



## Student teachers' ways of experiencing the objective of health education as a school subject: A phenomenographic study

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### ABSTRACT

The aim of this phenomenographic study was to identify student teachers' ( $N = 20$ ) ways of experiencing health education as a school subject, using semi-structured interviews and essays. The findings indicated that the target phenomenon was discussed through the general objective of the subject in five ways: health education as 1) a context for delivering theoretical knowledge, 2) a channel for providing pupils with practical knowledge and skills to contribute to health-related choices, 3) a means to promote pupils' self-regulative knowledge and independent thinking, 4) a context for personal growth, and 5) a means for developing responsible behavior in society. The hierarchically-ordered categories arrived at varied along six themes of expanding awareness. The findings can be used as a basis for planning educational settings, with a view to deepening student teachers' understanding.

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### 1. Introduction

When a teacher takes part in a teaching–learning situation she or he has a certain view – either explicit or implicit – of the aims and the concepts of the subject to be taught. The teacher is the one who translates the curriculum into classroom practice (Lederman, Gess-Newsome, & Latz, 1993). Moreover, the teacher's ways of understanding the subject matter have an association with the teaching practices (Trigwell & Prosser, 1996; Trigwell, Prosser, & Waterhouse, 1999). According to Prosser, Martin, Trigwell, Ramsden, & Gillian (2005), a teacher's atomistic and less integrated experience of the subject matter is related to seeing teaching as information transmission, whereas a holistic and integrated experience of the subject matter is related to bringing about conceptual change. This finding confirms Marton and Booth's (1997) view, that a capability for thinking, understanding and experiencing in a certain way is logically intertwined with a capability for acting in a certain way, since “you cannot act other than in relation to the world as you experience it” (p. 111).

From the perspective of teacher training for health education, it is essential to study student teachers' understanding of what health education as a school subject HE is or does. *Phenomenography* is

a qualitative research approach which aims to find out subjects' understanding of a phenomenon of interest, including their conceptions of it, or their ways of ways of experiencing it (Marton, 1981; Marton & Pong, 2005). From the perspective of teacher training, a recent development in phenomenography – variation theory – has produced important insights about what is needed when one is aiming to deepen student teachers' understanding of health education. According to Runesson (2006) “from the variation theory perspective, to learn implies to experience, understand, perceive or see something in a different way” (p. 397). She goes on to characterize variation theory as follows:

“— — to learn is to be aware of critical aspects of what is learned. The way we experience or understand something depends on what aspects we are aware of and can discern simultaneously. The possibility for the learner to discern and focus on these aspects is critical for learning. But we can only discern an aspect if we experience a variation in that aspect. Thus the possibility of experiencing variation in critical aspects is a necessary condition for learning. Variation theory is proposed to be a powerful means for describing and revealing conditions critical for learning in a pedagogical setting.” (p. 397)

Tsui (2004) adds that in addition to the conditions described above, a teacher should know about how the students experience the target phenomenon, and be able to expand the common ground of what is to be learned. If a teacher ignores students' ways of

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experiencing the object of learning, she or he will neglect an important contribution that students can bring to the teaching–learning situation (Tsui, 2004).

The aim of this phenomenographic study was to identify ways of experiencing health education, and to discover the aspects that are educationally critical to gaining a deeper understanding of health education. The following research questions were set:

- What kinds of qualitatively different ways of experiencing health education as a school subject can be discerned among student teachers, and what are the actual differences between the ways of experiencing thus discerned?

The results can be used in evaluating how student teachers are able to discern meanings related to health education, and in planning learning experiences aimed at enhancing student teachers' understanding of this area (see Bowden, 2000; Hella, 2007). Notice that although phenomenographic studies are based on the analysis of individuals' descriptions of the phenomenon in question, the ultimate goal is to create a description of the collective view. In other words, the analysis will produce an outcome space which represents a collective human experience (Marton, 1981; Åkerlind, 2005a).

Due to the novelty of health education as a school subject and of teacher training in it, there has been little research on health education, its learning or its teaching. As regards student teachers' understanding of education in various subjects, research has focused more on subjects such as mathematics (e.g. Philippou & Christou, 1999), physics (e.g. Huibregtse, Korthagen, & Wubbels, 1994), chemistry (e.g. Koballa, Gräber, Coleman, & Kemp, 2000), geography (e.g. Corney, 2000) or biology (Da'Silva, Mellado, Ruiz, & Porlan, 2007). There has, however, been research on teachers' views on the concept of a health-promoting school (St Leger, 1998), though St Leger's study was on a holistic, whole-school approach, rather than on health education as a specific school subject.

## 2. Educational context of the study

In 1997 the World Health Organization declared that an education which includes health-related knowledge, skills and attitudes lays the foundation for pupils' health and well-being throughout the pupils' entire life-span (World Health Organization, 1997). Different countries have responded to this challenge in different ways. From the review by Aira, Tuominiemi and Kannas (2009), it appears that in some countries/regions health issues are taught as integrated within other school subjects (Sweden, and Ontario, Canada), while in other countries the national curriculum has been revised to include an independent subject targeted at health issues (England, Iceland, Ireland and Finland). Furthermore, in many countries there are extra-curricular activities which serve the same purpose – to teach about health matters. In any case, despite the fact that in many countries and schools health issues are taught to a certain extent, it is clear that in general teacher education in health matters has not been organized with the thoroughness it requires – even if the need for teacher training in health issues has been widely recognized (e.g. Jourdan, Samdal, Diagne, & Carvalho, 2008; Marks, 2009; St Leger, 1998).

Because this study concentrates on the Finnish context and on teacher education organized in the University of Jyväskylä, Finland, it is important to describe the educational context some detail, see below.

### 2.1. Towards a health-literate pupil

Health education became an independent school subject in basic education (comprehensive school) in 2004, in general upper

secondary education in 2005, and in vocational upper secondary education and training in 2001. The main idea behind changing the national core curriculum for basic education in Finland was to abolish the previous division between the upper and lower levels of this stage (Lindström, 2004; Peltonen, 2005). A similar notion of coherence applies to teaching health education. In Finland during grades 1–6 health issues are integrated with other subjects, while from grade 7 health education is introduced as an independent subject. There are three courses (each of 38 h) in health education within grades 7–9 (Peltonen, 2005). In general upper secondary education there are two elective courses in HE, and in vocational upper secondary education and training there are 0–4 elective credits (ECTS), in addition to one obligatory course.

Health education is grounded on a multidisciplinary foundation. According to the national health education curriculum, the purpose of health education is to “promote pupils' competence regarding health, well-being, and safety” (Finnish national board of education, 2004a, p. 196). The objective is a health-literate pupil. Within the framework of a school subject, health education health literacy encompasses various health-related skills. It also includes knowledge and attitudes, and the capacity to discuss health-related values. A health-literate person knows how to obtain health skills, to understand and interpret health information, and to critically evaluate various health-related phenomena (Kannas, 2002, 2005; cf. Kickbusch, 2001; Nutbeam, 2000; St Leger, 2001). Health skills (e.g. social, cognitive, functional and emotion-regulation capabilities) can be regarded as the individual's competencies to act in a health-promoting manner. Because of this, the question is not one of health behavior as a set of particular actions. The wider goal involves health habits, and through that one's own health and that of the community. These habits and levels of well-being serve as a mission: they encompass a goal that health education can move towards (Kannas, 2005).

### 2.2. University-level teacher training in health education

It has been officially laid down that after a transitional phase (lasting till July 31st 2012) a teacher will have to have the teaching qualifications required for a subject teacher in order to teach health education in schools at basic level or in upper secondary schools (Valtioneuvoston asetus, 2001). Teacher training in health education (60 ECTS credits) began at the University of Jyväskylä in 2002, and later in three other universities in Finland. Note that teacher training in Finland is conducted at university level.

Health education teacher training consists of both basic studies (25 ECTS) and intermediate studies (35 ECTS). The students of the Faculty of Sport and Health Sciences have the automatic right to do basic level studies, but for the intermediate level studies they have to take entrance examinations. Students from faculties other than the Faculty of Sport and Health Sciences must apply for the study program at both levels. However, among these (other) students, only student teachers (of varying subjects) are able to apply for intermediate level studies. Currently, most of the students who qualify as health education teachers are students of physical education. From 2006 to 2009 it has also been possible to take health education (as a school subject) as a major subject; each year 5–10 students have entered this program.

At the time of the data collection (academic year 2004–2005), the teacher training consisted of courses covering mainly the following areas: health education content knowledge (health topics, central concepts), pedagogical content knowledge, ethical thinking skills, the teacher as a researcher, and the school as a context for health promotion. At the present time there is also a separate *practicum* component within the studies.

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