



# 3

## Approaches to Health and Wellbeing

It is suggested that a curriculum approach reflects views of schools and society (Ornstein & Hunkins, 2017). An educator's curriculum approach may conflict with the formal organizational view, as teacher's approaches can be influenced by external or governing bodies:

The school curriculum is never value free as it either implicitly or explicitly embodies a particular educational philosophy related to the purpose of education. Different approaches to education also embrace a range of beliefs about the role of education, the place of schools in society and what it means to be educated. (Australian Government, 2014, p. 17)

Associations between public health and HPE can be traced back as far as the 1800s (Alfrey & Brown, 2013). Hence, educators need to also be aware of the influence of external or governing bodies and ulterior motives. In particular, the term “Governmentality” has been coined, which is concerned with the art of government (Chamberlain, 2014). Governmentality comes from the work of Michel Foucault and involves public health regulation as an “exemplary paradigm of the deployment of governmental strategies that seek to shape the conduct of individuals and collectives” (Tinning, 2010, p. 147). Thorpe warns that governmentality illustrates a “declining faith

in the institutions responsible for governing education” (2003, p. 147). However, it is argued that “professionalism in learning areas should be trusted to develop the best curriculum” (Australian Government, 2014, p. 116).

The modern approach towards public health and health education considers determinants of lifelong health and wellbeing—some factors being more in the individual’s control than others (Corbin, Welk, Corbin, & Welk, 2011). Health and wellbeing lifestyle determinants include:

- Personal actions and interactions—cognitions and emotions (greater individual control).
- Healthcare system access and compliance (some individual control).
- Environmental factors—physical, social and cultural, spiritual, work-site, other (some individual control).
- Heredity, age, disability (individual has least control) (p. 10).

The literature acknowledging the “big picture” of health and the determinants which may or may not be in an individual’s control sits within the World Health Organization’s (WHO) definition of health; “a state of complete physical, mental and social well-being, and not merely the absence of disease or infirmity. The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being, without distinction of race, religion, political beliefs or economic and social condition” (WHO, 1948). Hence, the next element of quality physical education when exploring health approaches that influence teachers and children is whole child development (cf. Fig. 1.1). Furthermore, through this exploration, the complexity of implementing health and wellbeing in schools is identified. It is important to note that holistic development has not always been the priority as the following health approaches illustrate.

## Biological Approach

### Medical Model

The medical model is individualistic; it focuses on cure rather than prevention and subsequently members of society who are diseased. The healthcare system is a key player in the medical model where “traditional medicine has focused primarily on the treatment of illness with medicine, rather than illness prevention and wellness promotion” (Corbin et al., 2011, p. 10).

Developed during the age of Enlightenment in the 18th Century, when the traditional natural sciences began to dominate academia and medical practice. The belief that science could cure all illness and disease has remained a core element of modern medicine. This concept of health may be easier to understand as it makes health an attribute you can measure simply by determining if a disease is present or not. However the strong emphasis on the absence of disease as an indicator of good health, and the overdependence on the influence of medical science in health, ignores the power of other important influences. (Community Development & Health Network, n.d.)

The medical model does not sit within the WHO's definition of health (1948) and has three major criticisms:

1. it supports the false notion of dualism in health, whereby biological and psychological problems are treated separately;
2. it focuses too heavily on disability and impairment rather than on individual's abilities and strengths; and
3. it encourages paternalism within medicine rather than patient empowerment (Swaine, 2011).

## Behavioural Approach

Similar to the behavioural approach in education, health objectives can be perceived as being deliberate, systematic, planned attempts to change behaviour. It assumes that simply by advocating and providing informa-

tion about having a healthy lifestyle [optimal wellbeing] is enough to change an individual's behaviour. Within the behavioural approach it is assumed that changes in people's behaviour will occur by simply providing information such as:

- Engaging in regular physical activity
- Eating well
- Managing stress
- Avoiding destructive habits
- Practising safe sex
- Managing time
- Being an informed consumer
- Adopting good health habits
- Adopting good safety habits
- Learning first aid (Corbin et al., 2011, p. 10).

## Transtheoretical Model of Behaviour Change

The transtheoretical model of behaviour change [also known as stages of change] (Prochaska & DiClemente, 1983; Prochaska, DiClemente, & Norcross, 1992) is founded on changing behaviour of an individual by practising self-management and self-planning skills. The model acknowledges that most people find it extremely difficult to make healthy lifestyle changes, relates to the level of motivational readiness to adopt a specific health behaviour and is an iterative and integrative process (similar to the inquiry-based approach). It is an example of a biopsychosocial model used to conceptualise the process of intentional behaviour change. However, it does assume that all determinants are within an individual's control.

Prochaska and his colleagues suggest that there are five stages of lifestyle change:

1. Precontemplation—I don't want to change.
2. Contemplation—I am thinking about change.
3. Preparation—I am getting ready to make a lifestyle change.
4. Action—I have made some lifestyle changes.

5. Maintenance—I regularly practise healthy lifestyles (active for years, behaviour is automatic); sometimes referred to as termination (e.g. No longer smoke) (Corbin et al., 2011).

The factors influencing change include:

- Personal factors—age, gender, heredity, current health and fitness.
- Predisposing factors—self-confidence, self-efficacy, safe environment and access (Am I able?); and self-motivation, enjoyment, balanced attitudes, beliefs and knowledge (Is it worth it?).
- Enabling factors—goal setting, self-assessment, self-monitoring, self-planning, performance skills, coping skills, consumer skills and time management.
- Reinforcing factors—success, family support, peer support and support of health professionals (Corbin et al., 2011, p. 25).

Being familiar with constraints and the ability to overcome such barriers is a key self-management skill. Also, knowing the reasons why people do carry out the behaviour one is aspiring towards can assist. Self-planning is also a focus and viewed as an important self-management skill. Self-planning skills include:

1. Clarifying reasons
2. Identifying needs
3. Setting personal goals
4. Selecting programme components
5. Writing the plan
6. Evaluating progress (Corbin et al., 2011).

## Social Approach to Health

### Social Model to Health

The social model to health was developed in reaction to the traditional medical model. The social model examines all the factors which contribute to health such as social, cultural, political and the environment (e.g. poor

housing), as it is well documented that both stress and low self-esteem can have a negative impact on health (Wilkinson & Marmot, 2003).

## **Socio-Ecological Model (SEM)/Socio-Cultural Approach**

As stated by Lynch (2012), the complex layers of relationships between individuals and groups, involving personal, interpersonal and environmental factors which can be categorised as constraining and enabling, are captured within the SEM designed by Sallis et al. (2006). The SEM approach identifies potential environmental and policy influences on four domains of active living: recreation, transport, occupation and household. The SEM is supported by McMurray (2007) who suggests that community is a socio-ecological concept and

systems of dynamic, interactive relationships between people and their physical, geographic, personal and social networks. Communities are ecological in that the relationships within the community not only connect people to the community, but give back to the community what it needs to sustain itself. (p. 13)

Within literature, more recently the SEM has been used to identify barriers for primary school classroom teachers responsible for teaching PE:

used to provide a conceptual framework to analyse, explore and understand the multiple factors that influence teacher behaviours at the intrapersonal (individual), interpersonal (social), physical environment and policy levels (Elder et al., 2007; Hyndman, Benson, & Telford, 2014; Whittle, Telford, & Benson, 2015). The intrapersonal level consists of genetic characteristics, psychological influences (Stokols, 1992), learning histories (Hovell et al. 2009), behaviours, intentions and expectations (Glass and McAtee 2006). The interpersonal level consists of socio-cultural influences that interact with an individual such as family, friends, peers, cultures and support networks (Wattchow et al., 2013). The physical environment level refers to the structural components and resources within an environment that either facilitate or reduce the potential for a behaviour or outcomes (Wattchow et al., 2013). The policy environment level refers to laws, regulations and

policies that impact behaviour across jurisdictions such as uniform requirements, access to funding and teaching guidelines. Combined, these factors can influence the behaviour of teachers and educators (Wattchow et al., 2013). (Hyndman, 2017, p. 27)

Within the education field and specifically the implementation of the H, W & PE curriculum, the social model to health has been represented and described as the socio-cultural approach. The socio-cultural approach in education and in particular, H, W & PE, is described in detail in Chapter 9.

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