RECENT DEVELOPMENT IN HEALTH EDUCATION
IN SCHOOLS IN NORTHERN IRELAND

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FOR many years teachers in both primary and secondary schools have been making their contribution to the health education of their pupils. In the primary schools this has largely been in the context of the general curriculum and in secondary schools as relevant application of the subject matter in particular subject areas, such as home economics, biology and physical education. Generally this has been done at an individual level, with teachers being given very little guidance and, in most cases, being unaware of what others were doing in this field. In England the Department of Education and Science (DES) published a handbook (1968), and more recently a curriculum paper on health education has been produced in Scotland (Scottish Education Department, 1974). Apart from the circulation to schools of a very occasional document on a specific aspect such as Drugs and the Schools about 1972 (DES, undated), the Ministry or Department of Education in Northern Ireland appear to have given no guidance on the matter. Two surveys of the current practice of health education were carried out in English counties—Buckinghamshire (Myatt, 1971) and Staffordshire (Head, 1973), and an enquiry into the factual knowledge of certain aspects of health by students entering teacher training colleges in England was reported in 1972 (Rout and Painter). In Northern Ireland the only contributions to the subject between 1966 and 1974 appear to be an unpublished dissertation on the provision of sex education in schools (Taylor, 1967), a report on health education in the Government training centres in County Antrim (McNarry, 1972), and an article on the place of health studies in the training of graduate teachers (Tracey, 1969).

Since 1974 there has been considerable increase in activity in this field. Panels of interested persons have been formed in Teachers' Centres; the Northern Ireland Schools Curriculum Committee has financed five surveys of aspects of health education and has sponsored trials of newly-prepared curriculum material in schools; in-service courses for teachers have been held and health education has been introduced as a subject in the Northern Ireland Certificate of Secondary Examination (CSE) programme.

In 1975 the Northern Ireland Schools Curriculum Committee funded the conduct of five surveys. Each was carried out by means of a questionnaire. Two of these examined the current practice of health education in primary and in post-primary schools. The other three investigated the attitudes of teachers in post-primary schools, of pupils in their last year of compulsory schooling (i.e., about 16 and over), and of their parents to health education. Summaries were published in its News Bulletin (NISCC, 1976) and papers based on the surveys have appeared in journals (McGuffin, 1976; 1977a, b, c).
PRACTICE IN PRIMARY SCHOOLS

The principals of one half of the primary schools in the Province were invited to participate in the inquiry into current practice; 234 (41 per cent) completed the questionnaires. The main emphasis in these schools is on road safety (included in the curriculum of 96.6 per cent of the schools which completed the questionnaire), dental health (87.5 per cent) and personal hygiene (81.9 per cent). With older pupils (aged 9-11 years) about half of the schools deal with safety at home and in the water and with smoking. Facts about menstruation are taught in less than 10 per cent of the schools and about reproduction in less than 15 per cent. In these respects the recommendations made in the Primary Teachers' Guide (DENI, 1974) do not appear to have been followed in many schools. While most of the teaching related to health topics is given by the class teacher within the context of the other school subjects, a few schools allocate a specific period on the timetable for health education with 10-11 year-old pupils. About one-third of the schools make use of the services of the local health education personnel, and in most instances the subjects dealt with are dental health and personal hygiene. In about 70 per cent of the schools concerned the health education officer teaches individual classes and the visit is followed up by the class teacher, while in the remainder of schools classes are amalgamated into larger groups on the occasions of these visits. The health education officers also assist in an advisory capacity and about half the schools where this service is not currently available claim they would welcome such assistance. From the evidence in the replies it would appear that the present situation in respect of the involvement of HEO, health visitors and school nurses in class-based work is rather haphazard and dependent on the willingness, on the one hand, of the medical staff to contribute in this way, and, on the other, of the schools to make use of the facility. It is clear that in some cases very useful liaison takes place and a very worthwhile contribution is made.

PRACTICE IN SECONDARY SCHOOLS

The questionnaire in this survey were sent to all grammar and secondary schools in the Province. Though only just over one-quarter replied, the sample represented a fair cross-section of the different types of school. There is evidence that many aspects of health are discussed within the context of the general curriculum, especially by teachers in the fields of biology, home economics, religious studies and physical education. This work, however, is in many cases unco-ordinated and the extent to which pupils receive instruction in the various health topics is dependent on their choice of subjects. Health education as a subject in its own right appears on the time-tables of 13 schools, in five of which it is offered as a subject option in forms IV-V (i.e., with 14-16 year-olds). The topics taught to some pupils at some stage in their school career in over 77 per cent of schools include personal hygiene, alcohol, drug misuse, smoking, nutrition, reproduction, home safety and moral education, while, by contrast, childcare, parenthood, contraception, venereal disease, environmental health, road safety and cancer are dealt with in between 50 and 60 per cent of schools.
RECOMMENDATIONS OF THE NORTHER IRELAND SCHOOLS CURRICULUM COMMITTEE

Arising from the surveys, the Northern Ireland Schools Curriculum Committee commended to principals that health education in its widest sense be seen as an essential constituent of all education. Attention was drawn to the desirability of designating a member of staff as responsible for planning and co-ordinating the health education programme. The increased use of the wide variety of aids available was recommended, and the inclusion of an adequate preparation within initial training to enable teachers to make an informed and effective contribution was advocated.

THE ATTITUDES OF TEACHERS, YOUNG PEOPLE AND PARENTS

A sample of 500 teachers representing all major subject areas and drawn from all grammar and secondary schools was asked to participate in the survey of teachers' attitudes; 240 (48 per cent) co-operated. Many of the teachers showed a concern that the major aspects of health education should be included in the curriculum of pupils before the minimum school-leaving age (i.e., 16), with over 90 per cent approving the inclusion of the topics—smoking, personal hygiene, road and water safety, first aid, alcohol, conservation and home safety—and over 50 per cent approving all 25 listed aspects. The only topics which more than 25 per cent of those replying definitely disapproved of being taught were contraception and mental health. In many cases teachers advocated the inclusion of topics in the curriculum, with which they felt unable to assist in the teaching. Less than 15 per cent were prepared to handle venereal disease, contraception, childcare and mental health.

The fifth form pupils in eight schools (five with mainly Protestant pupils and three with mainly Catholic pupils) answered a simple questionnaire, 733 young people taking part. There was a remarkable similarity in the answers of boys and girls and of pupils of different religious affiliation. The topics least often discussed at home or in school and those about which the young people wished to be taught about in school were venereal diseases, contraception and mental health.

Only schools with mostly Protestant pupils agreed to co-operate in the survey of parents' attitudes. In six schools the parents of 496 fifth form pupils were invited to complete a simple questionnaire, parallel in structure to that given to pupils, to which 247 (49.8 per cent) replied. While over 90 per cent talk about hygiene, road safety and smoking, only 37 per cent discuss contraception or venereal disease; but 66 per cent say they would like their young people told about VD in school and 56 per cent took the same attitude towards contraception. While there is relatively little difference in the topics discussed with boys compared with girls, parents do discuss reproduction, VD and contraception to a significantly greater degree with their daughters than with their sons.
HEALTH EDUCATION AS AN EXAMINATION SUBJECT

Since health education was introduced by the Northern Ireland Certificate of Secondary Education Board (NICSE, 1973) in 1975, increasing numbers of pupils in secondary schools have taken the subject, the figure in 1977 being 562 pupils from 39 schools.

ACTIVITIES IN TEACHERS' CENTRES

Panels, including teachers, college of education staff and health education personnel, have been formed in Belfast, Bangor and Omagh. These enable the various interested parties to discuss problems and share expertise to mutual advantage. An in-service course, consisting of nine afternoon sessions, was provided in Belfast during 1975-76, in which the subjects were the much-publicised problems of smoking, alcohol and drugs and the question of ‘relationships’.

CURRICULUM AND DEVELOPMENT PROJECTS

The Schools Council, which is responsible for curriculum development and examinations in England and Wales, set up in 1973 the Health Education (5-13) Project. Its brief included the development of teachers’ guides for health education of pupils 5-13 and the identification and development of materials to support them (Williams, 1974). For its detailed work, the project divided the age range to which it was assigned into two, namely 5-8 and 9-13. In dealing with the older age group, eight topic areas were identified and for each, material was prepared for teachers and pupils. The ‘units’ and their inter-relation are shown in Fig. 1. Eight schools in the Belfast district, five primary and three secondary, were involved in the class trials of this draft material during the Autumn Term 1975. Early the following year an exhibition of pupils’ work was mounted in the Teachers’ Centres and five teachers spoke about it at an evening meeting. The reactions of some of the teachers to the particular sections of the material were published in the News Bulletin (N.SCC, 1976). The topics covered included “Myself”, “Deadly Decisions!” , “From Sickness to Health”, “Food for Thought” and “Skills and Spills”.

During the summer of 1977 the Project published its materials for teachers of lower primary classes (ages 5-8). The guide produced, All about me, deals with the questions “How did I begin?”, “What is growing?” and “What helps me grow?” as well as giving guidance on teaching about looking after oneself, keeping safe and knowing about others. The guide for teachers of upper primary and lower secondary age groups, Think Well, deals with the topics as set out in Fig. 1.

Following on the work of this project, the Schools Council initiated a further operation to consider health education in the 13-18 age group. This project began active work in the Autumn of 1977 with the aims of investigating the organisation of health education in the secondary school curriculum, preparing teachers’ guides and developing materials appropriate to pupils aged 13-18. Six schools in the Province will participate in the trials stages of this project in the 1977-79 period, and for the first time a liaison group based on the Colleges of Education will be closely identified with a schools project.
The Health Education Council also set up a curriculum development project, led by McPhail at Cambridge. Its aims were similar to those of the projects already described, but it concentrated on the way in which boys and girls between the ages of 8 and 16 learn their life-style and health behaviour (McPhail, 1974). It produced four sets of material and supporting teachers’ notes. And how are you feeling today? is a cartoon-illustrated stimulus approach for use with groups of boys and girls and consists of 42 situations illustrated on work-cards.

A group of 76 illustrations involving choices relevant to health and personal growth are presented on work-cards entitled Support Group and are designed to stimulate creative involvement by and between the members of each small group which uses them. Two sets of studies called Care to Know? and Who Cares? focus on the quality of personal relationships, giving 40 studies of teacher-pupil relationships and 17 studies taken from settings other than school.

HEALTH EDUCATION IN COLLEGES OF EDUCATION

In September 1974 all students entering Stranmillis College were given an objective-question test consisting of 43 items covering factual information on reproduction, genetics and venereal diseases, based on a test used in English colleges by Rout and Painter (1972). The results (McGuffin, 1974) indicated that knowledge in these areas was very limited and much misinformation was evident. This seems to show that in general even able students are leaving secondary education with little effective knowledge of these areas of biology and it can reasonably be concluded that the large majority of pupils have even less knowledge and understanding. The curriculum in Stranmillis College includes two courses which are compulsory for all students, an eight one-hour session course in the first year dealing mainly with approaches to health education in the primary school, and a course of first aid in the third year which is equivalent to the adult certificate of the Ambulance and Red Cross Societies. Students preparing to teach in secondary schools may choose a more extensive course of health education as an option in their second year. Health education is taught by the Physical Education Department in conjunction with the College Medical Officer.

THE HEALTH EDUCATION COUNCIL

Professor W. S. B. Lowry has succeeded Professor J. Pemberton as the Northern Ireland representative on the Health Education Council and he chairs the advisory committee on health education set up in 1976 by the Department of Health and Social Services (Northern Ireland). The Council also funded a research project, based in Stranmillis College, which is currently investigating the extent of health knowledge of 16-year-olds in the Province and how this is related to behaviour in corresponding areas of health. In this a random sample of 2,400 fifth formers (ages 15-16) in secondary and grammar schools answered a 50-item multiple-choice knowledge test and completed a health behaviour questionnaire dealing with nutritional, exercise, smoking and drinking patterns. It is expected that the report on the findings will be submitted to the HEC by March 1978.
CONCLUSION

As the topic of health education has become discussed increasingly in recent years, it is clear that what has been largely regarded as “everyone’s business” has, in fact, been “no one’s responsibility”. Teachers are asking the question, “Is health education a part of the educative process or is it an arm of preventive medicine?” With the introduction into schools of the counselling and guidance scheme, for which selected teachers have been specially trained, it is becoming more clear that a multi-disciplinary, multi-professional approach is required, not only within the school but between the school and the many agencies outside it which contribute to the general health structure of the community. Much remains to be done, and the author believes worthwhile results will be obtained only when the education and medical services, in all their multi-various aspects, co-operate, each understanding and valuing what the others can contribute and making its own individual contribution within a co-ordinated, planned and unified programme.

Figure 1

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