This paper challenges traditional views about learning which stress individual cognitive development and argues for an approach which takes into account the learner's experiences and focuses on the emotional state of the learner, social group membership and social context.

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Learning Promotes Health
It is argued that an approach to learning - where learners construct meaning and understanding from reflecting on their experiences and dialogue with others - is intrinsically health promoting.

Education and Health
The paper starts with a brief review of the research literature, which finds a correlation between educational achievement and better health. In a literature review, self-rated health is generally measured through years of schooling, or level of attainment and achievement. 'Better health' is a negative concept and measured in terms of absence of disease and illness.

How do we explain the correlation between educational achievement and better health? Hammon (2002) suggests several explanations for this correlation:
- Better health leads to increases in learning and educational attainment
- The correlation between educational attainment (qualifications and years of study) is explained by other factors, e.g., income, part-time education, good housing, social capital
- Education leads to increased health and decreased morbidity and mortality
- These are the factors which are within our remit and which we can affect.

Inequality and social capital
It is suggested that reducing inequalities in education may be more effective in improving health at national level than providing more education for all (Hammond, 2002). Researchers in the 'rich', 'developed' countries have noted that the association between inequality and societal mortality rates in these countries, cannot be explained in terms of absolute material circumstances. Instead they have been explained in terms of relative standards or social position (Wilkinson, 1998). This explanation puts more emphasis on the importance of psychosocial influences on health. For example, it is argued that differences in social status lead to chronic stress in those countries where there is wide income difference (as compared to absolute poverty).

Chronic stress affects health in a number of ways, including reproduction, growth, thyroid and metabolic function as well as the gastrointestinal and immune systems (Martini, 1997, Lavello, 1997). Wilkinson (1998) suggests that while some forms of chronic stress, for example, job insecurity, overworking, debt, may have a culturally contingent relation to low social status, other forms of stress are linked almost inherently to low social status, for example, respect, humiliation, self-esteem, pride, prestige and shame.

Many work has been done on the evolution of co-operative behaviour beyond the bounds of kinship networks, on social reciprocity and on alliances based on it. It is likely that a sense of security is associated with belonging to a co-operative group and that by contributing to the welfare of others through relations of reciprocity, we gain a sense of self-worth and of being valued members of a group (Putnam, 2000).

Our social capital - the ability to draw on our social networks is now being viewed as a key factor in health.

Learning and health
This concern here is with learning, rather than teaching or attainment, because learning is the key to impacting on health. Learning and education are not the same thing as Hammont (2002) p. 3) describes.

Learning is a psychological process that can take place in any context. In contrast, education is more socially and culturally bound, usually taking place in institutions.

This paper challenges traditional wisdom and argues that stress which individual cognitive development and argues for an approach which takes into account the learner's experiences and focuses on the emotional state of the learner, social group membership and social context. These factors are vital discourses, as is the learning process itself. It is argued that we need to focus on developing learners, (which is necessarily the same as arguing that we need to produce learned people).

Learning - the traditional view
Effective learning requires a shift from a...
focus on teaching and teachers to a focus on learners and learning. Effec-
tive teachers know when and how to use a receptive-transmission model in which the teacher is an expert in a particular field and gives information to a passive recipient (learner) and organizing its learning as a constructivist and co-constructivist approach.

Receptive-transmission model

The receptive-transmission model stresses content and views the primary task of education as delivering concepts and facts (Cheney, 1997; Hinch, 1982). Students are expected to learn in a belief that the teacher is an expert in a particular field of knowledge. Teachers give information by using didactic pedagogical strategies, such as lecture, and research shows that many students, particularly from ethnic minorities, do not find the learning process engaging or meaningful.

Constructivist model

In a constructivist model, it is assumed that the role of the teacher is to facilitate active learning and encourage students to construct knowledge through their own experiences and interactions. This approach emphasizes the role of the teacher as a facilitator and considers the learner as an active participant in the learning process. It is based on the idea that knowledge is constructed through social interaction and collaboration.

Metalinking

In the co-constructivist approach, learning is viewed as a process of meaning-making through the construction of knowledge and understanding of the world. This approach emphasizes the role of the teacher as a facilitator in guiding and supporting the learning process rather than as the sole provider of information. It recognizes that knowledge is constructed through social interaction and collaboration.

Conclusion

This paper has argued that a sense of security, belonging, membership of a group, reciprocity, co-operation and sharing are vital to a sense of health and well-being. It is suggested that a constructivist approach to learning in school develops such values. It is also argued here that this approach builds social capital and in turn promotes health in its more holistic sense of physical, emotional, social and mental well-being. This approach challenges traditional views about learning and health which stress the importance of social contexts, behaviors and physical environment. It is argued that this approach is essential for understanding the learning process itself. A co-constructivist approach, which stresses dialogue, negotiation, reflexivity and group process is the way forward. It is argued here that such a learning in any subject in the school or college curriculum is more empowering and positive and does not require a focus on health to have a health-promoting effect.

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