Rationale for Health Education

A health education needs assessment conducted in Newfoundland and Labrador, in 1988, indicated the need for a revision of the health program. Responses from teachers of the health program indicated some degree of satisfaction with health topics within the existing program, but expressed the need for content revision, motivational methodology, and for more of a focus on current social issues, including child abuse, human sexuality, Acquired Immune Deficiency Syndrome (AIDS), outdoor safety and substance abuse. Teachers in small schools and isolated communities expressed the need for relevancy in the health program. Teachers highlighted the need for a program that takes into account the province’s cultural, geographic, and climatic conditions.

A submission by Newfoundland Agencies for School Health (NASH) recommended that a comprehensive health program be provided for Newfoundland and Labrador students and that it devote appropriate attention to nutrition, mental health, substance abuse and human sexuality.

Additionally, the results of a number of research studies have indicated a growing concern for health promotion nationally and internationally and, more specifically, have identified the need for better health programs in school systems. While much of this research focused on post-elementary students, it is understood that knowledge, attitudes and behaviours are established at a much earlier age. This clearly points to the need for early intervention and prevention strategies.

The following selected research findings echo the need for relevant health curricula:


- Provincial findings of the *Canada Health Attitudes and Behaviour Survey* (1985), indicated some areas of concern for Newfoundland youth as being: nutrition, physical fitness, dental health, alcohol and drugs, self-esteem, relationship with parents, AIDS and sexually transmitted diseases (STDs).
· The Canada Youth and AIDS Study, 1988, reported that despite their knowledge about AIDS and STDs, Canadian youth continue to behave sexually in ways that put them at risk.

The report recommended that health programs include:

- information that is current, complete, clear, accurate, and explicit;
- contact with human immune-deficiency virus (HIV) infected people and/or those affected by AIDS;
- identification of the probability of becoming infected with HIV as a result of engaging in low-to-high risk behaviours;
- a range of sexual behaviour options including, but not limited to, abstinence;
- personal skill development, including training in responsible decision making and interpersonal communications; and
- the engendering of compassion for people with HIV infection and AIDS.

· The 1989 report of the Canadian Institute of Child Health, The Health of Canada's Children identified injuries as the leading cause of death among Canada’s children. According to 1987 figures, 20,000 Canadian children sustained traffic injuries (Statistics Canada, 1988). Traffic accidents involving child pedestrians cause the highest number of injuries and deaths; traffic accidents involving children on bicycles result in the greatest number of fatalities for children between the ages of 10 and 14.

· The 1992 report entitled The Health of Canada's Youth referred to an increase in the numbers of young people who smoke or who have tried smoking. Young female smokers, between the ages of 11 and 15, are increasing in numbers and the age of onset for smoking is lowering.

Research findings reinforce and substantiate the need for adequate and explicit health education and prevention programming at an early age.