



An Investigation of Greek Trainees' Re-educative Needs during the Realization of the Health Education Program

Iosif Fragoulis

Tutor, Hellenic Open University

18, Sokratous Str, Kastelokampos, Rio, zc. 26504, Patra- Greece

Tel: 30-2610-910-066 E-mail: sfaka@otenet.gr

Nikolaos Manesis

As. Lecturer, on the Department of Social Work, Technological Educational Institute of Patras

12, Trapezountos Str, z.c.26226, Patra- Greece

Tel: 30-2610-323-547 E-mail: nmanesis@otenet.gr

Abstract

There is a need for life long learning and continuous education of the citizens (adult-education), irrespective of their educational background, professional occupation and socio-economic status. This need is nowadays emerging as a necessity for citizens to successfully meet the challenges of modern technological, social and cultural developments.

In Greece, the General Secretariat of Adult Education (which is recently renamed to General Secretariat of Life Long Education - GGDVM) along with the Institute of Continuous Adult Education (IDEKE) are responsible bodies for Life Long Learning.

According to the Law 3369/171/6-7-2005, the Centres of Adult Education (KEE), the Schools of Second Chance (SDE), the Prefectorial Committees of Public Re-education (NELE) and the Parents' Schools were incorporated into the Public Structures of Life Long Learning. These structures are continuously expanding their re-educative activities in order to offer high quality programs to adult citizens. These educational programs are oriented to meet contemporary needs and demands of various aspects of societal requirements.

In the present study, some of the most important results of a research are presented. This research was carried out in the District of Western Greece with reference to the re-educative needs of adult trainees enrolled in the Health Education Programs.

Keywords: Students, Educative needs, Health Education Program

1. Introduction

Health Education and its promotion is a matter of extreme importance in our times. International organizations such as the *International Organization for Health*, the *Council of Europe* and the *European Union* agree that the program development for Health Education and its promotion is the most appropriate method towards the improvement of people's health and to the environment's protection (Catford & Nutbeam, 1984. Tannahill, 1985. Tountas, 2004. Gouvra & Kiridis & Mavrikaki, 2001).

There are many topics highlighted by the modern approach of Health Education programs such as the acquisition of knowledge, personality improvement, skills and the ability to develop decision making competency. They all contribute to the control and improvement in the quality of human life and health. (David & Williams, 1987. Ley, 1988. Sokou, 1999).

Health education in schools is an innovative activity contributing to the enhancement of one's personal enhancement and its connection to their social life. It constitutes in eliminating threatening phenomena. These phenomena threaten young people's physical and psychological health and contribute to their social exclusion and their exclusion from the job market (Tannahill, 1985. David & Williams, 1987. Gouvra et al., 2001).

The inclusion of Health education programs in schools aims to change students' attitudes towards health through innovative and experiential learning. Main purpose of the school is to re-enforce the students' accountability, self-esteem, self-confidence, personality and ability to adopt positive ways and attitudes in life (Baldwin & Williams, 1988. McCann, 1988. Tountas, 1990. Ypepth, 2002).

This purpose is successfully achieved when knowledge and skills are taught in class and also supported by the "natural" social and psychological environment of the school itself. It is this environment that mainly contributes to the change of students' attitudes. Therefore, health education is strongly linked to the school, with the environment of all students, teachers and parents, as well as to the society in general. (Ypepth, 2009).

According to the International Organization for Health, as mentioned by Doxiadis (1987) and Tountas & Garanis & Dalla-Vorgia (1993), health education priorities in 21st century are defined as follows:

- **Promotion of social accountability** for health: Assuming responsibility by both the public and private sector so as the health to not be jeopardized
- **Investments' increase** in health development: Multi-domain approach with more sources for education, residence, health services, based on special groups' needs (women, children, elderly, aboriginal, poor and marginalized populations)
- **Consolidation and expansion of collaborations** for health: Multi-domain collaborations having as their common target the protection of social well-being and health
- **Increase in community spirit** and reinforcement of the individual: Improvement of individuals and societies' skills and abilities that allow them to undertake action themselves after functional education, practice and access to resources
- **Securing infrastructure for health promotion:** New financing mechanisms in local, national and international level, development of motives for governmental and non-governmental organizations, educational institutions and the private sector in general.
- **Citizens' continuous education during all their lives:** Citizens' education-sensitization about health education matters and health promotion within the function of life long learning institutions.

2. Health Education's definition

According to Tountas (2002), Health Education is defined as "the procedure helping individuals to take decisions, adopt attitudes and act according to the needs imposed by their health's protection and promotion".

This definition allows both a wider and a narrower interpretation. According to the wider one, health education refers to all those experiences of an individual, a team or a community that affect its values and attitudes regarding health. This wider interpretation recognizes that many experiences, both positive and negative, affect humans' thinking, feelings and actions. That is why it does not limit health education's breadth of activities only to designed and organized activities, but also to other wider ones. These wider activities are realized using appropriate experiential interactive methods (Tountas, 1998. Athanasiou, 2000).

According to the stricter interpretation, the term "health education" means in fact the planned efforts that aim at promoting the basic Health education goals within the framework of health promotion. This second interpretation is mostly used in academics field.

Following this interpretation, health education is a necessary and important part of health promotion of all population groups, irrespective of their age and demographic characteristics. At the same time, it constitutes a substantial component of the therapeutical process and of the proper use and utilization of health services.

3. Re-educative needs' definition

In international and Greek bibliography, the notion "need" (and especially "educational need") is defined, based on two different approaches (Queeney, 1995. Gupta, 1999. Chasapis, 2000):

- As a distance between an existing situation and a desired model, that means as the deficit of qualifications that are considered necessary for a specific task's application or the equal participation in aspects of social life.
- As someone's interest and motive to participate in an educative process. This interest probably comes up from the individual's own subjective estimations.

The two different approaches above have "sparked" a dialogue among researchers and writers in reference with the difference of "need" and "desire". Some distinguish "need" (it refers to a disagreement or incompetence regarding a situation-model) from "desire" (it refers to a motive or interest. However, it does not necessarily constitute a need).

In the present study, we accept the structural-functional analysis of educational needs. We aim to achieve a more systematic understanding and interpretation of the adult learners' re-educative needs regarding the content of health education programs.

According to structural-functional approach, the educational needs become evident when individuals realize that they lack knowledge. Knowledge is usually imposed by specific institutional or informal rules such as the obligatory education, the necessary specialization required for acquiring job positions or the vocational adult education etc. In the same way, adult learners participate in educational processes and set goals related to some specific needs (Vergidis, 2008).

Based on the above theoretical approaches, educational needs can have an either subjective or objective dimension. In the first case, needs result from the realization of a shortcoming or an internal psychological change. In the second case, there are enlisted needs defined by the changes of institutional rules. These rules refer to education, development level of production forces, etc (Papoutsis, 2005).

4. Description of a Health Education Program within the framework of Life Long Learning

Within the framework of this approach and in collaboration with the development of Life Long Learning structures in our country, GGDVM proceeded in designing a series of programs. Among those, it designed and ran Health Education programs that concern Senior High School students, soldiers and adult citizens. More specifically, General Secretariat of Life Long Learning (GGDVM) designed programs in collaboration with the Centre for Control and Prevention of Diseases (KEELPNO) and under the Ministry of Health and Social Consolidation. It developed the programs through the Institute of Continuous Adult Education (IDEKE). These health education programs have as their basic topic the "Sexually Transmitted Diseases and AIDS" (General Secretariat of Adult Education, 2006).

The programs are of relatively short duration (2 hours per program) and concern

- Senior High School students or students of the 3rd class of Junior High School,
- Parents and guardians' association
- youth in the army in collaboration with the Ministry of Defense
- prison officers and inmates in collaboration with the Ministry of Justice
- every citizen

The programs were developed by specialized scientists during a series of informative events. The scientists:

- inform and sensitize the public,
- explain the diseases' nature and ways of infection,
- analyze ways of prevention and effective protection,
- show relevant audio-visual material
- discuss ways and strategies for dealing with those diseases.

Every program is realized in two periods. In the first period (45'), a series of slides is shown. These slides are created by KEELPNO Education Department. At the same time, the trainer refers to condom and shows its use. During the presentation time, it allows the teacher to attend to the program. After the break, the students anonymously write their questions. In the second period (45'), the trainer processes them and discusses them with the students. Using experiential techniques, the program aims to alter the students' attitudes towards STDs and Aids. In this period, the teacher is not in the classroom in order to allow students to be able to freely discuss their concerns and questions with the trainer/trainers.

5. Research goals – Research questions

Research goals were:

- a) the investigation of the students' attitudes regarding the imperativeness of realizing Health education programs, and
- b) the investigation of trainees' re-educative needs concerning the content of Health Education programs.

Based on the previously stated research goals, we posed the following *research questions*:

1. To what extent do the trainees desire to attend Health Education programs?
2. To what extent are the trainees' re-educative needs satisfied?
3. To what extent do the trainees believe that the re-educative methods used in the Health education programs activate their thought and action?
4. Which are the most common re-educative methods used by the trainers?
5. To what extent do the trainees transform their opinion regarding the content of Health Education programs through their participation in these programs?

Questionnaire was used as a data collection technique. It is widely used as a research tool in social sciences, since it allows the collection of numerous data in short time (Vamvoukas, 1998. Kiriazi, 1999).

The main axis of our research referred to: a) trainees' demographic characteristics, b) trainees' views regarding their desire to attend Health education programs, c) trainees' views regarding the satisfaction degree of their re-educative needs, d) trainees' views concerning the educational methods and techniques used during their adult-education, e) trainees' views concerning the degree of their views' alteration about Health education topics.

The questionnaire was given to Senior and Junior High School students of Achaia prefecture who participated in the research (test group). It was also given to Senior and Junior High School students who had similar demographic characteristics with those of the sample, but did not participated in the research (control group). This secured the validity of the questionnaire used.

The conclusion resulted was that the questionnaire was effective. Slightly improved, it could effectively record the trainees' needs and views regarding the research questions, since there were no variations between the two groups (test and control group) in students' answers collected. In this way, the questionnaire's validity was verified.

6. Sample's description

The research' population was students who attended Health education programs that took place during 2006-2009 school years.

The program has been implemented in Achaia for the last three years. The team that implemented the program consisted of a doctor and two sociologists. 178 events took place and 7430 individuals attended them. From those individuals, 5150 were Senior High School students and students of the 3rd grade of Junior High School aging from 15-18 years old. **The school year 2007 – 2008, 1274 students** were informed, **in 42 events**. This research's sample constituted 163 students, a percentage equivalent to 12.79% of the total population attended the program. Five (5) were randomly chosen, 4 from urban areas and 1 from a rural area.

The main general demographic characteristics (gender, age, education level of both parents) of the sample are presented below along with the answers given to the questions posed to the students.

7. Findings' presentation

Table 1

As shown in Table 1, 87 students (53.4%) were girls and 76 (46.6%) were boys. The percentage is the same with the general student population where the girls are little more in number than boys.

Table 2

The table above refers to the students' age in the sample. Most of them (45.2%) are students attending 2nd grade of Junior High School. The rest of them attend Senior High School, 14.2% attend 1st grade, 27.7% 2nd grade and 12.9% 3rd grade.

All the Senior High School students above attend EPAL (Vocational Senior High School).

Regarding students' family situation in the sample, as it is shown in the table below, 23 (14.8%) live in families composed by 3 individuals, so they are the only child, 95 students (61.3%) live in families composed by 4 or 5 individuals, that means that there are two or three children in the family. There were only 37 students (23.9%) who live in families with many children.

Table 3

Based on students' answers, 36 fathers 22.6% have completed Obligatory Education (Elementary School and Junior High School), 55 (34.4%) have completed Senior High School and 62 (38.1%) have acquired higher studies. A percentage of 5% was a Master or Doctorate holder.

Table 4

Concerning mothers' education, as shown in the table below, 26 mothers (16.2%) have completed Obligatory Education (Junior and Senior High School), 69 (42.9%) have completed Senior High School and 57 (35.4%) have acquired higher studies. A percentage of 5.6% is a Master or Doctorate holder. It can be observed that mothers have a slightly higher education level than fathers do (Mothers' average=3.29, vs fathers' average= 3.21). Interestingly, this fact is not true for the general population of Greece.

The correlation between father and mother's education levels is statistically significant $\chi^2(25, N = 159) = 102.040, p = .000$.

Table 5

The students' answers to the questions posed are presented below:

Question 1: Did you attend a health education program in the past and during your school program?

Table 6

A high percentage of students, almost 2 to 3(62.6%), responded to this question that they attended health education programs in school in the past.

According to the elements of Health Education Department, during 2007-08 school year, 1500 students in 30 Senior and Junior High Schools of Achaia Prefecture participated in 78 Health Education Programs. The aim was to enhance school life along with connecting school to social life and finally, an internal school reformation.

Question 2: How important is considered the attendance of this program for you?

Table 7

It is very important that almost all students answered that they consider extremely important (88.9%) or very important (8%) the program attendance. Only 5 students answered that it is little or not at all important to attend such a program.

Question 3: To what extend were your re-educative needs satisfied by the program attendance?

Table 8

Based on students' answers, it can be inferred that the majority of them are extremely satisfied by the program attendance (50.3%). Also, a high percentage responded that they are very satisfied (40.8%). Few students (15, 8.9%) answered that they were moderate or not at all satisfied by the program they attended.

Question 4: Did the methods used by your trainers during the program activate your thought and action?

Table 9

This question concerns the methodology used by the trainers during the program's presentation. To a high extent, it was judged that (45.8%) this methodology extremely activated the students' thought and action. A relatively high percentage (38.7%) answered that the educational methods used in the program activated the students' thought very much. Few students, but more than in other answers, believe that the techniques used activated moderately up to not at all their thought and action. That is, they judge the methods as not energetic and interactive (24 individuals, 15.5%).

Question 5: Which of the following experiential interactive techniques did your trainers use during your adult-education?

Table 10

According to students, the technique mostly used in the program by the trainers was "questions-answers" (85.7%) followed by "demonstration" (66.5%). This was expected since the program was designed by KEELPNO in this way. Among the other techniques, "brain storming" (39.8%) and "case study" (35.4%) were also used. Few students mentioned that "simulation" was used (13%), "task forces" (9.3%) and "role play" (4.3%). Few students also answered that the techniques above were used in combination (14.3%).

Question 6: Did the use of the techniques above contribute to change your views and attitudes regarding topics relevant to the content of Health Education programs? (Aids, STDs, etc.)

Table 11

After the program ended, the students were asked to tell the researchers their opinion whether the techniques used contributed to the alteration of their views and attitudes regarding Sexually Transmitted Diseases and Aids. Most of them responded very positively to the use of energetic techniques. Almost as many students as those of question 4 (see above), responded that these techniques contributed very much (43.7%) to their views' alteration, while 33.1% of students stated that the techniques contributed a lot to this alteration. Therefore, the techniques' use is judged as effective and worthwhile. Few answered that their use moderately changed their views and attitudes (8.6%) or changed

them a little (4.6%). Few more students (9.9%) answered that these techniques did not contributed at all to their views' alteration about the Sexually Transmitted Diseases and Aids.

Question 7: Would you prefer to be able to choose along with your trainer the topics discussed during the program?

Table 12

Most students answered that they want very much (40%) and much (32.7%) to be able to choose along with their trainers the topics discussed during the program. That means, they want to decide about the programs they are called to attend. This is a very important finding and the Ministry of Education should immediately take it into consideration when designing similar programs for the next school year. The rest of the students (27.3%) answered that are interested moderately or not at all in having an opinion about the programs that were implemented in their schools. These students may trust the Ministry of Education or may believe that even if they would express their opinion, nobody will take it into account.

8. Conclusions

Based on this research, it can be concluded that the majority of the students participated in Health Education programs during their school attendance. This is interpreted based on the significant increase in Health Education programs implemented in school units during the last years. Through the programs' realization, there is a good attempt in opening the school to the local society along with an internal school reformation (Fragoulis & Papagiannopoulos & Simoni, 1998).

Answering the first research question, students considered important the attendance of health education programs organized by the General Secretariat of Life Long Learning, because they acquire knowledge about topics relevant to Sexual Transmitted Diseases (STDs) and AIDS. Students' opinion can be interpreted if we think that both AIDS and STDs constitute one of the biggest health problems of our era. Furthermore, it is a fact that youth start early their sexual life and want to have a formal and valid information concerning the topics above.

Regarding the second research question, the students expressed the opinion that after the program's attendance their re-educative needs were satisfied to a high degree. During the program's design and realization, the educators took into consideration the participants' personal needs and tried to satisfy them.

In reference with the third research question, the students' majority stated that the educational techniques used by their trainers during the program activated their thought and action, because they were experiential and relevant to adult education principles. Furthermore, through the use of specific educational techniques, the students' experiences were used in the best way.

Furthermore, answering the fourth research question, it was deduced that the trainers used the simplest educational techniques, in reference with the experiential educational techniques' use during the study of Health education topics. This finding is interpreted if we think that these techniques are more often used, the trainers have been trained in their use. Furthermore, there are few demands by the trainers for their proper application, thus the trainers feel safety and assurance when they use them (Fragoulis, 2009).

Finally, the study of the fifth research question led to the finding that the interactive techniques' use helped students to change their views to a great extent about the thematic content of the re-educative program. This opinion is interpreted if we take into consideration that these techniques help the trainees expressing their experiences, ponder about them and reconsider their views and attitudes about topics related to Health Education.

The opinion expressed by students about their interactive participation in determining the topics of the re-educative programs, it can be easily interpreted. Learning is effective within the framework of educational programs' realization; it is a necessary condition for the trainer to take into account the trainees' personal interests and needs. Under these conditions, learning gains an essential content for the participants (Rogers, 1999. Mezirow, 2007).

In summation, the research questions posed were successfully answered, giving interesting results. We hope that the observations of this research would be useful to Educational Policy. They would also be a starting point for a turn in research based more on qualitative methods and towards the evaluation of Health Education programs by the students who attend them.

References

Greek References

- Athanasίου, K. (2000). *Health Education*. Thessaloniki: Self-edited.
- Chasapis, D. (2000). *Designing, Organization, Application and Evaluation of Programs of Vocational Education, Methodological principles and quality criteria*. Athens: Metexmio.
- Cohen, L. & Manion, L. (1997). *Methodology of Educational Research*. Athens: Ekfrasi
- Fragoulis, I. (2009). *Instructional notes in the class "environment education"*. PTDE, Patras: University of Patras.
- Fragoulis, I., Papagiannopoulos, K., & Simoni, E. (1998). *The Local History within the framework of School Education*. Athens: OEDB (Organization of Greek school books edition).
- General Secretariat of Adult Education. (2006). *A guide to Educational programs*. Athens: GGEE.
- Gouvra, M., Kiridis, A., & Mavrikaki, E. (2001). *Health Education and School*. Athens: Dardanos.
- Kiriazis, N. (1999). *Social Research. A critic review of methods and techniques*. Athens: Grigoris.
- Ley, P. (1988). *Communicating with patients*. London: Croom Helm.
- Mezirow, J. (2007). *The transforming learning*. Athens: Metexmio.
- Papoutsis, Ch. (2005). *An investigation of re-educative needs and views of newly-appointed instructors concerning the re-educative processes they participate*, PhD Thesis. Patras: Hellenic Open University.
- Rogers, A. (1999). *Adult-education*. Athens: Metexmio.
- Sokou, K. (1999). *OA guide of Health Education and its promotion*. Athens: Greek Letters.
- Tountas, G. (1998). Health Education Methodology: Methods of Communication. In *Archives of Greek Medicine*, 5, (pp.160-170).
- Tountas, G. (2002). *Health Promotion*. [Online] Available: www.asclepoeion.mpl.uoa.gr (June 16, 2009).
- Tountas, G. (2004). *Society and Health*. Athens: Odysseus.
- Vamvoukas, M. (1998). *An introduction to Psychopedagogical Research and Methodology*. Athens: Grigoris.
- Vergidis, D. (2008). *An introduction to Adult Education*, 2. Patras: Hellenic Open University.
- Ypenth/Ministry of Education (2002). *Interdisciplinary Uniform Framework of Programs of Studies-Detailed Programs of Studies*, 2. Athens.
- Ypenth/Ministry of Education (2009). *Health Education*. [Online] Available: www.ypenth.gr (January 16, 2009).

Foreign References

- Baldwin, J. & Williams, H. (1988). *Active Learning: A Trainer's Guide*. Oxford: Basil Blackwell.
- Catford, J., & Nutbeam, D. (1984). Towards a definition of health education and health promotion. *Health Education Journal*, 43, 38-45.
- David, K., & Williams, T. (1987). *Health Education in Schools*. London: Harper & Row.
- Doxiadis, S. (1987). Ethical Dilemmas. *Health Promotion*. Chichester: John Wiley & Sons.
- Gupta, K. (1999). *A practical guide to needs assessment*. San Francisco: Jossey- Bass.
- McCann, R. (1988). *Graphics Handbook*. London: Health Education Authority.
- Queeney, S. (1995). *Assessing Needs in Continuing Education*. San Francisco: Jossey-Bass.
- Tannahill, A. (1985). What is Health Promotion. *Health Education Journal*, 44, 167-168.
- Tountas, Y. (1990). Health Education and Self Care. In Doxiadis, S. (ed), *Ethics in Health Education*. Chichester: John Wiley & Sons.
- Tountas, Y., Garanis, T., & Dalla-Vorgia, P. (1993). Health Promotion, Society and Health Care Ethics. In Gillon, R. (ed), *Principles of Health Care Ethics*. Chichester: John Wiley & Sons.

Notes

Note 1. There are different approaches with reference to what is a satisfying sample. The sample size (Kiriazis, 1999, pp. 108-119, especially 116-117) depends on many factors such as the financial resources, the precision degree expected, the cases that should be included in the subgroups, the study's aim (Cohen & Manion, 1996, p. 131) and the nature of

the studied population, the number of variables attempted to be tested by the researchers and the statistical processing that they intend to do.

Table 1. Subjects' distribution regarding gender

	Frequency	%
Boys	87	53.4%
Girls	76	46.6%

Table 2. Subjects' distribution regarding age

	Frequency	%
3 rd Grade (Junior High School)	70	45.2%
1 st Grade (Senior High School)	22	14.2%
2 nd Grade (Senior High School)	43	27.7%
3 rd Grade (Senior High School)	20	12.9%

Table 3. Subjects' distribution with reference to their family situation

	Frequency	%
Up to three individuals	23	14.8%
Four-five individuals	95	61.3%
Six individuals and over	37	23.9%

Table 4. Father's grammatical knowledge

	Frequency	%
Elementary School	10	6.3%
Junior High School	26	16.3%
Senior High School	55	34.4%
University/Technical Institution	61	38.1%
Master	5	3.1%
Doctorate (PhD)	3	1.9%

Table 5. Mother's grammatical knowledge

	Frequency	%
Elementary School	8	5%
Junior High School	18	11.2%
Senior High School	69	42.9%
University/Technical Institution	57	35.4%
Master	4	2.5%
Doctorate (PhD)	5	3.1%

Table 6. Health education programs' attendance

Question 1	Frequency	%
YES	102	62.6%
NO	61	37.4%

Table 7. Importance of program attendance

Question 2	Frequency	%
Extremely	144	88.9%
Very	13	8%
Moderate	3	1.9%
Little	1	.6%
Not at all	1	.6%

Table 8. Re-educative needs' satisfaction by the program attendance

Question 3	Frequency	%
Extremely	79	50.3%
Very	64	40.8%
Moderate	9	5.7%
Little	3	1.9%
Not at all	2	1.3%

Table 9. Energetic educational methods

Question 4	Frequency	%
Extremely	71	45.8%
Very	60	38.7%
Moderate	18	11.6%
Little	4	2.6%
Not at all	2	1.3%

Table 10. Experiential interactive techniques

Ερώτηση 5	Frequency	%
Brain storming	64	39.8%
Task force	15	9.3%
Role play	7	4.3%
Case study	57	35.4%
Questions-Answers	138	85.7%
Simulation	21	13%

Demonstration	107	66.5%
Combination of all	23	14.3%

Table 11. Transformation of opinions and attitudes

Question 6	Frequency	%
Extremely	66	43.7%
Very	50	33.1%
Moderate	13	8.6%
Little	7	4.6%
Not at all	15	9.9%

Table 12. Choice of education topics along with the trainer

Question 7	Frequency	%
Extremely	60	40%
Very	49	32.7%
Moderate	18	12%
Little	9	6%
Not at all	4	9.3%