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The views of learners regarding a school-based health education programme

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Abstract

The importance of schools as a setting for health promotion is increasingly being acknowledged. Part of this health promoting function includes curricular offerings to increase health awareness and to assist in ensuring that young adults are able to make informed decisions about their health. For these programmes to be successfully implemented and sustained there is a need to determine the views of the participants. This study aims to determine the views of learners regarding the impact of a school based health education programme relating to risk factors for chronic diseases of lifestyle. A questionnaire with three open ended questions was used to determine the views of the learners regarding the programme, what they would like to have changed and recommendations regarding the future of the programme. Information was recorded and coded by two independent reviewers. Themes were decided upon independently and agreed upon between the author and an independent reviewer. Focusing on the comments relating to what was good about the programme, three main themes emerged which included course structure, course content and personal development. The themes that emerged from what the students did not like about the programme included communication, group interaction/personal factors and feedback. The recommendations and suggestions were mostly positive and included focusing on the following aspects of the programme namely more interaction, content, links to other subjects and time. The opinions of participants provided valuable information during the evaluation process and the qualitative method allowed them to express their views.

Key words: *Evaluation, health education, schools, young people.*

Introduction

Chronic diseases such as stroke, hypertension and diabetes, are preventable diseases of lifestyle. Education of the population on the risks factors of these chronic diseases can assist in controlling and preventing escalation of these diseases. These diseases are prevalent in young people and are equally on the increase. The primary health care approach to health places emphasis on health education. Health professionals thus play a role in the education of populations to assist in reducing the effect of these diseases. Physiotherapy is central to patient education and plays a role at all levels of health care. According to Waggie, Gordon and Brijlal (2004), the training of health professionals who can meet the challenges of improving health is the responsibility of tertiary institutions. The authors further stated that interaction of training health professionals with communities will assist them in dealing with the challenges they may encounter as practitioners and emphasis should be placed on primary level

prevention. Schools constitute a setting where health professionals, such as physiotherapists, can play a role.

According to Warwick, Aggleton, Chase, Schagen, Blenkinsop, Scott and Eggers (2005), schools have been identified as an important setting for adolescent health promotion focussing on improving the health and emotional well-being of the adolescent. However, we also need to realise that although schools are a good location to use in order to reach young people, there are challenges.

Health education and health promotion programmes are designed to include full participation of the participants. These programmes view the participants as partners in the process and the objectives of health education and health promotion programmes aim to focus on aspects, such as capacity building and empowerment, with the main aim being that the participants will be able to make informed decisions regarding personal and community health as it relates to issues such as chronic diseases of lifestyle. Health promotion programmes aim to empower individuals and indirectly empower the communities. These aims are based on some of the principles of the health-promoting schools initiative which includes democracy, equity, empowerment and competence (WHO, 1997). As health professional educators, we make decisions on what the students must learn, and also when implementing health education programmes we determine what the participants must learn. In order to implement effective health education programmes, one needs to evaluate and understand the impact of intervention programmes on both the recipient as well as the presenters. According to Rotem (1992), programme evaluation is concerned with the systematic gathering and interpretation of information about the programme. The author further emphasises that the information obtained through evaluation will assist in improving the programme. Evaluation of the impact of health education programmes in schools has often indicated significant changes in knowledge, attitudes, and behaviours of the students who have been exposed to the curriculum (Coleman-Wallace, Lee, Montgomery, Blix & Wang, 1999). According to Simovska (2004), the participation of the learners in any discussion relating to health education and health promotion at schools is essential. Obtaining the views of participants in health education and health promotion programmes may be done qualitatively or quantitatively. Qualitative evaluation addresses the participants' perceptions and feelings of the impact of the programme.

This form of evaluation can assist in either highlighting the benefits of the programme or highlight the need for more of these programmes. According to Kalishman (2002), individuals should be able to explain the values of a programme in a way that is understandable and to the audience for whom the information is directed. Both

subjective and objective procedures can be utilsed. Thus the aim of this paper was to highlight the views of learners regarding the implementation of a school-based health education programme. Students were given an opportunity to present their views on the programme in writing focusing on the likes and dislikes, as well as possible recommendations.

Materials and Methods

Participants

The study was conducted at a local school in a community in the Western Cape, South Africa. The study population consisted of 120 grade 11 and 12 learners. All learners were invited to participate in the study. Of this, 50 were grade 12 learners and 70 were grade 11 learners. The final sample consisted of 93 Grade 11 and 12 learners who had participated in a five-week health education programme that focused on the risk factors for chronic diseases of lifestyle, such as diabetes, hypertension and stroke. The response rate was 78%. Risk factors for the chronic diseases were presented on a case study-based format and learners had to identify the presence of the risk factors and possible modifiable lifestyle behaviours.

Intervention

The health education programme was designed to encourage the full participation of the learners and thus included group work and group presentations. The main learning outcome of the health education programme was to promote health and improve knowledge relating to risk factors for chronic diseases of lifestyle. The intervention was conducted by physiotherapy students during the life orientation programme of the school.

Data collection

Permission was obtained from the Department of Education, the principal of the school, parents of the learners as well as the learners themselves. Two weeks after the programme was completed, learners were asked to reflect on the programme and write down their likes, dislikes and recommendations as they relate to the health education programme. A questionnaire with three open-ended questions was distributed to all the participants for completion.

Data analysis

The information for each question was recorded from each leaner's response independently in an excel programme and they were then coded according to similarities. The codes were compared across the responses to identify common themes within the data. Key concepts were categorised. The categorised data were then shaped into a hierarchical thematic coding framework. Themes identified were

discussed by the author and an independent reviewer and consensus was reached on the final themes. All themes are presented with quotes to ensure the trustworthiness of the information provided.

Results

The demographic data of the participants are presented in Table 1.

Table 1: Demographic data of participants (N=93).

Variable		Number	Percentage
Gender	Male	33	35.5
	Female	60	64.5
Age	15 years	7	7.5
	16 years	25	26.9
	17 years	36	38.7
	18 years	25	26.9
Grade	11	52	55.9
	12	41	44.1

The results of the qualitative information are presented as themes using the three questions that the participants were asked to comment on as part of the programme evaluation. The learners were expected to highlight the components of the programme that they enjoyed, what they disliked and future recommendations as they relate to the health education programme. The results are presented as follows:

Successes of the health education programme

The components that the participants enjoyed about the health education programme are presented under the three main themes that emerged, namely, course structure, course content and personal development. Course structure included categories such as the structure of the programme, clear objectives, links to other subjects, information sharing opportunities and group work. The learners' comments on the structure of the programme focused on the opportunity for independent learning:

"They (PT – Physiotherapy students) gave us a chance to do it on our own and only assisted when we had questions." *"You involved us in the programme from the beginning and did not come to tell us."*

In addition, the learners also commented on the opportunity provided for information sharing as a positive point for the programme:

"I liked the fact that the physiotherapy students interacted with us and we were allowed to share information.""I liked being involved not only learning but also being able to teach" "The group work was great and I enjoyed sharing the information."

Information sharing by health professional students with high school learners was also seen as a benefit as learners got the opportunity to see the role that health professionals could play in schools thus demonstrating how health and education complement each other:

"I liked them (PT students) presenting the information and then telling us how it affects us but what I liked most was when they linked it to me, my school and my community."

The course content was positively regarded as, "interesting and relevant". The focus on chronic diseases of lifestyle assisted in informing the participants about diseases that are affecting them other than HIV/AIDS:

"I learned a lot about chronic diseases of lifestyle such as stroke, hypertension and diabetes and also about how to prevent these diseases.""It was interesting to hear that other diseases besides AIDS also affect us and we need to be aware of it.""…the information provided was good and I found it interesting 'cause I know people in my community who have a stroke."

With reference to the personal development and community engagement theme, categories identified included acquisition of new knowledge, change of attitude towards disease, improved presentation skills, improved group interaction and empowerment:

"I liked it 'cause I learnt a lot about chronic diseases of lifestyle and we were talking about real life issues and issues relevant in my community.""I realized that I can get some of these diseases but I also learnt I have the ability or now the information to prevent me from getting it.""I liked the fact that I learnt how I can help myself.""I have never done a poster and presented it and initially was scared but enjoyed the experience.""Group work gave me the opportunity to speak out – I would never talk in front of people."

Challenges identified for the programme

The themes that emerged from the dislikes about the programme included communication, group interaction/personal factors and feedback. Participants strongly indicated that they do not just want to absorb what is given to them but would like fair

interaction. Communication included lack of or poor interaction between presenters and participants, lack of empathy and transfer of knowledge.

"You need to interact with us – we might not know it all but we have something to contribute." "Wanted to be able to talk about how the diseases affect us but presenters did not allow time." "Some of the terminology was too complicated and made me worry that I would not learn."

Group interaction was subdivided into poor self-esteem and being shy, fear of failure in groups and fear of being ridiculed when making presentations. Most of the categories related to the individuals personal fears while working in groups and also their personal weaknesses. These views are highlighted below:

"Disliked the team work and group presentations as I don't like talking in groups." "I disliked the presentations as I don't like talking in front of people as they might laugh at me."

Feedback as a theme was emphasized through categories such as lack of timeous feedback, limited motivation during sessions and the need for positive encouragement on tasks performed.

"I would have liked more feedback on my presentations and telling me if I did okay." "They just listened to our presentations without giving us feedback."

Recommendations

The recommendations and suggestions were mostly positive and included focusing on the following aspects of the programme: more interaction (75), content (56), links to other subjects (42) and time (35). With regards to time, the learners felt that more time should be allocated to the intervention on the time table. The learners indicated that time allows for more interaction with the presenters and would not make the programme to be rushed. Because of its links with other subjects, there were both negative and positive recommendations on the programme. Negative comments included that it is a repetition of what is being taught in Biology and Life Sciences and therefore it is boring and should only be offered to learners not taking Biology and Life Science. However, others felt that it assisted them in understanding the concepts in Biology and Life Sciences. The learners who did not do Biology felt that the terminology could be simplified.

The content of the course was not criticized but it was highlighted that interaction or knowledge translation through a project at school or in the community should be

included. This concept was linked to time and it was recommended that a supervised school or community project should be part of the programme. Emphasis was put on interaction among groups and learners. The participants felt that they would learn more if there was better interaction between groups, although the information presented was good.

Discussion

This study focused on evaluating the views of the learners about a school-based health education programme. The views of the participants provided valuable information during the evaluation process and the qualitative method provided the participants the opportunity to express their views. Based on the views of the participants, the presentation or lecture, case study approach and group work used as the teaching methods in the health education programme, had both negative and positive effects. According to Bonner (1999), teaching methods and teaching styles are dependent on the learning objectives relevant to the course. The author further highlights that when the skills that are to be developed are complex, the teaching methods used should involve active participation of the learner. Some participants achieved positive personal development as a result of the teaching approach used in this study; however, others felt that it tended to highlight their weaknesses. All teaching methods have their strengths and weaknesses. Group work as used in the health education programme developed various skills such as negotiation, team-work, co-operation and leadership skills (McCarthy, 1992). A limitation for group work identified by McCarthy (1992) included the need for careful thought regarding the needs of the groups. In the health education programme, groups had a specific purpose of sharing knowledge and designing a poster as well as sharing information with their peers. The objectives were met by all the groups.

The participants also appeared to value the integration of the information into their daily lives and linking it to situations in the community. Thus through active participation in the programme, the learners planned to understand their role in the prevention of the chronic diseases and create meaning for the actions and choices which they make daily. This is similar to the explanation given by Simovska (2007) who explained the role of students in health promotion through active participation in relevant aspects of decision making and processes of teaching and learning. The current programme thus provided the participants with information concerning how to make informed decisions which affect their personal and community health and the opportunity to evaluate the programme and contribute to positive changes.

Conclusion

It is evident from the results of this study that any method of introducing a school-based health education programme should take cognizance of the target population. The study highlighted the value of qualitative evaluation in identifying the benefits and shortcomings of a school-based health education programme as well as implementing the programme. Young people, as participants, can make informed decisions about risk factors of chronic diseases of lifestyle as well as the effect or success of a school-based health education programme. Their input could assist in making such programmes more effective and sustainable. They could also be valuable advocates for change relating to combating risk factors of chronic diseases of lifestyle in the school setting and in communities if provided the opportunity and information.

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