

PARENTS' KNOWLEDGE, ATTITUDES AND INVOLVEMENT  
IN THE COMPREHENSIVE SCHOOL HEALTH CURRICULUM  
FOR GRADES 7,8, AND 9

CENTRE FOR NEWFOUNDLAND STUDIES

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*PARENTS' KNOWLEDGE, ATTITUDES AND INVOLVEMENT  
IN THE COMPREHENSIVE SCHOOL HEALTH CURRICULUM  
FOR GRADES 7, 8, AND 9*

by

Bernadette M. Doyle

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## **ABSTRACT**

The primary purpose of this study was to explore the knowledge, attitudes, and involvement of parents in the Comprehensive School Health Program and Curriculum, for grades 7, 8, and 9 within two schools in the Avalon East school district. New curricula was developed in this province and implemented based on the Comprehensive School Health (CSH) model. The CSH model emphasizes the role of parents as an integral component of health outcomes for children. This study focused specifically on parents' awareness of the "Adolescence: Healthy Lifestyles" curriculum, and health program overall. Parents' attitudes about the importance of topics taught in the health curriculum, and their involvement in aspects of the curriculum and program were also studied. Forty-nine parents responded to a written questionnaire and ten participated in indepth interviews. Results illustrated that 80 percent of parents were aware of the school health program, however further probing demonstrated that most parents' awareness was limited to a general awareness of the health course content. Parents demonstrated limited knowledge of the topics covered in the health course titled "Adolescence: Healthy Lifestyles" (20-50 percent were familiar). Sixty percent of parents could not recall any topics in particular, from the health course. Parents did indicate the importance of each topic covered in the curriculum (70 percent or more of parents identified all health topics as important for their child to learn about). Ninety percent of parents believed that the health course was important for their child, and 80 percent felt the health course was just as important as the other courses. Parents demonstrated not only limited and varied involvement with the school, but also an appreciation and understanding of the



importance of this involvement. The indepth interviews enabled the researcher to discuss the parents' perspective of the differing roles the school and parents should play related to the health program. Future research might involve studying the entire school health program, seeking input from other partners such as teachers, guidance counsellors, nurses, and students. Case studies or "best practices" could be identified that highlight unique ways schools address health. Further study locally should also address the extent and variability of implementation of the Comprehensive School Health Program at the school level.

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# **CHAPTER 1**

## **INTRODUCTION**

“Children must be healthy to be educated and they also must be educated to be healthy” (Cohen, 1992, p. 127) The World Health Organization (WHO) defines health as “a resource for everyday life, not the object of living. Health is a positive concept emphasizing social and personal resources, as well as physical capacities.” Therefore, health is necessary to provide the possibility of realizing one’s full human potential (Seffrin, 1994). Health behaviour is shaped at an early age. Consequently, it is logical that health promotion should play an important role in children’s education. School children spend approximately five hours per day in the classroom. During this time there are excellent opportunities to reach school children with targeted health education and promotion messages. The Comprehensive School Health model provides a framework which enables students to participate in classroom instruction in health, and obtain appropriate health services in a healthy school environment. This model integrates health curriculum, services and the environment with home, school, and community efforts in a supportive social climate. Therefore, parents must play a fundamental role in the health education process, since they are the primary caregivers from birth through the schooling years. It is important, therefore, to involve parents in decisions about the school health program in general, and the curriculum content, in particular, to ensure consistency between classroom instruction with family teaching.

According to Colwell et al. (1995), parental involvement is a critical component of the education process. Colwell et al. (1995) suggests parental involvement improves student attitudes toward school and performance related to homework; reduces absenteeism and disruptive behaviours in the classroom, and improves parental abilities to extend and reinforce classroom instructional concepts. Parent participation also encourages discussion and transmission of family values to children, independent of values transmitted by the school, thus improving parental teaching opportunities.



While Colwell et al. (1995) support the importance of parental involvement in the educational process, less is known regarding parental influence on health education programming. According to Mason (1989), the role of partnerships, particularly between parents and the school is essential to the development and implementation of a comprehensive school health program (CSH). Mason (1989) emphasizes that parents need information about preventing negative health behaviours in their children such as drinking and smoking. Parents need to be knowledgeable about what is being taught in school so they can support their children in making wise decisions that will affect their health. Mason (1989) suggests parents need to know what is meant by comprehensive school health education and the school health program. Parents need to be involved in ensuring that each school offers the very best health education and services. It is important then to gather the opinions of parents about their knowledge of the existing school health program and curriculum to enhance the opportunities for partnerships between the home and the school.

According to DeGraw (1994), school reform has emerged as a major issue among educators, policymakers and the public at large. In this reform a focus exists on the school's role as a community institution and on rethinking the school's relationship with families, business, and other community institutions and resources. According to DeGraw (1994), health care reform is also moving forward rapidly, and new models of service delivery are being sought. This reform in education and health provides opportunities to advance new priorities. The CSH model provides opportunities for schools, health agencies and families to work together to support the health and well-being of children.

Although school health programs have existed since the turn of the century, the concept of school health continues to evolve. However, there is a danger that the limited focus on school health which currently exists may be lost among competing priorities. In

light of this competitiveness for time and space in the curriculum, it is very important for traditional advocates for school health, especially parents, to make the case persuasively to those who influence policy development, that school health has a role in improving educational as well as health outcomes for students. Comprehensive school health education is an important tool in preparing young people with both the decision-making skills and information they need to make effective choices, which in turn may reduce their overall risk for negative outcomes. (Department of Education, 1991).

### Statement of the Problem

In Newfoundland, the Comprehensive School Health (CSH) program was mandated by the Department of Education in 1989-90. New health curricula were developed and implemented in grades K to 9 as part of the Comprehensive School Health program. (Department of Education, 1991). However, the only evaluation that has been conducted since the CSH program began was a survey of students (Morrison, 1992). This survey was sent to students involved in the pilot of the new curriculum for grades 7 to 9. The questionnaire was designed to examine student's attitudes about the utility of the program (e.g. Was it able to attain the goals specified in the curriculum?) A high percentage of students reported the "Adolescence: Healthy Lifestyles" program was interesting, useful and educational (Morrison, 1992).

The Department of Education (1991) developed program implementation guidelines for the new "Adolescence: Healthy Lifestyles" Curriculum. These guidelines identified the importance of involving parents and guardians in educating adolescents on health issues, particularly in the areas of relationships and sexuality (see Appendix D). The guidelines highlighted the need to enhance the relationship between the family and the school. However, evaluation efforts have focused solely on assessing the learning process for students (Morrison, 1992). In order to evaluate the program from a broader

perspective, it was necessary to seek the opinions of parents of grade 7, 8, and 9 students about their knowledge, attitudes and involvement with the CSH program and curriculum

### **Purpose of the Study**

The purpose of this research was to explore the knowledge, attitudes and involvement of grade 7, 8, and 9 parents within the Avalon East School district regarding the “Adolescence: Healthy Lifestyles” curriculum and program.

### **Significance of the Study**

This exploratory study involved examining parents’ knowledge, attitudes and involvement in the current intermediate school health curriculum within the Avalon East region. The Comprehensive School Health (CSH) model emphasizes partnerships between home, school and community. Therefore, this study provides data related to parents’ perspectives on the curriculum. This research will also contribute to a local perspective on comprehensive school health because much of the related literature to date is based on American experiences.

### **Delimitations**

This study is delimited to examining parents’ knowledge, attitudes and involvement in the current school health curriculum and program for grade 7, 8, and 9 with two schools in the Avalon East region of Newfoundland.

## Limitations

A limitation of this study is the small sample size and response rate, and therefore its' generalizability to other schools and regions. This is an in-depth study of two schools that may not necessarily reflect the perspectives of all parents in these schools and all schools in the region. However, in order to strengthen the study's accuracy, the study was designed to use more than one form of data gathering. As well, attempts were made to improve the response rates through announcements over the PA system to remind students and their parents of the survey.

## **CHAPTER 2**

### **REVIEW OF RELATED LITERATURE**

Within Canada, very little research exists on comprehensive school health education. However, the Canadian Association for School Health (CASH) has been involved in some studies which focus on specific health issues. For example, researchers looked at how the CSH model is used to address AIDS education and awareness in schools. However, little is known about the adoption and implementation of comprehensive school health programs in Canada and the United States. According to Resnicow et al. (1993), although most states require comprehensive health education, only an estimated five percent to 34 percent of United States children receive such programs. There are, however, numerous studies in the United States examining the following four areas: i) History of School Health/CSH; ii) Importance of School Health; iii) Support for School Health/CSH; and iv) Parents' Knowledge, Attitudes, and Involvement in School Health.

#### **History of School Health**

Pigg (1989) suggests that the history of school health programs in the United States is linked with the public health movement and dates back to the early 1800s. Then much attention was focused on the importance of improving public health through improvements in child and adolescent health. According to Pigg (1989), school health programs played a significant role in important areas of public health such as control of communicable diseases. However, with the advances in medicine, control of communicable diseases received less attention and the new focus was on the impact of chronic disease (Pigg, 1989).

According to Cortese (1993), the need for schools to give attention to health and the need to train teachers to develop an awareness of health dates back to 1839 in the

United States. Corteses' (1993) research indicates that by 1890 most states required teaching about the harmful effects of alcohol and tobacco. In the 1930s and 1940s, numerous national studies and conferences were held in the United States which focused on school health curricula, professional preparation of teachers, health environment of schools, and school health services. The first movement toward comprehensive school health education programs, according to Cortese (1993), occurred in the 1960s. However, Brindis (1993) suggests that only one-half of all states in the United States currently mandate comprehensive school health education programs, and implementation is rare in some of those states, as previously cited by Resnicow et al. (1993).

### Importance of School Health

Lavin et al. (1992) reviewed 25 selected reports of national commissions as part of the national policy analysis related to school-based health promotion in the United States. This synthesis was a preliminary step in the Harvard School Health Education Project initiated in 1989. Lavin et al. (1992) suggest that the reports reviewed reflect a growing consensus about the critical issues, the urgency of these concerns and potential strategies for action. When reviewed collectively, Lavin et al. (1992) state that five themes emerge from the reports:

1. Education and health are interrelated. Children who suffer from violence, hunger, substance abuse, depression, or hopelessness are not healthy children. Unhealthy children are children with impaired training. Education can contribute substantially to improving health. Conversely, a child's health status constitutes a major determinant of educational achievement. To improve academic achievement, schools and other institutions must devote more attention to health concerns.
2. The biggest threats to health are 'social morbidities.'
3. A more comprehensive, integrated approach is needed to address the underlying causes, rather than targeting the symptoms.

4. Health promotion and education efforts should be centred in and around schools. Most children attend school. Elementary and secondary schools constitute the workplace for nearly one fifth of the U.S. population (children and adults). Schools possess the unique capacity to affect the lives of students, staff, parents and entire communities. Components of comprehensive school health programs include health instruction at all grade levels, health services, a healthful, safe and nurturing environment, physical education, food services, guidance and counselling, interaction with families and community organizations, and worksite wellness programs for school employees. In addition, school buildings can provide sites for community health promotion programs which need not be administered by the schools themselves. As community institutions, schools must play a larger role in addressing the health and social problems that limit not only academic achievement, but the nation's public health and economic productivity.
5. Prevention efforts are cost effective, since school failure, underachievement, and related health and social problems produce serious repercussions not only for children and their families, but for their communities and ultimately for the nation's economic and social systems as well. (p. 127).

Brindis (1993) elaborates further on the need for prevention when he suggests that comprehensive school health education can be an integral part of basic health care reform as a front-end investment that can help reduce long term costs. However, determining the necessary short-term and long-term outcomes are difficult because of the relatively short history of CSH and the limited number of fully operationalized CSH programs (Brindis, 1993). To evaluate outcomes, we need studies focusing on the broader determinants of child health status such as poverty, education, housing, violence, and family environment.

Brindis (1993) states

Many health outcomes have more to do with personal choices and behaviour, and with socioeconomic factors and general health status, than with any health services provided. Achieving major improvements

requires personal choices: a deeper commitment by parents to enhance their children's health. (p. 35).

Brindis (1993) also emphasizes the importance of using the school as a site for health promotion. Since schools constitute the "workplace" for many children and adults, schools could be considered an ideal site where parents and other family members can be reached for educational programs and other health promotion activities that help to maximize the family's health (Brindis, 1993).

### Support for School Health

According to Seffrin (1994), for years, the feeling has existed that few people understand comprehensive school health education, despite the fact that many people have worked hard to get the message across. Seffrin (1994) reports that the message is starting to be heard and support for comprehensive school health education exists among adolescent students, parents and administrators. According to a poll conducted by Seffrin (1994), adolescent students and their parents believe that education about health should be given at least as much, if not more, instructive time than other subjects taught in school. This study consisted of surveys on the attitudes of adolescents, parents of adolescents and school district administrators about school health education. Through interviews, they were asked the importance of, the usefulness of and the amount of time which should be devoted to health education. All three groups believe that health information and skills are just as useful, if not more useful, than other subjects like English, Mathematics, and Science. This research gave support to the large number of



organizations, such as the American Cancer Society that have joined together to promote the importance of comprehensive school health education. The research suggests that these organizations believe comprehensive school health education represents an excellent program for giving children the information and the skills they need to make healthy choices. Seffrin (1994) suggests that this group of organizations is simply trying to point out that teaching children about managing their own health deserves a place of equal emphasis with other core areas.

Torabi and Crowe (1995) conducted a study to investigate national public opinion on school health education and its implications for the health care reform initiatives. Results of the study indicated approximately 88 percent of respondents agreed that school health education can reduce health problems of students. Results also demonstrated that 90 percent of the adults believed that health education was equally or more important than other courses and 60 percent of the public believe that the United States federal government's financial support for school health education should increase. Torabi and Crowe (1995) conclude that these findings demonstrate strong support for school health education as a means for reducing both health problems among students and health care costs.

According to Piggs' (1989) research on the contribution of school health programs to public health, most parents endorse comprehensive health education. However, about half of parents do not know what is taught in health education. Pigg reports that only 29 percent of parents say they have gotten involved in any way with their child's school health education program. Thirty-seven percent of teachers also report that parents give

strong support to health education in their schools. However, in schools where health education initiatives seem to be highly successful, the study shows that parental support rises sharply (63%). In reviewing the current status of comprehensive school health education, Seffrins' (1994) research highlights what appears to be a strong statement of need and a strong statement of support however only about five percent of American schools currently offer a comprehensive school health education curriculum. Seffrin (1994) suggests that these things take time. He uses the analogy of tobacco control, explaining that public policy change and contemporary practices are often preceded by public opinion changes. The amazing changes in tobacco control happening almost daily are not occurring spontaneously. Public support for these changes exists and has been building for a long time. Therefore, according to Seffrin (1994), the change in public attitude about comprehensive school health education suggests the time is right to push ahead in this area and to take up the leadership that is necessary. Seffrin (1994) suggests that healthy children tend to become healthy adults who are more productive, less demanding on our health care system, and steady contributors to society.

Although the timing may provide new opportunities for applying the comprehensive school health model, there are barriers that may interfere in the implementation of comprehensive school health education. A study by Symons et al. (1997) describes existing barriers to comprehensive school health programs such as a lack of administrative support; local obstacles; limited governmental support and conventional patterns of funding and research. Symons et al. (1997) describe the enormous pressure facing school administrators to improve students' academic skills, particularly in "core"

subjects including mathematics and language. Symons et al. (1997) suggest that time limitations and severe budgetary constraints are cited frequently as rationale for eliminating school health programs. In this context, comprehensive school health program activities are often perceived as consuming valuable time and resources that could be spent in more academically productive ways. Hausman et al. (1995) also suggest lack of teacher training and preparedness as a possible obstacle to implementing comprehensive school health education.

### Parents' Knowledge, Attitudes and Involvement in School Health

Epstein (1987) states "Researchers, practitioners and policymakers consistently rank parent involvement high among the components of effective schools" (p. 7). Allensworth (1994) concurs with Epstein's (1987) research and suggests that one of the most important characteristics of a comprehensive school health program is the solicitation of family support and involvement. Allensworth (1994) states "Teachers and administrators have an obligation to help parents carry out their natural roles as models for and helpers of their own children. Working together, schools and families can improve student achievement, attendance and behaviour" (p. 185). However, according to English (1994), a gap exists between the rhetoric and reality. Few schools know how to effectively encourage and direct the involvement of parents and other family members. English (1994) goes on to state "in reality, applications of these partnerships are few" (p. 190).

Colwell et al. (1995), suggest parental involvement in school health is rare, despite documentation supporting the importance of parental participation. Families, teachers and administrators often hold different ideas about parental participation, resulting in a barrier to parents' full participation with schools. According to Colwell et al. (1995), evidence supporting the importance of parental involvement in the educational process is plentiful, however less is known regarding the extent of parental influence on health education programming. Colwell et al. (1995) conducted a telephone survey to determine parental knowledge of, and participation in, school health education activities, as well as parents' attitudes concerning elementary school health education. Results indicated that 95 percent believed health represents a basic component of a school curriculum, with 47 percent of parents suggesting health be taught beginning in kindergarten. Results showed that 86 percent of parents felt their community supported health education, 89 percent believed their child's school supported health education, and 69 percent believed their child's school did a good job teaching health. Most parents felt their child's school provided a safe environment. Fifty-eight percent of respondents indicated they were "never" involved in health education program decisions by schools, and 21 percent said the school "often" provided activities they could do at home with their children. Parents were also asked if they had ever heard of the concept of "Comprehensive School Health Education." Less than one-third (31%) indicated they had heard of the concept. Of those who had, a little more than half were familiar, while about one quarter were unfamiliar with the concept.

Other studies involving parents' perceptions and opinions related to school health include studies that assess the needs of school-aged children for the development of particular programs. In a study by Weathersby (1995), parents were asked for their opinions about offering contraceptives at school, and to identify health issues and services important for a school-based clinic. Parents surveyed were selected from a parent list using a random number table. One hundred and ninety six parents were selected. Each one received a letter describing the project. Responses of the parents on a likert-type scale ranked in the "moderately" to "very interested" range for health promotion information, sexually transmitted disease information, care for minor injuries and counselling services. Parents also expressed support for establishing a clinic in their additional comments. This high degree of interest was unexpected, since a private physician was available in the community studied. This study revealed that the process of polling parents serves a dual purpose of informing the population about school-based clinics as well as gathering information to match services offered with needs identified.

Landis and Janes (1995) conducted a similar study to that carried out by Weathersby (1995). Landis and Janes' (1995) study involved parents and was carried out using focus groups and a parent questionnaire. The questionnaire focused on asking parents to prioritize health-related issues in terms of their importance. The focus group asked participants what health problems they saw in the classroom and what programs they would like to see developed. Results of this study indicated a wide range of responses for ranking the importance of different health behaviors. The item "eating a healthy diet" was the only item of 10 that parents agreed as important. Parents indicated

they would be quite interested in parent effectiveness training, and moderately interested in other programs such as recognizing and handling childhood depression and child abuse and neglect. This study made several recommendations including the use of innovative methods to attract parents' attention, suggesting that it may be necessary to work with parents to help identify for them ways in which they are comfortable being involved. As well, the study suggests that parent perceptions of any health program are more positive if they have been involved in the planning and decision-making processes. Landis and Janes (1995) conclude that involving parents and teachers gives them an opportunity to work together toward the good of children. This partnership can help nurture a bond which is useful in all areas affecting children's welfare.

Other research has been undertaken to measure parents' attitudes, beliefs and involvement, and the role of the school in issues such as HIV/AIDS prevention and education (Guttmacher et al. 1995), childhood obesity and drug prevention (Hahn et al. 1996). Because parents play a vital role in determining their children's weight, and because prevention is the most effective strategy in alleviating obesity, parents' perceptions regarding childhood obesity, its etiology and treatment are important. In their research, Price et al. (1992) looked at parents' perceptions regarding childhood obesity and the role of the schools in treating obesity. Three hundred and seventy-five parents (75%) completed a questionnaire. Results indicated that 87 percent believed that normal weight is very important to child health. Twenty-eight percent believed schools were not doing enough to alleviate childhood obesity. Thirty-eight percent opposed the idea of schools as the place for treatment of obesity. Eighty-five percent of parents were

supportive of physical education classes that teach lifelong fitness, followed by health classes in all schools that include topics on food and weight control and ridding the school of all “junk food” machines. However 69 percent indicated that they would attend a joint weight control program for parents and child if schools offered such a program.

Hahn et al. (1996) conducted an exploratory study using focus group methods to identify strategies that promote and maintain parent involvement with their young children in a program called BABES (Beginning Alcohol and Addictions Basic Education Studies). According to this study, there are several cues to parental involvement in drug prevention and school activities. These include cues such as transportation, child care, and incentive prizes or gift certificates to support child/family activities. Parents mentioned the importance of parent-teacher conferences or classroom visits. Child to parent communication was identified by parents as the most persuasive and effective cue to parent involvement with their children. Hahn et al. (1996) state that “the importance of school personnel’s attitudes toward parents cannot be overestimated” (p. 167). Some school policies may inadvertently discourage parent involvement. For example schools may restrict parents from walking their children to the classroom to avoid confusion in the halls or to foster children’s independence. This policy may communicate an unwelcome attitude to some parents. The consistent findings in this study are that multiple channels for involvement are needed to promote parental involvement in school activities.

Guttmacher et al. (1995), examined the impact of a newly expanded HIV/AIDS educational program, which included condom availability in every public high school.

This study involved 716 parents from 12 randomly chosen high schools in a survey and 81 parents for 12 focus groups held at six of the schools. Sixty-nine percent of parents believed students should be able to receive condoms at school, although nearly half felt they should have the right to keep their children from doing so. Most believed making condoms available would result in safer sex practices among students who were sexually active. The data suggests that parents support the school's role in reducing HIV/AIDS transmission among adolescents and believe making condoms available represents an acceptable component of an HIV/AIDS prevention program.

Acosta (1992) studied parents' perceptions regarding AIDS education information for their eighth grade school children. Parents' perceptions were based on responses to a questionnaire that involved topics derived from the United States Surgeon General's Report on AIDS. A survey packet based on these topics was mailed to 148 parents of eighth grade children. Survey results indicated that most parents in the sample favored all topics related to AIDS as appropriate for their eighth grade school children. However, there was ten percent or greater parental disagreement on the appropriateness of some topics related to sex and other controversial issues. This study seems to suggest that most parents are more supportive of sex related AIDS education topics than they were with sex education a few years ago. This research also suggests the positive correlation between innovative health education and high parental support.

Despite the lack of Canadian-based research in the area of comprehensive school health education, there are a number of studies from the United States about the history of school health; the importance of a comprehensive approach to teaching health; and the



growing support for such programs. The findings consistently report a strong value for CSH among all stakeholders. The findings also show a fair amount of reported support for these programs, but an unclear picture on how and if CSH programs are implemented. The literature supports the notion that parental involvement is a critical component of CSH programs. However, studies reveal most parents are not aware of what is taught in health education, and less than 30 percent of parents say they have gotten involved in their child's school health program. However, in schools where health education initiatives seem to be successful, parental support and participation rises significantly. The literature suggests that there are ways to involve parents, and that the importance of school administrators' and teachers' attitudes towards parents is very significant. Parents seem to support school efforts in the area of health education but have limited knowledge and involvement with the program.

## **CHAPTER 3**

### **METHODOLOGY**

Though the literature strongly emphasizes the important role parents should play in school health programs, there appears to be a paucity of local studies on CSH in the current literature. Therefore, given the implementation of the new Comprehensive School Health Curriculum in Newfoundland in 1991, emphasizing parental involvement in its' guidelines , one question that remains is: What knowledge, attitudes and involvement do parents have in the new Comprehensive School Health Curriculum for grade 7, 8 and 9 in this region?

#### **Research Questions**

1. What knowledge/awareness do parents have of the Comprehensive School Health Program/Curriculum?
2. What knowledge do parents have of the topics covered in the Comprehensive School Health Curriculum for their children in grade 7, 8 and 9?
3. What are parents' attitudes about the importance of topics covered in the Comprehensive School Health Curriculum for their children in grade 7, 8 and 9?
4. Are parents involved in the Comprehensive School Health Program/Curriculum at the school? If so, how?  
  
Does the school inform parents about the school health program/curriculum, if so, how? How important is this involvement?

5. Is there a difference in parents' knowledge, attitudes and involvement with the Comprehensive School Health Curriculum/Program between a rural and urban school?

## Definition of Terms

1. Comprehensive School Health (CSH):

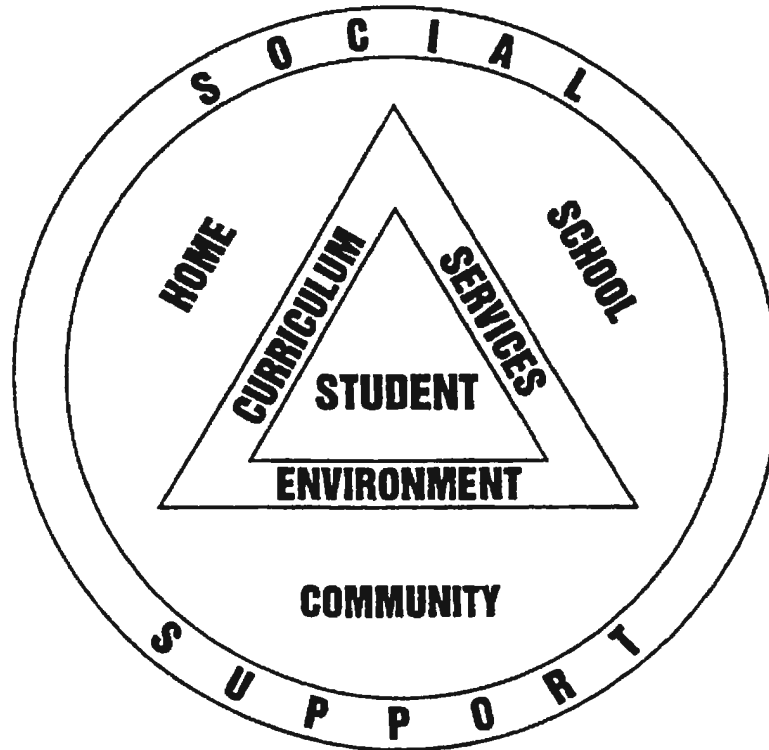
According to Health Canada (1998), the CSH model combines four main elements: instruction/curriculum, support services, social support and a healthy physical environment.

- (i) Instruction/curriculum: is the basic way students receive the information they need about health and wellness, health risks and health problems. It is the teachers' role to empower students with the knowledge, attitudes, skills and behaviours they need for good health. CSH instruction mean active health promotion through comprehensive curriculum, varied materials, life-style focused physical education, and varied learning strategies.
- (ii) Support services for students and families: health guidance and social services play a major role in CSH. Many organizations are responsible for delivering these services, including public health and social service organizations and non-governmental health agencies, support services for schools and students including health appraisal and monitoring

immunizations, guidance services, treatment and rehabilitation services, social services and referrals.

- (iii) **Social support:** young people depend on support from the people around them to make healthy lifestyle decisions. Peers, families, school staff and others in the community all have an important role to play in influencing and reinforcing health. CSH endeavours to strengthen the students' support network and to encourage the active involvement of key influences in the learning process. This depends on positive health role models, peer support, adult mentoring, a well-managed school, family support, and appropriate public policy.
- (iv) **A healthy physical environment:** a clean and safe physical environment helps prevent injuries and disease, and facilitates pre-health behaviour. It includes appropriate hygiene, sanitation, lighting, noise and other environmental standards, measures for promoting safety and preventing injuries, consistent enforcement of restrictions on tobacco and alcohol use, and support for good nutrition.

### **Comprehensive school health model**



This model integrates curriculum, services and the environment with home, school and community efforts in a supportive social climate.

(Department of Education, 1991)

#### **2. Health Promotion:**

Health Promotion is the process of enabling people to increase control over and to improve their health. To reach a state of complete physical, mental and social well-being, an individual or group must be able to identify and to realize

aspirations, to satisfy needs, and to change or cope with the environment. Health is therefore seen as a resource for everyday life, not the objective of living. Health is a positive concept emphasizing social and personal resources, as well as physical capacities. Therefore, health promotion is not just the responsibility of the health sector, but goes beyond to involve the social and educational sectors.

(World Health Organization, 1986)

3. Curriculum:

“Planned programs, resources, environments, instruction and learning experiences necessary for the ultimate attainment of the essential graduation learnings”

(Foundation Program Report (Draft 1998),

Department of Education)

## Design of the Study

The chosen site for this study was the geographic school region governed by the Avalon East School Board.

The sample was selected from two schools: Mobile Central High in Mobile and I.J. Samson Junior High in St. John's. The study participants were parents of children enrolled in grade 7 to 9 for the 1997-98 school year. Parents of one grade 7 class, one grade 8 class and one grade 9 class in both schools were chosen as the sample.

Approximately 170 surveys were sent to the schools to be distributed to each child in the chosen grade 7, 8 and 9 class. At the onset of the study, the researcher began by contacting the Director of the Avalon East School Board in writing, with a consent form attached to seek approval to conduct the study (see Appendix A). Once access was permitted by the Avalon East School Board, letters were sent to Principals of both schools (see Appendix A). Upon Principal consent, the parent survey package was delivered to both schools. The package to parents included a cover letter (see Appendix A), a survey/questionnaire (see Appendix B) and a self-addressed, stamped envelope. At the bottom of the survey, parents were asked if they would be willing to be contacted for a more in-depth interview. If they indicated "yes," they were asked to include their phone number. The researcher attempted a telephone contact with all parents who had expressed such an interest. The researcher conducted 10 parent interviews from the 13 parents who submitted their telephone numbers..

## Data Collection

Data for this study were collected in three ways. Through use of a written questionnaire, by personal interviews, and by telephone interviews.

1. The written questionnaires were sent to parents of students in one class in grades 7 to 9, identified through two schools of the Avalon East School Board. The Principals of both schools recommended sending the parent survey home through the students rather than by mail. The questionnaire entailed several questions having structural categories and two open-ended questions (see Appendix B). Attempts were made to improve the response rate through announcements over the PA system at school to remind the students and their parents to return the completed survey by mail.
2. Interviews were conducted with parents who completed the parent questionnaire and who indicated at the end of the written questionnaire that they wished to be contacted for an interview. Approximately 38 percent of parents who returned the questionnaire indicated they would be willing to participate in the interview. The researcher asked parents contacted through the telephone numbers provided if they would prefer to do the interview in-person or over the telephone. This resulted in the researcher conducting two interviews in-person and eight over the telephone.



## Analysis

The analysis required entering data from the questionnaire into an SPSS program. Basic statistical analysis included descriptive statistics such as frequencies and cross-tabulations. This gave the researcher statistical evidence about parents' knowledge, attitudes and involvement in the curriculum. A preliminary analysis of the data led the researcher to refine the questions intended for the in-depth interviews. The researcher taped the interviews and the tapes were transcribed. The researcher read the data collected through interviews to gather first impressions in order to generate categories or themes to draw conclusions. This led the researcher to become aware of other recurring patterns. Data were reviewed by making contrasts and comparisons between the study participants' responses and exploring individual variation.

## **CHAPTER 4**

### **ANALYSIS OF THE DATA**

Data collection for this study included surveys and indepth interviews involving two schools, one urban and one rural, within the Avalon East School Board. One hundred and seventy surveys were sent to schools to be sent home to parents through students in one grade 7, 8 and 9 class. A total of 49 surveys were returned. Table 1 indicates the number of distributed and returned surveys, and percentage response by grade and geography. Twenty eight surveys were given to the teachers of the six classes participating in the study. Some extra survey packages were left with each school. A follow-up phone call to both schools revealed that two additional survey packages were given out in the urban grade 7 class only. The other five classes distributed 28 surveys. Overall, the response rate was highest in grade 7 with 34% of parents completing and returning the survey. Despite a weak response rate overall, grade 7 and 9 results based on geography are comparable to the population breakdown for schools. However, the discrepancy in response rate for grade eight between rural and urban schools required the researcher to weight the data for schools according to Education Statistics, Department of Education (1995-1996). Therefore, the remaining analysis for grade eight will reflect weighted data.

Interviews with parents of children in grade 7, 8 and 9 provided an opportunity to discuss the survey questions in more depth. Ten parents who indicated they could be contacted participated in the indepth interviews. Eight interviews were held with parents from the urban school and two interviews were held with parents from the rural school.

Presentation of results is provided by reviewing each of the five research questions, and presenting the results for each grade from the survey (quantitative findings) and from the indepth interviews (qualitative findings). A discussion of the results will follow in Chapter 5. See Appendix B for the Parent Questionnaire for grade 7, 8 and 9 and Appendix C for the Parent Interview Questions.

TABLE 1  
Distribution of Parent Responses to Questionnaire by  
Grade and Geography

	<u>Urban</u>			<u>Rural</u>			<u>Total</u>		
	<u>Nd</u>	<u>Nr</u>	<u>%</u>	<u>Nd</u>	<u>Nr</u>	<u>%</u>	<u>Nd</u>	<u>Nr</u>	<u>%</u>
Grade 7	30	13	43	28	7	25	58	20	34
Grade 8	28	8	52	28	8	48	56	13	23
Grade 9	28	8	29	28	8	29	56	16	29

Note 1: Nd = Number of surveys distributed

Nr = Number of surveys received

Note 2: Responses to Grade 8 surveys were weighted and the discrepancy between percentage and respondents is due to the weighting procedure.

## **Presentation of Results**

### **Research Question #1**

#### **What knowledge/awareness do parents have of the Comprehensive School Health Program/Curriculum?**

In this question parents were asked if they were aware of the school health program at their child's school. Table 2 illustrates the number and percentage of parents for each grade who were familiar with the school health program. Results indicate that more grade 7 parents were aware of the program (90%), than grade 8 parents (61.9%) and grade 7 parents (75%). Overall results show that 82 percent of parents were aware of the school health program.

Question number one of the in-depth interview also addressed this research question. The researcher asked if parents could explain what they were familiar with or what the school health program meant to them. Twenty percent of parents were not aware of the school health program. Of the 80 percent of parents interviewed that were aware of the program, their most frequent recollection was to describe the health course content, specifically, topics covered in the curriculum and taught in the classroom, such as sexual awareness, addictions, drugs and alcohol, self-esteem, personal well-being and eating disorders. Parents also described general promotion of health and healthy lifestyles as part of the school health program. Ten percent of parents mentioned other components of the school health program including services such as support groups for addictions and a weight room in school for students. The majority of parents interviewed described their knowledge of the school health program as being solely the health course/curriculum.

TABLE 2

## Parents' Awareness of School Health Program by Grade

	<u>Yes</u>		<u>No</u>	
	<u>N</u>	<u>%</u>	<u>N</u>	<u>%</u>
Grade 7	18	90	2	10
Grade 8	10	61.9	6	38.1
Grade 9	12	75	4	25

Note: Grade 8 data has been weighted.

**Research Question #2****What knowledge do parents have of the topics covered in the Comprehensive School Health curriculum for their children in grade 7 to 9?**

In this question parents were asked how familiar they were with the topics covered in the health course. Each topic was listed for each grade in the question. Parents were asked to choose if they were: Very familiar, Familiar, Somewhat Familiar or Not At All Familiar with the topics. Tables 3, 4 and 5 show parents' response to this question for grades 7, 8 and 9 respectively.

Table 3 indicates that the grade seven topic Drugs, Smoking and Alcohol appears to be the topic most parents are Very Familiar (22%) with. Approximately 17 percent of parents were Very Familiar with the topics Emotional and Social Well-Being and Human Sexuality. Eleven percent of parents indicated they were Very Familiar with the topics of Relationships and Active Living. Six percent of parents were Very Familiar with Safety and Environmental Health. Approximately 50 percent of parents indicated they were Familiar with four of the six topics covered in the course. Results also show that 17 percent of parents were Not at All Familiar with four of the six topics covered in the health course.

Table 4 illustrates that in the grade eight course, 53.8 percent of parents indicated they were Very Familiar with the topic of Nutrition. Over 60 percent of parents were very Familiar with three of the other four topics covered in the grade eight health course. However, 15.4 percent of parents were Not At All Familiar with the topic Human Sexuality.

TABLE 3

## Parents' Familiarity with Topics in the Grade 7 Health Program

How Familiar	Very Familiar		Familiar		Somewhat Familiar		Not At all Familiar	
	N	%	N	%	N	%	N	%
Emotional and Social Well-Being	3	17	4	22.2	8	44.4	3	16.7
Human Sexuality	3	17	7	38.9	6	33.3	2	11.1
Relationships	2	11	7	38.9	6	33.3	3	16.7
Drugs: Smoking and Alcohol	4	22	6	33.3	5	27.8	3	16.7
Active Living	2	11	8	44.4	5	27.8	3	16.7
Safety and Environmental Health	1	5.6	9	50	5	27.8	3	16.7



TABLE 4

## Parents' Familiarity with Topics in the Grade 8 Health Program

How Familiar with	Very Familiar		Familiar		Somewhat Familiar		Not At all Familiar	
	N	%	N	%	N	%	N	%
Emotional and Social Well-Being	2	15.4	2	23.1	5	53.8	1	7.7
Human Sexuality	2	15.4	6	61.5	1	7.7	2	15.4
Relationships	2	15.4	6	61.5	2	15.4	1	7.7
Drugs: Smoking and Alcohol	2	15.4	7	69.2	2	15.4	-	-
Nutrition	5	53.8	3	30.8	2	15.4	-	-

Note: This data has been weighted.

Table 5 shows that in the grade 9 course, 25 percent of parents are Very Familiar with the topics Self-Concept and Interpersonal Relationships, and 33 percent of parents are Very Familiar with the topic Human Sexuality.

Question number two in the interviews also addressed research question number two. It had two parts: first, the researcher asked parents which topics they could recall that they were most familiar with and why they thought they were more familiar with some topics rather than others. The second part asked parents if their child shared with them what was discussed in the health course, since this appeared to be a major factor identified by parents in the preliminary results of the questionnaire.

For the first part of this question, most parents (60%) indicated they could not recall any topics in particular at that time, but that this was the case for all courses, not just health. Some parents mentioned that the course covered numerous topics and that everything was relevant and important. Other parents suggested that some topics stood out much more than others. Some reasons given for this were: they were mentioned at the orientation at the beginning of the year, their child did a project on the topic, or simply because some topics were more pertinent at the time. Some of the topics parents recalled were: sexuality, peer pressure, condoms, pregnancy and drugs. The main reason parents felt they were not more familiar with the topics was because their child did not discuss or share what is taught in school with them (see results of second part of question in next paragraph).

TABLE 5

## Parents' Familiarity with Topics in the Grade 9 Health Program

How Familiar	Very Familiar		Familiar		Somewhat Familiar		Not At all Familiar	
	N	%	N	%	N	%	N	%
Self-Concept	3	25	4	33.3	3	25	2	16.7
Human Sexuality	4	33.3	3	25	4	33.3	1	8.3
Interpersonal Relationships	3	25	4	33.3	4	33.3	1	8.3

Some parents indicated that they were not familiar with most topics because the school does not inform them, and they are only notified if problems arise. Parents suggested that the school leaves the responsibility to the children in the junior high grades to inform parents.

The second part of this question asked parents how much their adolescent shared with them about the health course. Ninety percent of parents interviewed indicated that their adolescent does not share or initiate a discussion about what is taught in the health course. Many parents felt this was because of the change in attitude in adolescents as they begin to “exert their independence.” Many parents suggested their adolescents have become “closed-mouthed” at this stage, and that they sometimes become embarrassed discussing some health topics. One parent mentioned that her children and family were too busy and that discussions about the health course didn’t necessarily happen, due to “competing topics” and limited time. Parents suggested that the only time discussion would happen with their children about topics in the health course was when something happened in school and their adolescent was keenly interested and wanted to share their knowledge on the topic. Many parents also suggested that often they would have to “pump” their children with questions or get actively involved in their homework, projects or test preparations to get the discussion going. Other parents mentioned that discussions about health issues are usually brought up before topics come up in school. Parents suggested that because there is an openness in their homes to discuss anything, when topics come up parents aren’t sure whether they were initiated in the classroom or not.

**Research Question #3**

**What are parents' attitudes about the importance of the topics that are covered in the health curriculum for their children in grade 7 to 9?**

This question asked parents how important they felt the topics covered in the health curriculum were for their adolescent to learn. Parents were asked to choose if they felt the topics were: Very Important; Important; Somewhat Important; or Not At All Important to learn. Tables 6, 7 and 8 detail parent responses to this question for grade seven, eight and nine respectively.

Table 6 reveals that 75 percent to 90 percent of parents of grade seven children indicated that five of the six topics were Very Important for their child to learn about. The remaining 10 to 25 percent of parents felt that all the topics were Important for their child to learn about. Five to ten percent of parents indicated that the topics were Somewhat Important.

Table 7 reveals over 86 percent of parents indicated that four out of the five topics in the grade eight health course was Very Important for their child to learn about. Sixty two percent of parents indicated that the topic Relationships was Very Important. Less than 5 percent of parents indicated any of the topics were only somewhat important for their child to learn about.

Table 8 shows that 81 percent of parents felt all the topics in the grade nine course were Very Important for their child to learn about. Thirteen to 19 percent of parents felt

**TABLE 6**  
**Parents' Attitudes on the Importance of Topics Covered in the**  
**Grade 7 Health Program**

How Important	Very Important		Important		Somewhat Important		Not At all Important	
	N	%	N	%	N	%	N	%
Emotional and Social Well-Being	16	80	4	20	-	-	-	-
Human Sexuality	18	90	1	5	1	5	-	-
Relationships	17	85	2	10	1	5	-	-
Drugs: Smoking and Alcohol	16	80	4	20	-	-	-	-
Active Living	15	75	4	20	1	5	-	-
Safety and Environmental Health	13	65	5	25	2	10	-	-

**TABLE 7**  
**Parents Attitudes on the Importance of Topics Covered in the**  
**Grade 8 Health Program**

How Important	Very Important		Important		Somewhat Important		Not At all Important	
	N	%	N	%	N	%	N	%
Emotional and Social Well-Being	15	95.2	1	4.8	-	-	-	-
Human Sexuality	14	85.7	2	9.5	1	4.8	-	-
Relationship	10	61.9	6	38.1	-	-	-	-
Drugs: Smoking and Alcohol	14	90.5	2	9.5	-	-	-	-
Nutrition	14	85.7	2	14.3	-	-	-	-

Note: This data has been weighted.

**TABLE 8**  
**Parents Attitudes on the Importance of Topics Covered in the**  
**Grade 9 Health Program**

How Important	Very Important		Important		Somewhat Important		Not At all Important	
	N	%	N	%	N	%	N	%
Self-Concept	13	81.3	2	13	1	6.3	-	-
Human Sexuality	13	81.3	3	19	-	-	-	-
Interpersonal Relationships	13	81.3	3	19	-	-	-	-



the topics were Important, and 6.3 percent of parents felt one of the three topics was Somewhat Important for their child to learn about.

Question number 3 in the in-depth interviews also addressed this research question. The researcher asked parents two main questions: how important are the topics covered in the health course and why, and secondly, in relation to other courses taught in school, how important is the health course.

Responses to the first question indicated that 90 percent of parents believed that the health course was important for their child. Parents suggested that their children needed the knowledge and information that was taught in the course to make healthy choices. Parents suggested the following reasons why it was important to offer the health course: adolescents need to discuss these issues among their peers; adolescents need to learn and be guided by a teacher who can facilitate an un-biased discussion; schools have the facts; topics help children whose families don't discuss these issues at home; children are more resistant to learn from parents at this stage; they give children a good forum to assess and compare their families' views/values on certain topics; and schools can often recognize certain signs and symptoms in children that parents may not pick up.

Responses to the second question about the health course in relation to other courses taught in school, 80 percent of parents indicated health was just as important as the other courses. Parents suggested that although the health course will not benefit the child directly in furthering their education, most agreed that health deals with "real life" issues that in the long-run will be very important for their children. Some parents stated that if everything had to be cut from the curriculum they would still want math and

science in order to facilitate their child's post-secondary educational opportunities. Six percent of parents mentioned that health could be incorporated into other courses if teachers were well-prepared and received in-service training on ways to incorporate these topics. However, six percent of parents indicated that they felt the real point of the topics would be lost if there was no health course.

#### **Research Question #4**

**Are parents involved in the school health program/curriculum at the school? Does the school involve parents, if so how? How important is this involvement?**

Question number four, parts A and B from the parent questionnaire, address this research question. Part A asked how have parents been involved with the health course and the school health program. Parents were asked to check all of the following answers that applied: attend Parent-Teacher meetings; act as a resource to the school; involved in homework assignments; have discussions with your child about what is taught in health and/or school; other; or not involved.

Table 9 illustrates that 60 percent of parents of children in grade seven indicated they were involved in parent-teacher meetings; 72 percent of parents were involved in homework assignments with their children; and 83 percent of parents were involved in discussions with their child. None of the parents indicated that they had acted as a resource to the school.

TABLE 9

## Parental Involvement with the Grade 7 Health Program

Involved With	Yes		No	
	N	%	N	%
Parent-Teacher Meetings	11	61.1	7	38.9
Act as Resource to School	-	-	18	100
Homework Assignment	13	72.2	5	27.8
Discussion with child	15	83.3	3	16.7
Other	3	16.7	15	83.3

Table 10 shows that 54 percent of parents of children in grade eight indicated they were involved in parent-teacher meetings; 85 percent of parents were involved in homework assignment with their child; and all parents (100%) were involved in discussions with their child. None of the parents indicated that they had acted as a resource to the school.

Table 11 illustrates that 67 percent of parents of grade nine children indicated they were involved in parent-teacher meetings; 75 percent of parents were involved in homework assignments with their child, and 83 percent of parents were involved in discussions with their child. Eight percent of parents indicated they were not involved at all, while 8.3 percent of parents indicated they had acted as a resource to the school.

Question 4b in the parent survey was an open-ended question asking parents for other ways they could be involved in the health course or the school health program. Approximately 39 percent of parents who returned the survey answered this question. Parental responses fell into one of the following four categories. The first category of responses involved increasing projects or assignments to students that could involve parents more directly. The second category dealt with increasing opportunities for parents to meet as a group or to attend a seminar just for parents, as well as increased opportunities for parents to meet directly with teachers about the health course or program. The third category reflected the need for the school to send home more written correspondence related to the health course and to seek parent input and opinions on health topics and best ways to involve parents. The fourth category reflected the need to

**TABLE 10**  
**Parental Involvement with the Grade 8 Health Program**

Involved With	Yes		No	
	N	%	N	%
Parent-Teacher Meetings	5	53.8	5	46.2
Act as Resource to School	-	-	10	100
Homework Assignment	8	84.6	2	15.4
Discussion with child	10	100	-	-
Other	1	7.7	9	92.3

Note: This data has been weighted.

TABLE 11

## Parental Involvement with the Grade 9 Health Program

Involved With	Yes		No	
	N	%	N	%
Parent-Teacher Meetings	5	66.7	4	33.3
Act as Resource to School	1	8.3	11	91.7
Homework Assignment	9	75	3	25
Discussion with child	10	83.3	2	16.7
Other	1	8.3	11	91.7
Not Involved	1	8.3	11	91.7

have more opportunities for students, teachers and parents to work together; for example, to plan and participate in a health fair. However, a few parents felt that their involvement would have to be limited to going over at home what is covered in school because both parents are working and families are very busy.

The indepth interview question number four also provided data to address research question number four. The researcher asked parents first about the role of the school; if the school involved/informed them and if so, how; and did this include information about the health course. The researcher asked if the school should involve/inform parents more and if so how. The researcher also asked parents about the role of parents in relation to the health course/program. Specifically, the researcher asked parents if they felt parents should be involved and if so, how.

In terms of the school's role and responsibility, 90 percent of parents interviewed indicated that the school did involve or inform them but in a very limited way. Eighty percent of parents indicated that this involvement was limited to orientation at the beginning of the year; four to six notes sent home throughout the year; and parent-teacher nights and meetings. Ninety percent of parents suggested that this involvement rarely dealt with information about the health course or program, and that when it did, it was usually because of a problem that needed immediate attention and the school contacted the parent. Ninety percent of parents indicated that once children reach grades 7, 8 and 9, the school begins to communicate with parents through the children rather than with parents directly as was the case in primary and elementary grades. Parents suggested they were more involved or informed by the school when their children were in grades K to 6.

Parents indicated that the school now relies solely on the children to bring information home to parents, and most parents felt this was an ineffective means to reach them because of the change in attitude and differing priorities of adolescents. Ninety percent of parents felt that the school should involve or inform them more. The following ideas were suggested by those parents that felt the school should involve them more. Parents agreed the school needs to initiate the parent opportunities or they will not happen. Parents suggested that schools needed to have more of a focus on prevention and be more creative in ways of involving parents in health issues once children reach junior high. Twenty percent of parents would like to see the school being perceived as more of a community building that could offer more evening and weekend events. Eighty percent of parents reiterated the need for more written communication to be sent home, and 10 percent of parents suggested a regular mail-out system to parents. Seventy percent of parents agreed that more meetings needed to be held with parents and teachers, along with more opportunities to involve parents through seminars or student projects. However, 30 percent of parents indicated that the schools are doing all they can and that parents don't need the particulars about the health course or any course. Ten percent of parents indicated that no matter what the school did some parents would never be involved. Many of these parents suggested that the role of parents was just as important or more so than that of the schools.

In terms of the parent's role, 90 percent of parents felt strongly that it was important for them to be interested and involved in all aspects of their adolescents' lives. However, there was some variation in parent responses to this question. Twenty percent



of parents indicated that there was no need for parents to be directly involved in the curriculum or program for any of the courses taught in school. Ten percent of parents suggested it was not necessary for parents to be “physically” in the school. Parents (10%) indicated they would only be involved as much as they want to be, and that some parents will never be involved no matter what the school may initiate. Twenty percent of parents suggested that some of the parents that are not involved are parents of children who need the support most. Many of these parents expressed that it is the same parents involved all the time. However, 40 percent of parents suggested if they knew more about the curriculum they could offer input to the school and facilitate working towards the same goals. Eighty percent of parents discussed the importance of their role in being involved with their child and that the onus was on parents to become more involved. Ten percent of parents suggested how important it was for them to know what signs to look for in their adolescents who might be in trouble. Fifty percent of parents emphasized the significance of their role in being “nonchalantly” involved and interested in their adolescents through homework, discussions and preparing for tests. Forty percent of parents felt that more emphasis and importance needed to be placed on this program by parents and suggested that a combined effort by schools and the media could reinforce the needed involvement of parents. Twenty percent of parents regretfully mentioned that their involvement was limited and that they may not be taking the health course/program serious enough. Seventy percent of parents suggested ways in which they could be involved which included dialoguing more with the school, but parents also emphasized the importance of sending written communication home in order to reach busy parents and those who do not

wish to be involved at all. Sixty percent of parents suggested that parent involvement needed to be initiated and reinforced all the time, not just during a catastrophe. Twenty percent of these parents recommended that the school should facilitate or organize “parent forums” that could provide support to parents about raising their adolescents. Sixty-five percent of parents suggested it was more challenging to be involved at this age, and that the school, home and community needed to be more creative to ensure opportunities for parents involvement and support.

#### **Research Question #5**

**Is there a difference in parents’ knowledge, attitudes and involvement with the Comprehensive School Health Curriculum/Program in a rural or urban school?**

To answer this question, the researcher analyzed each of the previous research questions by geography. Tables 12, 13, 14 and 15 demonstrate these results for grade seven. Tables 16, 17, 18 and 19 portray these results for grade eight, and Tables 20, 21, 22 and 23 demonstrate these results for grade nine.

Table 12 reveals that 100 percent of rural parents and 85 percent of urban parents indicated they were aware of the grade seven health program. There is no significant difference ( $p=.27$ ). Table 13 illustrates parents’ familiarities with topics covered in the grade seven health course by geography. There does not appear to be any significant differences in parents familiarities from the urban or rural school. The  $p$  values ranged from  $p=.23$  -  $.46$ . Table 14 shows parents’ opinions on the importance of the topics covered in the grade seven health course by geography. There is no significant difference

in parents' attitudes about the importance of the curriculum in the urban or rural school. The p values ranged from  $p=.13$  -  $.48$ . Table 15 illustrates parents' involvement with the grade seven health course by geography. Results show there is no significant difference in parents' involvement in the urban or rural school for five of the six categories.

However, results do indicate a significant difference in parents' involvement through homework assignments ( $p=.04$ ). One hundred percent of rural grade seven parents were involved in homework assignments, however, only 54.5 percent of urban grade seven parents were involved in homework assignments. Table 16 reveals that 50 percent of rural parents and 75 percent of urban parents indicated they were aware of the grade 8 health program. There is no significant difference. Table 17 illustrates parent familiarity with topics covered in the grade 8 health course by geography. There is no significant difference in parent familiarity from the urban or rural school. Table 18 shows how important parents indicated the topics in the grade 8 health course were by geography. There is no significant difference in what parents indicated was important between the urban or rural school. Table 19 shows parents involvement with the grade eight health course by geography. Results show there was no significant difference in parent involvement in the urban or rural school in the following categories: resource to school; homework assignments; discussions with child or other. However, results do indicate a significant difference in parents involvement through parent/teacher meetings. ( $p=.02$ ). One hundred percent of rural grade eight parents were involved in parent/teacher meeting, however, only 28.6 percent of urban parents were involved in parent/teacher meetings.

TABLE 12

## Awareness of the Grade 7 Health Program by Geography

	Rural		Urban		X <sup>2</sup>	p=
	N	%	N	%		
Yes	7	100	11	84.6	1.2	0.27
No	-	-	2	15.4	-	-

TABLE 13

## Familiarity with Grade 7 Health Topics

	Very Familiar		Familiar		Somewhat Familiar		Not At all Familiar		X <sup>2</sup>	p=
	N	%	N	%	N	%	N	%		
Emotional & Social Well-Being	R 1	14.3	2	28.6	44	57.1	-	-	2.6	0.46
	U 2	18.2	2	18.2	-	36.4	3	27.3		
Human Sexuality	R 2	28.6	2	28.6	33	42.9	-	-	2.9	0.41
	U 1	9.1	5	45.5	-	27.3	2	18.2		
Relationships	R 1	14.3	2	28.6	42	57.1	-	-	4.3	0.23
	U 1	9.1	5	45.5	-	18.2	3	27.3		
Drugs	R2	28.6	2	28.6	32	42.9	-	-	3.1	0.37
	U 2	18.2	4	36.4	-	18.2	3	27.3		
Active Living	R 1	14.3	3	42.9	32	42.9	-	-	3	0.4
	U 1	9.1	5	45.5	-	18.2	3	27.3		
Safety & Environmental Health	R 1	14.3	4	57.1	23	28.6	-	-	3.6	0.31
	U		5	45.5	-	27.3	3	27.3		

Note: R=rural  
U=urban

TABLE 14

## Importance of Topics Covered in the Grade 7 Health Program by Geography

	Very Important		Important		Somewhat Important		Not At all Important		X <sup>2</sup>	p=
	N	%	N	%	N	%	N	%		
Emotional & Social Well-Being	R 5	71.4	2	28.6	-	-	-	-	0.5	0.48
	U 11	84.6	2	15.4	-	-	-	-		
Human Sexuality	R 5	71	1	14.3	1	14.3	-	-	4.1	0.13
	U 13	-	-	-	-	-	-	-		
Relationship	R 5	71.4	1	14.3	1	14.3	-	-	2.3	0.32
	U 12	92.3	1	7.7	-	-	-	-		
Drugs	R 5	71.4	2	28.6	-	-	-	-	0.5	0.48
	U 11	84.6	2	15.4	-	-	-	-		
Active Living	R 5	71.4	1	14.3	1	14.3	-	-	2.1	0.36
	U 10	76.9	3	23.1	-	-	-	-		
Safety & Environmental Health	R 5	71.4	1	14.3	1	14.3	-	-	0.8	0.68
	U 8	61.5	4	30.8	1	17.7	-	-		

Note: R=rural  
U=urban

TABLE 15

## Involvement with the Grade 7 Health Program by Geography

	Yes		No		X <sup>2</sup>	p=
	N	%	N	%		
Parent/ Teacher	R 5 U 6	71.4 54.5	2 5	28.6 45.5	0.51	0.47
Resource To School	R U	- -	7 11	100.0 100.0	-	-
Homework Assignments	R 7 U 6	100.0 54.5	- 5	- 45.5	4.4	0.04
Discussion with Child	R 7 U 8	100.0 72.7	- 3	- 27.3	2.3	0.13
Other	R 1 U 2	14.3 18.2	6 9	85.7 81.8	0.05	0.83
Not Involved	R U 2	- 18.2	7 9	100.0 81.8	1.4	0.23

Note: R=rural  
U=urban

TABLE 16

## Awareness of the Grade 8 Health Program by Geography

	Rural		Urban		X <sup>2</sup>	p=
	N	%	N	%		
Yes	4	50	6	75	1.1	0.30
No	4	50	2	25	-	-

Note: This data has been weighted.

TABLE 17

## Familiarity With Grade 8 Topics By Geography

	Very Familiar		Familiar		Somewhat Familiar		Not At all Familiar		X <sup>2</sup>	p=
	N	%	N	%	N	%	N	%		
Emotional & Social Well-Being	R	-	-	-	4	100	-	-	5.2	0.16
	U 2	28.6	2	28.6	2	28.6	1	14.3		
Human Sexuality	R	-	4	100.0	-	-	-	-	5.2	0.16
	U 2	28.6	2	28.6	1	14.3	2	28.6		
Relationships	R	-	4	100.0	-	-	-	-	5.2	0.16
	U 2	28.6	3	28.6	2	28.6	1	14.3		
Drugs	R	-	4	100.0	-	-	-	-	3.6	0.17
	U 2	28.6	3	42.9	2	28.6	-	-		
Nutrition	R 4	100	-	-	-	-	-	-	5.2	0.10
	U 2	28.6	3	42.9	2	28.6	-	-		

Note 1: R=rural  
U=urban

Note 2: This data has been weighted.

TABLE 18

## Importance of Topics in the Grade 8 Health Program by Geography

		Very Important		Important		Somewhat Important		Not At all Important		X <sup>2</sup>	p=
		N	%	N	%	N	%	N	%		
Emotional & Social Well-Being	R	8	100.0	-	-	-	-	-	-	1.0	0.33
	U	8	88.9	1	11.1	-	-	-	-		
Human Sexuality	R	8	100.0	-	-	-	-	-	-	3.24	0.20
	U	6	66.7	2	22.2	1	11.1	-	-		
Relationship	R	4	50.0	4	50.0	-	-	-	-	1.07	0.30
	U	6	75.0	2	25.0	-	-	-	-		
Drugs	R	8	100.0	-	-	-	-	-	-	2.02	0.16
	U	7	77.8	2	22.2	-	-	-	-		
Nutrition	R	8	100.0	-	-	-	-	-	-	2.29	0.13
	U	6	75.0	2	25.0	-	-	-	-		

Note 1: R=rural  
U=urban

Note 2: This data has been weighted.



TABLE 19

## Involvement with the Grade 8 Health Program by Geography

	Yes		No		X <sup>2</sup>	p=
	N	%	N	%		
Parent/ Teacher	R 4	100.0	-	-	5.2	0.02
	U 2	28.6	5	71.4		
Resource To School	R -	-	4	100.0	-	-
	U-	-	6	100.0		
Homework Assignments	R 4	100.0	-	-	1.40	0.24
	U 5	71.4	2	28.6		
Discussion with Child	R 4	100.0	-	-	-	-
	U 6	100.0	-	-		
Other	R -	-	4	100.0	.74	0.40
	U 1	16.7	5	83.3		
Not Involved	R -	-	4	100.0	-	-
	U -	-	6	100.0		

Note 1: R=rural

U=urban

Note 2: This data has been weighted.

Table 20 reveals that 62.5 percent of rural parents and 87.5 percent of urban parents indicated they were aware of the grade nine health program. There is no significant difference between the two ( $p=.25$ ). Table 21 reveals parents' familiarity with topics covered in the grade nine health course by geography. There is no significant difference in parents' familiarity from the urban or rural school. Table 22 demonstrates parents' opinions on the importance of topics covered in the grade nine health course by geography. There is no significant difference in what parents indicated was important between the urban or rural school. Table 23 show parents involvement with the grade nine health course by geography. Results show there is no significant difference in parents' involvement in the urban or rural school for five of the six categories. However, results show a significant difference in parents' involvement with homework assignments ( $p=.02$ ). One hundred percent of urban grade nine parents were involved in homework assignments; however only 40 percent of rural grade nine parents were involved in homework assignments.

TABLE 20

## Awareness of the Grade 9 Health Program by Geography

	Rural		Urban		X <sup>2</sup>	p=
	N	%	N	%		
Yes	5	62.5	7	87.5	1.3	0.25
No	3	37.5	1	12.5		

TABLE 21

## Familiarity with Topics in the Grade 9 Health Program by Geography

	Very Familiar		Familiar		Somewhat Familiar		Not At all Familiar		X <sup>2</sup>	p=
	N	%	N	%	N	%	N	%		
Self Concept	R 2	40.0	1	20.0	-	-	2	40	6.2	0.1
	U 1	14.3	3	42.9	3	42.9				
Human Sexuality	R 2	40.0	1	20.0	1	20.0	1	20	2.1	0.56
	U 2	28.6	2	28.6	3	42.9	-	-		
Interpersonal Relationship	R 2	40.0	1	20.0	1	20.0	1	20	3.1	0.38
	U 1	14.3	3	42.9	3	42.9	-	-		

Note: R=rural  
U=urban

TABLE 22

Importance of Topics in the Grade 9 Health Program by Geography

	Very Important		Important		Somewhat Important		Not At all Important		X <sup>2</sup>	p=
	N	%	N	%	N	%	N	%		
Self Concept	R 7	87.6	1	12.5	-	-	-	-	1.1	0.58
	U 6	75.0	1	12.5	1	12.5	-	-		
Human Sexuality	R 6	75.0	2	25.0	-	-	-	-	0.41	0.52
	U 7	87.5	1	12.5	-	-	-	-		
Interpersonal Relationships	R 6	75.0	2	25.0	-	-	-	-	0.41	0.52
	U 7	87.5	1	12.5	-	-	-	-		

Note: R=rural  
U=urban

TABLE 23

## Involvement with the Grade 9 Health Program by Geography

	Yes		No		X <sup>2</sup>	p=
	N	%	N	%		
Parent/ Teacher	R 3	60.0	2	40.0	0.2	0.68
	U 5	71.4	2	28.6		
Resource To School	R	-	5	100.0	0.8	0.38
	U 1	14.3	6	85.7		
Homework Assignments	R 2	40.0	3	60.0	5.6	0.02
	U 7	100.0	-	-		
Discussion with Child	R 3	60.0	2	40.0	3.4	0.7
	U 7	100.0	-	-		
Other	R -	-	5	100.0	0.78	0.38
	U 1	14.3	6	85.7		
Not Involved	R 1	20.0	4	80.0	1.5	0.22
	U -	-	7	100.0		

Note: R=rural  
U=urban

## **CHAPTER 5**

### **DISCUSSION, CONCLUSIONS AND RECOMMENDATIONS**

#### **Discussion:**

This research provided an in-depth, mainly qualitative study of one rural and one urban school in the Avalon East district. In discussion of the results previously presented, consideration should be given to the limited sample size and low response rate before drawing conclusions that can be generalized to other schools.

The response rate for Grade 8 parents varied significantly between the rural and urban school, therefore the findings for grade 8 were weighted to mirror the rural/urban population breakdown for schools (Department of Education 1995-1996.) The response rate of grade 7 and grade 9 parents sufficiently mirrored the rural/urban population breakdown for schools.

#### **Research Question #1**

The results of this study indicate that parents are aware of the school health program. However, interviews permitted the researcher to probe into this awareness, thus revealing that most parents indicated that the school health program was limited mainly to the health curriculum taught in the classroom. Most parents were not aware of the broader components of the school health program, in particular, health services and environment. Therefore, this study indicates that parents' knowledge and understanding of the Comprehensive School Health Program is limited to an awareness of the health curriculum. To be comprehensive, the health education component must link with and be

conceptually related to the other two components. However, from the parents' perspective in this study, there is not a strong link. As mentioned in the literature, parents need to know what is meant by comprehensive school health education and the school health program as the first step in ensuring that each school offers the very best health education and services for their children. The results of this study compare with other studies such as Colwell et al. (1995), who asked parents if they had heard of the concept "Comprehensive School Health Education". In that study less than one-third of parents indicated they had heard of the concept.

#### Research Question #2

The results of this research demonstrates parents' limited awareness of the specific topics covered in the grade 7, 8 and 9 health course. Less than 35 percent of parents were Very Familiar with any of the topics covered and less than 55 percent of parents were Familiar with the topics covered. The topics that were ranked most familiar by parents included: Human Sexuality; Drugs: Smoking and Alcohol; and Nutrition. These topics stood out for some parents because they were highlighted by the teacher at the beginning of the year, or because their child did a project on them. Generally parents indicated that they were not familiar with the topics because their child does not talk about what is taught or because the school does not inform parents. Although most parents could not recall topics from any course taught in school, the health course/program is intended to reinforce and build on family values and teachings. Therefore health, more so than other courses, requires a comprehensive approach in order

to be effective. Results of this study demonstrate that parents' knowledge of the topics and issues covered in the health course is very limited. Parents in this study suggested that as children grow into adolescents they become reluctant to discuss topics and issues covered in school and, in particular, the sensitive issues covered in the health course. The parents deemed it unfortunate that during grades 7, 8 and 9, schools begin to communicate less directly with them and rely more heavily on students to share information with their parents. Parents suggested that they need to be more familiar with the topics covered in the health course so they can support and reinforce the necessary knowledge and skills adolescents require to make healthy decisions. Most parents are familiar with the topics in a general way. However, they are not aware of the specifics of how these issues are taught and discussed in school. Some of the parents that indicated they did not need to know the specific topics covered in the course were parents who already were very knowledgeable on the topics and discussed them at home. However some were not, thus emphasizing the importance of the school to link with the family.

### Research Question #3

The results of this research demonstrates parents' opinions on the importance of the topics covered in the health course. More than 70 percent of parents indicated that most of the topics covered were very important for their child to learn about. Parents suggested the need for peer to peer support guided by a teacher to give their children the facts. Parents also indicated that the course was particularly important for children whose families don't discuss these issues at home. Parents agreed the school had an important



role to support children and families in particular through the adolescent years. Parents agreed about the importance of health and education as keys to the successful lives of our young people. When asked to compare the importance of health to other courses taught in school, parents tended to support health as just as important but were more concerned about the courses that would assist in furthering their child's education. The results of this study demonstrate the support parents have for the health course, but also indicate the need for more creative opportunities to teach and reinforce health in the grades 7, 8, and 9. Parents are less likely to support the health course if offering the course means less time spent on the core subjects needed to furthering their child's education. The value of health information is not questionable, according to parents. However, the mechanisms the school uses to educate children on health is debatable. These results clearly support the need for a comprehensive approach to health in the school system

#### Research Question #4

The results of this research demonstrate not only the limited and varied involvement of parents with the school but also an appreciation and understanding of the importance of this involvement. Many parents indicated they were involved with the school through attendance at parent-teacher meetings. Most parents were involved in homework assignments and discussions with their child as it relates to the health course/program. Very few parents indicated they had no involvement at all with the school, however, there is very limited involvement of parents directly in the school. The questionnaire results reveal the type of involvement parents have with the school.

Through the parent interviews, the researcher was able to further discover the parents perspective on how much more they could be involved with the health program. Most parents suggested ways they could be involved more, but that this involvement would have to be initiated by the school. Suggestions included: more assignments for students involving parents; more meetings with teachers about the course; more written correspondence sent home; and finally, more opportunities for students, teachers and parents to work together. Parents described a willingness to be more involved, but indicated that it would be difficult to initiate this involvement not only because of how busy they are but also because some parents do not feel the school supports their involvement.

The interviews enabled the researcher to discuss the parents' perspective of the differing roles the school and parents should play related to the health program. During the interviews, parents indicated that the school did involve them, if only in a very limited way. This research would suggest that schools do not necessarily take a preventative, comprehensive approach to health since the involvement of parents diminishes as children enter grades 7, 8 and 9 and tends to be primarily contacted in a crisis. Even though some parents suggested the schools were doing all they could, many parents would like the school to involve or inform them more. Parents expressed concern that the schools tended to involve them only in emergency situations rather than in planning ahead. This study indicates some areas for improvement in terms of the school engaging parents more regularly, in relation to the health course/program. Despite these perceived missed opportunities, parents strongly indicated that it was important for them to take an

active role in their children's lives by being interested and aware of the school health program.

These results suggest that in many cases parents want to be more involved, but aren't because they are leading very busy lives. Parents understand the significance and value of the health course and program, yet are not necessarily aware of how they can assist or get involved. With competing priorities in families and schools, it appears that often times "health" is not taken serious enough by all players.

This study reveals a willingness and commitment, on the part of parents to be involved and aware of health issues and topics covered in school. The challenge lies in enhancing existing mechanisms for bridging the gap between the home and the school, emphasizing the important roles for both school and parents. Results of this study suggest there is significantly more the school can do to directly involve parents or initiate parents' involvement. As well, parents have suggested ways they could be more involved in the school health program.

#### Research Question #5

Results of this research identified minimal differences in parents' knowledge, attitudes and involvement between the rural and urban school. Any significant differences in the findings relate to parental involvement. One significant difference identified is in parents' involvement with one of the six categories, namely homework assignments. This difference is between the grade seven rural and urban schools. All grade seven rural parents (100%) were involved in homework assignment but only 56 percent of urban

grade seven parents were involved. It would appear that the transition from grade six to grade seven is more significant in the rural schools so parents may keep up their involvement more. However, these results cannot be generalized to all rural schools, since this study utilized a small sample from one rural and one urban school. Another significant finding was with the involvement of grade 8 parents in parent/teacher meetings. All rural grade 8 parents participated in parent/teacher meetings, only 29 percent of urban grade 8 parents attended parent/teacher meetings. However, it does appear that parental involvement seems to be related to grade level and school transition rather than only urban or rural differences.

The other significant finding in this study was with grade nine parents' involvement in homework assignments. In this case, all urban parents (100%) were involved in homework assignments, while only 42 percent of rural parents were involved. These results indicate increase in parental involvement in homework assignments from grade 7 to 9 in the urban school and a decrease in parental involvement in homework assignments from grade 7 to 9 in the rural school. There may be some significant differences in the transition of children from one school to another which causes parents to become more involved. In the rural school (grades 7 to 12), grade seven students were new to the school, however in the urban school (grades K to 9), children moved into grade seven without changing schools. In the urban school, grade nine students were preparing to transfer to a high school. This may explain some of the significant differences in parental involvement in homework assignments. Parents may become more involved in their child's school in order to enable a smoother transition from one

school to another, whether in grade 7 after the transition or in grade 9 before the transition.

## Conclusions

Specifically, the researcher asked parents about their knowledge of the Comprehensive School Health Program. Results demonstrated that parents were aware of the health curriculum, but not aware of the concept of “Comprehensive School Health” or any of the components of the program. This is consistent with the research by Colwell et al. (1995), in which less than one third of parents surveyed had heard of the concept of Comprehensive School Health. Results of this present study showed that parents had a limited awareness or familiarity with the specific topics covered in the grade 7, 8 and 9 health curriculum. However, over 70 percent of parents indicated their support for the health course and program, and parents reported that all the topics covered in the curriculum were very important for their child to learn about. Parents agreed the health course was just as important as other courses taught in school. This research supports the existing literature since, according to Seffrin (1994), adolescent students and their parents believe that education about health should be given at least as much if not more instruction time than other subjects taught in school. Parents in the Seffrin (1994) study, believed that health information and skills are just as useful if not more so, than other subjects like English, Mathematics and Science. Torabi and Crowes’ (1995) study also revealed that 90 percent of adults believed that health education was equally or more important than other courses.

In terms of parental involvement in the health course, this study revealed varied but limited involvement with the health course. However, most parents were involved in some way with the school. For example parents attend parent-teacher nights or are involved in homework assignments, however, this type of involvement rarely dealt with specifics about the health course or program. Most parents demonstrated an appreciation and understanding of the importance of this involvement and suggested ways the school could involve them more. Parents recommended that the school needed to initiate this contact. Suggestions for involving parents included: more assignments for students involving parents; more meetings with teachers about the course; more written correspondence sent home; and more opportunities for students, teachers, and parents to work together. This research revealed parents' willingness to be more involved, and also emphasized the important role parents must play in their child's lives.

Results parallel the related literature on parental involvement in the health program. Parental involvement is rare despite documentation supporting the need for parental participation. According to Colwell et al. (1995), evidence supporting the importance of parental involvement in the education process is plentiful. In this study, most parents were involved in some way with the school. However, less is known regarding parental influence on health education programming. Colwell et al. (1995) study revealed that most parents believe that health represents a basic component of a school curriculum, yet at least half of the parents indicated they have never been involved in health education program decisions with schools. Pigg's (1989) research demonstrated that most parents endorse comprehensive health education. Yet half of parents do not

know what is taught. Pigg (1989) suggests that only 29 percent of parents say they have gotten involved in any way with their child's school health education program. The results of this present study also reveal limited knowledge and involvement in the health curriculum in the two participating schools.

In summary, this study reveals that parents have limited awareness, knowledge and involvement with the comprehensive school health program but, despite their limited involvement, they strongly support the topics taught in the health curriculum. A question that remains is the extent of the implementation of a comprehensive school health program for the schools that participated in this study. The related literature reveals that despite a strong statement of need and support for a comprehensive approach, less than five percent of American schools currently offer a comprehensive school health education program (Resnicow et al. 1993). In Newfoundland the comprehensive school health program was mandated in 1991. However, the extent of implementation at the school level is not known.

Results of this study reveal a need to improve relations between the home and the school. There are numerous studies emphasizing the need to enhance partnerships at the community level to address the health of children and youth. Comprehensive school health programs provide opportunities to enhance partnerships. Comprehensive school health programs are an integral part of basic health care reform and research needs to continue in order to generate more support for outcomes that enhance the health and well-being of children. If the goal is to produce healthy, well-educated young people, then

families need to work with schools to ensure that an excellent comprehensive school health program is offered.

### **Recommendations For Future Research**

- 1) Conduct a similar study over a broader range of grades and schools to seek input from more parents to ensure that the results are consistent across all grades and schools. A focus for future study should include identifying more opportunity to involve or inform parents, particularly in junior and senior high.
- 2) Conduct a study to evaluate the entire school health program to seek input from other partners such as: teachers, principals, guidance counsellors, nurses and students about the roles of all players in the health curriculum and health program overall. This study should take a broader perspective to identify all the factors that contribute to child health i.e. determinants of health and how all the partners can work together to address these factors, with the goal of attaining healthy children in our schools.
- 3) Conduct further research on identifying Case Studies or 'Best Practices' that could demonstrate ways that schools address health. Future research should focus on unique ways schools might incorporate the health curriculum, health services and the environment by involving all the players, with the student as the center focus.
- 4) Conduct further research on the status of how many schools in the region or the province are actually implementing a 'Comprehensive School Health' model. The study should focus on measuring the extent and variability of implementation.



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## **APPENDICES**

# **APPENDIX A**

## **Letters of Consent**

## LETTER OF CONSENT

Bernadette Doyle  
c/o Dr. W. Kennedy  
Faculty of Education  
Memorial University of NF  
St. John's, NF A1B 3X8

Mr. Brian Shortall  
Director/CEO  
Avalon East School Board

Dear Mr. Shortall:

I am a graduate student in the Educational Leadership Program at Memorial University. In order to fulfill the requirements for the Masters Program in Educational Leadership a thesis must be completed. I am requesting your consent to contact parents of children in junior high school, in an urban and rural school within the Avalon East School Board, and to request their participation in a study titled **"Parents' Knowledge, Attitudes and Involvement in the Comprehensive School Health Curriculum For Their Children in Grades 7-9"**. The purpose of this study is to survey the knowledge, attitudes and involvement of parents regarding the Adolescence: Healthy Lifestyles curriculum for their children in grades 7-9 within the Avalon East School Board district.

Parents will be requested to complete an anonymous questionnaire and return it in a self-addressed stamped envelope. Parents will also be asked to participate in a focus group to address some of these same issues in greater depth. There will be two focus groups; one with parents from the urban school, and one with parents from the rural school. The parents' participation in this study is voluntary. Parents are free to refuse to answer any questions.

If granted permission, I will send the parents a copy of the questionnaire and a cover letter explaining to them the purpose of this study. Only after receiving approval from you, the Principals of each school and the Faculty of Education's Ethics Review Committee will I commence this study. If approval is granted, I will send you a copy of approval from the Ethics Review Committee.

This study will begin May 1998 and end in June 1998. After that time, a final report with recommendations will be completed as the final requirements for the thesis. This can be made available to you, the Principals and participating parents.

Upon completion of this study, all records of informed consent, questionnaires, and focus group data will be stored for five years by my supervisor, Dr. W. Kennedy, who will be the only individual to have access to them. Note: The identities of the individual parents will be kept in the strictest confidence. All reports of this research will safeguard the identities of the individuals who participated in this project.

If you agree to have parents participate in this study, please sign below and mail it to the return address. I would appreciate it if you would please return this letter to me by May 22, 1998.

If you have any questions or concerns please do not hesitate to contact me at 754-6270. If at any time you wish to speak with my supervisor, please contact Dr. W. Kennedy at 737-7617.

Thank you for consideration of my request.

Yours truly,

**BERNADETTE DOYLE**

Graduate Student

Memorial University of Newfoundland

\_\_\_\_\_  
Director/CEO of the Avalon East School Board hereby give my permission to conduct the study titled **"Parents' Knowledge, Attitudes and Involvement in the Comprehensive School Health Curriculum For Their Children in Grades 7-9"** within the Avalon East School Board . I understand that participation is voluntary. All information is strictly confidential and no individual will be identified.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

Bernadette Doyle  
c/o Dr. W. Kennedy  
Faculty of Education  
Memorial University of NF  
St. John's, NF A1B 3X8  
May 20, 1998

Mr. Don Vokey  
Principal  
I.J. Samson Junior High  
50 Bennett Avenue  
St. John's, NF A1E 2YB

Dear Mr. Vokey:

I am a graduate student in the Educational Leadership Program at Memorial University. In order to fulfill the requirements for the Masters Program in Educational Leadership a thesis must be completed. I am requesting your consent to contact parents of children grades 7-9 from I.J. Samson Junior High school, and to request their participation in a study titled **"Parents' Knowledge, Attitudes and Involvement in the Comprehensive School Health Curriculum For Their Children in Grades 7-9"**.

Parents from I.J. Samson Junior High school will be requested to complete an anonymous questionnaire and return it in a self-addressed stamped envelope. The questionnaire will assess parents' knowledge and attitudes about the Comprehensive School Health curriculum, and their involvement with the school as part of this program. Parents will also be asked to participate in a focus group to address some of these same issues in greater depth. The parents' participation in this study is voluntary. Parents are free to refuse to answer any questions.

Only after receiving approval from the Director/CEO of the Avalon East School Board, the Faculty of Education's Ethics Review Committee, and yourself, will I commence this study. If approval is granted, I will send you a copy of approval from the Ethics Review Committee.

This study will begin May 1998 and end in June 1998. After that time, a final report with recommendations will be completed as the final requirements for the thesis. A copy of the thesis will be available, once approved, at Newfoundland Studies, Queen Elizabeth II Library in St. John's.

Upon completion of this study, all records of informed consent, questionnaires, and focus group data will be stored for five years by my supervisor, Dr. W. Kennedy, who will be



the only individual to have access to them. Note: The identities of the individual parents will be kept in the strictest confidence. All reports of this research will safeguard the identities of the individuals that participated in this project.

If you agree to give me permission to conduct this study, please sign below and mail it to the return address. I would appreciate it if you would please return this letter to me by May 22, 1998. If consent is granted, I will be in touch with you shortly to discuss whether you would prefer doing the mailout or if you would like to give me the labels of parents' home mailing address for children enrolled in one class for grade 7,8 and 9 in your school.

If you have any questions or concerns please do not hesitate to contact me at 754-6270. If at any time you wish to speak with my supervisor, please contact Dr. W. Kennedy at 737-7617 or you can call Dr. Phillips, Dean of Graduate Programs and Research at 737-3402.

Thank you for consideration of my request.

Yours truly,

**BERNADETTE DOYLE**

Graduate Student

Memorial University of Newfoundland

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\_\_\_\_\_  
Principal of I.J. Samson Junior High, hereby give my permission to conduct the study titled **"Parents' Knowledge, Attitudes and Involvement in the Comprehensive School Health Curriculum For Their Children in Grades 7-9"** within I.J. Samson Junior High. I understand that participation is voluntary. All information is strictly confidential and no individual will be identified.

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Date

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Signature

Bernadette Doyle  
c/o Dr. W. Kennedy  
Faculty of Education  
Memorial University of NF  
St. John's, NF A1B 3X8  
May 13, 1998

Mr. Donald Walsh  
Principal  
Mobile Central High  
Mobile, NF A0A 3A0

Dear Mr. Walsh:

I am a graduate student in the Educational Leadership Program at Memorial University. In order to fulfill the requirements for the Masters Program in Educational Leadership a thesis must be completed. I am requesting your consent to contact parents of children grades 7-9 from Mobile Central High school, and to request their participation in a study titled **"Parents' Knowledge, Attitudes and Involvement in the Comprehensive School Health Curriculum For Their Children in Grades 7-9"**.

Parents from Mobile Central High school will be requested to complete an anonymous questionnaire and return it in a self-addressed stamped envelope. The questionnaire will assess parents' knowledge and attitudes about the Comprehensive School Health curriculum, and their involvement with the school as part of this program. Parents will also be asked to participate in a focus group to address some of these same issues in greater depth. The parents' participation in this study is voluntary. parents are free to refuse to answer any questions.

Only after receiving approval from the Director/CEO of the Avalon East School Board, the Faculty of Education's Ethics Review Committee, and yourself, will I commence this study. If approval is granted, I will send you a copy of approval from the Ethics Review Committee.

This study will begin May 1998 and end in June 1998. After that time, a final report with recommendations will be completed as the final requirements for the thesis. A copy of the thesis will be available, once approved, at Newfoundland Studies, Queen Elizabeth II Library in St. John's.

Upon completion of this study, all records of informed consent, questionnaires, and focus group data will be stored for five years by my supervisor, Dr. W. Kennedy, who will be

the only individual to have access to them. Note: The identities of the individual parents will be kept in the strictest confidence. All reports of this research will safeguard the identities of the individuals that participated in this project.

If you agree to give me permission to conduct this study, please sign below and mail it to the return address. I would appreciate it if you would please return this letter to me by May 20, 1998. If consent is granted, I will be in touch with you shortly to discuss whether you would prefer doing the mailout or if you would like to give me the labels of parents' home mailing address for children enrolled in one class for grade 7,8 and 9 in your school.

If you have any questions or concerns please do not hesitate to contact me at 754-6270. If at any time you wish to speak with my supervisor, please contact Dr. W. Kennedy at 737-7617 or you can call Dr. Phillips, Dean of Graduate Programs and Research at 737-3402.

Thank you for consideration of my request.

Yours truly,

**BERNADETTE DOYLE**

Graduate Student

Memorial University of Newfoundland

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\_\_\_\_\_  
Principal of Mobile Central High, hereby give my permission to conduct the study titled **"Parents' Knowledge, Attitudes and Involvement in the Comprehensive School Health Curriculum For Their Children in Grades 7-9"** within Mobile Central High. I understand that participation is voluntary. All information is strictly confidential and no individual will be identified.

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Date

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Signature

**PARENT/GUARDIAN  
COVER LETTER**

Bernadette Doyle  
c/o Dr. W. Kennedy  
Faculty of Education  
Memorial University of NF  
St. John's, NF A1B 3X8

Dear Parent or Guardian:

I am a graduate student in the Educational Leadership Program at Memorial University. Since a thesis is a requirement for completion of this program, I am undertaking a study to gather parents' opinions about the School Health Curriculum for their children in grades 7-9. I would greatly appreciate if you could take a few minutes to complete this survey. Please note: all information gathered will be kept confidential.

**If you agree to participate in this study, please complete the enclosed questionnaire and return to me in the self-addressed stamped envelope by June 5, 1998.** Also, I will be planning a session in June with parents from \_\_\_\_\_ school to discuss this topic in further detail. If you would be willing to be contacted and participate in this discussion, could you please indicate this at the end of the enclosed questionnaire. All reports of this research will safeguard the identities of parents who participate in this study.

If you have any questions or concerns, please do not hesitate to contact me at 754-6270. If at any time you wish to speak to my supervisor, please contact Dr. W. Kennedy at 737-7617.

Thank you for considering to participate in this study. Your involvement will be very beneficial to the outcome of this study.

Yours truly,

**BERNADETTE DOYLE**  
Graduate Student  
Memorial University of Newfoundland

# **APPENDIX B**

## **Parent Questionnaire**

**PARENT/GUARDIAN SURVEY**  
**(Grade 7)**

**Please answer all questions based on this past school year (97/98).  
Circle/check the appropriate responses for all questions.**

- 1. Are you aware of the School Health Program in your child's school?  
(school health program includes: health course, health services and  
promotes a healthy school environment)**  
e.g. Safety and First Aid are taught in the Health Course (curriculum)  
The school offers first aid training for students (services)  
The school has rules and regulations related to safety practices and  
protection at the school (environment)

\_\_\_\_\_ yes, I am aware of the school health program

\_\_\_\_\_ no, I am not aware of the school health program

- 2. Please answer the following questions based on the Grade 7 health  
program: Adolescence: Healthy Lifestyles which uses the  
Healthwise 1 textbook.**

**How familiar are you with the following topics covered in the health  
course?**

**a. Emotional and Social Well-Being?**

Very  
Familiar

Familiar

Somewhat  
Familiar

Not  
Familiar

**b. Human Sexuality?**

Very  
Familiar

Familiar

Somewhat  
Familiar

Not  
Familiar

**c. Relationships?**

Very  
Familiar

Familiar

Somewhat  
Familiar

Not  
Familiar

**d. Drugs: Smoking and Alcohol?**

Very Familiar	Familiar	Somewhat Familiar	Not Familiar
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**e. Active Living?**

Very Familiar	Familiar	Somewhat Familiar	Not Familiar
------------------	----------	----------------------	-----------------

**f. Safety and Environmental Health?**

Very Familiar	Familiar	Somewhat Familiar	Not Familiar
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**3. How important do you feel the following topics/issues are for your adolescent to learn about?****a. Emotional and Social Well-Being?****e.g. body image, self-esteem, feelings, stress**

Very Important	Important	Somewhat Important	Not Important
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**b. Human Sexuality?****e.g. puberty, intercourse & fertilization, conception, Sexually Transmitted Diseases, HIV/AIDS, refusal skills**

Very Important	Important	Somewhat Important	Not Important
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**c. Relationships? e.g. friendship, peer groups and their influence, understand parental concern, value of time spent alone.**

Very Important	Important	Somewhat Important	Not Important
-------------------	-----------	-----------------------	------------------



**d. Drugs: Smoking and Alcohol?**

**e.g. effects of cigarette smoke, influences of advertising, tobacco laws, second hand smoke, refusal skills and decision-making**

Very	Important	Somewhat	Not
Important		Important	Important

**e. Active Living?**

**e.g. importance of physical fitness for life, importance of nutrition and rest to overall fitness, relationship between physical activity and weight control.**

Very	Important	Somewhat	Not
Important		Important	Important

**f. Safety and Environmental Health? e.g. individual responsibility in safety and accident prevention, individual capabilities and limitations in safety and first aid, changes needed to protect environment.**

Very	Important	Somewhat	Not
Important		Important	Important

**4. a) How have you been involved as a parent or guardian with the health course and the school health program? Please check all answers that apply.**

- ☐ attend Parent-Teacher meetings
- ☐ act as a resource to the school
- ☐ involved in homework assignments
- ☐ discussions with your child about what is taught in health and/or school.
- ☐ other
- ☐ not involved



**b) Please give examples of other ways you could be involved with the school health program.**

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**5. Any other comments or thoughts about the health course and the school health program, please include here.**

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**Thank you very much for taking the time out of your busy schedule to fill out this survey. Please return in the self-addressed stamped envelope by June 15.**

**If you would be willing to be contacted to do an interview (by phone or in person) on this topic, please indicate below.**

\_\_\_\_\_ Yes, I would be willing to be contacted for an interview

My name is \_\_\_\_\_ (optional)

My phone # is \_\_\_\_\_

\_\_\_\_\_ No, I would not be willing to be contacted

**All your responses in this survey and the interview will be kept in strictest confidence.**

**THANK YOU**

## **PARENT/GUARDIAN SURVEY**

### **(Grade 8)**

**Please answer all questions based on this past school year (97/98).  
Circle/check the appropriate responses for all questions.**

- 1. Are you aware of the School Health Program in your child's school?  
(school health program includes: health course, health services and  
promotes a healthy school environment)  
e.g. Safety and First Aid are taught in the Health Course  
(curriculum)  
The school offers first aid training for students (services)  
The school has rules and regulations related to safety practices and  
protection at the school (environment)**

**\_\_\_\_\_yes, I am aware of the school health program  
\_\_\_\_\_no, I am not aware of the school health program**

- 2. Please answer the following questions based on the Grade 8 health  
program: Adolescence: Healthy Lifestyles which uses the  
Healthwise 2 textbook.**

**How familiar are you with the following topics covered in the health  
course?**

**a. Emotional and Social Well-Being?**

Very	Familiar	Somewhat	Not
Familiar		Familiar	Familiar

**b. Human Sexuality?**

Very	Familiar	Somewhat	Not
Familiar		Familiar	Familiar

**c. Relationships?**

Very	Familiar	Somewhat	Not
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Familiar

Familiar

Familiar

**d. Drugs: Alcohol and Other Drugs?**Very  
Familiar

Familiar

Somewhat  
FamiliarNot  
Familiar**e. Nutrition?**Very  
Familiar

Familiar

Somewhat  
FamiliarNot  
Familiar**3. How important do you feel the following topics/issues are for your adolescent to learn about?****a. Emotional and Social Well-Being?****e.g. positive self-concept, handling and understanding mood changes, coping and responding to stress, understanding suicide**Very  
Important

Important

Somewhat  
ImportantNot  
Important**b. Human Sexuality?****e.g. emotions in puberty, understand outcomes of sexual intercourse, understand the process of labor and birth, forms of conception control, including abstinence, teenage pregnancy, STD's, sexual abuse and assault**Very  
Important

Important

Somewhat  
ImportantNot  
Important**c. Relationships? e.g. need for communication, understanding, sensitivity and cooperation with friends, appreciation for what each family member can bring, appreciation for different family structures, coping with separation, divorce, illness and abuse.**Very  
Important

Important

Somewhat  
ImportantNot  
Important

**d. Drugs: Alcohol and Other Drugs?**

**e.g. reasons why people drink, distinguish between responsible use of alcohol and alcohol abuse, effects of alcoholism on the family, laws pertaining to alcohol use and young people, refusal skills, distinguish between drug use, drug misuse, and drug abuse and drug dependence.**

Very Important	Important	Somewhat Important	Not Important
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**e. Nutrition?**

**e.g. importance of eating habits, Canada's Food Guide, health-related consequences of eating habits established during adolescence and their affect on future health, concept of "healthy weight"**

Very Important	Important	Somewhat Important	Not Important
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**4. a) How have you been involved as a parent or guardian with the health course and the school health program? Please check all answers that apply.**

- ☐ **attend Parent-Teacher meetings**
- ☐ **act as a resource to the school**
- ☐ **involved in homework assignments**
- ☐ **discussions with your child about what is taught in health and/or school.**
- ☐ **other**
- ☐ **not involved**

**b) Please give examples of other ways you could be involved with the school health program.**

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- 5. Any other comments or thoughts about the health course and the school health program, please include here.**

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**Thank you very much for taking the time out of your busy schedule to fill out this survey. Please return in the self-addressed stamped envelope before June 15.**

**If you would be willing to be contacted to participate in an interview (by phone or in person) on this topic, please indicate below.**

\_\_\_\_\_ **Yes, I would be willing to be contacted for an interview**

**My name is** \_\_\_\_\_ **(optional)**

**My phone # is** \_\_\_\_\_

\_\_\_\_\_ **No, I would not be willing to be contacted**

**All your responses in this survey and the interview will be kept in strictest confidence.**

**THANK YOU**

## **PARENT/GUARDIAN SURVEY**

### **(Grade 9)**

**Please answer all questions based on this past school year (97/98).  
Circle/check the appropriate responses for all questions.**

- 1. Are you aware of the School Health Program in your child's school?  
(school health program includes: health course, health services and  
promotes a healthy school environment)  
e.g. Safety and First Aid are taught in the Health Course  
(curriculum)  
The school offers first aid training for students (services)  
The school has rules and regulations related to safety practices and  
protection at the school (environment)**

☐ **yes, I am aware of the school health program**

☐ **no, I am not aware of the school health program**

- 2. Please answer the following questions based on the Grade 9 health  
program: Family Life and Sex Education which uses the  
Adolescence: Relationship and Sexuality textbook.**

**How familiar are you with the following topics covered in the health  
course?**

**a. Self-concept?**

Very Familiar	Familiar	Somewhat Familiar	Not Familiar
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**b. Human Sexuality?**

Very Familiar	Familiar	Somewhat Familiar	Not Familiar
------------------	----------	----------------------	-----------------

**c. Interpersonal Relationships?**

Very Familiar	Familiar	Somewhat Familiar	Not Familiar
------------------	----------	----------------------	-----------------

**3. How important do you feel the following topics/issues are for your adolescent to learn about?**

- a. Self-Concept? e.g. examine qualities that make a person valuable, awareness of others and media on self-concept, awareness of positive and negative feedback on self-concept, practise giving positive feedback.**

Very	Important	Somewhat	Not
Important		Important	Important

- b. Human Sexuality?**

**e.g. major changes in puberty, male and female anatomy, medical exams related to reproductive health, attitudes about sexuality, awareness of own values related to sexual expression, responsibility of parenthood, birth control, pregnancy, STD's**

Very	Important	Somewhat	Not
Important		Important	Important

- c. Interpersonal Relationships? e.g. characteristics of friendship, dating practices of previous generations, own attitudes towards dating relationships, difference between reality of romance and the myth of romance.**

Very	Important	Somewhat	Not
Important		Important	Important

- 4. a) How have you been involved as a parent or guardian with the health course and the school health program? Please check all answers that apply.**

☐ attend Parent-Teacher meetings  
☐ act as a resource to the school  
☐ involved in homework assignments  
☐ discussions with your child about what is taught in health and/or school.  
☐ other  
☐ not involved

**b) Please give examples of other ways you could be involved with the school health program.**

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**5. Any other comments or thoughts about the school health program, please include here.**

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**Thank you very much for taking the time out of your busy schedule to fill out this survey. Please return in the self-addressed stamped envelope before June 15.**

**If you would be willing to be contacted to participate in an interview (by phone or in person) on this topic, please indicate below.**

\_\_\_\_\_ Yes, I would be willing to be contacted for an interview

My name is \_\_\_\_\_ (optional)

My phone # is \_\_\_\_\_

\_\_\_\_\_ No, I would not be willing to be contacted

**All your responses in this survey and the interview will be kept in strictest confidence.**

**THANK YOU**



# **APPENDIX C**

## **Parent Interview Questions**

## INTERVIEW QUESTIONS

1. You mentioned in the survey that you are aware of the School Health Program in your child's school, could you explain what you are familiar with? (probe for examples from curriculum, services and environment or any other ideas of what that means to them). How did you become aware of the School Health Program?

OR

You mentioned in the survey that you were not aware of the School Health Program in your child's school, why do you think that is? (probe for variety of reasons i.e. child, parent, school).

2. You indicated that you are mostly \_\_\_\_\_ familiar with the topics in the grade \_\_\_\_ health course, which topics are you most familiar with? (probe for new topics that may be related). Why do you think you are more familiar with some topics rather than others?

Does your child share what is discussed in the health course with you? (How) do you discuss these health issues with your child?

3. You indicated that you felt most of the topics in the health course were \_\_\_\_\_ important for your child to learn about? why do you feel that way?

How important do you feel the health course is, in relation to other courses? (same, less, more?)

4. Talk about: Role of School with health issues/course. Does the school presently involve/inform you in health issues generally? If so, how? Does this include information about the school health course? If not, why not? Do you feel the school should involve/inform parents more in relation to the health course? If yes, how? If no, why? Talk about parents role/responsibility with health issues/in school and the health course: Do you feel parents should be involved with the Health Course at their child's school? If yes, how? (elaborate on examples/ways to be involved from survey). What would be the best ways to involve parents in the health course for their adolescents?

5. Any other thoughts or comments.

# APPENDIX D

## Parental Involvement

## Parental Involvement

Because the education of adolescents in the areas of relationships and sexuality and other health issues is seen as a partnership between the family and the school, it is important that parents and guardians be involved in the program. The school has a shared responsibility with the home in assisting young people attain their full potential. When the home and the school are working towards the same goals communication at home is often facilitated.

Parents and guardians may have concerns about the implementation of a program that deals with sensitive issues. These concerns are usually alleviated when parents know the teacher, are aware of the course content, and feel assured that the teacher is inviting students to consider and discuss family viewpoints and values. It is useful to invite parent or guardian input into the program so that the teacher can be aware of different perspectives held in the home and school community. Keeping parents involved can also provide feedback with respect to the program and whether or not objectives are met.

One of the most effective ways to involve parents is through meetings. This arrangement not only allows them to become aware of the program's goals and objectives and to provide valuable input, but also allays their fears with respect to dealing with sensitive issues and sexuality education in particular.

A successful parent or guardian meeting is achieved by thoughtful planning and a positive attitude. Give notice of the meeting well in advance. The teacher should plan to include in the meeting such key persons as the school principal, a community health resource person, the clergy, and the school board coordinator.

The meeting should inform parents about the basic rationale and objectives of the program, include a brief outline of the contents of the program, and a sample of some of the student learning activities in the program. Provide ample opportunity for parents to ask questions and provide extra insight into the program. Take advantage of open discussion during the meeting to learn about parental concerns and feelings about the program. Parents and guardians of students who require individualized program planning must be involved at all stages in the program planning process as participating members in the team approach (see Special Education Policy Manual).

It is important to emphasize that the purpose of the program is to support and not to replace family roles and responsibilities. Meeting with parents and guardians is one of the most important ways of showing that their involvement, support, and concern is desired and welcomed. If parents or guardians can't or don't come to the school, consider going to where they are - at work, social gatherings or community functions.

If possible, provide parents and guardians with appropriate pamphlets or a list of readily available resources that addresses program topics. As students reveal their interests or discuss class activities at home, parents can then choose to highlight or share available material. This also provides an opportune time to reinforce their own values and opinions surrounding the topic at hand. Students should be encouraged to take materials home and discuss topics and issues with parents.

Continuous efforts should be made to keep parents informed and involved in the program through a variety of venues. This allows parents not only opportunity to become aware of the value of the program, but also to provide worthwhile contributions to its sustainability and improvement.









