教育局 課程發展處 體育組 委託
香港教育學院 健康與體育學系 承辦

體育教師暑期學校2011（專題講座）

在學校推廣健康教育的疑惑

Health Promotion Issues in Schools

陳錦雄博士

Herman K.H. Chan, Ph.D.

日期：二零一一年七月二日(星期六)
地點：仁濟醫院王華湘中學

問題

- 你有沒有在學校推行健康教育或體能訓練或測試? 爲什麼?
- 你有參加教育局或體適能總會的體能計劃嗎?
- 你有參加「健康飲食在校園」嗎?
- 你認爲在體能測試的數據準確嗎?
- 你如何量度學生的脂肪?
- 你相信BMI嗎? BMI 是如何制定的?
- 你可曾想過這些教學活動的成效?

問題

- 有良好的體適能就有良好的健康嗎?
- 保持學生身體健康是體育教師的責任嗎?
- 擁有較「肥胖」的身體是學生的責任嗎?
- 「肥胖」就等於「不健康」嗎?
- 學生真的有肥胖或健康危機嗎?

- 你相信衞生署的有關學童健康及肥胖的報告嗎?
- 運動有益身體嗎? 我們曾經跟學生討論過運動的壞處嗎?

意識形態 (ideology)

- **健康主義 (healthism)**
  - **一些被忽略或刻意隱藏事實**
  - **醫學知識被歪曲成爲教學內容 (Johns & Tinning, 2006)**
  - **個人主義 (Individualism)**
  - **人與機器的比較 (technocratic rationality)**
  - **運動=體能=健康 (triplex of exercise=fitness=health)**

Uncertainties 不確定的事物

- **Gard & Wright (2001):**
  - 研究兒童資料不足
  - 肥胖原因不明
  - 肥胖人口增加原因不一致
  - 對健康的影響亦不太清楚
  - 很多「瘦人」都患上心血管疾病
- **“Uncertainty makes way for certainty”**

Uncertainties 不確定的事物

- 量度與解讀 (資料及報告)
- **Evans (2003):**「脂肪」是身體的客觀狀況，但「超重」及「癡肥」的標準卻是人爲的；如醫學及保險界。
- 由於欠缺理據，我們很難說超標的人士就是不健康。
- 介定「癡肥」容易，但量度並不容易。
- 由於爲學生量度脂肪並不容易，「超重」便成爲「癡肥」的指標 **(Kirk, 2006)**。

Uncertainties 不確定的事物

- 雖然不同的醫學報告指出超重**5%**至**30%**會影響健康，但人們仍堅信理想體重的概念**(Evans, 2003; Kirk, 2006)** 。
- 在香港，教師則量度學生的體能及**BMI** 作爲健康指標。
- 所有受訪的中小學教師均認爲，由於不同的原因，學生的體能水平飄忽不定。
- 中五至中七學生的體能最差。**(Data 1)**

Uncertainties 不確定的事物

- 年齡、成長、水平、訓練、教師要求、學生態度、數數不準確
- **Data 2**
- 手握力計太大
- **Data 3**
- **9 分鐘跑與6 分鐘跑的差異**

Uncertainties 不確定的事物

- 爲彌補測量的問題，教師會強化體能訓練；如此他們便不自覺地推行了健康主義，因爲他們相信體能=健康。
- **Evans (2003): BMI** 並沒有考慮到年齡、性別、種族及體能等因素。**BMI** 也沒有量度脂肪的存量及分佈。**BMI** 應用在兒童身上使問題更加複雜。**(Data 4 & 5)**
- 當調整**BMI** 曲綫表時，學生的超重現象便會改變。
- 向教育局匯報「不準確」的數據。

Health thru' Physical Activity?
運動能改善健康嗎?

- **Johns (2005):** 雖然沒有足夠的證據，教師仍然相信學生有「癡肥」及「健康危機」。
- 「健康專家」未能指出要達致健康的運動強度、頻率和時間。
- 個人遺傳及成長差異。
- 所有學生使用同一體能訓練及測試標準顯得不切實際。
- 雖然欠缺證據，我們仍相信，青少年經常運動能減少其成年後的不活躍生活及過早死亡現象。

Health thru' Physical Activity?
運動能改善健康嗎?

- 在香港，教師認爲學生「健康」但「超重」。
- 教師在校推行體能訓練以促進學生的健康。
- 故此，有教師只提供體能訓練，但沒有測試。
- 亦有教師將體能活動整合於其他體育活動中，然後參加體適能總會的章別計劃。**(Data 6 & 7)**
- 教師 => 體適能計劃 => 控制學生
- 教師忽略了未能肯定的「健康知識」而相信體能活動及健康膳食會爲學生帶來健康。
- 教師從未跟學生討論體能與健康的關係。

Children at Risk?
高危兒童?

- **Evans (2003):** 學術期刊、報章、雜誌等毫不懷疑地 **(undoubtedly)** 傳遞「癡肥病」及不斷增加的超重現象的訊息。
- 「健康」的信念及「疾病」的概念透過意識形態被建構及複製。
- 衛生署透過 “推行健康教育的評估指引” 介定年青人的健康問題。**(Data 8)**
- 研究人員 **(Data 9)**
- 香港大學
- 創造空間及有利條件 **(Data 10)**

Children at Risk?
高危兒童?

- 吃水果及健康的關係牢不可破，神聖不可侵犯。
- 控制了學生的進食習慣。
- 利用量化數據說服讀者相信兒童確有健康危機。**(Data 11)**
- 誇大問題的嚴重性，影響了教師的思維。
- 製造危機：年青人的健康問題。
- 衛生署：如何撰寫報告 。**(Data 12)**
- 衛生署 **=>** 健康知識 **/** 行爲**=>** 肥胖 **/** 不健康飲食 **/** 欠缺運動 **=>** 健康危機 **=> DH, EDB, HKU** 在校推行健康教育。

School as an Ideal Site?
學校是理想地方?

- **Tinning & Glasby (2002)**：體育課是必修的
- **Johns & Tinning (2006)**：恒常的體育活動
- **DH (2005)**：學校是衛生署推行健康教育、健康飲食及恒常體育活動的理想地方。
- **DH:** 學生每日有**1/3**時間在學校，學校的推動和鼓勵有助學生的知識及行爲。教師是學生的典範。**(Data 13)**
- 教師被要求去鼓勵學生參與活躍的生活。

School as an Ideal Site?
學校是理想地方?

- 教師：課時不足; 運動對健康有部分貢獻；**(Data 14)**
- **EDB & DH:** 要求教師推行健康教育課程，對學校構成壓力 **(Evans, 2003)**。**(Data 15)**
- **Tinning & Kirk (1991):** 減輕體育科被邊緣化現象；提升課程地位；體育科與公共衛生扯上關係。
- 教師：大部分都同意體育科被邊緣化；獎牌成爲體育科的唯一價值。**(Data 16)**
- 教授現成的體能活動比體育項目較容易。

School as an Ideal Site?
學校是理想地方?

- 體育成爲提供體能活動及測試的小息時間 **(organized recess)** 。
- 教師毋須爲教改、課程、學生健康負責！？ **(Data 16)**
- **DH =>** 創造了肥胖危機 **=>** 選擇了學校作爲基地 **=>** 學校**(**體育科**)**有責任推廣活動 **(Burrows & Wright, 2004)**。

Childhood and Identity
兒童的既定身分 (行爲)

- **Burrows & Wright (2004)**：建構對青少年的看法及做法
- **Gard & Wright (2001)**：從生物學角度多於人性 **(**社會學**)**
- **Tinning & Glasby (2000)**：年青人要對自己的健康負責
- **Garrett (2004)**：有意識及無意識地建構個人的健康市民身分
- 教育制度能否創造健康市民**?**

Childhood and Identity
兒童的既定身分 (行爲)

- **CDC 建構學童的身分：**
  - 活躍及健康的生活習慣
  - 體育活動及健康的關係
  - 個人健體計劃 **(Data 17)**
- **爲體育活動提供理據及合理化**
- **隱藏了健康主義 (healthism) (Data 18)**
- **強健的體魄 = 健康?**
- **體育活動 = 健康?**

Legitimizing Practices
合理化

- **Kirk (2006)** ：選擇性地將一些專家報告或醫學研究向傳媒及公眾發放
- **QEF project** ：強調有醫生及醫護人員及科學證據支持 **(Data 19)**
- **DH** 引述世界衛生組織 **(Data 20)**
- 教育界 **(**校長、老師、家長、學生**)** 無法挑戰權威的結論及建議
- **Johns & Tinning (2006)**：專家支配及控制公共衛生 **(hegemony)**
- 體育科成爲管治學生健康行爲的地方

Legitimizing Practices
合理化

- **教師根據標準 (e.g. norms from DH, EDB, CDC, HKFA) 控制學生的健康行爲。**
- **教師成爲監察的工具。**
- **教師成爲健康形象的典範 (Webb, Mccaughtry, & MacDonald, 2004)?**
- **Tinning & Glasby (2002)：飲食失調及運動過度。**

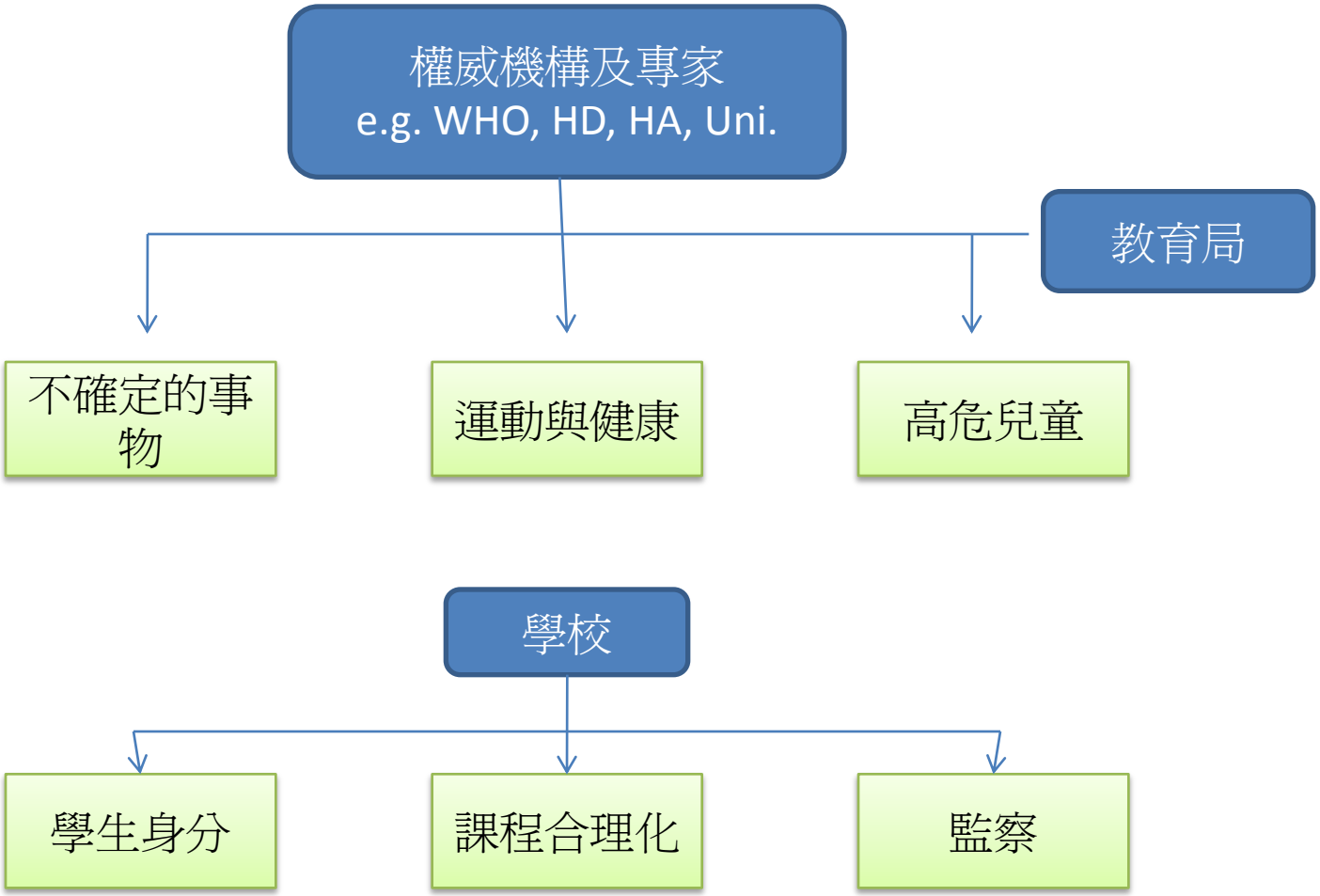
Surveillance 監察

- 學生需爲自己的健康負責
- 身體成爲監察的工具及重點
- 監察已由外在的群眾標準及壓力轉爲身份認同、自我調控及自我監察 **(Webb et al., 2004)**
- 年青人顯示對健康的自我管理能力
- 不健康 = 沒有恒心、決心、懶惰**?**
- 罪惡感 **(Gard & Wright, 2001)**
- **Tinning (1985, 1990)** ：透過自我監察，身體成爲健康、財富、社會地位的象徵。

Surveillance 監察

- **EDB & DH: 自我報告: 運動及飲食 (Data 21)**
- 自我評估態度及行爲
- 學生不自覺地進行自我監察

策略分析


權威機構及專家
e.g. WHO, HD, HA, Uni.
教育局
不確定的事物
運動與健康
高危兒童
學校
學生身分
課程合理化
監察

總結及建議

- 反思：相信自我經歷
- 博學 **(knowledge is power)**、多角度思考問題、現實情況
- 批判性思考：誰人**?** 機構**?** 既得利益**?** 科學證據**?** 人爲**?** 百分比**?** 可以控制嗎**?**
- 敢於挑戰權威 **(DH, EDB, HKU)**
- 改變對健康教育及體適能課程的態度。
- 體育科地位及體育教師的角色**?**

Thank You

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Data 1

Yes, it is obvious that the fitness level is dropping when they are growing up, especially true for S.5-7 students. (Sec. Teacher:S)

Students' age does influence their performance and results [in fitness testing]. When students grow up, they are expected to perform better due to improved muscular strength; but training can also improve performance, at least, they can develop muscles sooner. They can improve with adequate practices…Sometimes, we find Sec.1 students perform better than sec.2 students. We know that it depends on the fitness level of individual students, their working attitude, and our requirements on students, for example, "I want all of you to be able to do 20 counts of push-ups at the end of this semester". But anyway, training is important to making improvements. We believe that students will not count so accurately and we also received complaints from their classmates. (Sec. Teacher: Mr T)

Data 2

Yes, it is unavoidable that students will count the repetitions wrongly coz it is impossible for the teachers to count all the numbers of the students… We are not doing the measurement of fats [with skinfold caliper] this year. However, we did it before, but our students just couldn't do it right, so the data was unreliable. (Sec. Teacher: Ms K)

Data 3

However, the venue of our school is too small and students are required to jog around a very small circle. We therefore modify the 9-min walk/run to 6 min, and then we compare their results with the proportion of 9-min walk/run in the norm table…The handgrip dynamometer is sponsored by EMB, but we just cannot measure the junior students' strength as it is too difficult for them. (Pri. Teacher: Ms Lam)

Data 4

According to our BMI measurement, we found only a few of them "overweight". So, I can say that their body size is ideal. All the time, we cultivate them what beauty is. (Sec. Teacher: Mr T)

Data 5

Our students are able to achieve a lot of gold medals in the Fitness Award Scheme. I don't know if the Gold standard is too low or any other reasons, our students got gold medals very easily. (Sec. Teacher: Ms Sit)

Data 6

We don't have any specific health program in school. We only participate in the fitness award scheme organized by the Hong Kong Fitness Association. We also tested the fitness of our students, but we only restricted to tests, we have not interfered during the process, such that, we did not do anything to improve their fitness level deliberately. However, we have integrated fitness activities with various sports, for example, we ask our students to do stretching during waiting or transition when some of their classmates are moving the equipment. (Sec. Teacher: Mr Y)

Data 7

In order to keep healthy, we must participate in frequent physical activity with proper diet. So, we must offer adequate exercise intensity to our students. We should encourage our students to do more exercise during PE lessons. If it is not enough, we shall arrange an additional training session for them at the end of the lesson, for example, CR activities…In doing so, we increase students' participation in sports and the exercise intensity. (Sec. Teacher: S)

Data 8

Needs assessments are conducted in order to get a comprehensive picture of the health problems in the community and guide the choices about the type of health interventions required (DH, 2005b, p. 3).

The purpose is to collect data and canvass a range of opinions to determine the priority health problem. The magnitude of the problem should be clearly specified along with details about the target group having the problem (DH, 2005b, p. 3)

Data 9

Yet fruit consumption was passive. Some secondary school boys needed to be forced by parents in order to have some fruits. Most of the secondary school students preferred meat over vegetables and stated that they had poor dietary

practices …. To improve or promote healthy dietary practices, students suggested that schools' and parents' involvement, encouragement and cooperation were important (DH, 2005, p. 5).

Data 10

… to advocate healthy eating among primary school students. Recent studies indicate that taking enough fruit and vegetables is essential for health and can reduce the risk of developing chronic diseases such as heart diseases, stroke and cancers (DH, 2007).

Data 11

The Department of Health has recorded a rising trend of obesity among primary school students, from 16.4% in 1997/ 98 to 18.7% in 2004/ 05, i.e. almost one in five school children is obese. In this light, initiatives which aim at preventing childhood obesity should be implemented (DH, 2006, p. 14).

Only 9 people out of all 117 participants had achieved the HD's recommended levels of consumption, at least 2 servings of fruits and 3 servings of vegetables per day (DH, 2005, p. 8).

Data 12

To identify the primary users of the evaluation information and find out what type of information they require … success may mean different things to different groups of people or stakeholders who have their own agendas and interests … it is therefore important to be clear at the outset about whose perspectives are being addressed in any evaluation …This refers to the target group of the program: individuals, groups; school-based. For example, students, parents, teachers, administrators and community leaders …(DH, 2005b, p. 4).

Data 13

As eating healthily and doing sufficient exercise are two important factors of healthy lifestyles and development, effective delivery of health information and education programs are needed to enhance people's proper dietary and exercise practices. Moreover, schools' promotion and encouragement are important to increase students' knowledge, awareness and practices as students spend one-third of their time in schools and teachers are often seen as role models (DH, 2005, p. 8).

Data 14

To our inactive students, PE lessons offer them the only site where they can achieve adequate exercise intensity. (Sec. Teacher: Mr H)

In order to maintain the health of the students, 2 PE lessons a week are certainly not enough. (Pri. Teacher: N)

Data 15

We implement health programs whenever we have received teaching materials from outside bodies, including EMB, the Fitness Association, or business firms. For example, we organized the "Jumping rope for heart" program a few years ago with the support of the Association… Our Principal requested us to do some badges' scheme examinations for the students. (Pri. Teacher: Mr W)

Data 16

The status of PE in this school is fair. As the academic performance of the students is not very outstanding, our Principal usually uses sports to promote the image of this school. (Pri. Teacher: Mr W)

The school supports PE very much as there are still PE lessons for S.6 students. Though in seldom cases, some colleagues would borrow PE lessons for academic subjects especially when public exam approaches. However, the status of PE is comparatively high to a certain extent that in this school colleagues are not allowed to interfere PE lessons, such that, the leisure activities of students. But, no one in this school cares about any curriculum reform in PE. (Sec. Teacher: Mr Y)

No. Our Principal was also a PE teacher when he was still the Vice-Principal of this school, but he was still unable to submit a written scheme of work. However, we had to and we did submit detailed teaching schemes to all other subject panels except PE because no one cared what you were doing in PE. Not to say anything about curriculum reform in PE. (Pri. Teacher: N)

Data 17

PE develops students' confidence and physical competence, as well as their ability to use these to perform in a wide range of activities associated with the development of an active and healthy lifestyle. (CDC, 2001, p. 59)

… school children from Primary 1 to Secondary 3 are expected to *have some knowledge of the relationship between physical activity and the development of physical health [for primary 1-3 students]*

understand the relationship between physical activities and health development and the wide range of factors and actions that influence their health status [for primary 4-6 students]

acquire and apply skills in at least eight different physical activities from not less than four core activity areas and participate actively and regularly in at least one PE-related co-curricular activity [and] apply the FITT (Frequency, Intensity, Time, Type) principle in planning their individual fitness program[for secondary 1-3 students]

Data 18

They can have a strong physique though they don't have adequate sports skills …[we teach] definition of overweight, wellness, health, calculation of calories, and problems of obesity … We offer more sports and nurture students' healthy life. In so doing, we increase students' participation in sports and the exercise intensity. We also introduce health knowledge and diet and most important, how to design exercise prescriptions for their own. We discuss the why and how to do weight control, and, of course, the definition of overweight. So that, they know what to do when they need it in future. (Sec. Teacher: Mr T)

Data 19

The Committee consists of members of nurses, psychologist, optometrist, dentist, pharmacist, medical practitioner, educator, teachers and parents. (From QEF Project)

The staff of the service department has wide knowledge and experiences in conducting research studies and projects of promoting health science education across multidisciplines … Their experts in theory, practice and research should assume the process of the health science education model development to be culturally specific, scientifically sounded, practically implemented and critically monitored. (From QEF Project)

Data 20

The guidelines aim to ensure that students are served with a nutritionally balanced school lunch that promotes normal growth and development. In line with the recommendations made by the World Health Organization, the objectives of the guidelines are:

- *To achieve energy balance*
- *To increase consumption of fruits and vegetables*
- *To limit energy intake from total fats*
- *To limit intake of free sugar*
- *To limit salt consumption (DH, 2006b, p. 15)*

Data 21

During the school days in the month or two following the 'Fruit Day', make use of the 'Fruit Diary' to encourage students to maintain the habit of daily fruit intake, in order to foster a healthy habit. A log sheet on fruit intake is included in the 'Fruit Diary', on which schools may advise parents, teachers or student representatives to place stamps for recording purpose. Students who have collected 20 stamps or more will be eligible for a reward (e.g. a certificate presented by the school principal). (DH, 2007, p. 2)