

Values and Health Perceptions in Belarussian and Dutch Classrooms

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Introduction

The increase of HIV/AIDS infections in the Ukrainian, Russian and Belarussian regions around Tsjernobyl is now faster than even in Africa. These regions in Eastern Europe are among the poorest of their countries, suffering an economic and social breakdown for many years since the nuclear disaster in 1986.

The origin of the explosion of HIV/AIDS in Belarus is found among the heroine addicts in the South-Eastern region *Gomel*, spreading infections via the repeated use of non sterilized needles by many different persons. In addition to this, the increase of infections of HIV was and is accelerated by unsafe sexual behavior.

Prevention is paramount to securing a healthy future. In the past students and teachers from INHOLLAND university have been engaged in several healthy-way-of-life studies in schools in Belarus. These studies concentrated on the investigation of student's ideas prior to teaching about issues such as food, drugs, alcohol and AIDS. Outcomes were used for the development of lesson materials which took the ideas found into account, thus drawing students via their own perceptions into a communicative discourse about the decisions they can take about their own health (Kievits et al. 1998).

In The Netherlands, preventive school programs about HIV/AIDS are embedded into general lesson series about STD's (sexual transmissible diseases) and are part of the national curriculum. The general message here communicated is that you at the personal level have to decide upon having sexual contact or not. If you decide to do so, you have to use a condom for a healthy lifestyle. A religious minority like the Roman Catholic church in The Netherlands is officially against this approach but the majority of the population, including most of the church members do not share this objection. Not much is known about the attitude and behavior of the great number of ethnic minorities in Holland on this issue.

In Belarus the approach is different. HIV/AIDS is not a topic in the school curriculum. Instead, each school has received one

leaflet about HIV/AIDS its origins and dangers, some years ago. Teachers are free how and to what extent they lecture about this issue. Moreover, in this spring the president of Belarus has sent a direct order to all school directors to forbid the use of the words like 'sex' and 'condoms' in school classes. The very dominant Russian Orthodox church holds a comparative opinion and orders for sexual abstinence up until one is legally married.

We decided to develop a communication strategy about a healthy way of life for 14-16 year old students that should include valid ideas of these students about health and that should evoke discussions about personal decisions about their (non)sexual behaviour.

We did the inventories in schools in The Netherlands and in Belarus. The main aim of this investigation was: To get a valid view of the attitude and knowledge of students in Belarus and The Netherlands concerning health. In order to develop a communication strategy and a prevention method, which can be used in Belarus in a manner that is both effective, as well as in accordance with the Belarus' society's standards. In parallel we compared this approach with a comparable inventory in Dutch (multicultural) classrooms.

Methods

The research started with researching the social, cultural and scientific situation in Belarus and The Netherlands in the literature.

Then we investigated the students' ideas about health via a hierarchical Concept-mapping tests (Brinkman et al. 1988) to obtain pre-instructional ideas of pupils about health. The procedure included the following steps:

- a. Collecting associations (5 – 10 minutes) Pupils were asked

- to individually write down words that they connect with the subject of health.
- b. Clustering of associations into groups (5 – 10 minutes) Pupils were asked to arrange their associations into what in their opinion are coherent groups.
 - c. Name giving and structuring (5 – 10) minutes. Pupils were asked to give a title to each of their coherent groups of associations and describe the relation of each title with the subject health.
 - d. Drawing a picture on the subject of health (5 – 10 minutes)
 - e. Taking interviews. Interviews were taking with a few pupils after the concept-mapping test; they were selected by their results, and with some teachers and other specialist on this subject.

Using the results of these surveys, guidelines for designing a strategy and method of education were made

- in the form of a video/dvd movie to evoke class discussions (reported elsewhere)
- in the form of pantomime and role plays as is reported here.

Finally the effects of this strategy were evaluated by a post Hierarchical concept mapping test about health.

The target group consisted of pupils from 12 till 15 years old students, from Amsterdam and Minsk. The amount of male and female pupils was closely the same.

The research was done in The Netherlands (Amsterdam and surroundings) as well as in Belarus (Minsk). In the Netherlands both a 'white' and a 'black' school was chosen, this in accordance with the composition of the population in Amsterdam.

Results

Socioeconomic and cultural aspects

Data from literature about the cultural, social and scientific situation, which had to do with AIDS-prevention and health, have been inventoried in both countries.

Different aspects were important in those countries. For example in Belarus, the social and economic insecurities influence children in their sexual behaviour. Because of their negative concept of what their future will look like, the social moral is very low and children show high-risk sexual behaviour (Coker et al. 2004). Also, the strong direction from the government on education is very important for AIDS-prevention (Brinkman 1998). In the Netherlands the media are a big influence on children's sexual behaviour, such as Internet, music videos and movies (Kalma et al. 2003). We also have to think about the different cultures in big cities such as Amsterdam. Children with different backgrounds and religions, have different opinions about these subjects. Besides, many foreign children feel cast out of the Dutch society after all the things happened the last couple of years. Different communities don't tolerate each other's values anymore. This also influences aids prevention and health education (Leupen 2005).

Preconceptions about health

An inventory of the students's ideas about health was made. This pre-investigation gave some remarkable results in both countries.

For example, in Belarus the children have a rather positive view on the subject health. They often think about words as 'sport', 'good food' and 'recreation'. This could be found especially in the drawings they made. For example, many

occurrences of people playing sports, fruit and hobbies were drawn.

In The Netherlands the children associate the subject more often with unhealthy words like for example, 'hospital', 'disease' or 'doctor'. Children in The Netherlands often draw these objects in their pictures.

The Belarusian children also named bad habits' which can damage your health. The next statement is an example:

'Alcohol, cigarettes and drugs influence our health in a bad way. If you have a family you don't do those things. Then you will sport and have a strong body.'

This phrase also shows how important family is for Belarusian children. Which was also a characterising result.

Another result was that the role of sexuality in the children's ideas about health was very small. Sometimes it was mentioned as a bad habit. For instance, some children mentioned unsafe sex as a bad habit. This was the case in Belarus as well as in the Netherlands.

This concept mapping test shows that the ideas about health are partly similar and partly different in Belarus and in The Netherlands. But in both countries the role of sexuality in these ideas was very small or even absent.

Student interviews

The interviews held with some children after the mind map test revealed even more differences between Belarusian and Dutch children.

In Belarus, one of the biggest associations made with the subject health was drugs Drug problems are a very big issue in Belarus, and the Belarusian children often made the association between drugs and AIDS. Hence, AIDS was a subject that was rather close to them and they were confronted with it in their everyday lives. Knowledge about the subject AIDS was present, and it seems like there is a serious amount of peer pressure amongst Belarusian children, which leads to risk taking behaviour. Talking about the subject is not something they do easily or lightly. There is still very much a taboo on the subject of AIDS here, and discussing it is generally 'not done'. But on the other hand, children say that the opinions of their friends are important to them. So the social impact on children's behaviour seems to be high.

As appeared from the interviews, in The Netherlands the subjects of drugs and AIDS are not an issue for most children. Concerning sexuality and safe sex, they have a greater fear of pregnancy than of disease. Dutch children do not discuss this subject either, but that has more to do with the fact that they have other things they deem more interesting, than with a taboo. It is important to note that there are many misunderstandings about the ways in which one can protect him/herself during sex among students in the Netherlands. For example; some believe that birth control pills are also protecting them against AIDS.

Interviews with teachers

Besides interviews with students, also teachers were interviewed. This was done with the purpose of gaining information about the message teachers want to send to their pupils.

In Belarus teachers approach sexual education as family education. How do you become a good mother or father? From this point of view they also discuss subjects as AIDS, other STD's and the use of condoms.

In The Netherlands teachers tell their students that sex has to do with love. And with personal decisions for *'You have to take care of yourself and others. It is important to be able to make clear your wishes and boarders. If you have sex,*

than do it safe by using a condom. It protects you from STD's and pregnancy.'

Designing a communication and education strategy

Using the results of previous research of health ideas among children (Brinkman 1990) and teachers and the outcomes on literature, we have developed guidelines for designing a method of health communication and education. Some of these guidelines are:

- Any method of education has to be in compliance with the strict rules and laws of the Belarusian government
- It has to take into account the taboo that still surrounds the subject of AIDS
- It has to be planned into the very tight schedules of schools and teachers.
- The design has to take into account the three parts of good education: Focus on feelings and emotions, peer pressure and cultural expectations

We included also the main results from the preconception tests:

- The associations made with the topic 'health' from Belarusian schoolchildren are different from the associations of Dutch schoolchildren.
- The role of sexuality within school children's ideas about health is very small. This is the case in Belarus as well as in The Netherlands.
- AIDS-prevention methods aimed at relationships causes a small gain of associations with sexuality in children's ideas about health in both countries.
- Children in Belarus can be best taught about AIDS prevention by a method aimed at relationships, decision making within relationships and making wishes and boundaries clear.

The Design

I have chosen two game-type methods of education. One is a 'mime'- game, which focuses specifically on thinking about and making choices in relationships. The second game is about 'negotiation about sex'. Its goal is to teach children about boundaries and how to set them for yourself and others.

Evaluation

Both games were used in both countries and followed up with another mind map test, to see what the influence of these interventions were. It was learned in Belarus that after doing these exercises, more associations with 'sex' in relation to the concept of health showed up in the mind maps. In Belarus, the mime game brought up a significant increase in associations with death. This was not the case in The Netherlands. Both exercises had the desired effect of increasing children's awareness of the dangers that are associated with sexual behaviour and the relationship between sexuality and health.

In conclusion I want to recommend that both exercises are to be implemented in schools, together with an educational method, which focuses on increasing knowledge. This would preferably be an educational video of some kind. In the event that choices have to be made to cut the length of the classes, then I would recommend using the mime game as it has the most significant results and retains a good balance between being clear and open about the subject, and not being too

controversial.

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