

HEALTH EDUCATION IN SCHOOLS IN ENGLAND

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Introduction

In the Japanese education system, Health Education (H.E.) is compulsory, amounts to 10% of Physical Education in the fifth and sixth grade levels of primary school and is taught one hour per week for two years of junior high and high school.

Education is compulsory from primary school (7-12 years old) through junior high school (13-15 years old), however, since the 1960s' nearly 100% of junior high school graduates have gone on to high school (16-18 years old). In addition, current theory regarding health has resulted in H.E. becoming a compulsory subject at the university level (4 years) as well.

H.E. is integrated into Physical Education, therefore, the subject is called "Health-Physical Education." H.E., as a 'semi'—subject, was born in the educational reform immediately following World War II, with its evolution guaranteed by three main factors. The first of these factors was the miserable condition of pupils' health, the second was based on the previous experiences of H.E. influences in many subjects, for example, science, home economics, physical training, moral education and so forth. The final influencing factors were introduced based on the experiences in the U.S.A.

Since then, the course of H.E. study has been revised six times. The most recent curriculum for H.E., at the junior high school level, consists of four main areas. They are the development of mind and body, the health and its environment, the prevention of injuries and diseases, and the health and lifestyle.

As for the general background of educational thinking, this subject has commonly been dependent on support from its own cultural basis, and in that regard H.E. has required its own structure in health science as well. This has been the biggest problem in Japan.

With regard to lessons learned from systems in other countries, the author has researched H.E. in England as follows.

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I. *Health Education in England: Its History and Leading-Organizations*

1. The departure of Health Education as a system

H.E. in England was started in schools during the period of time at the beginning of this century. A lack of recruits during the Boar War (1889–1902) forced the British Government to initiate a number of countermeasures to ensure good quality recruits. This was based on the fact that more than half of the applicants for the army were rejected due to their poor physical conditions. As time passed then world situation became very unstable, in a sense drastically fluctuated, and toward WWII, almost all European countries were concerned about their military capabilities.

Two inter-departmental organizations were assigned the task of improving youth health. The first was the Interdepartmental Committee on Physical Deterioration (1902) and the other was the Interdepartmental Committee on Medical Inspection and Feeding of Children Attending Public Elementary Schools (1903). Those committees reported respectively in 1904 [1] and 1905 [2].

Based on these reports four large countermeasures for schools concerning pupils' health problems were initiated. The first was the beginning of the school meal program (1906). Secondly, Physical Education [3] was presented as a subject and the School Medical Service obligated Local Education Authorities (LEAs) in an Education Law (1907) [4]. Third, the beginning of H.E. was created at teacher training colleges under the course of *The Syllabus of Hygiene for Training Teachers (1907)*.

Finally this syllabus was thought of as the first material to conduct an official course in schools; though previously some textbooks had been published by the Board of Education [5].

The following revisions of syllabuses were based on the one in 1907.

- 1907 Syllabus of Hygiene for Training Teachers
- 1928 Handbook of Suggestions on Health Education
- 1940 Suggestions on Health Education
- 1956 Health Education
- 1966 Health in Education
- 1968 Handbook of Health Education
- 1977 Health Education in Schools
- 1978 Health Education in Secondary Schools (Curriculum 11–16)

The nature of their objectives changed from teacher training to teachers' use in schools, and their contents were expanded to provide for usage at not only the primary school level but for usage in both primary and secondary schools.

These materials were published by the Department of Education and Science (DES) [6], but after the last war, they did not have the affect of making H.E. compulsory in schools. It could not be said that these materials were popular in the educational field. Furthermore, even in the most influential reports of DES, there were few descriptions of

H.E., with the exception of sex-education. Therefore, H.E. was not recognized in schools. However, in direct proportion to the severity of health problems in children and adolescents that have developed since the 1960s', the importance and necessity of H.E. has been steadily emphasized.

2. Leading-organizations

The materials mentioned above outline the contents of H.E., however, steps for their actual usage by teachers in schools were needed because the contents were rather abstract. Therefore, some leading-organizations like the Schools Council, the Health Education Council, LEAs and along with various individuals have developed a way of actually using their contents for teaching.

(1) The Schools Council

The Schools Council was established in 1964, and the role of this organization has been to study curriculum, teaching-methods and experiments in schools, and then publish lessons learned. This organization advises schools per their request.

The Schools Council is supported by the DES, however, does not have the power to control the curriculums in schools. It only has the power to advise them.

Since the working group of H.E. was established in 1970, this group has established a three-year project team to study the contents of H.E. for children in the 5-13 years old group. The project team received teachers' support and published *All About Me* [7], and *Think Well* [8]; both in 1977.

Another project team studying secondary schools published *Health Education in Secondary Schools* [9] in 1976; which consisted of actual practices in secondary schools. Another project team organized in 1977 published *Health Education 13-18* [10].

(2) The Health Education Council

This Council was developed from the Central Council for Health Education (CCHE) in 1968. The author will first describe the brief history of the latter organization.

The CCHE was founded by the Society of Medical Officers of Health in 1927 under the leadership of Doctor Allen Daley [11]. The word of "Health Education" was first used in England [12]. The main task of this organization was to accelerate H.E. in public health activities. There has been a dispute about the function of H.E., namely, whether it is 'propagandism' or 'education.'

Until the 1950s, the CCHE had never worked as energetically as they do currently, however, it is said that since H.E. was mentioned as a main function of health visitors for the first time in a government report [13], the importance of H.E. has been steadily recognized by the people.

The Cohen Report [14] recommended founding a governmental organization for H.E. in 1964, and the CCHE was re-organized into the Health Education Council (HEC) as a limited company in 1968. The HEC has been supported by the Department of Health and Social Security, with the chairman and members of the Council appointed by the Secretary of this Department.

Though the HEC has mainly been concerned with the public health area as such, it has been linked to H.E. in schools since the 1970s.

The acceleration of H.E. in schools depended on the re-organization of the National Health Service in 1974. Since the Education Act (1907), the School Medical Service (the School Health Service since 1944) had been administered by LEAs, however, since 1974 the School Health Service has been transferred to the duty of the Area Health Authorities and the Department of Health and Social Security, which has been combined as a part of the National Health Service; namely as a section under the consistent medical system dealing with issues from birth to death. Since then, many local governments have established Health Education Departments as one of a number of reforms. Though the HEC does not have a direct official relationships with other Health Education Departments, it has performed like a national centre of H.E.

It is located in London and has a library, a film library and some audio-visual rooms. The HEC has an education department which publishes a number of pamphlets and many information bulletins. Of course, the department has a section for School Health Education which published *My Body (10-11)* (1977) [15], and *Living Well (12-18)* (1977) [16] with the support of the Schools Council and LEAs since 1977 [17]. Some materials of the Schools Council previously mentioned got assistance of some members of the HEC and so on, so that in 1970s the number of the co-related and mutually supported projects in H.E. area increased.

(3) Other organizations

In the last ten years some fifty LEAs have reported on the situation of H.E. in schools [18], however, we are unable to locate the details of this time. The report of the Schools Council working group (1976) confined its content to the experiences of its members.

It is said that to grasp the actual situation of health education in schools is very difficult because many LEAs make their own plans themselves [19].

The author possesses a booklet, *Health Education in School* [20], by the Cheshire Education Committee, which is rather out of date and is very similar to *A Handbook of Health Education* (1968) by the DES.

Secondly, with regard to health education in teacher's training colleges the report of the Leeds University is useful [21]. The first full course of health education in England was established at the Leeds Polytechnic in 1972, with another at the London Polytechnic of Southbank in 1974 [22]. According to this report, 169 institutes for teacher's training courses were surveyed (140 responses were received for a response rate of 89%),

- 1) 93 institutes (66%) had health education courses from up to 10 hours to more than 30 hours);
- 2) In 73 institutes (52%), health education was compulsory;
- 3) The background of teachers in health education courses are as follows.

Physical Education	(37.6%)
Education	(30.6%)
Health Education	(16.5%)
Science	(11.7%)

The most popular topics in college health education are in the following in order, 'Growth and Development,' 'Drugs,' 'Sex Education,' 'Personal Relationships,' 'Smoking,' and so on.

Finally, since the 1970s publications on H.E. have been active, and there was no defined

trend to be found in H.E. books until *An Introduction to Health Education* (1975) [23] was published. A second trend began with the publishing of *Health Education, Practical Teaching Techniques* [24], by topics in Community Health (1976). Other publications *Health Education, Perspectives and Choices* (1979) [25], *Health Education in Practice* (1979) [26] fall into the latter group. If we compare these two trends from the aspect of content, the former identifies a digest and an introduction of nutrition, first aid, epidemiology and so forth while in the latter the contents consist of the principle, history, system, methodology of H.E. etc., without any how-to explanations. It would appear that the latter is a necessary trend because it increases the demand for historical perspectives and theoretical background in accordance with increases in health education practices. This phenomenon shows that H.E. has been recognized as an academic discipline.

This development has been supported by increases in the number of Health Education Officers. Regretably the author does not have the most recent number of Health Education Officers, however, the number increased from 1 through 1945 to 28 through 1964, 55 through 1965 to 91 through 1970.

The author would like to cite one example concerning Health Education Officers of Nottinghamshire. There are six Health Education Officers and three assistants, who engage in H.E. for hospitals, industries, in-service training of health visitors and, of course, school teachers. In 1980, some twenty two-day short courses with 30 attendants each were held in this county, and the officers published varied types of materials and pamphlets. Mr. Ian McCafferty is Area Health Education Officer for the Nottinghamshire Area Health Education Office in the Nottinghamshire Area Health Authority (Teaching), and was formerly Deputy Director of the Schools Council Project in Health Education 5-13. From this example, it can be recognized that the Department of Health Education and Health Education Officers have a wide base in H.E. The three books mentioned above outlining the latter trend were written by sociologists, psychologists, public health researchers, education researchers at universities and Health Education Officers. H.E. in schools has been studied and placed within the overall parameters of H.E.

II. *The Actual Shape of Health Education*

In this chapter, H.E. in schools will be examined.

1. The Aims of Health Education

There has never been any material which discussed the aims of H.E. as a whole, however, we can find some descriptions of the aims occasionally within the numerous publications written on this subject.

'The primary aim of Health Education is to bring the pupil to understand and to control his own mind and body for the purpose of healthy living' (p. 12), and 'programmes of Health Education which are so framed as to awaken the imagination of boys and girls and lead them to adopt healthy ways of living which will persist all through their lives.' *Suggestions on Health Education* (1940) (p. 9) [27].

In these sentences, the aims of H.E. are concerned with three aspects, namely, health

habits, attitudes for healthy practices and health knowledge.

In *An Introduction to Health Education* [28],

‘The point I am making in this, health education is not a school subject. Its object is not to teach facts, or even to develop skill. It is to encourage an attitude of mind which will direct the child or adult or community to the ideal of healthy living’ (p. 29).

Here, just the attitude of health is emphasized and no detailed methodology for the aim is mentioned.

Recently in *Health Education in Schools* (1977) [29] it was noted that ‘health education is capable of many definitions. For the purposes of this pamphlet, a pragmatic view will be adopted. Health Education will be regarded as that part of education—the responsibility of parents, the schools, and indeed the whole community—which will help boys and girls as they grow up to minimise the risks of diseases and injuries resulting wholly or in part from ignorance, habits and ways of living, and give them a basis of understanding of the functions of the community health services so that they may be able to use them intelligently and efficiently and play their parts in reaching wise decisions on their evolution as patterns of illness change’ (p. 9). In addition, this book provides a comment regarding the recent trend of health education by stating, ‘health education, at one time thought of as no more than a matter of hygiene, is now seen to be not so simple but to raise difficult questions of individuals and social behaviour, and to depend on knowledge belonging to several disciplines’ (p. 30).

From these sentences, we can see the current development of health education from the emphasis of sanitation to the detailed instruction of knowledge and understanding it provides regarding health.

2. Learning forms

The learning forms of H.E. in England are unique, compared with those in Japan and the U.S.A., because, in the latter two countries, H.E. is taught as a subject by a health (-physical in Japan) education teacher. The actual situation of H.E. in England is as follows.

Although ‘some teaching in hygiene has been introduced into the school curriculum in England from the time of the establishment of national education in 1870’ (p. 7) [30], ‘this kind of instruction may be presented to the pupil in subject form as “Hygiene”; or it may constitute part of the general science course of the school’ (p. 11). The kind of actual instruction which should be given to children over 11 years of age’ (p. 10) and ‘whether the course be labelled Hygiene or included with other subjects, a definite range of instruction to be covered during each term should be prepared and mapped out for a given group of children’ (p. 11).

Although the author could not review *The Syllabus of Hygiene for the Training Teachers* (1907) previously mentioned, he could gain an insight into its contents from the next description in the above pamphlet, ‘hygiene is so essential that it can never be merely a ‘subject’ of instruction, but must enter into the total life and experience of the child, for upon the sound practice of hygiene his very existence depends (p. 4), the Board of Education accepted this principle as long ago as 1904’ (p. 4).

‘The importance of Hygiene and Physical Training, like that of moral training, is so great that the Board suggest that no one would propose their omission from the curriculum of an

elementary school' (pp. 4-5).

From these quotations, the author can understand the decision made by the Board of Education, that H.E. should be taught as a subject for children over the age of 11, and not in elementary schools. However, the area of instructional contents still needs to be defined. In a sense, it seems to the author that it was possible for H.E. to become a subject, especially for children over the age of 11, and also in elementary schools in a little different manner, based on 'the importance of Hygiene and Physical Training, like that of moral training, is so great that the Board suggest that no one would propose their omission from the curriculum of an elementary school.'

The structure of this handbook differed from other ones, because its contents were structured by independent passages which were possible to be taught, not only in a given subject, but in various subjects.

However, the emphasis on H.E. as a subject declined, especially from the time when *Suggestions on Health Education* (1940) [31] was published. It revised the previous edition and stated that it regarded health as something more than a mere 'subject of the curriculum' (pp. 8-9). It further stated it is 'unwise and unnecessary to treat Health Education as if it were a limited body of knowledge to be dealt with theoretically in set periods occurring once or, at most, twice a week under the time table heading of "Hygiene"' (p. 11). 'These traditional subjects themselves are coming to be regarded as being a matter of activity as much as of knowledge, and are tending to free themselves from the limitations imposed by set time-table periods...' (p. 11), 'health education must, for the most part, be given indirectly as an integral part of the daily life of the school' [32].

The educational thinking of that time was influenced by this pragmatism, so that practice and creating-habits were stressed rather than knowledge. H.E. fell under the same set of circumstances.

On the other hand, there remained a few opinions which insisted H.E. should be an independent subject. C.W. Dixon [33], a staff member of the Institute of Education at the University of Leeds, said that 'this subject must be taught as part of the curriculum; incidental teaching alone is useless' (p.70). In addition, he stated, 'both the terms "health education" and "hygiene" should for a number of reasons be discontinued' (p. 66) and instead, "human biology" (human psychology, anatomy and "human disease" (as a sociological subject) should be used in schools and training colleges. However, no more comments were received from those involved in those subjects.

It can be asked, how has health education been actually taught in schools? According to *Health Education in Secondary Schools* (1976) [34], three different modes for the organization of health education are described as follows:

- 1) Specialist: a staff teaches the subject of health education based on a timetable.
- 2) Integrated: content is arranged between existing subject departments.
- 3) Pastoral: tutors carry out a substantial part of instruction or it is accomplished by pastoral work.

This report addressed the leading practices of H.E., and in the main stream was an integrated mode 2). Therefore, the difficult problems were co-ordination within existing subjects and selection of proper teaching methods. The posts held by co-ordinators in the schools surveyed in the following in rank and order.

headteacher
deputy head
head of year or house
head of department (biology, religious education, physical education, home economics
or social studies)
school counsellor
assistant teacher.

An additional example is from *Health Education in Schools* (1977) [35]. In the past decade about 50 LEAs have published the findings of their working groups, from which the teaching forms in H.E. are summed up as follows:

- 1) A responsibility for subject teachers to instruct as they see fit, with the possibility of additional lectures by visitors...
- 2) In the traditional subject areas, a senior teacher(s) is (are) responsible for identifying, encouraging and coordinating various aspects of instruction.
- 3) A timetabled subject—not necessarily for all age groups in the hands of a teaching specialist.
- 4) A counsellor or year tutor's responsibility.

The second is the most common recent development. Therefore, this form is parallels the previous example cited from the Schools Council.

The author assumes that even though many books have been published up to 1980 without aspirations to make H.E. independent, it will be a necessary trend for H.E. to establish a single system allowing it to be an independent subject, as it is in Japan and the U.S.A., with a deepening of teaching contents and methods. On the other hand, an educational thinking of pragmatism has recently been confronted with much criticism, so many subjects desire the strict formation of their own cultural backgrounds. If that is a forthcoming trend for H.E. as well, H.E. will insist on independence as a subject in the school curriculum. This is the author's foresight.

3. Content of health education

As seen before, H.E. is most popularly presented an integrated pattern of several subjects. As this is the case, it can be asked what are its contents and what are the areas of health education? In response, it has been integrated into several subjects, such as physical education, moral education, English literature, history, the sciences, home economics etc.

H.E. in England has developed drastically, in a sense, from the 1970s with mutual support from numerous concerned organizations. The speed of this development in the last decade has been more rapid than the previous 60 years of H.E. Of course in 80s, H.E. in England will bear many fruits. But regardless we have observed the historical and organizational aspects of H.E., the next problem will concern the contents and methods of H.E. in England.

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