

THE RELEVANCE OF A HEALTH PROMOTION EDUCATIVE PROJECT: SMOKING PREVENTION IN THE PALMEIRA SCHOOL GROUP

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Introduction

Smoking addiction is a severe social problem, being programmes of “Tobacco control” a main strategy in Public health to reduce it. For this purpose the WHO (World Health Organisation), IUHPE (International Union for Health Promotion and Education), UNESCO (United Nations Educational, Scientific and Cultural Organisation), UNICEF (Unite for Children), U.S. CDC (Centers for Disease Control and Prevention), FRESH (Focussing Resources on Effective School Health) initiative, among others, have recognised schools as being potentially important in the promotion of health and wellbeing (IUHPE, 2008). Beyond health education classes, all aspects of life in the school community need to be developed towards health promotion, by using strategies contributing to improve pupils’ personal and social competencies, their critical literacy and empowerment and equity (Carvalho, 2003). To achieve this efficiently, there is a need for interlinked relationship between the health system and school education (IUHPE, 2008). Therefore, important health issues, like the smoking addiction, must be incorporated in current school activities, in their structural and organisational elements (the so called “School group curricular project” or PCA¹, “Class curricular project” or PCT² and the “Evaluation criteria” or CA³), being the Educative Project, EP (or PE⁴) of paramount importance (Fontoura, 2006). The PE legal framework can be found, among others, in the Portuguese decree-laws n° 43/1989, n° 172/1991, n° 115-A/1998 and more recently in the decree-law n° 75/2008. In addition, the educational goals generated from

¹ PCA – *Projecto Curricular de Agrupamento escolar* (School group curricular project).

² PCT – *Projecto Curricular Turma* (Class curricular project).

³ CA – *Critérios de Avaliação* (Evaluation criteria).

⁴ PE – *Projecto Educativo* (Educative Project).

the Education Act (LBSE, Law n° 46/1986)⁵ demand that schools develop an Educative Project to be “beneficial to pupils”.

The school EP is a referential document, guiding all school activities and involving the possible and realistic participation of all school members, subject to evaluation in order to be improved (Fontoura, 2006). The school EP assumes, on one hand, the recognised school autonomy and, on the other hand, the development of a specific identity which is essential to its autonomy process and to its principles, aim and goals substantiation. The construction of an EP expressing the image of the school community (including both educators and learners) is necessary (i) to identify problems and to collaborate in solving them, (ii) to reflect and to question the methods, the processes and the decisions, (iii) to evaluate the outcomes and (iv) to motivate towards future goals (Roldão, 2005). In order to be effective, it requires the awareness about school community interests and expectations, the understanding of the school context (indoors and surrounding), the identification of priorities, definition of strategies, the participation of all school community members (pupils, teachers and other school staff and parents) as well as the collaborative interlink between the school and the local municipal authorities, the local health centres and, last but not the least, the larger community where the school is included (Marques, 2001; Roldão, 2005).

The Palmeira School group (PSG or AEP⁶) has built its Educative Project having as reference the new educative paradigm that valorises the future (human, scientific and technical future) rather than tradition or the old times (Marques, 2001), in order to appropriately face the new challenges in a globalisation context, by trying to harmonise the didactic transposition (content knowledge, the selected knowledge for teaching and the knowledge taught) (Clément, 2006) with the improvement of pupils’ personal and social competencies towards a healthier lifestyle and a better citizenship (Carvalho, 2006; Carvalho & Carvalho, 2008).

The PSG Educative Project (PSG-EP) aims at “*developing health promoting habits in the school community*”, where smoking addiction is a major bad habit target. The PSG-EP goals are the following: (i) to potentiate the development of competencies in the domains of “knowing how to be” and “knowing how to do”; (ii) to develop habits of critical, reflexive and aware citizenship; (iii) to promote the interlinking of knowledge and curricular contents with the needs of globalization; (iv) to promote collaboration,

⁵ LBSE – *Lei de Bases do Sistema Educativo Português*.

⁶ AEP – *Agrupamento de Escolas de Palmeira*.

teamwork, the multidisciplinary/transdisciplinarity of both health promotion know-how and authority for the progress of healthier lifestyles, particularly in giving up smoking.

Methodology

Bearing in mind that the EP must result from the actual school reality knowledge and persons' participation (Roldão, 2005; Marque, 2006), the PSG-EP participants' conceptions and perceptions were taken into account. They were teachers and other school staff, pupils, parents and the local administrative authorities (PJF)⁷ of a specific outskirts area of Braga town, making a total of 1423 participants. Questionnaires were constructed specifically for this work.

All educators and teachers (140 subjects) from all schools included in the PSG and all school levels answered the questionnaire: 18 kindergarten educators, 42 teachers from the 1st cycle of basic education CEB⁸, 41 teachers from the 2nd CEB, 57 teachers from the 3rd CEB and 4 teachers from special educational needs.

Similarly, all PSG educational action staff (52 subjects) were enquired: 11 from kindergarten, 11 from 1st CEB and the remaining 36 from the 2nd and 3rd CEB schools.

From the pupil population (1593 subjects), a sample of 606 (38.0%) was obtained: 150 from the 1st CEB (6-10 year-old pupils), 150 from the 2nd CEB (10-13 year-old pupils), 300 from the 3rd CEB (13-16 year-old pupils), as well as 3 from the "Alternative curricular course" or PCA⁹ and 3 from the "Education and training courses" or EFA¹⁰.

The parents of these pupils (except for the EFA pupils' parents) plus 15 kindergarten pupils' parents, in a total of 618 subjects, also answered the questionnaire.

For the perception of the actual PSG social reality, the 7 local administrative authorities (PJF) were asked to fill in a table with some social indicators, as shown in the Results.

⁷ PJF – *Presidente de Junta de Freguesia*.

⁸ CEB – *Ciclo do Ensino Básico*.

⁹ PCA – *Percurso Curricular Alternativo*.

¹⁰ EFA – *Cursos de Educação e Formação*.

Results

Social characterization of the Palmeira School Group (PSG) Educative Project territory

From the preliminary raw data obtained from the seven local administrative authorities, it is possible to understand that this PSG is located in a deprived Braga outskirts area (Table 1). More detailed data are about to be analysed.

Smoking frequency in the Palmeira School Group and smoking influencing factors

Results showed that 25% of the PSG population were smokers. There were fewer women smokers than men in all the sample groups, except the teachers where both men and women smoking groups were similar, 35% each (Figure 1). Teachers, both men and women, were the group with a higher percentage of smokers (35%) whereas the educative action staff was the group with a lower proportion of smokers (13%).

Although the average of smoking pupils is 24% (Figure 1), results by age group showed that the oldest pupils, those of 13-16 years-old (3rd CEB), were the highest smokers, 48%. Statistical analysis showed significant differences between groups (ANOVA; $p < 0.05$).

Table 1- Social characterization of the PSG Educative Project territory

INDICATORS	Local authorities (<i>"Freguesias"</i>)						
	Adaúfe	Crespos	Dume	Navarra	Palmeira	Pousada	St.Lucrécia
Poverty situation	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Emigration	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Unemployment	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Precarious jobs	Yes	Few	Yes	No	Yes	Yes	Yes
Food deprivation	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Housing shortage	Yes	No	Yes	Yes	No	Yes	Yes
Families with a social integration income	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Family support structures	Yes	No	Yes	No	Yes	No	No
Health centre extension	Yes	No	No	No	No	No	No
Economic development	Low	Medium	Medium	Medium	Medium	Low	Medium
Social development	Low	Medium	Low	Medium	Medium	Low	Medium
Literacy/academic qualifications	Low	Medium	Low	Medium	Medium	Medium	Low
Divorces	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Domestic violence	Yes	No	Yes	No	Yes	Yes	Yes
Smoking	High	High	High	High	High	High	High
Alcoholism	Yes	No	Yes	Yes	Yes	No	Yes
Other drugs	Yes	Yes	Yes	Few	Few	Few	Yes
Libraries/Mediatecas	No	No	No	No	1	No	No
Cultural groups	1	No	No	No	No	2	1
Recreative groups	No	No	No	1	1	No	No
Sports groups	1	1	1	1	2	No	1

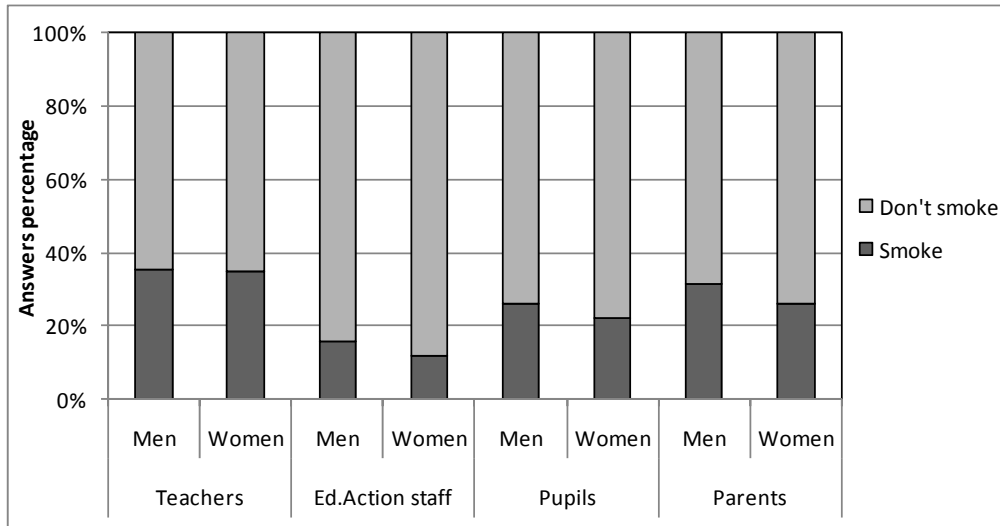


Figure 1- Smokers per group of teachers, educative action staff, pupils and parents

From the total sample, the street group effect was the major factor (30%) contributing for smoking addiction, followed by a lack of prevention (25%), low general literacy (19%), unemployment (9%), poverty (9%) and Legislation (8%). Teachers, educational action staff and pupils consider that the street group effect as the major factor influencing young people smoking (27%, 25% and 38%, respectively). In contrast, parents express the lack of prevention as the major effect (32%), followed by the street group effect (29%) (Figure 2).

Interesting is the fact that teachers do not assume the lack of prevention as an important factor (only 11%) as compared to the other three groups: Educational action staff (30%), pupils (26%) and parents (32%) (Figure 2).

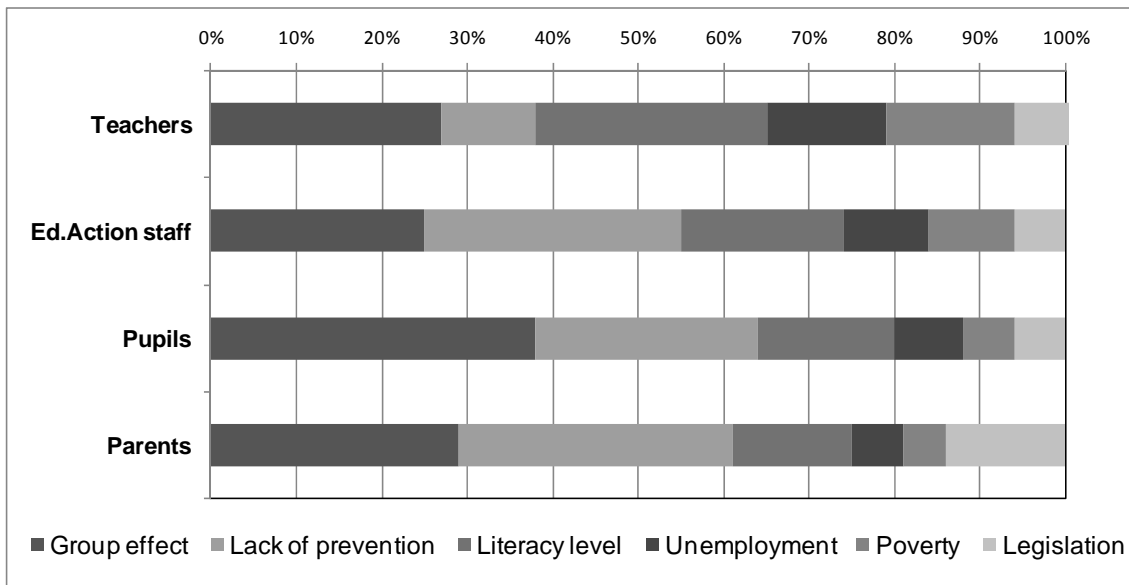


Figure 2- Factors influencing the smoking habit

Smoking prevention and measures to be implemented in the Palmeira School Group

Less than 20% of respondents were aware of smoking prevention campaigns in the PSG: 18% of the teachers, 15% the other school staff, 12% of the pupils and only 6% of the parents (Figure 3), which shows that little has been done in schools.

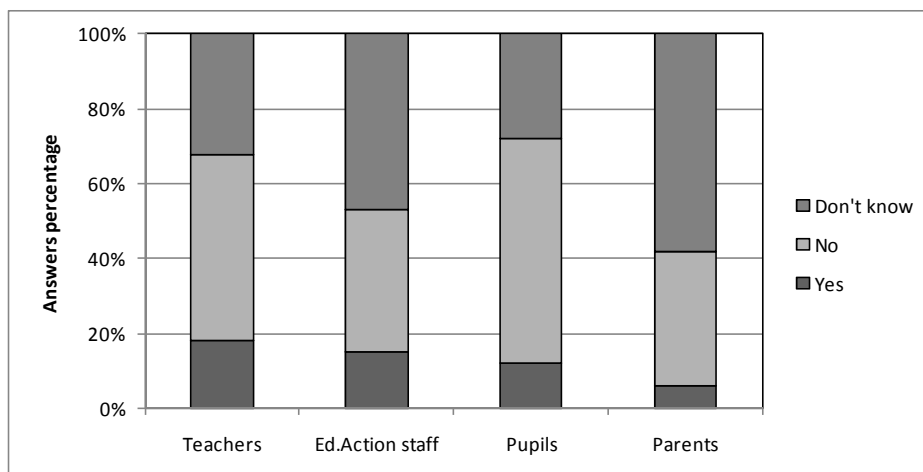


Figure 3- Knowledge about PSG smoking prevention campaigns

When asked about their involvement in such preventive campaigns, the educational action staff seems to be the group less involved (65%) as compared with teachers (73%), parents (83%) and pupils (98%). Similarly, the educational action staff is the

less motivated group to carry out preventive campaign training courses (52%) when compared to the other groups: 95%, 85% and 87%, respectively (Figure 4).

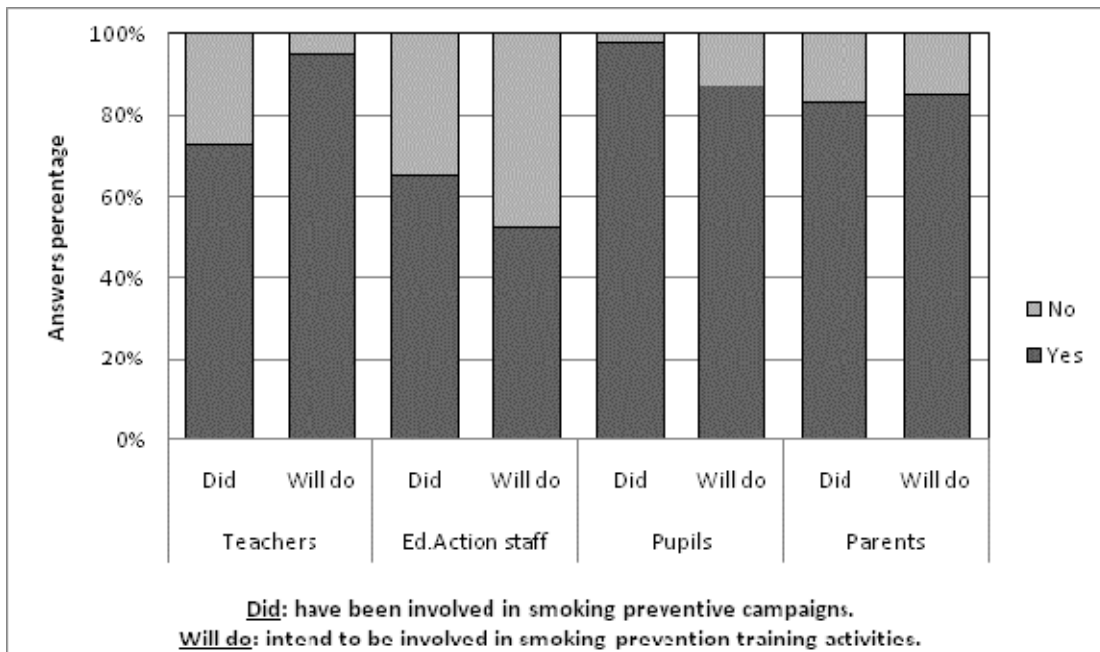


Figure 4- Participation in smoking preventive campaigns and intention to participate in smoking prevention training courses

Results show that 43% of the respondents do not know about any partnership with other institutions or persons for smoking prevention and that 41% say there is not any partnership in this domain. Pupils are the more positive ones, as 12% say that there is high partnership whereas the other groups are less positive: 8% of the teachers, 5% of the educational action staff and 4% of the parents (Figure 5).

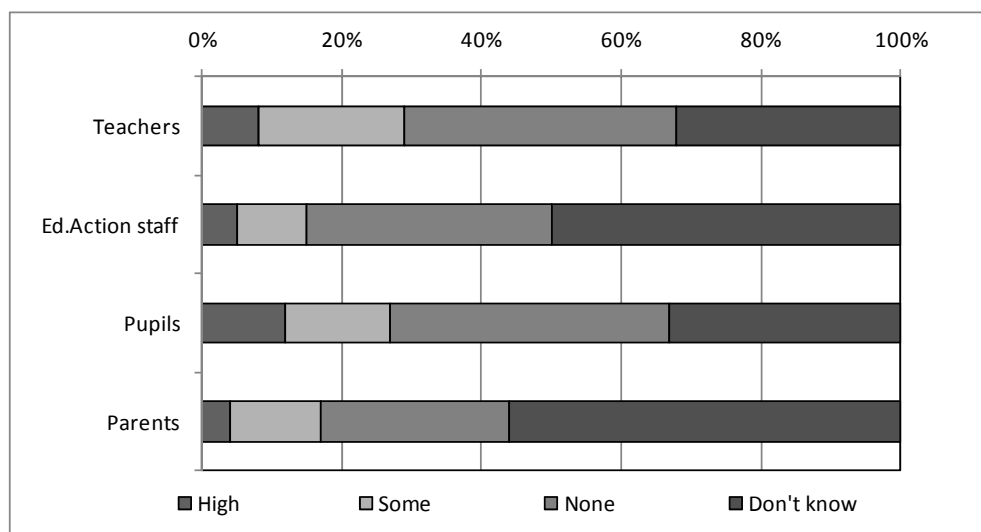


Figure 5- Knowledge about smoking prevention partnership

When asking about the influence of several factors in smoking prevention, the results shown in Table 2 indicate that the school outcomes are the more important dimension, followed by the family context.

Altogether, data show that the local administrative authorities, teachers and the educational staff valorise the family as the dimension mostly effective in smoking prevention, whereas pupils and parents emphasize the school dimensions (Table 2).

Table 2- Smoking prevention dimensions

Dimensions		School outcomes	Family	School Curriculum	Strategy organisation	School management	Educational policies
Sample							
Teachers	HI	83%	78%	80%	71%	68%	75%
	LI	14%	16%	23%	23%	21%	17%
	NI	3%	6%	7%	6%	11%	8%
Educational action staff	HI	68%	66%	49%	41%	28%	36%
	LI	23%	25%	36%	38%	34%	27%
	NI	9%	9%	15%	21%	38%	37%
Pupils	HI	75%	42%	34%	40%	27%	33%
	LI	21%	29%	40%	36%	38%	34%
	NI	4%	27%	26%	24%	35%	33%
Parents	HI	72%	54%	23%	55%	30%	40%
	LI	20%	30%	32%	34%	52%	39%
	NI	8%	16%	45%	11%	16%	21%
Local administrative authorities	HI	100%	100%	58%	72%	42%	42%
	LI	0%	0%	28%	14%	42%	58%
	NI	0%	0%	14%	14%	14%	0%
		HI – High Influence	LI – Little Influence	NI – No Influence			

The groups involved in this research showed different interesting views about the smoking preventive measures to be applied in the future (Figure 6):

- The teachers were focused on implementing anti-smoking educational approaches, such as Educational projects (24%), classroom health education teaching (22%) and adequate textbooks (20%);

- The educational action staff gave more attention to pupils social environment, concerning both family commitment (20%) and school host pupils (18%), followed by classroom health education teaching (17%);
- Pupils and parents showed similar concerns assigned to the school: school host pupils (24% and 34%, respectively), family support given by the school (20% and 22%), followed by anti-smoking educational projects (17% and 14%).

The differences between groups were statistically significant (ANOVA; $p < 0.05$).

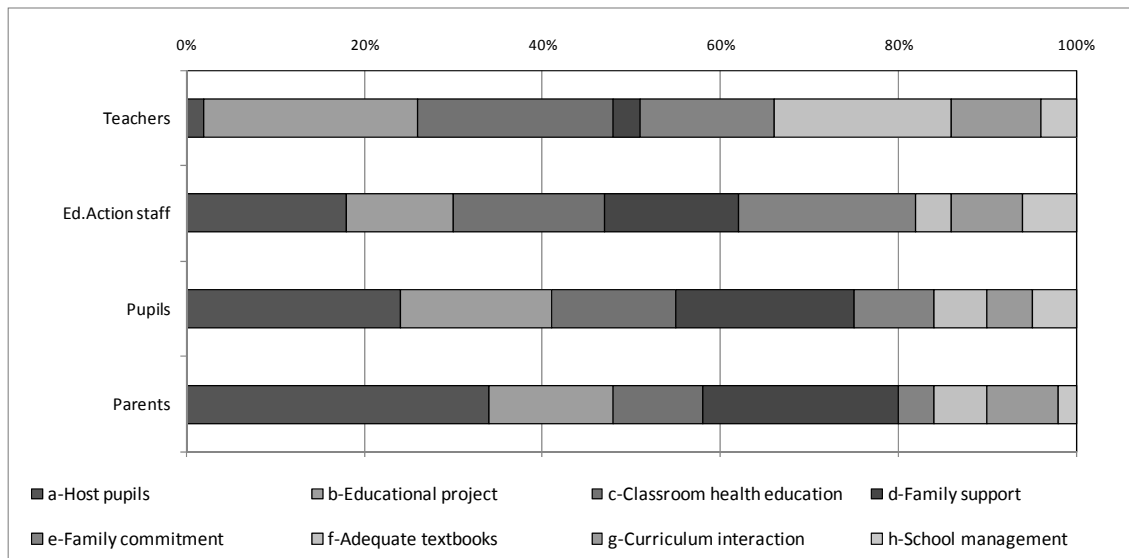


Figure 6- smoking prevention measures to be implemented

Conclusion

The Palmeira School Group PSG is located in a deprived Braga outskirts area and the proportion of smokers is 3% below the average of the smoking Portuguese population (28%) and 9% below the European average (34%) (Berthet & Paradas, 2006). Of course this is also due to the fact that our sample includes a high proportion of children and young people (who do not smoke) that do not correspond to the normal distribution of the population.

The street group effect is recognised by all groups (teachers, educational action staff, pupils and parents) as a major effect factor influencing pupils' smoking addiction. Furthermore all groups, except teachers, consider the lack of prevention as an important factor as well. But when asked about preventive campaigns in the School Group less

than 20% of respondents were aware of it. Similarly, the knowledge about partnerships with other institutions regarding prevention of smoking addiction was very low, below 43% of respondents. These results together indicate that little has been done in smoking prevention in this Palmeira School Group.

It is rather interesting to notice that those directly involved in the promotion of school activities (the local administrative authorities (PJF¹), the teachers and the educational staff) valorise the family as the dimension mostly effective in smoking prevention whereas those expecting positive outcomes from the school (pupils and parents) emphasize the relevance of the school dimensions (Table 2). Moreover, all groups consider school management as the less important dimension for smoking prevention, where on the contrary it is well known that it plays a crucial role in school education policies, such as the implementation, or not, of smoking and other drugs prevention programmes (Barnekow *et al.*, 2002).

In addition, teachers tend to give great importance to the pedagogic activities (educational project, classroom health education teaching and good textbooks) whereas the educational staff, pupils and parents give major relevance to the pupils' social protection.

This was a preliminary study attempting to understand the main concerns of the school groups (teachers, educational action staff, pupils and parents) about smoking addiction and its prevention. Further work is now going on to put together all these school actors in order to build a serious smoking prevention programme in this Palmeira School Group, where all will feel truly committed. Only in this way, we do think it is possible to accomplish an effective smoking prevention.

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