

Viewpoint

Mixed messages

It is of great interest to note that at a time when the Junior Health Minister, Edwina Currie MP, is exhorting the population to reduce smoking and to live healthier lives, one sees the tobacco industry continue to go from strength to strength.

It is even more fascinating to see, even as the Home Secretary, Douglas Hurd MP, blames violence, crime, and vandalism on teenage drinking, the licensing laws being relaxed to allow public houses to stay open all day.

Mixed messages are a part of everyday politics which are all too often taken for granted. What is of greater concern, however, is that such mixed messages are prevalent in some schools — those schools which claim on the one hand to be teaching health education, yet which often promote a different set of values through the hidden curriculum.

It is vitally important that the health education curriculum in school is seen to be supported by the school as a 'health promoting institution'. That is to say, for example, that it is of no value to teach children about the harmful effects of smoking if the school staff then generally smoke in front of the same children. "Don't do as I do, do as I say" is an illusion quickly seen through by even the dullest child. To illustrate the point further, how will you answer the following questions?

- Does your school have a smoking policy?
- Is your canteen serving an attractive, quality, nutritionally-balanced lunch for your children? Are they encouraged to make choices rather than having their choice restricted?

- If your school has a cafeteria system of several sittings, are children forced to rush their food to ensure that school resumes on time or are they given time and space to enjoy their meal?
- Is skimmed milk available as an alternative to full-fat 'school milk'?
- If your school has a tuck-shop, does it provide healthy alternatives or does it sell the type of products which have little nutritional value but maximise profits for the school fund? Healthy tuck-shops can make just as much profit as others!
- Are sweets used as a reward for good work or behaviour?
- Is the school welcoming and attractive, reflecting an air of caring for each other and the environment generally?
- Is children's work valued and displayed regularly throughout the school?
- Are children encouraged to participate in physical activities in and out of school?
- How do children relate to each other and to the staff?
- How do the staff relate to the children and to each other?
- Do children in your school have the opportunity to wash their hands regularly, especially before meals?
- Are the toilets odourless and is good hygiene encouraged through maintenance of a clean school building?
- Does your school make use of 'experts' on health matters? If so, are they seen as 'one-offs' or as part of continuing and developmental programmes of work in the curriculum?
- Are your pupils encouraged to take responsibility for some aspects of their learning and to make choices about the direction of their work, or is much of their learning written on 'tablets of stone' from on high?

An involvement model

Health education is not something done *to*, or *for*, children. It is a programme in which children will be living, feeling, and experiencing the health education initiatives incorporated in it. It will thus be more meaningful for them immediately, as well as in the long term, for it will face the problems of today yet pass on the generalised skills and habits of thinking to enable them to meet changing needs in their futures.

Throughout the world there are a number of programmes that use an involvement model for developing and promoting the health of the child. Such an approach for school-aged children has special advantages for those involved — for if they are concerned with planning, it follows that they have investment in carrying the ideas through. In addition, all the time the participants are working on reaching out to others they themselves are learning, both intellectually and in a practical sense. They become more aware of their own attitudes and health practices and build a personal commitment towards a healthy lifestyle.

The 'each-one-teach-one' involvement idea would appear to utilise the strength of peer influence, so important at the school level, and in addition inculcate in participants the concept of personal responsibility for personal, family, and community health as an ideal.

Some 57 countries have incorporated the child-to-child, child-to-parent, parent-to-whole community approach in their programmes. The peer-support programme being used with success in a number of Australian secondary schools is a good example of the approach, with sound support from school administration and from communities around the schools. Here, the *devolvement of responsibility* to pupils is a key factor.

An important and highly successful international initiative is the original

- Is your school a 'closed school'? That is, one which does not encourage contact with parents, or value them? Or does the school take every opportunity to involve parents in the school and its curriculum?

Is it enough to adopt a model of health education which aims to promote positive self-image in pupils so that they come to *accept some responsibility for their own health?* (SCHEP, 1982). Is it enough to take at face value that *much of the responsibility for ensuring his [sic] own good health lies with the individual?* (DHSS, 1976). As stated in a recent article (Hyland, 1988), 'the model displays a wilful disregard for epidemiological evidence which clearly demonstrates that health and illness are largely socially constructed, and that individual lifestyles pale into insignificance beside the structural inequalities which militate against healthy living.'

Does your school seek to challenge the socio-economic and political frameworks in relation to health, or does it seek to reinforce the status quo? In short, *is your school a health-promoting institution?*

References

- Department of Health and Social Security (DHSS), *Prevention and Health — Everybody's Business*. HMSO, 1976.
- Hyland, T., *Morality, Individualism and Health Education*. *Journal of the Institute of Health Education*, 26, 2, 1988.
- Schools Council Health Education Project 13-18* (SCHEP). Forbes, 1982.

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