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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**

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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.

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