PARENTS' ATTITUDES ON THE INTRODUCTION OF HEALTH EDUCATION IN THE EDUCATION SYSTEM

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ABSTRACT

Introduction: We explored parents' views on the introduction of HE into the educational system, as well as differences in the degree of agreement, depending on the gender of the respondents, the school which the children attend and children's age.

Patients and methods: Examinees in this study were parents (N = 531) of children attending primary and secondary schools in the area of Municipality Livno. The study was conducted by using cross-sectional study and a special questionnaire was created assessing attitudes on the introduction of HE in the education system which contains 26 items. **Results:** Parents have positively disposed towards the introduction of HE in schools (M = 2.85) if it would be carried out according to previously anticipated and clearly defined literature (M = 3.89), which they should be pre-acquainted with (M = 3.78). They also consider that the lecturers should be exclusively health workers (M = 3.50) and certainly should cover the topics of the quality of human life (M = 4.07), the prevention of addiction (M = 4.03), prevention of bullying (M = 4.14) and the culture of social communication (M = 4.15). Surely the content of the lectures should be adapted to the age of the child and should be adjusted with the principles and values imposed by the religion (M = 3.61). Parents most varied in their views when it comes to the introduction of sex education in schools (M = 2.9, SD = 1.53), however, if the contents would correspond with the age of the child (M = 3.7). There are no gender differences on the issue of the introduction of HE in schools (t = 0.018, DF = 499, p > 0.05), as well as differences between the schools (F = 1.937, DF = 5,520, p > 0.05), nor between children of various age groups (F = 1.667, DF = 2,523, p > 0.05).

Key words: Health Education, Sex Education, Parents attitude.

1. INTRODUCTION

Health education is learning process specifically designed to assist individuals and communities to improve their health in a way that increases their knowledge or influence their attitudes (1). The overall objective of health education, based on a holistic understanding of health, is to promote health, healthy lifestyles and adopt healthy lifestyles through interdisciplinary work and the implementation of educational content in the context of compulsory and elective courses, school prevention programs, projects and facilities prepared for the implementation during school classes (2).

Schools must be more than only centers for academic teaching, but also a place of support for the provision of essential health education and services (3). The curriculum of health education and instruction help students to adopt skills that will use in making healthy choices throughout their lives. Effective curriculum resulting in positive behavioral changes that lower the risk for students regarding use of alcohol, tobacco and other drugs; prevention of

injury, improve mental and emotional health, nutrition, physical activity; disease prevention and sexuality and reconciling work and family life. Also, it was shown that healthy students learn better, have better results at school, as well as a higher level of attention and better performance on tests (4). Among school children and youth in Bosnia and Herzegovina rate of smokers in 2012 was as high as 14.3% (5). One third of children aged 5-10 years are obese (5). In Sarajevo Canton during school year 2013/14, was introduced for the first time, a new elective course "Healthy Lifestyles", designed for students from fifth to ninth grade who, among other things, includes topics such as: healthy nutrition, physical activities, preservation of reproductive health and gender issues, the development of life skills and inclusion. Health education as compulsory part of the curriculum was introduced in primary and secondary schools in the Republic of Croatia in 2012. Croatian Constitutional Court in 2013 decided to abolish the curriculum of health education, on the grounds that the state did not align the content of health education with the constitutional rights

and freedoms of parents in the education of their children and that the process of implementation has not carried in a way that is in accordance with democratic principles that the state is obliged to respect and implement (6). The parents think that the role of school is important in teaching subjects that are within health education such as training for non-violent communication, development of independence and self-confidence, dedication to their and others' rights and the development of critical thinking (7). More than 80 percent of young people and more than 70 percent of their parents support the idea of the curriculum of sex education (8).

Study on parent's attitudes in Rijeka showed that most parents believe that it is important to introduce health education in primary schools, no matter whether it is mandatory or optional part of the curriculum and that sex education should take one, but a significant part of the education (9). From the aspect of curriculum development it is useful to organize some kind of cooperation with parents, not only to obtain their necessary support, but also so that it can guarantee optimal „matching“ between the informal role of parents and the formal participation of school. Taking into account all of the above, our aim was to examine parents' views on the introduction of health education in the educational system and at least partially bring closer the views of those responsible for education of children.

2. MATERIAL AND METHODS

The study was conducted as cross-sectional research and the respondents were parents of children attending primary and secondary school in the Municipality of Livno: Elementary school "Ivan Goran Kovacic" (IGK), "Lovro Karaula" (FLK) and district school "Lovro Karaula" in Podhum (FLK Podhum), High school of Economics (Economics), vocational school (SUP) and Gymnasium. Data were collected by voluntary, anonymous questionnaire. This survey used specifically designed "Questionnaire for testing attitudes on the introduction of health education in the educational system". The questionnaire contains 26 items that describe attitudes of parents on health education, the opinion of the individual modules, the need for health education in schools, an opinion on the education of teachers on this topic and the quality, usefulness and meaning of the curriculum of health education.

The first part of the questionnaire contain question on general data relating to sex of the parents who filled in the survey, and class which child attend. In the second part of the questionnaire to respondents were offered 26 questions relating to the organization of teaching, course content, and usefulness of the object in terms of health education as a separate subject. The questionnaire consists of 26 clear, unambiguous statements to which the respondent gives an estimate of agreement from 1-5 (Likert scale), where 1 means "strongly disagree" and 5 "strongly agree".

For statistical analysis of the data collected was used software system SPSS for Windows (version 20.0, SPSS Inc., Chicago, Illinois, USA). In presentation of nominal variables are used frequency and percentage. Statistical tests that are used to determine statistical significance of differences in the expressed views are dependent on the number and size of compared groups—analysis of variance (and Turkey test

to test the difference between the two groups) and t-test for independent samples. Before testing the significance of differences, is determined mean and standard deviation for the entire tested sample, as well as for specific groups that are compared. Any statement in the questionnaire represents a certain attitude, and is based on average values to determine the opinion of the parents. Tested are the differences between mothers and fathers in prominent attitudes, as well as differences between the parents whose children attend different schools, and parents of children of different ages. The statistical significance of differences between groups is tested with a probability of error of 1% and 5%, or at a significance level of $p < 0.01$ and $p < 0.05$.

3. RESULTS

The survey was conducted on a sample of $N = 531$, which means that 531 parents of children from primary and secondary schools in the municipality of Livno answered the questionnaire. Of these, majority are the parents of children attending "Gymnasium" (18.8%) and at least the parents of children attending "SUP" (12.8%) (Table 1). In most primary schools were surveyed parents of eighth grade (10.9%) and at least parents of first grade (3%) (Table 2). Comparing respondents' gender, in the survey participated 354 mothers (66.7%) and 152 (28.6%) fathers. On one questionnaire are indicated both sexes and in 24 questionnaires (4.5%), there is no indication what sex is the person that answered. Female gender was statistically significantly more frequent ($\chi^2 = 80.64$, $p < 0.001$).

The answer to all 26 items provides 457 parents. Overall surveyed parents did not considered very important introduction of HE in school ($M = 2.85$), and even as an optional subject ($M = 2.92$), nor have express wish that their child attends HE at school ($M = 2.99$). Generally speaking parents agree that HE in schools should be teach only by health

Valid answers	N	%
IGK	87	16,4
FLK	91	17,1
FLK Podhum	95	17,9
Gymnasium	100	18,8
SUP	68	12,8
Economics	90	16,9
Total	531	100,0

Table 1. The frequency and percentage of parents whose children attend primary and secondary schools in the Municipality of Livno in a sample of $N = 531$

Grade	N	%
1	16	3,0%
2	31	5,8%
3	30	5,6%
4	35	6,6%
5	30	5,6%
6	32	6,0%
7	41	7,7%
8	58	10,9%
9	0	0,0%
10	258	48,6%

Table 2. The frequency and percentage of parents whose children attend individual classes of primary and secondary schools (10—all grades of high school) in a sample of $N = 531$

Statement No.	Statement	N	M
1	I consider very important the introduction of HE in elementary schools.	526	2.85
2	I want that my child attend HE classes.	524	2.99
3	Teachers are educated enough to talk about HE.	517	2.40
4	HE in schools should teach only health professionals (doctors, nurses)	525	3.50
5	It is not too early to talk about topics of HE with children from third grade.	523	2.47
6	HE should be a separate subject in schools.	527	2.71
7	HE should be an integral part of other subjects (Biology, Nature and Society)	526	3.11
8	HE should be done by in advance planned and clearly defined scientific literature.	524	3.89
9	For HE the teacher can prepare individually and be able to choose different literature	525	2.50
10	As a parent I support that within the HE should be processed whole area of the quality of human life (diet, exercise)	524	4.07
11	As a parent, I support that as part of the HE should be processed the whole area of human sexuality	521	2.99
12	As a parent, I support that as part of the HE should be processed the prevention of addiction	525	4.03
13	As a parent, I support that as part of the HE should be processed the unit on the prevention of bullying	526	4.14
14	As a parent, I support that as part of the HE should be processed the field of culture of social communication	525	4.15
15	HE in schools can have a significant positive impact on the overall development of my child	524	3.37
16	It is the duty of religious communities to assist parents in educating on topics of HE	521	3.10
17	Religious communities should organize lectures on HE through religious education	521	2.67
18	Best information on HE topics children can get from the media (TV, Internet, newspapers)	525	1.85
19	About the method of processing and presentations of certain topics in the field of HE the lecturer should inform parents in advance	523	3.78
20	Any necessary additional information related to the HE area my child gets in the family	525	3.91
21	Within my family in the upbringing of children there are no taboos regarding the human sexuality	515	3.47
22	HE should exist as an optional subject in schools	522	2.92
23	Content of HE should be agreed with what preach the faith	518	3.61
24	I am fully informed about to what the HE is related in schools	523	3.15
25	It is necessary to introduce HE in school if the content will match the age of the child	525	3.69
26	HE of students is useful as prevention of addiction, bullying, teenage pregnancy and other problems that young people face	524	3.69

Table 3. The number of respondents who answered each item (N), and the average value of the response to the particles expressed by the arithmetic mean (M).

professionals (M=3.50), teaching health education to be done in advance and clearly provided for a specific field (M=3.89),

Statement:	df	F	Sig.
Teachers are educated enough to talk about HE.	5	2.844	.015
HE should be done by in advance planned and clearly defined scientific literature.	5	3.148	.008
As a parent I support that within the HE should be processed whole area of the quality of human life (diet, exercise)	5	2.165	.057
As a parent, I support that as part of the HE should be processed the whole area of human sexuality	5	2.280	.046
As a parent, I support that as part of the HE should be processed the unit on the prevention of bullying	5	2.581	.025
HE in schools can have a significant positive impact on the overall development of my child	5	2.361	.039
Religious communities should organize lectures on HE through religious education	5	2.852	.015
About the method of processing and presentations of certain topics in the field of HE the lecturer should inform parents in advance	5	3.079	.009
Any necessary additional information related to the HE area my child gets in the family	5	5.339	.000
Within my family in the upbringing of children there are no taboos regarding the human sexuality	5	3.871	.002

Table 4. Presentation the results obtained on a sample of N = 531 obtained by comparing different schools

parents generally support that the HE should include the quality of human life (diet, exercise) (M=4.07), the prevention of addiction (M=4.03), bullying (M=4.14) and units in the field of culture and social communication (M=4.15). Parents generally agree that the mode of teaching certain topics in the field of HE lecturer should in advance inform the parents (M=3.78) and that all the necessary information related to the HE child transfer to the family (M=3.91). Also consider that the content of HE should be agreed with the religion (M=3.61), but at the same time do not agree that the HE is thought at religious instruction classes (M=2.67). Parent agree that it is necessary to introduce HE in school if it will correspond to the age of the child (M=3.69) and that the HE for students is useful as prevention of addiction, bullying, teenage pregnancies and other problems that young people face (M=3.69). Parents who participated in the survey mainly disagreed with the statement that teachers are not educated enough to provide HE (M=2.40) nor with the statement that it is not too early to talk about the topics of health education to students from third grade (M=2.47). Parent does not agree either with the statement that the best information on topics from HE children can get from the media (TV, internet, magazines) (M=1.85) (Table 3).

As for the statement "as a parent I support that human sexuality should be part of HE", parents, as expected, most varied in their attitudes. Although judging by the arithmetic mean calculated as an average of all the responses, the attitude of parents is "I'm not sure", based on the standard deviation (SD=2) which indicates the variation around the average response, it is clear that parents' attitudes about

		Levene's Test for Equality of Variances		t-test for Equality of Means						
		F	Sig.	t	df	Sig.	Mean Difference	Std. Error Difference	95% Confidence Interval of the Difference	
									Lower	Upper
About the method of processing and presentations of certain topics in the field of HE the lecturer should inform parents in advance	Between groups	0.159	0.690	3.163	497	0.002	0.421	0.133	0.160	0.683
	Within groups			3.187	293.14	0.002	0.421	0.132	0.161	0.682
HE should be a separate subject in schools.	Between groups	3.933	0.048	2.172	500	0.030	0.320	0.147	0.031	0.609
	Within groups			2.256	314.17	0.025	0.320	0.142	0.041	0.599
As a parent, I support that as part of the HE should be processed the field of culture of social communication	Between groups	2.079	0.150	2.166	499	0.031	0.253	0.117	0.023	0.482
	Within groups			2.080	262.79	0.038	0.253	0.121	0.014	0.492
HE should exist as an optional subject in schools	Between groups	0.444	0.505	2.093	495	0.037	0.306	0.146	0.019	0.592
	Within groups			2.113	295.32	0.035	0.306	0.145	0.021	0.590
It is necessary to introduce HE in school if the content will match the age of the child	Between groups	1.041	0.308	2.973	499	0.003	0.403	0.136	0.137	0.670
	Within groups			2.931	278.34	0.004	0.403	0.138	0.132	0.674

Table 5. Results of statistically significant gender differences in a sample of N = 531 respondents.

this claim go from extremes in negative to extremes in the positive direction (Table 3).

By the analysis of variance (ANOVA) we tested whether there are statistically significant differences in the attitudes of parents of children from different schools (Table 4). Established differences were related mainly to the question of who should teach HE in schools, which literature should be used and which areas of HE to be processed (the quality of human life, prevention of bullying, human sexuality) as well as the participation of religious communities and families in the education in these areas. By further processing we establish whether there are significant differences of parents of children of primary versus secondary schools, the differences between the attitudes of parents of children attending different high schools as well as differences of parents of children from urban and rural areas. Tukey Post hoc test indicated that the parents of children from primary schools are more inclined to have advance information about the method of processing and presentations of individual topics in the field of HE. Also, parents of children of local primary schools are less prone that HE analyze the issue of human sexuality and are less inclined to support the claim; "All the information regarding the field of HE my child gets from the family", "Within my family in the upbringing of children there are no taboos related to human sexuality" and "All necessary additional information related to the area of HE my child gets in the family". The analysis determined the differences in the attitudes of the fathers and mothers, by t-test for independent samples. Mothers more often than fathers believe that the method of presentations of certain topics in the field of HE lecturer in advance should inform the parents that it should be a separate subject in schools. Also often support to be part of HE in area of social commu-

nication but also that content items of HE should match the child's age (Table 5). By analyzing the attitudes of parents of children from first to fourth grade of primary school (group 1), children from fifth to ninth grade (group 2) and a group of high school students (group 3) are observed trends of some claims (Table 6). Parents of children up to fourth grade significantly more likely think that teachers are sufficiently trained to lecture on HE as well as parents of children of fifth to ninth grade primary school compared to parents of high school students. Also parents of children up to fourth grade, often find that within their family does not have taboos about human sexuality in relation to the other two groups. That on individual topics should be given notifications in advance to parents in significantly fewer cases considered parents of high school compared to parents of children from primary schools (Table 6)

4. DISCUSSION

Parents are positively disposed towards the introduction of health education in school if they are pre-informed of the issues and the ways in which children are educated, and if the content is appropriate to children's' age. Possible cause of such results can be found in the increased media and are accompanied by frequent discussions that have taken on this subject led to neighboring Croatia, and the parents have built a positive attitude. Probable cause is the fact that parents are concerned for their children due to increasing risk and addictive behavior patterns of young people, and they want to react on time by allowing qualified personnel to educate and guide children from an early age. Emphasis on professional staff expressed an attitude of parents that are generally not sure that religious communities should maintain hours LP on hours of religious education, but gen-

erally found that the content of education should be agreed with the principles and values that requires faith, which is certainly expected given the prevailing conservatism in our society. The differences revealed between the mothers and fathers are expected. Specifically, mothers who are more cautious and more involved in the education of children, more often than fathers want to be on the topics and methods of work to inform the parents, and that the content is appropriate to the age of children. Research has shown that as younger the children are, the parents have more confidence in the skills of teachers and the ability to precisely teacher teaches LP. To be on the way the individual topics should notify parents in advance in significantly fewer cases to consider the parents of high school students from the parents of elementary school children, assuming that because more mature children are less concerned that the perhaps inappropriate way to learn things they does not know yet.

Very interesting is that parents of the youngest children considered to have no taboos in the field of human sexuality, and the assumption is that these are also the youngest parents in the sample, and in some way "new generation" that has overcome taboos of earlier generations. Also, parents' attitudes about whether sex education should be a part of health education are very divided—from extremely positive to extremely negative. It is necessary to examine the reasons for the positive or negative attitudes separately to deduce why this is so. Confusing factor that affects on the outcome of the study, especially when examining the difference between the attitudes of parents of children of different ages, is that parents usually have more than one child and that children are at different ages and different sexes, and this is not taken into account in the study. Parents have a position on health education in schools which cannot be restricted e.g. to the elderly or youngest child, and examine only the parent with one child would be limited because they are very few. Take into account the data on the age of each child tested each parent would be pointless because in that case there were too many combinations for comparison, on the basis of which make inferences. Therefore, differences between the attitudes of parents of children of different ages should be taken with great caution and with the expectation that because of the aforementioned confusing factor in this study did not show a statistically significant difference.

Except the Canton Sarajevo, in Bosnia and Herzegovina nowhere in the proposed curriculum is the health education that was proposed as a subject in schools. In the literature there is no information nor the public opinion nor the parents of children in Bosnia and Herzegovina on the health education as an option in the teaching curriculum in primary and secondary schools. Other countries in the region, besides Croatian, also, do not have public studies of this, for some sociological groups, controversial subject. The first country in the region with a tendency to introduce health education in schools was the Republic of Croatia. However, there are divided opinions about the validity of health education as a subject in school. Special emphasis on disagreement with the introduction of health education in schools is based on the module 4 (sexual / gender equality). On the one hand they find it useful, on the other hand, again, for allegedly damaging to freely access to certain

sociological topics that are in the principles of the majority of parents whose attitudes (how the public usually called) conservative spirit. Values that are currently represented in health education are the values that have already been determined by the Constitution, such as gender equality and equality of all people, peace, non-discrimination and the like. However, different opinions do not give us the right to be violent or to discriminate against anyone.

Proposals and suggestions for future research on this subject are: in depth examination of the views of parents what is acceptable for children in certain age, what topics are acceptable and useful, and how children should be taught certain subjects according to their age.

5. CONCLUSION

Parents are positively disposed towards the introduction of health education in schools if the training is carried out according to previously anticipated and clearly defined scientific literature which should be familiar in advance. Also consider that the lecturers should be only health workers and certainly should include topics on quality of human life, addiction prevention, prevention of bullying and the culture of social communication. For sure the content of the lectures should be adapted to the age of the child and should be agreed with the principles and values that require faith.

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