



EUROPEAN EDUCATIONAL RESEARCH ASSOCIATION

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## Parents and Teachers' Views on Health Guidance and Education in Finland and in France

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### Session Information

#### **08 SES 05 B, Stakeholders Views on Health Education in Schools**

Paper Session

Time: 2015-09-09  
11:00-12:30

Room: 107.Oktatóterem [C]

Chair: [Marjorita Sormunen](#)

### Contribution

#### Parents and Teachers' Views on Health Guidance and Education in Finland and in France

As the Commission on Social Determinants of Health (2008) presents, concerns about health and disease are not only the responsibility of the health sector. Actions toward equal and healthier lives must happen in daily environments of people and be supported by policies and programs, as well as in local communities. (CSDH, 2008.) School-aged children's health is largely determined by the most important surrounding environments, home and school. Although home is the first educational setting for children, schools have a substantial role in influencing children's health and on balancing the inequalities among children (WHO, 1986, 2012; Tang et al., 2008).

Collaboration between the home and school is an essential part of schools' daily work, and its advantages have been confirmed by numerous studies (e.g., Sormunen et al., 2011). The evidence for the importance of active collaboration between home and school is strong, and the children are able to benefit from joint support academically, socially, emotionally, and in various ways related to health

Health problems of children have been partially changed over time. In daily life, the children seem to fall short of the recommended hours of sleep, and the use of electronic media in purpose of entertainment or social interaction is high. Problems with daily health habits, e.g., related to lack of sleep, sugar and fat-based nutrition and low physical activity are inevitably leading a large number of children to overweight and obesity, and even to chronic diseases and mental health problems. Furthermore, headaches, tension, restlessness, and difficulty on concentrating are symptoms experienced in particular by school-aged children (Mäki et al., 2010). Smoking and alcohol consumption, as well as social exposure to drugs,

are additional concerns among youth (Raisamo et al., 2011). These concerns, among others, give parents and schools new challenges to confront and new tasks to fulfill. As Smit and Driessen (2005) conclude and suggest, education and child rearing should become more integrated activity at home and at school, as well as education and upbringing should be seen as a joint task and responsibility of these environments.

This study aims to investigate the components and level of home-school relationship related to health. Data on parents and teachers' views on collaboration between home and school will be collected in Finland and in France in spring 2015. Since this study is in its preliminary stage, no country comparisons will be made, but instead, the phenomenon inside two countries will be examined.

The research questions are:

1. How do parents and teachers view the health-related collaboration between home and school in Finland?
2. How do parents and teachers view the health-related collaboration between home and school in France?

## **Method**

A quantitative survey for Finnish fifth grade pupils' (age 10-11) parents and class grade 1-6 school teachers, and for French fifth grade pupils' (age 10-11) parents and all school teachers will be conducted. The pilot study has been executed in September 2014, and the data collection will be performed in January 2015 (Finland) and in March 2015 (France). Total of 52 schools will participate in the study in Finland, and 40 schools in France.

Both questionnaires used for data collection were developed on the basis of scientific literature and national documents. They were tested and validated. After translation, adaption to national context and back translation, pilot studies were performed among 126 parents and 28 teachers in Finland and 306 parents and 39 teachers in France. Face validity was tested by interviewing teachers and parents who already had filled questionnaires. Reliability was assessed by a test-retest. Content validity was evaluated by the judgment of expert of the field, by literature and with the help of structure forms questionnaire (which tested whether the questionnaires were comprehensive, understandable, and contained valid and sufficient content); acceptability and discriminating power of items were studied with a descriptive analysis, in seeking a level of missing value and floor and ceiling effects. Questionnaire structure was studied with explanatory factorial analysis and internal consistency was tested with Cronbach's alpha.

The data will be analyzed by descriptive statistics to find out the current situation in both countries. With bivariate and multivariate analyses, specific attention will be paid to find out whether background variables, such as parents' education, occupation, the status of employment, or family form, and teachers' work experience, age, or gender are related with health education and collaboration views and experiences. Also the profile of schools (rural, urban, small, big, privileged, under-privileged), will be examined.

## **Expected Outcomes**

Preliminary findings from pilot phase in France underline that majority of families were satisfied with general home-school collaboration (85%). However, even if 70% of families reported that they discuss regularly with teacher in a global way, only 42% discussed about their child's health and well-being. Furthermore, more than 50% of parents thought that health education responsibilities were shared between families and schools. However, for fields the most linked with intimate sphere (e.g., hygiene, eating, sexuality, drugs), a significant proportion of families reported that they were their own role (between 30% and 41% versus less than 14% for other fields). In Finland, 75% of parents were satisfied with collaboration between home and school. Majority of parents (84%) experienced discussing with their child's teacher as easy, but similarly as in France, less than half of parents (41%) discussed about child's health and well-being with the teacher.

The data from spring 2015 surveys related to parents and teachers' responses will be presented on following areas: 1) Parents' views on their own / home health guidance and health traditions, 2) Parents' views and experiences on school health education, 3) Parents' views on health-related collaboration between home and school, and 4) Teachers' views and actions on health education and guidance at home and at school.

As expected outcomes, the findings will give lot of new information on how teachers and parents experience their collaboration related to health. That information can be utilized at schools and disseminated to parents. Additionally, the findings will offer important and useful knowledge also for the policy level by showing the country-specific as well as European-level findings, which can be used to recognize and develop the role of the educational sector in health equity efforts.

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