

# School Health Education Program and Educators in Japan

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## 1. Health educators in Japan

We do not have a qualification for Health Educators in Japan. But " The Japanese Society of Health Education and Promotion " made a committee called " Education for Health Educator and Curriculum". We will have a 4day workshop this summer in order to develop a curriculum for health educators.

At present, community nurses (public health nurses) take on the role of health educators at the community level , and Health and Physical Education Teachers and School Nurse Teachers do the same at school levels.

At this presentation, I am going to talk about school health education.

## 2. Health Educational Approach in School

### 1) The framework of school education in Japan

The chart ( chart is not included in this paper. I will show you during my presentation) shows the structural organization of the present system of school education in Japan, and indicates the normal age for admission or promotion to each grade of the educational system. Kindergartens admit children aged 3,4 or 5 and provide them with one-to-three-year courses. It

is compulsory to attend both an elementary school and a lower secondary school or to attend a special education school for a period of nine years from the age of 6 to 15. In principle, to enter any school beyond the compulsory school level, one is required to pass an entrance examination. There are three types of upper secondary school courses: full-day, day/evening and correspondence courses. Full-day courses last three years, while both day/evening and correspondence courses last three years and more (Ministry of Education: Education in Japan, 1994)

Curriculum standards for elementary and lower secondary schools are prescribed in the Courses of Study issued by the Ministry of Education, Science and Culture. The Ministry decides the Courses of Study on the basis of recommendation from the Curriculum Council which is composed of teachers, researchers and other persons of learning and experience. The Courses of Study provided the basic framework for curricula: the aim of each subject and the aims and content of teaching at each grade.

Revised Courses of Study were issued in 1989, and fully went into effect in elementary schools in April 1992 and in lower secondary schools in April 1993. The chart (chart is not included in this paper) shows the standards school hours a year for elementary (left) and lower secondary (right) schools. One unit school hour is 45 minutes for elementary school and 50 minutes for upper secondary school (Ministry of Education: Education in Japan, 1994).

## 2) Health Education at School

Health Education at school consists of 2 types of education. One is Health Instruction. The other is Health Guidance.

### (1) Health Instruction

Health Instruction is a subject that is taught in " Physical Education

Classes" or " Health and Physical Education Classes" according to " The Course of Study " ,which is the national study guideline. Textbooks are used in Health Instruction classes.

For example, students take "Health" in grades 1 and 2 of upper secondary school, thereby deepening their understanding of such things as the health of modern Japanese society, the relationship between health and environment, health during the life span of a person, and the significance of health in community life.

The " Course of Study " is revised by the Ministry of Education about every ten years to meet changing needs and conditions.

It was decided that Health Instruction will start at the 3rd Grade of Elementary school.

## (2) Health Guidance

Health Guidance is conducted during extra curricula activities such as classroom activities, student council, club activities and school events.

## 3)Problems of school health education

(1) School days per week are being reduced from 5 and a half to 5 ( in 2002 ), therefore the amount of time available for Health Guidance is becoming less and less.

(2) The total amount of real class time for Health Instruction is unclear and less than the "Course of Study".

(About 10% of physical education classes is for Health Instruction in elementary school and 55 hours of Health Instruction is allotted in upper secondary school by "the Course of Study".)

(3) Health Guidance depends upon the enthusiasm of teachers.

### 3. School Health Educator

#### 1) "Health and Physical Education Teachers" and "School Nurse Teachers"

Health and Physical Education Teachers teach health classes in upper secondary school and lower secondary school. Some School Nurse Teachers teach Health Instruction in cooperation with other home room teachers.

#### 2) Problems for School Health Educators

(1) Most Health and Physical Education Teachers are good at physical education instruction. However, most of them are not so good at teaching health.

(2) School Nurse Teachers are school health specialists. Therefore, health education is suitable for School Nurse Teachers.

Each school has one or more School Nurse Teachers. They organize the health room , give first aid to students and give health advice.

School Nurse Teachers are now teachers, not nurses in Japan. In stead of nursing licenses, they have school nurse teacher's licenses. (Some School Nurse Teachers have nursing licenses, too.) However, they have not been permitted to teach alone(except School Nurse Teachers who have Health Education Teachers' licenses), because previously they were nurses, not teachers and they did not graduate from universities.

A recent change has been that School Nurse Teachers graduate from university and study health education in the university. It has been decided that school nurse teachers will be able to teach Health Instruction classes alone in the near future.

It is important that School Nurse Teachers are able to teach health education and also study health education at universities.

## 4. Health Promotion

### 1) Actual situation of children at school in Japan

The Ministry of Education has an aim to promote the "integration of intelligence, virtue, and body." It expects schools to play a vital role in realizing this aim because children attend school and thus schools are an ideal place for promoting health for the entire population of Japan (Kouchiyama Asako: YOGO-teachers at Private Schools in Japan).

However, one major problem is bullying in schools and the consequent difficulty of maintaining school attendance . The School Nurse Teacher's society in Tokyo conducted research in 1992 and found that the percentage of children who do not want / do not /cannot go to their own classroom but prefer to stay in the health room of a school was 18.4% in 1,120 elementary schools and 27.6% in 510 lower secondary schools in Tokyo (Sumi Shishido: Nurse-Teacher Problems and How to Solve Them)

The health room is an oasis for school children. School Nurse Teachers also counsel children in the health room.

### 2) Health Environmental Approach

Health educators should try to make the whole school an oasis for children and school staff members alike (teachers, etc) .

At present, School Nurse Teachers generally coordinate children, teachers, parents and the community.

Health educators should have the role of coordinating and promoting health at school.

Currently health educators design implement and improve health education programs and should advocate environmental actions plans that foster a healthy physical, mental and social environment at school.

## 5. The Important Education Issues for Health Educators

The important education issues for health educators are as follows:

- (1) The education curriculum for "Health and Physical Education Teachers" and "School Nurse Teachers" needs to be expanded / extended.
- (2) I think we should have a qualification for health educators, because we have a lot of health problems (in school and in society). Therefore, all teachers and community members need to cooperate with each other and need a lot of capable people as health educators to manage health problems in school and in society.
- (3) The education curriculum for health educators should include not only health education contents and methodology but also the health promotion approach: improving the school and community environment, because the recent responsibility of health educators is not only for health education but also for the health promotion approach.

# 일본의 보건교육 프로그램과 보건교육자의 역할

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## 1. 일본의 보건교육

일본에도 보건교육사 자격제도는 아직 없다. 그러나 그 필요성이 제기되어 일본 건강교육학회에 「보건교육자의 양성과 연수」를 위한 소위원회를 설치하고, 현재 보건교육 전문가 양성을 위한 연수코스를 설치하기 위해 그 교육 과정을 검토 중에 있다.

일본에서는 현재, 지역사회에서의 보건교육은 보건부(保健婦)가, 학교보건교육은 보건체육교사 및 양호교사가 주로 맡고 있다.

## 2. 학교에 있어서의 보건교육

### 1) 보건교육

본 발표에서는 그 중에서도 특히 학교에서의 건강교육에 초점을 맞추어서 보고하려 한다.

학교에서의 건강교육은 보건교육이라 불리우며, 그 내용은 크게 보건학습과 보건지도로 나뉜다. 보건학습이란 학습지도 요령에 기초를 둔 교과로서의 체육, 또는 보건체육 가운데 교육되는 분야(초등학교 5·6학년 체육 중에서의 보건영역, 중학교 보건체육과 중에서의 보건분야, 고등학교 보건체육과 중에서의 보건과목)를 말하고, 보건지도란 보건학습 이외의 학교교육 전체가운데서 보건에 관한 지식, 습관, 태도를 육성하기 위해 행해지는 지도분야(특별활동으로서의 학습지도, 학교행사, 아동, 학생활동등에서 행해지는 것)를 말한다.

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보건학습은 일본전체에서 학습지도요령에 기초를 두고 교과서를 사용하여 교육된다. 내년부터 초등학교 3학년부터 시작될 예정이다.

## 2) 보건교육의 문제점

보건학습 시간 수가 확실히는 정해지지 않았기 때문에 (초등학교에서는 체육수업시간의 약10%, 중학교에서는 보건체육으로서 55시간) 보건지도를 다양하게 실시하기 위해서는 교사의 열성이 요망되며, 또 교사의 열성에 따라 보건지도의 실시와 내용이 좌우된다.

## 3. 학교 보건교육(담당)자

### 1) 보건체육교사와 양성교사

중학교, 고등학교의 대부분은 보건체육교사가 보건수업(보건학습)을 담당하고 있고, 일부 학교에서는 양호교사가 다른 교사와 집단지도로서 담당하고 있다.

### 2) 학교 보건교육자의 문제점

보건 체육교사는 대부분의 경우 체육이 주 전공분야인 사람들이며 보건을 주 전공으로 하는 사람은 많지 않다. 시간수도 정해져 있지 않다.

한편, 일본에서는 극히 일부의 보건교육자의 면허를 갖고 있는 양성교사를 제외한 양호교사는 단독으로 수업은 가질 수 없었다.

그러나, 건강에 관한 전문가(양성교사)가 보건수업(보건학습), 즉 보건교육을 행하는 것이 중요히 인식되어 모든 양성교사는 보건수업을 가질 수 있게 되도록 결정되었다.



## 4. 건강 증진(Promotion)

### 1) 일본의 학교 환경

일본의 학교에서 이지매(집단 괴롭힘), 등교거부의 문제가 다발하고 있다.

그 때문에 보건실이 (고민)상담장소, 휴식장소로서 주목을 모으고 있다. 또 교실에는 갈 수 없지만 보건실이라면 갈 수 있다라는 「보건실 등교」 아동도 늘고 있다.

### 2) 건강 증진의 관점에서 본 양호교사의 역할

건강 증진의 입장에서 보건교육에 의한 개인의 보건행동에 대한 교육적 작용뿐만 아니라 환경에 대한 작용도 건강교육자에 있어서 중요한 역할이라고 생각된다.

이와 같은 여러 가지의 문제를 떠맡고 있는 학교에서 보건실만이 휴식(안식)의 장소인 것이 아니라, 학교 전체가 휴식의 장소가 되도록 양호교사는 학교 전체의 환경을 조정역할이 되지 않으면 안될 것이다.