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Teaching Health Education in New Zealand secondary schools: Policy into practice

A thesis presented in partial fulfilment of the requirements for the degree of Doctor of Philosophy in Education at Massey University, New Zealand

Kama Jean Weir
2009
ABSTRACT

Teaching Health Education in New Zealand secondary schools: Policy into practice.

Health education has a long informal history in New Zealand schools. This study attempted to illuminate and explain the effects on a small sample of secondary school health teachers of official policy changes in curriculum and assessment for Health Education in the period 1999 – 2004.

These teachers were deeply concerned about the health issues that they perceived their students were facing, and saw Health Education as a means of helping students address these. The publication of *Health and Physical Education in the New Zealand curriculum* (Ministry of Education, 1999) legitimated their teaching in a general way through the inclusion of issues they were concerned with (such as mental health and sexuality).

Teachers positioned themselves idiosyncratically in relation to a variety of personal discourses. Different subject positions were possible at school level because of the weak classification (Bernstein, 1971; 1996) of the 1999 curriculum. This was less likely to occur in senior health which was assessed at system level through the National Certificate of Educational Achievement (the NCEA). Health Education’s inclusion in the NCEA resulted in pedagogical change for teachers in the study due to greater prescription of content and assessment requirements.

This study also illustrated the pedagogical and relational tensions that were created when Health and Physical Education were placed within the same official curriculum. Internal subject politics were intensified as teachers competed for resources within the one learning area.

Sexuality, gender and emotionality were three further layered discourses of teaching secondary Health Education illuminated by this study. Teachers generally positioned themselves in relation to a reproductive health discourse and several positioned themselves within an essentialist gender discourse. Emotionality was shown to have both personal and institutional dimensions.

Implications based on the findings were considered for teachers, policy makers, teacher educators and researchers.
I could not have completed this thesis without the support given so generously by many people. In particular, I wish to acknowledge:

The teachers who participated in this study, I am very grateful for their willingness to share their views and experiences;

My supervisors - Professor John O’Neill and the late Professor Emeritus John Codd. John O’Neill’s perception, breadth of vision and understanding, as well as the timeliness of his advice ensured that the thesis stayed on track and that I grew as a researcher and writer. I was privileged also to be supervised by John Codd and greatly benefited from his scholarship, guidance and insight;

Other people who helped with this thesis – Professor Emeritus Ivan Snook who read early versions of Chapters Three and Four; Graeme Eng who provided invaluable support for the early stages of the data analysis; Jennifer Weir and Debbie Delport for their formatting skills and Philippa Butler for her editing expertise;

My colleagues for their friendship and support, particularly Kerry Bethell, and the members of two doctoral support groups: the “Wednesday morning doctoral breakfast group” and “Five Go Researching”. I am also appreciative of the study support I received from Massey University;

Trevor – thank you for your love and support, and Jen and Jo – thank you for the interest you have shown in my work and for your understanding and patience. I am looking forward to spending more time with you all!
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The pressure to get through assessments changed learning.

Resource competition.

Less creativity.

A narrow range of resources.

Less time to be responsive to student needs.

The pressure to get through assessments changed learning.

People from outside schools.

Opportunities provided by the NCEA.

Opportunities for outside indicators.

Senior staff and Boards of Trustees.

Staff members who did not teach Health Education.

People from outside schools.

Reservations about some Physical Education staff teaching Health Education.

The openness of hauora to interpretation.

The breadth of the 1999 curriculum.

A wide range of resources for junior Health Education.

The effects of professional development.

The effects of the NCEA discourse on junior Health Education.

The endurance of a social issues discourse.

More emphasis on recording knowledge.

Less creativity.

A narrow range of resources.

Less time to be responsive to student needs.

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Academic demands.

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