

CRUCIAL ROLE OF PARENTS' ENGAGEMENT IN SCHOOL-BASED HEALTH EDUCATION

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Health education programs implemented in schools in Serbia should be improved methodologically, with special emphasis on intersectoral action and inter-organizational partnerships at all levels, which implies identifying the roles of children, teachers, parents, and all community representatives.

The aim of our study was to define and analyze the role of parent engagement in school-based health education in Serbia in order to clarify and propose possible improvements.

The focus group gathered nine health and non-health professionals in 2022 to interactively discuss previously defined topics related to health education in schools. The focus group was recorded, transcribed verbatim, coded, and analyzed by three research team members. In this qualitative study, a thematic analysis approach was implemented for data analysis.

Focus group participants stressed the advantages of the analyzed programs, as well as their weaknesses, regarding parental engagement in school-based health education. Parents are not involved in designing health education programs planned for their children, and are only sporadically involved in program activities. The evaluation of "Health-promoting schools' programs" showed that parental role was recognized theoretically, but there seems to be a lack of practical application, i.e., active involvement of parents, which is also supported by the results of our research.

Activities aimed at strengthening school-based health education should be directed towards advocating a parental role in all phases of health education program development and implementation.

Keywords: health education programs, schools, parental role

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INTRODUCTION

The parental role is crucial in the health education of children and development of desired behavior patterns that will lead to good and healthy life. Creating values, standards, and behavior in a basic social unit, such as the family, can generate longer-lasting important habits for health. The process started in the family continues in the school where, beside education, children should be enabled to acquire knowledge and skills that are required for good health (1). This can be achieved through well-designed, modern health policies and health education programs implemented in schools (2) and communities. Many European countries are implementing the recommendations of the "European Network of Health Promoting Schools" [ENHPS] project (3) with varying achievements (4); nevertheless, Serbia was not recruited for the program. In Serbia, health education in schools, for the last fifteen years, has been organized through two programs established throughout the country (program of health education in primary schools and program of health education in secondary schools). The general objectives of these programs refer to: improving school children's knowledge on healthy life styles, establishing attitudes and behavior in accordance with a healthy lifestyle, improving health education in schools, and achieving cooperation between the school, family, and community with the aim of improving children's health. The content of health education programs includes the following topics: nutrition, physical activity, body care, health and the environment, development of skills to resist social pressure (smoking, alcohol, drugs), proper use of health services, reproductive health and AIDS, communication and relationships with others, environmental protection. Previous study indicated that the existing programs are only partially related to the health, educational needs and challenges that school children in Serbia are faced with. An extremely important need to improve the methodology of these programs' implementation, with special emphasis on intersectional action and inter-organizational partnerships at all levels was also pointed out (5). This implies identifying the role of children, teachers, parents and all community representatives in the health education process. The aim of our study was to define and analyze the role of parent engagement in school-based health education in Serbia in order to clarify and propose possible improvements.

METHODS

Methodology approach was based on the Focus group that was organized in December 2022 as a part of health education programs' evaluation. The evaluation covered the programs held for elementary and high-school children in the Nišava district in the period 2010-2020. The Focus group theme was "Health education for children and youth —vision of the future", and it was structured in order to facilitate an open dialogue regarding health education in schools, as well to promote possible improvements in a current and evidence-based manner. The focus group participants were nine professionals (six women and three men), from the Public Health sector, educational sector, NGOs, media, and local municipality sectors, with more than 15 years of professional experience in the field of interest, who were selected according to formerly defined criteria. The moderator of the Focus group was the Head of the Center for Health Promotion of Districts in the Public Health Institute. The Focus group was led in such a way to initiate productive interaction between all participants. Since COVID-19 epidemic instructions were still in force, the Focus group was organized as a Zoom meeting lasting three hours. In advance, the supplementary material (6,7) as well as the Focus group agenda were sent to the Focus group participants. According to the existing scientific and specialized data, available health indicators, and good practice patterns from working with children and youth, the Focus group topics were defined in line with targeting a few fields; one of them related to stakeholder network and community role, encompassing the parental role. This study was aimed at the analysis of the Focus group findings related to parent's engagement in school-based health education.

Data analysis

After recording and being transcribed verbatim, an analysis was done according to a thematic analysis approach (8,9). When the preliminary categorization phase was done, three research team members read and coded each transcript in detail. A coding template grew through the analysis, expanding the key concepts. Themes were extracted, encoded, and selected as the smallest units, and afterwards, an interpretive analysis was done. Each of three researchers independently read the verbatim transcripts and noted keywords and important observations. Finally, the researchers joined, compared, and analyzed their independent remarks.

RESULTS

Concerning the identification of persons responsible for health education, the Focus group participants suggested, beside others, parents as crucial for children's health education. Regarding the role of parents for the analyzed health education programs, they defined the following:

The representative of the Public Health institute stated: *"Health education in primary and secondary schools, carried out in accordance with the defined methodology and reports on school-based health education, is delivered regularly. Reports submitted to the Public Health Institute do not contain data on parental participation in health education activities"*.

The educational advisor from educational sector added: *"Parents are not part of any program activities. Organized educations for parents are very rare, and topics of interest are not systematically included"*.

The pedagogist from the Municipality office stated: *"Parents participate in the work of the school through parent councils and through initiatives by teaching staff, but their role in health education at school is not recognized. Sometimes, parents do not participate due to pressure from children who feel uncomfortable and ashamed about their parents' involvement"*. The pedagogist pointed out: *"Parents are deeply interested in their children's health and well-being, but often they do not have enough awareness and knowledge about risk factors, i.e., about protective factors, regarding health. Parents are not completely clear about the role of the school doctor or the role of the pediatrician in health education or developing good lifestyles"*.

Representative of the Youth NGO remarked: *"There is a shift of responsibility from children to parents, from parents to teachers and educational institutions, and vice versa. There is an unspoken question of responsibility for health education"*.

The educational advisor from the educational sector quoted: *"It is evidence-based that the support and involvement of parents in health education activities at school is a prerequisite for the success of health education programs. When parents are involved in the design of school health programs, the result is programs that are more tailored to the real needs of students. In our health education programs at school, parental participation is rare; there are individual activities, on voluntary individual basis, but we need parents systematically involved in needed activities"*. She added: *"Due to previous experience, parental involvement is far*

more meaningful when achieved through partnerships with teachers. Also, students whose parents are involved in health promotion programs tend to have better academic achievements".

The second representative from the Municipality noted: *"Parents' understanding of their role is a prerequisite for their willingness to engage in supportive parenting. Here, parental aspirations regarding their children's future careers are present, but not their self-awareness regarding active participation in health promotion"*.

Representative of NGO that gathers media in the city pointed out: *"Transparency and effectiveness are also increased when parents help shape programs that foster the relation between the school and community, which should be supported by media activities"*.

DISCUSSION

The results of the international "Health Behavior in School-Aged Children Survey", conducted in the Republic of Serbia in 2017/2018, which the Focus group participants received as preparation for discussion, indicate a high exposure of school children in Serbia to risk factors that can be prevented. The influence of many of the recognized risk factors depends on the capacity and role of parents in the health education of children, which begins in the family, at home, and continues in school. Those risk factors could be protective factors if parents manage them in an appropriate way (10). Parental role in this process is complex and multidimensional. In order to respond to a variety of children's needs, and specially children's health needs, they should have an adequate level of awareness, knowledge and skills (11), since parental self-efficacy was found to impact parenting capacities in health education.

One of our study findings is that parents are neither systematically involved in designing health education programs planned for their children nor involved in the implemented activities. Experience gained through Health Promoting Schools [HPS] emphasized that schools should organize health events based on healthy practices promoted in community and at home for families. Due to these HPS findings, after community surveys/health assessments, parents should be involved in: health education workshops, health checks and sports activities for parents and children, health festivals and cooking competitions (12). Parents should be informed about children's needs, consulted in the choice of methods, invited to participate in activities; a sense of belonging to

the program should be built, with understanding why it is good for their children and how to support them in the process of developing new healthy habits. Our study found these aspects completely missing in our programs. In analyses from Hong Kong HPS family role, parental role is just mentioned through recognized need to strengthen the relation between family and school and the community (13). It seems that this relation was still scarce in spite of defined HPS methodology. The study from Netherland pointed that parents observe health behavior promotion as a significant feature of their parenting role. Even when parents do not consider health behavior as a primary goal, they recognize health promotion issues as a routine in family life. In addition, parents identify the need to be supported by school and school teachers since teachers are recognized as key persons in developing healthy life styles. Some parents consider physical activity, cooking, food tasting, and sports activities a common concern between parents and teachers. Parents' insights of their influence on child's behavior are diverse, and the study proposes networking with healthcare professionals who could collaborate with parents and teachers in order to empower and support them in the process of health education (14).

Results of our study indicate that in spite of participation in parent councils, parents are not involved or recognized in health education programs. One of the pillars in HPS in Europe is a tendency to parental engagement as a tool to develop the sense of ownership, which is crucial for health education outcomes. This different cultural atmosphere is lacking in HPS Europe-wide, but the good example from Netherland showed a possible way: children have their lunch at home or bring lunch to eat at school; parents are involved in lunch preparation; the lunch succeeded in being a catalyst for wider school health promotion (15). Our Focus group participants highlighted that understanding the parental role is a precondition for their willingness to engage in supportive parenting and this is one of the pillars we should consider in the future. It is necessary to raise the level of parent's awareness regarding their role in the health education of school children, to present the importance of inclusion in school programs and activities, to consult them on topics and methods of work, and to invite them actively to participate, organize, and even lead activities and campaigns within the program. Ambitious goals relate to organizing the education for parents on healthy parenting, developing relationships with children throughout their upbringing, recognizing risks, and recognizing good, healthy choices

for children (16). Parental role in health education in schools was recognized theoretically, but it seems that practical implementation was missing, and this important segment of health education strategies has been developed recently. A guide "Parents for Healthy Schools" from 2019 stressed the involvement of parents as "important strategy for getting schools to provide healthy school nutrition environments and services, opportunities for physical activity throughout the school day, tobacco-free environments, and health services and support for students with chronic health conditions". These guides outlined a frame and key materials, needed for school groups working with parent. They might be used to involve parents in "supporting a healthy school environment" (17). Our Focus group participants pointed out the importance of parental involvement in the design of school-based health education. A precondition is the improvement of health literacy capacity. Similar to ours, a previous study recognized the importance of offering the parents possibilities to engage in school-based health literacy programs (18). The overall success of children in school, as well as their development, is better when parents are involved, but in an adequate way. Work on health literacy contributes to the involvement of parents so that they can cover various contents of health education in the necessary methodological way (19,20).

Parental activities and involvement should be supported by wider community. The Ottawa Charter, from the first Health Promotion Conference in 1986, calls for joint action by individuals, communities, and whole society (21). The Ottawa Charter recognizes the importance of social-ecological preconditions for health promotion: peace, place to live, education, food, income, a stable ecosystem, sustainable resources, social justice, and equity. It emphasizes the importance of citizen participation and empowerment, which requires advocacy and mediation skills. Lessons learned from research on interventions based on the Ottawa Charter's health promotion strategies include evidence that investing in healthy public policies is a key strategy, and supportive environment needs to be created at the individual, social and structural levels, and personal skills need to be enthusiastically combined with other strategies to be effective.

Similar to our study, results of systematic review on school-based physical activity intervention programs, including parental participation from 2022, pointed out that response and types of parental engagement still represent a knowledge gap. Education and psychology theoretically

recognize parental role in adopting healthy habits, however, parental role in health education in schools is insufficient. The mutual connection between teachers, parents, and children in this area is also only at the level of theory, with rare exceptions (22), and further strategic activities are required.

CONCLUSION

Parental engagement in school-based health education programs is seen as a supportive factor in the adoption of healthy lifestyles in children, that will lead to healthy development and good life. Despite the existing guidelines of good practice and the experiences of the HPS program worldwide, the parental engagement in school-based health education is recognized mostly at theory level in Serbia, though globally as well. Therefore, future activities should be directed on advocating parental involvement as crucial for successful school-based health education outcomes.

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Statement of Ethics

Ethics approval was not required as no biomedical intervention was performed, experimentation on animals, humans, and clinical trials were included.

Competing Interest

The authors declare no relevant conflicts of interest.

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