promotion and applied in their daily work. In this respect the result of the research described in the dissertations is not normative – it gives no clear advices or receipts on how to use pedagogy, or which form of pedagogy shall be used, when working with health promotion projects in schools and other settings.

Although B. Mårdén argues that his ambitions are not only descriptive – he also intend to give some normative advices [9], I can´t find these normative advices anywhere in his dissertation!

And you will not find any clear advices on how to integrate Health promotion with the normally ongoing work in school to a health promoting and effective school in L. Nilsson´s dissertation either.

But what these researchers and their dissertations have contributed to, is a deeper understanding of the different ways the "Health promotion students" apprehend the role of pedagogy in Health promotion (B. Mårdén) and different factors that can act as obstacles or facilitators for those who intend to carry through a Health promotion project on their school (or any other setting) (L. Nilsson).

In this way, the results of the research, and the dissertations, can function as a background for didactic and methodological reflections for those that are about to initiate, implement and institutionalize a health promoting project with the aims that this project should be integrated in the regular activities in school and promote not only health, but also learning, among the students.

And maybe that is the best you can expect from pedagogical research – that it shall function as a background for reflection rather than as normative statements about how to handle different educational situations. Maybe we, together with Plato can see pedagogical science and research as theoretical, rather a way of look upon the world in the light of the rational reason than a way to handle the reality and the world? [8].

Ethical Aspects

None of the dissertations accounts explicitly for any ethical considerations. I cannot find any research-ethical discussions anywhere in the texts.

And in my opinion, these two research projects don´t face any big ethical challenges.

As far as I can see, the literature review in Nilsson´s dissertation needs no ethical consideration. And the participating schools and the interviews and interviewed persons

(informants?) are “de-identified” and described in a way that it is not possible to recognize them. If the participating schools and persons have been informed that their participation in the health education project, and the evaluation of it, should be used in a research project is not evident from the text in the thesis.

B. Mårdén uses his students´ theses in his research. This could be a problem if the students were not informed and if it was possible to identify individual students from the texts in Mården´s dissertation. I can not find anything in Mården´s text about information to the students but even if B. Mårdén use citations from the students´ papers, and publish them in his dissertation, the students are de-identified and given different pseudonyms in the text [9, p. 233].

There is another ethical problem in research and that is the use of the results from the research. There is an ongoing and never ending discussion about to which degree a researcher is responsible for how the results of his research are used. This problem is generally more evident in medical, technical and scientific research than in social and pedagogical research.

As far as I can see, there are no such ethical problems with the results of the two research projects that I have chosen to study!

Discussion

The reading and analysis of the two dissertations has raised the question “in fashion” about “evidence based health promotion” in my mind.

It is obvious that different organizations and authorities recommend, or even demand, the use of evidence based techniques or even projects in different intervention activities, also in Health promotion projects.

The idea of “evidence basing” has its origin in medical science. There it is comparatively easy to design and undertake big double blind tests, with certain drugs or medical techniques, on quite big and homogenous selections of a population. And it is likely that such a test would give the same result in different parts of the world if it was applied on the same selection of the population. Therefore it is relatively easy to understand why there is such a strong demand for evidence based practice in medical treatments.

But this demand for evidence based practice has spread also to the Health promotion sector. And it could even be busy invading the educational sector (personal conversation Tomas Kroksmark, professor of pedagogy at School of Education and Communication, Jönköping University). It is easy to accept that evidence based practice plays an important role in Health prevention with its close relation to medical science. But the question is to what degree it is possible to evidence base different practices in pedagogy? And because pedagogy plays a crucial role in Health promotion, the same question is valid for this kind of health education.

According to J. Habermas [6] different kinds o science have different kinds of “knowledge-interest”. Technical, scientific and medical research all have a normative knowledge-interest aiming at development. The results of this kind of research can tell you what to do in different situations and what the result most likely will be.

Social science, on the other hand, has a critical and emancipatory knowledge-interest. The pur-pose of such research is to understand what, how and why something is going on, instead of trying to predict the future.

E.F. Schuhmacher [13] designates the former kind of research as “research for manipulation” and the latter as “research for understanding”.

Pedagogy is a part of the social science and therefore pedagogical research is a research for understanding rather than a research for manipulation. This means that pedagogy rarely can deliver normative statements about how to handle a certain situation or how to teach in a particular group of students or how to organize teaching in a special subject.

Perhaps this can be the reason for the well-known fact that practicing teachers relatively seldom are genuinely interested in results from pedagogical research?

The reason for this could be that pedagogy and teaching are working with questions that Schumacher name “divergent questions” in oppo-site to natural science and physical medicine who mostly work with “convergent questions”.

"Convergent questions" are questions where it is possible to reach, and agree on, an answer that are accepted by all (or nearly all) researchers in the discipline in question, e.g. "which is the optimal temperature and pressure for synthesizing ammonia from nitrogen and hydrogen" or "how does beta-blockers work when they reduce the blood-pressure in the cardiovascular system?"

Divergent questions are questions that are so highly impregnated with attitudes and values, pre-assumptions, religious thoughts, own experiences, expectations for the future etc, that it is impossible to arrive at common answers accepted by all (or nearly all). For example "which were the true reasons behind the US attack on Iraq in 2005?" or "which is the best way to use corporal punishment when raising children?"

In my opinion, pedagogy is over-loaded with "divergent questions" and that is why pedagogical research never (or very seldom) can deliver normative statements, accepted by the big majority of teachers, on how to organize and realize teaching in different situations.

Another reason for this is that "pedagogical situations", (teaching- and learning situations) are very complex and influenced by a lot of different factors of great importance for the processes going on. And in pedagogical research it is practically impossible to keep all factors, except the studied factor, constant to be able to say something normative about this factor.

So what pedagogical research can do, is to deliver a background for reflection when teachers reflect on their own teaching with the purpose to develop and improve their own praxis.

But to be able to use results from pedagogical research in such a reflective process, teachers need to have a god deal of own experiences, tested experiences and tacit knowledge, to which they can relate the theories from research.

All these processes, described above, at the same time going on in pedagogical activities, makes it very difficult, at least in my opinion, to "evidence base" pedagogical methods and work.

As pedagogy is a crucial and very important part of Health promotion, I think that Health promotion suffers from the same problems as pedagogy/education when it comes to delivery of normative statements or "evidence basing". Another reason for this is that Health promotion focuses health instead of illness. And the questions "What is health?" and "How to promote health?" are heavily divergent questions, which health promotion research can't deliver any commonly accepted answers to.

So my conclusion is that the research from B. Mårdén and L.Nilsson, described in the two dissertations, deliver a very good background for teachers and health professionals when they reflect on, and make plans, for different health initiatives, inside or outside school. But the research doesn´t (and can´t) present any normative statements or commonly accepted, definite rules to use when realizing a health promoting project.

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