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The Value and Implementation of Health Education in Finland

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Abstract: Health education is an established school subject in Finland which is somewhat pioneering in the context of a nation-wide education and its contents and goals. However, the numerous health-related concepts that are partly overlapping make the definition, planning, and implementation of health education challenging. The purpose of this article is to discuss and illustrate the entity of health education through the various related concepts of health education and their mutual hierarchy. At its most concrete, successful health promotion leads to high-level health skills that are manifested as the ability to cherish health and well-being at the level of the behavior of individual people and communities. At the individual level, health skills are symbolized with the flame of life as the outcome of health promotion, health education, and the school subject of health education. Health skills include health awareness, health sensitivity and health literacy. In addition, the importance of caring teacherhood as the means of health education is discussed.

Keywords: health, health education, health promotion, health skills, health education teacher, caring teacherhood.

Introduction

Health promotion is a global issue and different countries have implemented a wide range of health promotion campaigns. Concern over health behavior in youth, unhealthy life styles, and repetitively perceived problems in health have aroused discussion over how to support the youth in their pursuit for good life (Berntsson & Köhler, 2001; Lightfoot & Bines, 2000; Morberg et al., 2006).

The health behavior, health, and well-being in Finnish youth have been studied systematically already from the 1970s. In addition to separate national surveys (e.g., Joronen, 2005), numerous case studies on the youngsters' health skills (Hakala et al., 2002; Rimpelä et al., 2005) and school health surveys (e.g., Lintonen et al., 2000) have provided plenty of information. Likewise, international studies of World Health Organization (WHO) have provided comparison information about the health behavior and well-being at school among the fifth-, seventh-, and ninth-graders since the 1980s (Konu & Rimpelä, 2002; Välimaa, 2000). The international European Network of Health Promoting Schools (ENHPS) program has evaluated the promotion of health of school communities, school health care nurses' health counseling and health education, and students' health learning both in Finland (Tossavainen et al., 2005; Turunen et al., 1999, 2000) and internationally (van Driel & Keijesers, 1997; Morberg et al., 2006; Moon, 2002).

The international discussion of the promotion of health education has been dominated by evaluations of various health programs and projects (e.g. D'Onise et al., 2010; Hackbarth & Gall, 2005). Although schools aiming at health promotion were established in Europe (e.g., European Network of Health Promoting Schools, ENHPS) (Ziglio, Hagard, & Griffiths, 2000) and in the North-America (e.g., "Co-ordinated school health Programme") (see e.g., Allensworth 1997) already in the 1980s, they could not solve health problems in a way that was expected (Rask, Määttä, & Uusiautti, 2013; St Leger, 2004). Although health definitions have been developed in many disciplines (e.g., Jamner & Stokols, 2000; Nordenfelt & Liss, 2003) as well as means of measuring health (e.g., Green & Lewis, 1986; Sharma & Romas, 2012), still the connection between health skills in practice and in theory has proven problematic (Basch, 1987). New research-based innovations are needed (Leone & Maurer-Starks, 2007).

The realization of health education can be difficult also because of the amplitude of concepts and their overlap. The variety in terms can be explained by the multi-disciplinary nature of the phenomenon: health is studied in medicine, nursing, psychology, education, sport, sociology, and etcetera. Moreover, the practices of health education are quite differently emphasized in various countries.

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The purpose of this article is to review the concepts of health education, analyze the connections between the concepts, and introduce the realization of health education in Finland. Finland is a pioneering country in health education because health education is a legally defined school subject in basic education (including elementary and secondary education), and in general and vocational upper secondary education. Health education is also included in the core curriculum of preschool education.

Viewpoints to the Amplitude of Concepts

Health education aims at health promotion. Health promotion can be seen as a wide main concept or an umbrella concept (Callahan, 2001; Sharma & Romas, 2012). Then, the school subject of health education is one of the forms of implementing health education, and health education one of the strategies of promoting health (Kannas, 2005; 2006).

We have illustrated the entity of health education through the various concepts and their mutual hierarchy (see Figure 1). As the following chapters will show, there are numerous concepts that could be included in the figure but we have carefully chosen the ones we find the most important to illustrate the connection between health promotion, health education, and eventually, the individual person's health skills. Health skills include health awareness, health sensitivity and health literacy. The fundamental idea is that at its most concrete, successful health promotion leads to high-level health skills that are manifested as the ability to cherish health and well-being at the level of the behavior of individual people and communities. At the individual level, health skills are symbolized with the flame of life as the outcome of health promotion, health education, and the school subject of health education. Next, we will define the current terms and introduce Finnish solutions to strengthen health education.

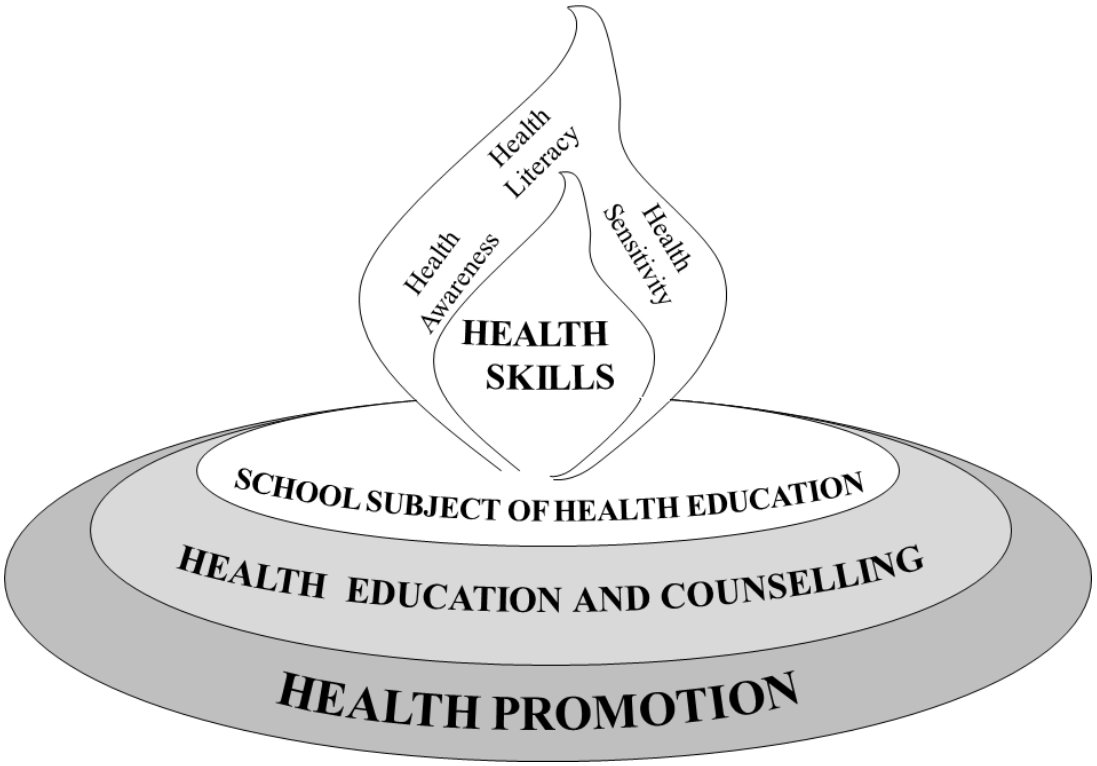

Figure 1. Core concepts of health education.

Health Promotion

Health promotion is a multidimensional concept covering at least (1) health promoting and enabling measures and (2) preventive measures that are to prevent the development of illnesses, treat, and rehabilitate (e.g., Laverack, 2004; Nordenfelt & Liss, 2003). The goal of the first is to strengthen the outer and inner factors that nurture health (e.g., O'Donnell, 1986). The goal of health promotion is embedded in the *health culture* (e.g., Pasick, D'Onofrio, & Otero-Sabogal, 1996) and written in *health policies* (e.g., Signal, 1998). Actually, today's public health and health promotion researchers are calling for better training and a stronger research culture in health policy as well (see Bernier & Clavier, 2001). This is because health promotion is under constant development internationally and interpreted by countries quite variedly.

Indeed, Signal (1998) states that "health promotion is an inherently political enterprise" (p. 257). Health promotion is based on the declarations and programs of WHO world conferences (e.g., WHO, 1986; 1998; 2005). In Finland, the Council of State made a

decision in principle in 2001 about the ”Health 2015” national health program and the Ministry of Social Affairs and Health has compiled quality recommendations for health promotion in 2006. They aim at the promotion of the whole population, prevention of illnesses, and decrease of differences in health among population groups.

Health Education and Counselling

One of the areas of health promotion is health education which means health promotion through education, teaching, and informing (e.g., Sharma & Romas, 2012). The purpose of it is to guarantee people with sufficient knowledge about the promotion and maintenance of good health and increase their interest in and skills of making decisions concerning their health. Health education wants to mold health behavior and attitudes in the population the goal being the adaptation of healthy life styles (Philip, Backett-Milburn, & Cunningham-Burley, 2003). The ultimate purpose is to secure children’s healthy and risk-free development and growth and lay the foundation for good health and well-being in adulthood. In practice, this means health appreciation and respect for the cherishing of health and for people with different health conditions through conversations about values, appreciations, and ideals (Kannas, 2005; Nortrup, Cottrell, & Wittberg, 2008).

In Finland, health education became an independent university-level subject at the University of Jyväskylä in 1990. Since the school year of 2006, Master-level education in health education has, in addition to other students of health profession, accompanied five students aiming at teachers of health education (see https://www.jyu.fi/sport/laitokset/terveys/oppiaineet/tk/koulutus). Health education is concretized with the school subject of health education that has become a part of Finnish basic education.

Health Education as a School Subject

As mentioned in the Introduction, health education became an established school subject in Finland in 2001 Education (Finnish National Board of Education, 2004). The history of health education is long in Finland (see Rask, 2012). The current Finnish national core curriculum is a pioneering one among the solutions of implementing health education in school (Rask, 2012). Other countries where local education is guided by national core curricula are England, Scotland, New Zealand, Singapore, South-Africa, and Sweden (Vitikka & Hurmerinta, 2011). Still, the emphases and the ways the content is integrated in other subjects seem to vary between these countries.

The United States, Australia, and Canada have no nation-wide curricula but state-specific curricula (Vitikka & Hurmerinta, 2011), and health education is often tied with health promotion programs in schools in the United States (Brey, Clark, & Wamtz, 2007) and in Canada (Rootman & Gordon-El-Bihbety, 2008). Likewise, giant steps in health education have been taken in China (Wang, 2000) and in Bangladesh (Jahan, 2000). In Finland, health education is divided into the actual health education and health promotion, the development of social skills and general life-management skills, and safety education (Government Bill, 142/2000; Rask, 2012). In addition, health is an important content of preschool education (see the National Core Curriculum of Preschool Education, 2010).

The goals and contents of the school subject of health education are written in the National Core Curriculum for Basic Education (Finnish National Board of Education, 2004). According to the curriculum, the purpose of health education is to advance awareness that supports health, well-being, and security. Therefore, it also aims at developing cognitive emotional regulation, and functional and ethical readiness.

To do that, the core contents of health education are (1) growth and development (life span; physical, mental, and social health; special features of adolescence development; and care for one’s own health), (2) healthy choices in everyday situations (nutrition; smoking, alcohol, and other drugs; sexual health; human relationships; infectious diseases, illnesses; road safety; accidents and first aid), (3) resources and coping skills (health; work and work ability; emotions and expression of emotions; social support; interaction skills; crises of development and life phases), and (4) health, society, and culture (national diseases; environment and health; well-being at work; basic health care and welfare services; civic organizations; legislation about children’s and youngsters’ rights and limitations). Instruction of health education is based on the understanding of physical, mental, and social capability (Finnish National Board of Education, 2004).

The *teacher of health education* is required to possess considerable knowledge and expertise. Kannas (2006) defines those areas of health education that also determine the professional knowledge and expertise required but health education teacher: (1) visionary knowledge according to which the teacher has to have a clear vision and understanding of the core concepts and their interconnectedness of health education, health promotion, and health awareness; (2) lifestyle knowledge according to which the teacher should get the youth to adopt sensible, healthy habits; (3) methods knowledge according to which the teacher has to have suitable pedagogical skills including diverse teaching, communication, education, and guiding skills required of a health education professional; (4) strategic knowledge according to which the teacher has to have a holistic

perception of the measures with which schools can promote pupils' and school personnel's health; 5) cultural knowledge according to which the teacher has to able to view critically phenomena related to health and illnesses also from the societal perspective; and (6) knowledge of health and illnesses according to which the teacher has to know what causes and what prevents diseases, and what are the most common diseases. The teacher of health education therefore works also as a health educator (Kannas, 2006).

Caring teacherhood that supports well-being in pupils is important in health education, too (Määttä & Uusiautti, 2011; 2012; Uusiautti & Määttä, 2013ab; Uusiautti, Määttä, & Määttä, 2013; see also Langaard, & Toverud 2009). Moreover, a health education teacher set an example!

In all, health education is a special school subject because of its experiential and emotional sensitivity. Topics discussed in lessons can be very personal, touching, and emotional. Therefore, a health education teacher cannot just rely on his or her knowledge of health issues and development of substance knowledge. At the same time, the teacher has to pay attention to challenges and needs related to pupils' age and developmental level.
In a school community, every teacher and student has their own values that direct their choices. However, the school shares common basic values to which teachers and students commit according to the curriculum. In Finland, the National Core Curriculum defines the teaching and education goals and the basic values for schools.

Health Skills
We use the concept of *health skills* to cover the elements of health awareness, health literacy, and sensitivity and other related concepts that each contribute an important part of an individual person's capability to cherish his or her health. As the illustration of Figure 1 implies, health education provides people with health skills that are manifested as high-level health literacy (Ratzan, 2001; Tones, 2002), health awareness and sensitivity even leading to empowerment (Falk-Rafael, 2001; Jones & Meleis, 1993). Empowerment enables participation, active action, and becoming heard both at the individual and communal levels (Kickbusch, 2001; Nutbeam, 2008). The individual people's responsibility over healthy choices increases, readiness to set personal health-related goals becomes strengthened, and experiences of coping skills, capabilities, and perceived social support increase (Laverack, 2004). Health education provides information about topical health risks and their avoidance and can prevent national diseases in adulthood. Therefore, health education can have significant economic influence in the form of citizens' ability to work and function (Basch & Slipcevich, 1983; Kannas, 2006; Mitchell & Laforet-Fliesser, 2003).

Discussion: Challenges of Health Education
In order to sufficiently guarantee each and every individual person's health skills and decrease differences in people's health behavior and attitudes, the position of health education and health education teachers should be strengthened at school. Teachers need readiness to encounter diverse pupils and skills for supporting their well-being at social, emotional, and physical level. All these should be paid more attention to already during teacher training. Caring teacherhood (Määttä & Uusiautti, 2011; 2012; Uusiautti & Määttä, 2013ab) and sincere wish to strengthen pupils' positive resources, provide experiences of success, and boost pupils' trust in their skills and importance of their choices might be even more important than mastery of the contents of the school subject of health education (see also Basch & Sliepcevich, 1983; Paldanius & Määttä, 2011). On the other hand, teachers' in-service training can be especially fruitful when it comes to the increasing knowledge of health education (Leone & Maurer-Starts, 2007). Health educators are required to have special professionalism and competence that is strengthened both along with their training and work experience (Happo, Määttä, & Uusiautti 2012; Paloste, Uusiautti, & Määttä, 2011).

Teaching methods should be developed to activate pupils and having them taking the responsibility over their own health behavior (see Callahan, 2000). Dialogues with pupils (Borup & Holstein, 2006; Golsäter et al., 2010; Johansson & Ehnfors, 2006; Johansson & Cooper, 2002) and focus group discussions (Loman, 2008; Peter-Sweeney, 2005) have proven successful methods of health education – within all the busy school life, these methods would deserve conscious effort and invest both in teacher training and at basic school. Especially, boys' health skills and their promotion necessitate special attention: according to research, they do not seem very interested in cherishing their health (Juszzak & Cooper, 2002; Rask, 2012; Rask, Määttä, & Uusiautti, 2013). This concern over men's health has already given birth to a special journal to discuss the topic, namely the American Journal of Men's Health (see e.g., Levant & Wimer, 2013).

The ethos of schooling should transmit the accepting and caring atmosphere that would be manifested through positive interaction and cooperation (Mäenpää, Paavilainen, & Åstedt-Kurki, 2007) and health-promoting leadership (Uusiautti, 2013; Uusiautti et al., 2012). School should have special rewards for well-being promoting actions and measures. Along with various active and goal-oriented collaborative activities, the school personnel and pupils would cherish and strengthen health, well-

being, and satisfaction at school (see D'Oniese et al., 2010).

It is also necessary to bring the knowledge acquired by research in health sciences into the practice of education (Parker & Kindig, 2006) and show how significant health awareness for the quality of life and well-being is. Widening health literacy (Rask, Määttä, & Uusiautti, 2012), appreciation of capital of physical exercise (Kunnari, Määttä, & Uusiautti, 2013) and understanding health education as a part of health capital (Hyry-Honka, Määttä, & Uusiautti, 2012) make specific contributions to health promotion. Likewise teachers' and students' experiences of critical health threats make way to the discovery of successful solutions to change the progression in a positive direction (Hoisko, Uusiautti, & Määttä, 2012; Sahi & Määttä, 2013; Savukoski, Määttä, & Uusiautti, 2012; Vaarala, Määttä, & Uusiautti, 2013). The aforementioned viewpoints exemplify research conducted at the University of Lapland, Finland, aiming at fostering vivid and innovative research on health education and teaching.

Active developmental aspirations that are grounded on the idea of caring, love-based school can be used for creating healthier school, a healthier new generation, and healthier future – toward a world where it is safe to live, love and take care of each other.

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