

REPORT ON O1-A1

Analysis of Lithuanian Curricula related to nutrition, health and food safety at pre-primary, primary and secondary level

1.Introduction

Lithuania has been officially accepted into the health promoting schools network in 1993. Then 18 secondary schools joined the national network. During the past sixteen years, over 400 schools became part of the health promoting schools network. In 2007, the second stage of the programme. In 2007, the second stage of the programme 10 implementation, 55 educational institutions prepared short-term programmes and applied for an official recognition as health promoting schools. These initiatives developed into sustainable programmes. This year alone 25 schools declared their readiness and commitment to join the national health promoting schools network.

The increasing interest in school health promotion demonstrates that health improvement becomes to be perceived as a gateway to better education and a better quality of life. It is also associated with better possibilities for actualizing personal freedom and implementing the main principles of democracy at all levels of life.

Youth health is one of the major factors that determine the future of a nation, society, family, and economics. The factor of health also impacts the actualization of multiple aims and objectives both at the level of an individual and society. It is common knowledge that foundations of good health are laid in early childhood. The formation of healthy habits and healthy lifestyles is therefore among the most important components of upbringing and education. Thus taken, the implementation of the health promoting school concept embodies an essential precondition for fostering knowledge and enhancing deliberation in children, students, parents, and educators so that health started to be treated as a value and as an invaluable asset.

While we are trying to reach healthy and happy school the most important thing is collaboration and interrelationship. Everything is possible; all we need is only time and patience. Our aims aren't reached over one day and that also include making healthier school. In our school's community students should do more activities and adults should write more projects for young people. All that we need is a simple wish to change our life for the better.

2. Health education promotion in Lithuanian schools: a survey

The project of General programs(1994), the Health Education program is described as universal, developing a healthy lifestyle, integrated into the subjects. Identified health curriculum subjects topic (my body, personal hygiene, human and psychological aspects, communication skills, family, health, food, nutrition, etc.) are presented in the concentrates at I-IV grade, V-VI, grade, VII-VII grade IX, X and XI-XII grades. The implementation is based on the principle of the spiral, e. g. Program themes are repeated sequentially at appropriate intervals throughout the study period, according to children's age group peculiarities of deepening students' knowledge, developing skills and developing values.

When implementing General health education program during the period 1994-1998 contribution of Open Lithuania Foundation (OLF) and financial support for developing such teaching tools as a healthy diet (1994), Smoke(1994) Sexual education (1994) and the other was very distinctive. OLF organized methodological workshops and the training course for teachers, doctors and social workers on ecology, healthy diet, alcoholism, drug addiction, smoking, sex education, AIDS. The participants were presented with the non-traditional humanistic education theory and methodology, the children shared their healthy lifestyle development know-how, using active teaching methods, the project activities, the creation of a networked learning community.

The year 2000 The Ministry of Education approved Universal health education and preparation for family life and sexuality education programs, the latter universal health education program content was drawn from 10 healthy lifestyle topics: know yourself; personal hygiene; I and others; food and nutrition; activities, leisure and physical activity; body protection; environment and health; Addictions; Substance use and abuse; Family and Health; diseases and their prevention), which were recommended to all teachers integrate to formal and informal educational environments, in collaboration with pupils' parents. The health curriculum is recommended to rely on a model (S.HAGARD, 1994), representing a healthy lifestyle

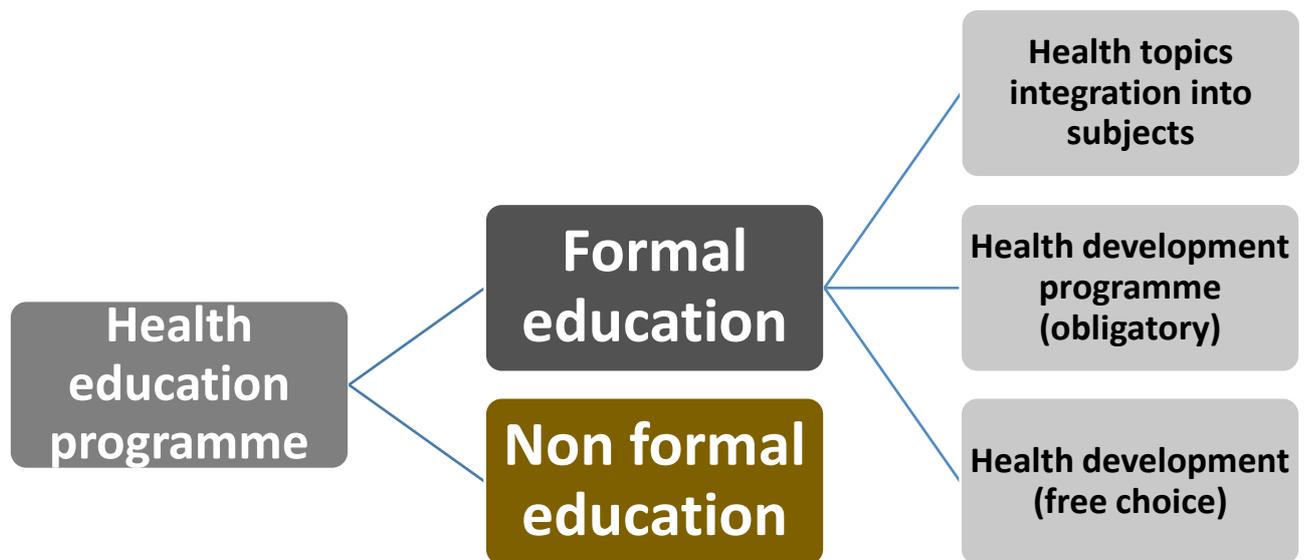
information and knowledge presentation and the shaping of values, hoping the healthy behavioral changes.

The year 2008 Health and life skills integrative program was updated and provided in the framework of General programs' Annex.

The year 2012 a new Health Education General Programme was approved. Unlike previous health education programs, the Programme was given with the new status, signifying the equivalence of implementation of the Health Education General Programme with other curriculums subjects.

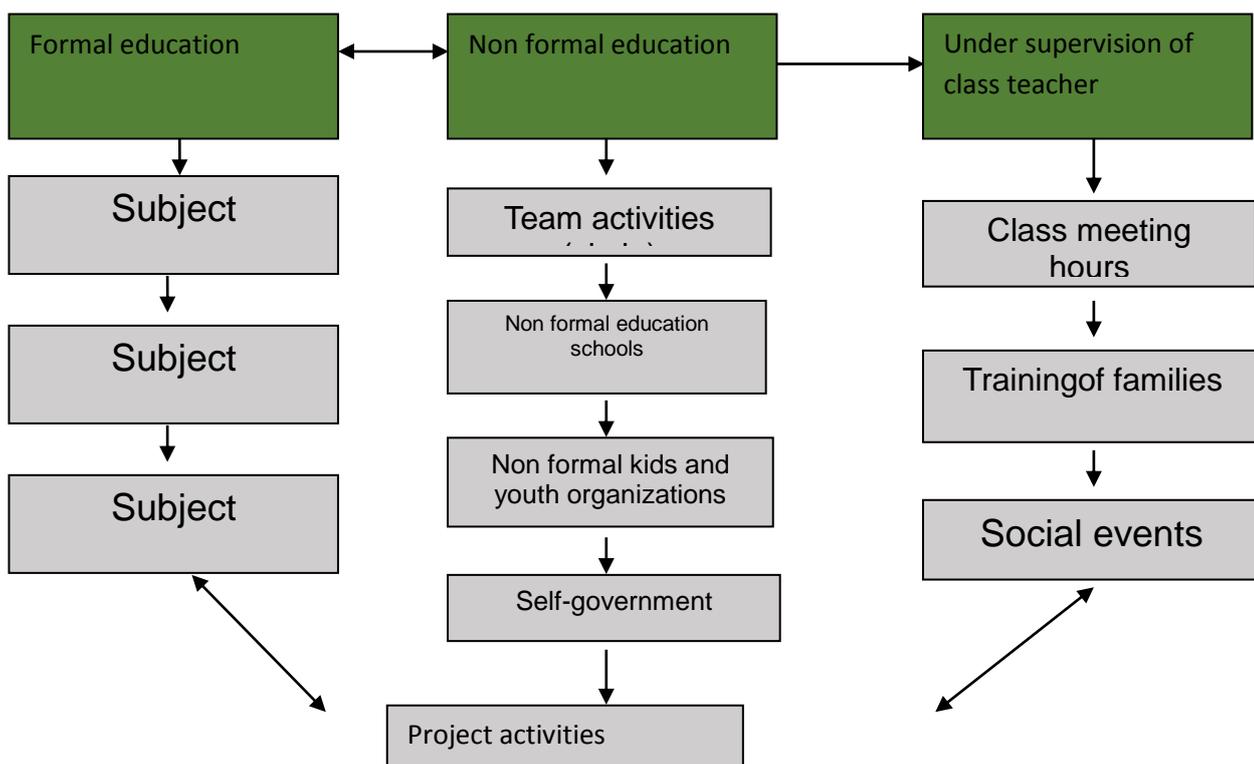
In addition to Universal Health Education and preparation for family life and sexuality education program (2000), the Ministry of Education have been approved and some preventive programs that have been recommended to schools as well as the mandatory inclusion in the educational process. Life Skills Education Programme (2003, 2005) was for pre-school children, primary school, grades 5-8 and grades 9-10 to prepare for life outside of school and adult life in a rapidly changing society, their personal and social (life) skills, such as: self-awareness, communication, problem solving, decision making, creative and critical thinking. Alcohol, tobacco and other psychoactive substance use prevention program (2006) was allocated to educators who seek to deliberately cultivate students' social skills, motivating children and adolescents to live healthy, avoid alcohol, tobacco and other psychoactive substances. Preparation for Family Life and Sexual Education Programme (2007) was designed to develop a mature personality and prepare students for family life, and imparting to children the knowledge and helping to develop the moral, mature, independent, critical thinking and the influence of mass culture resistant personality traits that are relevant to human self-expression, mature interpersonal relationships develop operatively-friendly design, responsible paternity and maternity skills.

The schematic health development in the schools is presented in 1 figure.



1 fig. Implementation of health education at the schools.

Preventative health education implementation model is presented in figure 2.



2 fig. Preventative health education promotion scheme.

3. Research results

3.1. The scientific content of education related to nutrition, health and food security for every educational level (from Health Education Syllabus endorsed by Ministry of Education)

Primary (I-II)	<p>The healthy man. What helps to be healthy?</p> <p>The diversity of food - health condition (importance of vitamins, dietary iodine etc.)</p> <p>The requirements of a healthy diet.</p> <p>The benefits of healthy food.</p> <p>The fast food.</p>
Primary (III-IV)	<p>The definition of human health and it strengthen requirements.</p> <p>The influence of plant and animal foods.</p> <p>The principles of a healthy diet.</p> <p>The food additives.</p> <p>Food Pyramid.</p> <p>The reproductive health.</p> <p>The composition of food.</p>
Inferior Secondary (V-VI)	<p>The influence of environment on health.</p> <p>Food Pyramid.</p> <p>Label - food card</p> <p>Consumer rights</p> <p>Healthy Food Guide</p>
Inferior Secondary (VII-VIII)	<p>Organoleptic qualities of food: food share in the daily ration</p> <p>Iodized salt in the diet: effects of iodine deficiency</p> <p>Onset obesity by eating unhealthy</p> <p>Value for money in food choices</p> <p>Body image and eating behavior</p> <p>The metabolism influence on health.</p>
Superior Secondary (IX-X)	<p>Factors that disrupts metabolism (carbohydrate, protein, fat, mineral).</p> <p>Food additives and their influence on health</p> <p>Food Chain and risks of each link (fertilizers, pesticides, hormones</p>

	<p>growth, antibiotics in food)</p> <p>Food security</p> <p>Lifestyle influence on health.</p> <p>Health-friendly products and nutrition.</p>
Superior Secondary (XI-XII)	<p>The impact of food on health. Diet and cardiovascular disease</p> <p>Deficiencies food (diets, bulimia, anorexia)</p> <p>Balance calorie intake with physical and intellectual activity</p> <p>Diet under special conditions</p> <p>RDA and consumption security</p>

3.2. Identified perceptions of teachers regarding factors that may influence design practices and application of the curriculum of education related to nutrition, health and food safety:

- Lack or insufficient number of manuals, guidelines for teachers and students, brochures, audio tapes, videos, CDs etc.
- Insufficient number of animated films, situation examples, table games and educational materials about allergies and asthma.
- Insufficient training of teachers in order to achieve the quality health education in schools and the low recognition rates by educational system
- There is no teacher specialised in health education, much less in education related to nutrition, health and food safety; teachers who do health education are teachers of different specialties: most of them biology, environmental sciences, physical education or chemistry)
- The optional status of Health Education Discipline
- Fewer hours allocated inside discipline (health education) to education related to nutrition, health and food safety, in secondary level of schooling, compared to preschool and primary school
- The lack of interactive tools for nutrition and health education.

3.3. Best practice of teaching-learning-assessment for Health Education in each educational level (in teachers opinion)

All strategies of teaching and learning are interactive ones:

For preschool level: role play, observation, experiential methods, cookery, sport games (mini football, relay), ecological walking-tour, healthy food testing.

For primary school level: role play, experiential methods, project method (for learning and for assessment), practical tests, poster exhibition, fruits and vegetables exhibition, cookery, debates, excursions, wellness week.

For secondary school level: brainstorming, problem solving, role play, case study, conversation, I know / I want to know / I have learned, debates, cube method, mosaic method; the invitation professionals (dietitians, health specialists); for assessment are considered best practice: practical tests, experimental works, self-assessment, projects, portfolios, essays.

3.4. The state of teachers knowledge related to nutrition, health and food safety

The kindergarden teachers knowledge related to nutrition, health and food safety allows them to cover all activities involving these topics.

The teachers for primary and secondary levels have a minimum level of information on the topics: basic composition of foods (carbohydrates, fats, proteins, vitamins, minerals, biologically active compounds), the role of nutrients in the body functioning and maintenance of health, consumer problems, addiction prevention diet, food consumption, unhealthy food; they have very little or no information on the following topics: biologically active compounds and their implications and promoting and maintaining wellness, risk consumption of chemicals in food (eg. heavy metals, pesticides, toxins, poisons industrial), biological risk factors in food (pathogenic and adulteration microorganisms, microbiological toxins), chemical and biological risks and their prevention, nutrition food labeling, and the concept of RDA (recommended daily allowance).

4. SWOT analysis of school management interventions regarding curriculum development for Health Education:

Strengths

- Increased interest of teachers for vocational training and career progression;
- Positive attitude towards change;
- Teachers availability for extra work;
- Supporting projects on curriculum development;
- Facilitating teachers access to resources (teaching materials and means necessary for quality education);

Weaknesses

- Non teaching staff in health education;
- Discipline of health education is optional,
- Few real skills of teachers on contents related to nutrition, health and food security, and for application of specific teaching methods;
- Low awareness of the need for education related to nutrition, health and food safety in students and parents.

Opportunities

- Educational partnerships (school-family-community-stakeholders - included in the management plan),
- Legislation and rules on the organization of health education on every school level (pre-school, primary school and secondary school);
- Training programs;
- Curriculum Design and implementation of it in a diversified and attractive manner, according to the students needs and interests.

Threats

- Insufficient number of training programs related to nutrition, food safety and health;
- Superficial information of students and parents on the importance of the subject;
- Low visibility of the optional discipline at primary and secondary school level.

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