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Proposed methodology of health education for cultural diversity. A working tool: Method apprêt

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Abstra

Our aim is to offer a methodological proposal of the apprêt method, applied to a program of Health Education and Intercultural Education from the perspective of cultural diversity. It is intended to be developed as a part of an Initial Vocational Training Program, in which right now there is a high percentage of enrolled students from different cultures. So as to provide a proposal which enables inter-cultural relations from the field of Health Education in the Initial Professional Qualification Programmes (PCPI).

Working on this aspect helps us to reflect and identify problems affecting to both the quality of teaching and the quality of life for members belonging to plural-educational communities.

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1. Background

Nowadays there are more and more cultural diversity present in the classrooms than generations before. This fact becomes even more noticeable if we talk about the Initial Vocational Training Program, where the ratio of students from other cultural background has increased considerably. Various authors have described some of the characteristics of this students, and Vega (2007) highlights the appearance of impulsive behaviors, lack of social skills and learning motivation (absenteeism ...), a tendency towards early initiation into the world of drugs and, in some cases, criminal acts. In addition, school failure is almost always a first step in this process of social

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disengagement. Therefore, one objective of any Initial Vocational Training Program is to strengthen these (social) links with educational centers. Because of that:

“Our educational system must ensure adequate scientific training, but also a training in ethics. Employability and promoting a responsible citizenship are complementary facets which Professional Qualification programs (in spanish PCPI) should encourage, to achieve the socialization of students” (Vega & Aramendi, 2010, p. 42).

That is why we focus on addressing the shortcomings in the relational environment and personal development of students and on establishing a generalized proposal of health education as presented here, in which we have included: workshops of self-esteem reinforcement and to improve social skills; support from other services and institutions; Motivated and trained teachers; and curricula oriented to the integral training of the person.

Our work focuses on a proposal from which we try to address the Cultural diversity in the classroom through Health Education. We have chosen these programs because the presence of immigrant students has increased substantially on them. The current level for PCPI programs, has risen to nearly 15% of the students. Which is, by far, the level of education with greater representation of foreign students, so it is important to be concerned about this (Vega & Aramendi, 2010).

We start from the frame of Health Promoting Schools for the development of our project, as they have the ability to provide attitudes, values and skills that promote our health (Garcia & Sanchez, 2011). These are defined as schools that consistently reinforce their capacities as healthy settings for living, learning and working (Nutbeam, 1996).

Traditionally, schools have been scenarios where support from political, social and economic sources are gathered in favor of health promotion, because of, among other causes, (International Union for Health Promotion and Education (IUHPE), 2000):

- Teaching centers are profitable places for interventions in health promotion aimed at improving the health of children and adolescents, however there can not be expected institutes will solve health and social problems in an isolated way without taking into account other methods of public health action.
- Effectiveness and sustainability of health interventions based on schools depends on wether the interventions in health promotion are really related or not to the core activity of such schools in the development of attitudes, educational skills and basic knowledge on youth.
- An effective health promotion in schools should be broad in concept and content, and properly supplied with adequate resources. It will usually imply the development of policies and practices to strengthen school-based education in health plan studies. It is necessary to establish strong connections with parents and also with health and social services while creating a physical environment and psychosocial support.
- Teaching centers provide a potential scenario that lets starting actions to reduce health inequalities
- The European Network HPS could work as an useful vehicle for the implementation of health programs, based on schools.

So schools are privileged places to make effective proposals of Health Education (EpS). All the educational activity shown in this work starts from this context. It has also been strengthened in the region of Murcia (Spain) with the starting of the Regional Plan for Health Education in the School.

2. Goals

Teenagers and young people have a great capability to learn and assimilate habits leading to a healthy lifestyle (Chapela, 2007). Our goal is focused on exploiting this capability. Thus, the object of study in this Health Education program is centered on the students of 1st Initial Vocational Training, pupils aged between 16 and 21, who have experienced school failure and do not trust in the education system. Therefore, we have to make an effort to develop attractive and motivating Education Health activities, taking into account the plural context of the classroom, but also not forgetting that any activity must be framed in such a way as to meet part of the school curriculum itself.
This proposal would be addressed considering the Contents and Objectives of Education in Health Education Centers in the Region of Murcia (Lozano et al., 2006, pp. 42-69), as is going to be developed in one Secondary education center of the city of Murcia, with three groups of 15 students from different professional backgrounds and students from different cultures of origin.

Below, in Table 1, there is a detailed description of the proposal we have designed, describing each of the basis to develop:

Table 1. Education for health (EFH) proposal in the classroom (Source: own)

<table>
<thead>
<tr>
<th>Title</th>
<th>Water for life and development</th>
</tr>
</thead>
<tbody>
<tr>
<td>Objective</td>
<td>To assess the impact of the proper use of water in the objectives and activities in our environment and society, encouraging reflection and improving the quality of life of adolescents from diverse cultural backgrounds, as well as to identify the influence of different cultures which have been present in Murcia throughout History.</td>
</tr>
<tr>
<td>Objectives and tasks within the education curricula frame</td>
<td>Environment and health</td>
</tr>
<tr>
<td></td>
<td>• Identify incivility discomfort as bottles and Parks broken glass, plastics, urine, and subsequent risks.</td>
</tr>
<tr>
<td></td>
<td>• Knowing the impact of their actions over the environment;</td>
</tr>
<tr>
<td></td>
<td>• Minding to turn off lights when not needed, avoid unnecessary spent of water, waste separation, battery recycling, etc.</td>
</tr>
<tr>
<td></td>
<td>Being able to perceive the effects and kind of a clean environment for health and personal well-being</td>
</tr>
<tr>
<td></td>
<td>Activities:</td>
</tr>
<tr>
<td></td>
<td>• Water cycle: finding what makes it difficult, environmental impact and consequences. Energy and water saving systems.</td>
</tr>
<tr>
<td></td>
<td>• Trips to nearby natural environments, revealing the characteristics of each place and how to take care of them.</td>
</tr>
<tr>
<td>Contents</td>
<td>Health Education:</td>
</tr>
<tr>
<td></td>
<td>Environment: use of water in different cultures in Murcia school for Initial Vocational Training Program 1st Year</td>
</tr>
<tr>
<td>proposal location</td>
<td>Three different professional groups In the training center, the city of Murcia and the Museum of Santa Clara</td>
</tr>
<tr>
<td>Implementation time</td>
<td>10 hours (6+4)</td>
</tr>
<tr>
<td>Interdisciplinary team</td>
<td>Developed by an interdisciplinary team ( areas: Eps, Sociocultural Animation, Institutes, family volunteers, museum guides, citizens)</td>
</tr>
<tr>
<td>Educational resources</td>
<td>Story books: Juanico and good men (6h)</td>
</tr>
<tr>
<td></td>
<td>Gymkhana (learning in the city) (3h)</td>
</tr>
<tr>
<td></td>
<td>Visit to the Santa Clara museum (1h)</td>
</tr>
</tbody>
</table>

We are using the methodology offered in apprêt method as a tool allowing us to address this proposal in the field of Health Education, described below:
3. Apprêt method in the field of health education

In order to perform activities for health education is necessary to have them arranged. To start, we need to define and write the desired results, the means and deadlines established in a program. And Apprêt method can help us in this task. Its name is the acronym of the initial letter of each classic stage for educational activities:

EVALUAR (Assetting) TRANSFORMAR (Trasforming)

The originality of this orientation is to place these stages at the time of program scheduling.

The aim of Apprêt is not to guide the activities but building the program that will achieve the expected results, in fact, long before actually performing any educational activity for health, we must anticipate and prevent all stages of its development, including the evaluation and use of the results.

Before presenting and detailing every apprêt stage, we must make a very important remark: there is no unique way to prepare and perform health education. There are multiple starting points for each draft. Matters such as health problems, public demand or institutional demand, personal project, legal obligation... Each program should respond to any of these situations flexibly.

Apprêt is not a system, although its proposal is to act systematically. Nor is it an attempt to lock grill who use it in a scheme preset. It's a mental network of interconnected strands, to create the elements capable of serving in the establishment of the program itself. Appret suggests a methodology to write down the interventions and proposed action programs in such a way that nothing can be forgotten.

Once we are following Appret steps, we will have to tweak certain elements and to restore certain procedures: each stage of apprêt refers to apprêt itself. Does that mean that the method apprêt is an endless process? Yes, since no activity is definitely finished, and no, as time and available resources are limited.

4. APPRET stages

4.1. Analyzing the situation

At the beginning of every action, there is a personal idea, problem, health status recognized or suspected, there may be a public demand or of an institution or even a document, like a program ready to be used.

To work with whichever of the starting points, we must identify and describe it in order to make the setting up, planning, implementation, evaluation and the transformation of the project covering all the bases. We perform an analysis of the situation along three axes:

- Analyzing demands: identifying and describing concerned public demands and also the promoters of the action.
- Analyzing health needs
- Analyzing preventive answers

3.2. Preparing the project

We have the base materials. The situation has been recognized and described. Now we have to choose, to make decisions and to outline the actions.

- Choosing priorities
- Defining objectives

3.3. Program planning

Once the objectives are concreted, How to reach them? With what kind of resources?

- Defining activities
3.4. Realizing the program

Once the preparation work is finished, the action may take place. The program is now almost drafted. Is there anything unexpected? Following a program is never an ideal process. It is convenient to anticipate to difficulties since the stage of conception, in the time of writing the program, to design a way to coordinate the different activities, to control certain project parameters and to establish mechanisms to modify, if necessary, its steps. It is also desirable to be able to re-adjust them so we can pilot the program while on the run.

- Surveying its deployment
- Predicting the direction of the program
- Providing coordination for the program

3.5. Evaluating the program

The assessment is performed in the same way than the action. It must be part of the program before its deployment. Our priorities should be now clarified by combining data collected at the analysis stage altogether with the contexts. After that we must build evaluation techniques to verify the effects defined in the objectives of the project.

- Defining the frame
- Providing utilization of the results
- Preparing the data acquiring process
- Choosing comparison ways for data

3.6. Transforming the project

We have seen sometimes how a problem may hide a deeper problem, and how an answer may refer to new questions. Once the project has taken place, we need to make an assessment, to process the results and to formulate new projects to give continuity to the process.

- Providing ways to disseminate reports
- Preparing communications about the program

5. Conclusion

With this work we see it is possible to develop actions of health education involving the educational community and the public, linking content areas that influence the quality of our lives, as other authors (Chapela, 2007) have already done., working and fun, education through History, games play, and incorporating the museums as educational resources through which to recognize the diversity of cultures present in the city of Murcia. Taking into account the contribution of this diversity in the historical conformation of the city and focusing particularly in the use of one of the resources which allowed Murcia to develop economically and socially, the Water.

More specifically, we have proposed a design which will allow us to implement the proposed action we have planned, following each of the steps described. Moreover, the way to perform this is directly related to the training of students, and the method of learning linked-to-action research, adapting to the new requirements and integrating plurally this diversity in the classroom. These strategies have been defined by the IUHPE (2007) as fundamental for addressing new challenges in Health Education.
Thus, perception of the individual about the existence of a close relationship between his experience and environmental conditions leads into an awareness of the social forces at play and, subsequently, leads into action. Certainly this level of perception of the training links social organizational aspects with community development initiatives. A democratically managed organization bounds the efforts of each member to modify the system in a broader way than a single person. In a similar way, form the community level perspective, individuals who lend mutual aid gain influence and control over their quality of life. Therefore, it is essential to consider these different levels (individual, organizational and community) to have a complete sense to the concept of competence. (Sánchez y García, 2008)

Competence for individuals is carried out in a given context, and decision-awareness of their own situations lead people to identify themselves as part of a group of people sharing common problems. So the sum of competences developed by each individual and community groups can generate social change.

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