The changing meanings of participation in school-based health education and health promotion: the participants’ voices

V. Simovska*

Abstract

This paper addresses the issue of student participation and learning about health from the perspective of health-promoting schools. The combination of the democratic approach to health-promoting schools, characterized by the concepts of student participation and action competence, and the sociocultural theory of learning provides the conceptual framework for the discussion. The two sets of concepts help the building of a heuristic that views teaching and learning as mutually constitutive, establishing an integrated unit of analysis. Data are generated from a Web-based international project ‘Young Minds exploring links between youth, culture and health’. The project has its roots in the European Network of Health Promoting Schools (ENHPS). The methodological framework is constructed as theoretically based qualitative case study, using Web contents analysis and interviews with the participating teachers and students. A model distinguishing between two different qualities of student participation—token and genuine—is used as an analytical tool in analyzing the empirical data. The analysis of the case study illuminated the trajectories of participation in which students learned about health in intentional, relational and purposeful ways. These participation trajectories were viewed as situated in activity structures consisting of a variety of mutual interactions and different forms of participation.

Introduction

Following the adoption of the United Nations Convention of the Rights of the Child in 1989, the issue of children’s and young people’s ‘participation’ has become an imperative in research and educational initiatives in many countries in Europe and elsewhere. In the area of the health-promoting schools approach, this discourse has been reflected in the growing acknowledgment by many educationalists and researchers that learners need to be actively engaged in school matters and should have greater control over the learning process, with a view to perceiving young people seriously as health agents and participants in a democracy. This requires balancing classical liberal values of liberty, autonomy and self-expression with the ethics of care, facilitation and ‘empowerment’ (L. C. Chawla, unpublished data), as well as devoting serious attention to both health and education issues. Thus, within the health-promoting schools initiative, the concept of student participation is increasingly becoming a well-established, mainstream issue. Nevertheless, its meaning varies considerably, often resulting in confusing and contradictory interpretations and practices.

It is often argued that one of the key features of a health-promoting school is an appropriate arena for students to participate in relevant aspects of decision making at school and thus in the processes of teaching and learning. Participation could be...
viewed as both a means and an end of a health-promoting intervention as well as the main constituent of the teaching and learning strategies within democratic health education. On the other hand, given the fact that participation means different things to different people and at the same time acknowledging that it is ‘too serious a matter to be taken lightly’ [1] or to ‘be reduced to such trivialities … that runs the risk of acting as a deceptive myth or a dangerous tool for manipulation’ [1], a more detailed discussion about its changing meanings is required.

This paper aims to explore this issue through discussing a qualitative study, demonstrating a case for involving students actively in learning about health matters. Particular emphasis will be placed on teachers’ and students’ reflections relating to the process of participation in learning about health.

The many faces of participation

The term participation is associated with a number of related words, such as ‘taking part’, ‘involvement’ and ‘consultation’. Taking the dictionary (e.g. Merriam Webster) definition of the term as a starting point, it is possible to differentiate between two groups of interpretations:

(i) Participation in the sense of ‘taking part in’, i.e. ‘being present’.

(ii) Participation in the sense of ‘having a part or share in something’, which is related to notions such as empowerment and ‘ownership’ and refers to one’s sense of being taken seriously and being able to make an impact.

In the school context, participation is often used to refer to the interactivity of teaching strategies seen as conducive to students’ motivation but without serious consequences for their influence. Similarly, participation sometimes simply means taking part in a class discussion. Both meanings belong to the first group of interpretations described above as they refer to students simply being involved in pre-designed activities without taking into consideration their real influence. Sometimes the issue of student participation is constructed as the ‘voice of the child’, grounded in discussions concerning the importance of listening to students as part of teaching, with a view to motivating students and fostering their learning and development [2–4]. On other occasions, participation implies sharing power in making decisions relating to school matters as well as learners’ influence on both the content and the processes of learning—this understanding is embedded in the democratic health education discourse and reflects the sense of self-determination, self-regulation, ownership and empowerment in relation to learning about health.

The perspective of Rifkin et al. [5] on what constitutes participation in the area of public health belongs to the similar democratic and empowerment discourse and provides a useful frame for exploring participatory health education and health promotion, not least in schools. This perspective points to three key characteristics of any activity that qualifies as participation. First, participation must be ‘active’: simple receiving (of health services or knowledge, depending on the area) cannot be termed participation. Second, participation involves ‘choice’: the potential for control over health related and learning conditions is embedded in participation. Third, choice must be potentially ‘effective’: without proper mechanisms for its actualization, the issue of choice is meaningless.

In the context of the health-promoting schools approach, student participation is viewed with reference to the characteristics of the school environment, e.g. in terms of appropriate democratic and inclusive structures, supportive relationships, positive social norms and values, opportunities for achieving success, developing skills and competences, etc. Furthermore, it presupposes fostering students’ self-awareness, decision making and communication capacities, connecting students among themselves and with the school and empowering both students and school communities to deal with health issues [6–8]. In these ways, the health-promoting schools approach avoids endorsing empty ‘participationism’ and addresses issues of personal development and empowerment, which inevitably
implies the controversial process of challenging traditional power imbalances in schools.

Participation can only be ‘learned’ if schools and teachers create democratic classroom and school communities, which are inclusive in meaningful ways, where there is a feeling of interdependence and respect and everyone feels the desire to contribute. The diverse opportunities for participation should be combined with time for dialogue, social perspective taking and reflection. In other words, genuine student participation in learning, focused on the development on meanings, critical reflection and interaction between the individual and society is seen as one of the crucial elements of democratic and action-oriented teaching.

Figure 1 [9] illustrates three points of differentiation between token and genuine student participation in health education—i.e. focus, expected outcomes and target of change (for a more detailed discussion on the model see [6, 9]). In contrast to token participation, which is focused solely on health information and on individual health and behavior outcomes which are predetermined by experts, genuine participation encourages development of personal meanings and joint construction of knowledge, divergent, educational outcomes and targets individuals inseparable from their living environments.

From this viewpoint, in order for health education and health promotion in schools to be characterized as truly democratic, students should have the opportunity to influence both the content and the process of their learning. Genuine student participation allows for student ownership of the learning process. Ownership presupposes that the potential for effective individual and group action is embedded in the knowledge acquired. In contrast to the traditional school knowledge, ‘owned knowledge’ positions its possessor as an acting subject, able to employ his or her knowledge in dynamic ways [10] by visualizing different alternatives and dealing with complexities of change.

The present study will further argue the case for this.

![Figure 1](https://academic.oup.com/her/article-abstract/22/6/864/642504)

Fig. 1. Three points of differentiation between token and genuine student participation.
Case study: ‘Young Minds’ learning through participation and action

The case study draws on the educational development project Young Minds—exploring links between youth, culture and health. Young Minds is an international Web-based project in which students from a number of schools in different European countries collaborate on issues related to health. The project as a whole has been organized in different phases, with students from different countries and schools taking part in each round. Even though each project phase has a different content focus (e.g. alcohol consumption, food and nutrition, school environment and mental well-being, etc.), they all follow the same overall educational design (more about the project in [7, 9, 11, 12]).

The overall stated purpose of the project as a whole is to generate new, action research-based knowledge on effective methods for engaging primary and early secondary school students in learning about health in an action and collaboration focused way. Democratic teaching and learning processes allowing for an adequate and flexible level of student participation shape the educational framework of the project. The investigation–vision–action–change participatory model [13, 11] was adopted to structure the student participation. Further, the educational framework is characterized by the use of information and communication technology (ICT) as an interactive platform for cross-cultural communication and collaboration. The Web site (www.young-minds.net) created jointly by the students in all the participating classes provided the main mediational tool defining the project’s shared context.

An additional important feature of the project is the collective ‘real-life’ action outside of the school at an international conference with a high political and professional profile. The event was construed as a special kind of student action contributing to the project’s main aims. In accordance with the conceptualization of action suggested by Jensen and Schnack [14], the action at the conferences as well as the actions taken as part of the classroom work was characterized by (i) intentional mutual efforts of the participants and (ii) its directedness toward initiating positive changes with regard to the health problems in question.

The present case study is limited to (i) the first project phase as a whole (YM1) and (ii) the project work of a few selected classes from the second project phase (YM2). A total of eight classes from eight countries took part in the research. More specifically, eight teachers, eight facilitators and ~200 students (aged between 13 and 16 years) were directly involved. Table I below summarizes the main aspects of the two project phases constituting the case, that is, the duration, the overall topic, the participants and the related conference.

The selection of the schools for the educational development work in each of the project rounds was based on the following criteria:

(i) Interest indicated by the ENHPS national coordinators at the regular ENHPS business meeting.

(ii) Interest shown by schools’ management and teachers to participate in educational development work that includes student participation, action, international collaboration and use of the Internet.

(iii) Minimum pre-conditions that should be met in each of the classes—e.g. access to the Internet at school, good command of English by students and teachers and allocated time within the curriculum to the project activities.

These criteria were agreed upon in dialogue between the project coordinators, the World Health Organization Technical Secretariat for the ENHPS and the ENHPS national coordinators. The criteria were negotiated with all the interested schools.

Aware of the fact that any selection criteria result in inclusion of some schools and exclusion of others belonging to the ENHPS, the research team and the ENHPS Technical Secretariat ensured that the selection process was transparent and that the entire ENHPS was fully informed about the project and able to benefit from its developments and research findings. For this purpose, the Young Minds
Web-based forum was opened for discussion by all the ENHPS schools during the period of the conference and the project evaluation and other research findings were disseminated to all ENHPS national coordinators.

The implementation of the project as a whole took different shapes in each of the participating classes, depending on the specifics of the broader (i.e. cultural, educational and societal) and immediate context (e.g. each school’s priorities, conditions, resources and systems of meanings), both related to the project’s content and the overall approach to teaching and learning. While the complexity and the dynamic nature of each particular context is not forgotten, the project aims to benefit from using ICT and cross-cultural collaboration and from providing a shared, ‘virtual’ context—this context is defined by the interplay of the local systems of meaning with the overall theoretical foundation and the common project framework developed through a dialogue between the researchers and the participating teachers and facilitators.

The participating teachers attended a 2-day workshop at the beginning of the project to discuss and agree upon the central educational principles and theoretical concepts informing the project. In addition to these meetings, the project facilitators and coordinators supported the teachers throughout the project with a lively reflexive dialogue by e-mail and on the Web forum on a daily basis.

The empirical material used in this article forms part of a larger body of data collected for doctoral research [9] which aimed to explore the key processes underlying teaching and learning about health through participation and action, and to suggest criteria or critical conditions for structuring these processes in an effective way, conducive to the development of action competence.

The general research design belongs to the constructivist and interpretive research paradigm [15]. From this perspective, research is viewed as a tool to think with [16]—that is, a research mode that deploys any strategies, methods, theoretical or empirical materials available in order to explore the problem at hand. The product of this type of research is what Denzin and Lincoln [17] call a bricolage—‘a complex, dense, reflexive, collage-like output that represents the researcher’s images,

Table I. The boundaries of the case: duration, focus, participants and related conference

<table>
<thead>
<tr>
<th>Duration</th>
<th>Overall topic</th>
<th>Participants (students, teachers, facilitators)</th>
<th>Related conference (‘real-life’ action)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Young Minds 1</td>
<td>June 2000–January 2001 Youth, culture and alcohol consumption</td>
<td>Approximately 100 students in four classes from schools in Denmark, the Czech Republic, Macedonia and Sweden; their respective teachers and a facilitator in each of the countries</td>
<td>World Health Organization ministerial conference ‘Young People and Alcohol’ 19–21 February 2001, Stockholm, Sweden</td>
</tr>
<tr>
<td>Young Minds 2</td>
<td>February–September 2002 Well-being and the school environment</td>
<td>Approximately 100 students in four classes from schools in Iceland, Macedonia, Portugal and Slovenia; their respective teachers and one facilitator for the whole group</td>
<td>European Network of Health Promoting Schools conference ‘Education and Health in Partnership’, 25–27 September 2003, Egmond, The Netherlands</td>
</tr>
</tbody>
</table>
understandings and interpretations of the world of the phenomenon under analysis.

The key characteristic of this case study is that it is theory based, that is, directed toward generating knowledge that illuminates the theoretical considerations as well as asks additional questions, leading to further elucidation and development of the theoretical ideas.

As Stake [18] holds, it is impossible to point to an exact moment when the data gathering in qualitative case study begins: the pool of data, which is refined as the research evolves, includes initial observations, first impressions, informal notes, etc. that occur even before the researcher is fully committed to undertake the study. In addition to these and following the general discussion on data collection methods provided by Bassey [19] among others, data discussed in this paper were generated by using the Web site content and interviews with teachers and students.

The Web site content was produced by the students; it provides the opportunity to gain insight into both the project content and its process. Approximately 200 interactive and interconnected Web pages were created in the two project phases and were analyzed for this case study. The pages are organized in sections and sub-sections, presenting students findings, reflections, ideas and knowledge relating to the project topics, issues and themes. A variety of students’ research ‘products’ were created on these Web pages over the course of the project, including stories, comics, charts summarizing survey data, interviews, drawings, mind maps, photo presentations and narratives, digital illustrations, essays, reports on class-based actions and Web searches, even a brief animated cartoon. For the purpose of the study, all this material was printed out, dated and treated as case record.

In addition, an integral part of the Web site is a Web-based discussion forum, where the Young Minds students discussed both among themselves and facilitated a broader discussion among young people throughout Europe on the health issues addressed in the project. The content of the forum discussion was also used as a data source, with a particular focus on Young Minds students’ inputs and the style of their response to the health concerns of young people outside the project frames. Approximately 800 messages from the two project phases were incorporated as data in the case study.

The analysis of the Web content was concerned with the following two categories of data:

(i) Themes and patterns emerging from the material regarding the forms of participation, collaboration and action taking in which the students were engaged as part of the teaching and learning process in the project.

(ii) Themes and patterns emerging from the material regarding students’ ideas related to the project’s content focus.

The interviews were conducted with 16 students and eight teachers who took active part in the project. The interviews lasted between 1.5 and 2.5 hours.

Selection of the interviewees was according to the logic of purposeful sampling. Unlike the statistical sampling used within the positivist research paradigm, which depends on random, representative samples allowing for statistical generalizations, the strength of purposeful sampling lies in the selection of information-rich cases that will be studied in depth [20, 21]. Thus, interviewing the teachers directly involved in the project was an obvious choice as they coordinated the school project work in each of the classes as well as the cross-class collaboration. The choice to interview the 16 students (two from each country) that attended the Young Minds action at the conferences was guided by the assumption that participation in actions taken at the conference following each project phase was particularly significant for portraying the main features of the teaching and learning process and therefore could be regarded as a ‘critical case’ [21] providing rich and relevant information.

A combination of the use of interview guidelines and more standardized open-ended questions shaped the interview style. The interviews had a general framework of questions addressing the research issues related to the guiding research questions. There were sets of questions prepared in advance as well as a more open outline of issues that were to be explored...
in the course of the interview, following the flow of the conversation and the emerging perspectives emphasized by the interviewees. All the interviews were experience oriented, i.e. the main intention was to bring to light specific examples elaborating on the interviewees’ experience with the different aspects of the teaching and learning processes in the project.

All the interviews were conducted in English and audio taped with the permission of the participants. Each interview was transcribed in full and typed up. In most of the cases, the transcripts were made shortly after the interviews and were verified with the interviewees. In the cases where the interviewees stated that they did not have time to verify the transcripts, I respected their decision.

The broad perspective on learning within which the findings are analyzed and discussed belongs to the sociocultural theory of learning inspired by Lev Vygotsky (1896–1934) and other more recent interpreters of his work. The combination of the democratic approach to health education emphasizing student participation and action as key elements of teaching and learning, with the sociocultural perspective on learning, results in viewing learning as situated in the sociocultural context and located in processes of participation rather than within the individual. Thus, the main challenge shaping the analytical framework of this study is to look at learning as a ‘way of being in the social world, not coming to know about it’, as Hanks puts it the foreword of Lave and Wenger’s book [29].

The broad perspective on learning within which the findings are analyzed and discussed belongs to the sociocultural theory of learning inspired by Lev Vygotsky (1896–1934) and other more recent interpreters of his work. The combination of the democratic approach to health education emphasizing student participation and action as key elements of teaching and learning, with the sociocultural perspective on learning, results in viewing learning as situated in the sociocultural context and located in processes of participation rather than within the individual. Thus, the main challenge shaping the analytical framework of this study is to look at learning as a ‘way of being in the social world, not coming to know about it’, as Hanks puts it the foreword of Lave and Wenger’s book [29].

The initial analysis of the case records and interview transcripts consisted of reading and re-reading the documents a number of times, marking themes, issues and categories, sometimes making tentative direct interpretations and highlighting possible patterns related to the analytical framework. Each document was then read consecutively, and memos outlining possible themes and categories, additional research questions and other ideas about the data were written up. The interpretative process then moved on to identify recurrent common and contrasting themes across the records and to draw up patterns and categories with regard to the guiding research questions and the theoretical perspectives. This process, as any analytical process, inevitably involves a certain reduction of the data as particular excerpts, quotes and examples are selected to represent certain analytical assertions.

Consequently, in this process a tension exists between the attempts to present genuine, authentic accounts of the participants in the research on the one hand and conceptualizing their perspectives by drawing on theory and establishing researchable categories on the other. An important aspect of making sense of the data is creating analytical statements aimed at condensing the data into statements. Typically, several rounds of analytical statements are created in the process of data interpretation, each arising from reading and re-reading the previous round and going back to the data items, records and raw data. The analytical statements are then interpreted and discussed further using the theoretical concepts shaping the analytical framework.

The interpretations and conclusions in this study are formulated in the manner of fuzzy assertions or ‘fuzzy generalizations’ adopted by Bassey [19]. Fuzzy assertions or generalizations are types of conclusions arising from qualitative empirical inquiry, which hold that something may be the case but without giving any measure of its probability. The essential idea embedded in fuzzy logic is that ‘everything is a matter of degree’ (Kosko, cited in [19]: 46). Unlike statistical generalization characterizing the positivist research paradigm, fuzzy assertions are interpretations with built-in uncertainty. In other words, fuzzy generalizations are ‘qualified generalizations, carrying the idea of possibility but not certainty’ [19].

In what follows, I will discuss only the findings from the Web site content analysis concerning the ‘participation structures’ that the students were engaged in over the course of the project and the related forms of peer collaboration. Additionally, the interview accounts of both teachers and students relating particularly to their ‘experience with participatory teaching and learning strategies’ employed in the project will be considered. I will conclude by reflecting on the implications of the study for both theory and practice of health education and the health-promoting schools.
Forms of interaction and peer collaboration

The analysis of the Web site contents showed that in their work with health topics, students were engaged in diverse types of investigation activities, gathering information about the health issues at hand from a number of sources, including surveys and questionnaires, experts’, teachers’ and other adults’ opinions, literature and the Internet and peer-generated information. The open-ended inquiry activities in which students were engaged over the course of the project assumed different participant structures and a plethora of forms of peer collaboration that were non-hierarchical, that is, mutual. As shown in Table II, the range of classroom as well as cross-class activities was broad, resulting in diverse structures of interaction. The interaction structures were common for the two Young Minds phases and involved the full range of possibilities: (i) small group work, (ii) working in pairs, (iii) whole class discussions and (iv) individual work. The analysis showed that in both the project phases most of the investigative work was done in small groups and pairs, and substantial time was devoted to whole class discussions.

Table II. Enquiry methods, participation structures and forms of collaboration

<table>
<thead>
<tr>
<th>Enquiry methods</th>
<th>Participant structures</th>
<th>Forms of peer collaboration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cross-cultural surveys and questionnaires</td>
<td>Small groups, whole class</td>
<td>Negotiating and formulating areas of enquiry and questions to be used; administrating questionnaires; summing up findings; negotiating modes of graphical presentations of the findings on the Web site; sharing reflections and comments on the findings; formulating conclusions and recommendations</td>
</tr>
<tr>
<td>School-based surveys and questionnaires</td>
<td>Small groups, whole class</td>
<td></td>
</tr>
<tr>
<td>Surveys and questionnaires in the local community</td>
<td>Small groups, pairs, whole class</td>
<td></td>
</tr>
<tr>
<td>Interviews with peers and teachers at school</td>
<td>Individual, small groups</td>
<td>Negotiating content and focus; formulating questions; conducting interviews; transcribing; formulating comments and reflections</td>
</tr>
<tr>
<td>Interviews with key people (politicians, policy makers, health professionals) in the local community</td>
<td>Individual, pairs</td>
<td>Negotiating content and focus, developing strategies to approach the informants; getting help from teachers, parents and other adults; conducting the interviews, presenting and commenting joint comments</td>
</tr>
<tr>
<td>Photo narratives</td>
<td>Individual, small groups</td>
<td>Selecting places and objects, taking photos, selecting and putting photos on the Web site, formulating the narrative</td>
</tr>
<tr>
<td>Mapping out the school and local environment</td>
<td>Whole class</td>
<td>Brainstorming ideas, suggestions, division of the work in small teams, negotiating teams and subtopics, selecting methods</td>
</tr>
<tr>
<td>Essays</td>
<td>Individual</td>
<td>Getting feedback from others</td>
</tr>
<tr>
<td>Web and literature search and review</td>
<td>Individual, whole class</td>
<td>Debate in the class, feedback, negotiating how to present the contents on the Web site</td>
</tr>
<tr>
<td>Creative workshops involving drawing, modeling</td>
<td>Whole class</td>
<td>Modeling, drawing together, providing feedback mutually</td>
</tr>
<tr>
<td>Brainstorms and focused class debates</td>
<td>Whole class, individual</td>
<td>Mutual feedback, support and criticism, complementing and confronting each other’s ideas</td>
</tr>
<tr>
<td>Cross-cultural debates in the forum and over e-mail</td>
<td>Individual, pairs, groups</td>
<td>Exchanging ideas, comments, providing feedback</td>
</tr>
</tbody>
</table>
As shown in the table, there were two major forms of peer collaboration in these activity structures: (i) mutual dialogue—i.e. creating common frames of reference, and shared focus, and (ii) joint action—i.e. acting together to generate data for investigations or to prepare content for the web site. This in fact meant that a variety of learning situations were created for the students to be engaged in joint productive activities (the use of 'joint productive activity' here is inspired by Dalton and Tharp [22]. They use the expression to describe the first of the five standards for an effective approach to teaching, resulting from their review of literature and empirical research within the Cultural Historical Activity Theory): joint for the reason that almost all the tasks that students had—in conducting inquiries and presenting them in a way that they could be communicated with the other students in the project—required goal-oriented student collaboration; and productive because the investigative activities were aimed at producing specific joint products, i.e. material representations of their work with the project topic to be presented on the Web site and discussed across classes.

Obviously, the individual inquiries were also embedded within these joint productive activities. Moreover, the teacher guidance and assistance was invaluable if the mutual interactions were to create shared discourse among the students, conducive to intersubjectivity. The common goals that students had in these dynamic forms of interaction helped create learning situations in which all of the participating students were in a position to both receive and provide assistance to others in certain aspects of the task, depending on their interests, learning styles and preferences. Furthermore, the cross-class collaboration on the Internet, the communication and mutual feedback students provided for one another cross-culturally widened the amount of interaction and assisted performance available in the classroom exponentially. Peers, both within the class and across classes, were seen as significant resources for learning, in addition to teachers. The enquiries made over the course of the project in all the classes, for example the cross-cultural surveys and questionnaires, required mutual coordination and joint work. As students communicated about their activities and re-presented their findings and reflections for peers in the other classes, there were more opportunities appropriation of their actions and the related knowledge.

**Teachers’ perspectives**

The wider focus of student participation regarding the domain knowledge and the character of teaching and learning activities is also evident in the teaching aims that teachers stated in the interviews. Table III summarizes the teachers’ accounts concerning their teaching aims in three categories emerging from the interview data: (i) observing and following through, (ii) supporting students’ personal development and (iii) guiding students’ action experiences.

Obviously, the teachers differed in their perspectives as to how active they should be with regard to guiding student participation. The first category (‘observing and following through’) describes the accounts of the teachers who set out their aims as mostly observing rather than actively leading the teaching and learning process. These accounts underline that it is essential to provide the necessary conditions for and to follow through the processes of meaning making. Support and guidance should be offered to the students only if necessary.

In the second category of aims emerging from the interviews (‘supporting students’ personal development’), the teachers pointed out the importance of providing emotional support for students and fostering their mental, emotional and social development. In this way, according to the teachers, students can be empowered to fully participate in cooperative learning activities as well as to make their own decisions about health matters. Additionally, some of the teachers in this group emphasized that an important aspect of their aims was the development of specific, practical or research skills in the students.

The third theme emerging from the teachers’ interview accounts (‘guiding students’ action experiences’) emphasized the action component as one of the core aspects of the teaching aims; in addition to encouraging students’ self-reflection and personal skills, the teachers underlined the importance of
enabling students to act and initiate change with regard to health. This, according to the teachers, should be done by providing active support in taking action and ensuring that students can benefit from action experiences in the course of learning. In relation to this, the teachers underlined that experience with specific processes such as joint action planning, decision making and taking action together with others can be beneficial for learning in powerful ways. Therefore, providing an appropriate space for students to experience these processes in their complexity was among the key aspects constituting this category of teaching aims.

Arguably, the common denominator for these three categories of aims is the emphasis that the teachers placed on ‘stepping back’, following through and supporting students’ choices in the course of the teaching and learning process. All the interviewed teachers focused their aims around enhanced student participation, empowerment and independent learning rather than on acquisition of pre-determined factual knowledge about health. The teachers acknowledged the close links between learning and development and emphasized affective rather than more traditional cognitive teaching aims. Actually, with regard to the issue of cognitive versus affective learning outcomes, the teachers’ views echoed Vygotsky’s claim that mental development is as much affective as it is intellectual. According to Vygotsky [23], various psychological modes of knowing, especially thinking and feeling, compose a gestalt which is greater than their sum. Consequently, the outcome is knowledge that leads to responsible action.

On the other hand, the teachers seemed to be well aware that a number of critical issues need to be addressed when thinking about involving children and young people as serious partners in teaching and learning processes in school. The experience from Young Minds resonates with what Wood, Bruner

<table>
<thead>
<tr>
<th>Teaching aims</th>
<th>Examples of teachers’ accounts</th>
</tr>
</thead>
<tbody>
<tr>
<td>Observing and following through</td>
<td>‘I was trying to understand this, to see, for example, what they think about how much can they drink, how much they want to drink, whether alcohol is attractive to them, are they satisfied with themselves in this regard, if they are able to set limits for themselves, if they set limits for others and so on’ (M., teacher, YM1)</td>
</tr>
<tr>
<td>Gaining insight into students’ thinking and their construction of meanings with regard to the project theme</td>
<td>‘We were not teachers in this project. We were monitors, supporters, observers … we just led them [students] through the ways they initiated. They gave suggestions and we lead them. That was different. We were on the same level’ (R., teacher, YM2)</td>
</tr>
<tr>
<td>Supporting students’ development</td>
<td>‘Integration of the discussions in the forum and on the Web site in developing students’ social skills’ (P., teacher, YM2)</td>
</tr>
<tr>
<td>Encouraging students’ self-esteem, self-reflection, skill development and personal growth</td>
<td>‘Actually I did not want to teach them that much about alcohol … I was not interested in coming from an “adult position”, telling them something. I wanted them to learn something about their own thinking and habits about alcohol, to investigate themselves’ (S., teacher, YM1)</td>
</tr>
<tr>
<td>Guiding students’ action experiences</td>
<td>‘I wanted to get them to be able to take decisions themselves about what they were going to do when, and if, they were going to have alcohol … to try to talk to their friends, to their parents and the school and everyone about this’ (D., teacher, YM1)</td>
</tr>
<tr>
<td>Enabling students to make decisions and take actions with regard to different aspects of the project theme</td>
<td>'… Students were much more free and open compared to the traditional classroom work … they learned a lot—how to make surveys, interviews, how not to be afraid to go to other classes, teachers, parents and ask them questions; how to take and process digital photos, they learned how to ask questions and respond … it was much more than learning about health …’ (O., teacher, YM2)</td>
</tr>
</tbody>
</table>
and Ross suggested already in 1976 in relation to scaffolding—that determining the region of sensitivity to instruction for the whole class, a small group or an individual child is more than a technique—it is a work of art. One of the key problematic issues that Young Minds teachers mentioned was power and its manifestations in teaching: the tensions between leading and guiding, moulding and nurturing, coaching and scaffolding—the subtle dividing line between these aspects of teaching styles was just one of the challenges the teachers faced in this regard. In other words, the core challenge was to establish relationships with students based on power with students as opposed to power over students [24].

The reflection by the teacher in the interview excerpt below highlights one of the major dilemmas of this kind, namely finding an appropriate balance between stepping back and providing sufficient room for student participation on the one hand and acting as a more experienced partner with a view to guiding the learning process on the other:

It has been a challenge to let the pupils decide how to approach and investigate alcohol since the outcome doesn’t reveal itself until the work is finished. Most of the students were not only engaged and curious but also very open-minded. That made a good climate and reminded me that I have to meet them with the same open mind and still not forget to be an authority. (S., teacher, YM1)

Clearly, the teachers were aware that guidance is important and necessary. Their experience, however, confirms what many scholars have pointed out—for example Wood et al. [25] as noted above, or more recently Brown et al. [26]—that guided teaching and learning is easier to talk about than do. Although it is essential to keep the teaching focus open and flexible, the teacher must continually make assessments and judgments concerning the overlapping zones of proximal developments, their dynamic change and renegotiation so that students can move ‘in’ and ‘out’ as they become ready for new insights, skills and conceptual growth. Moreover, the teacher needs to ‘seed’ [27] the learning environment with generative ideas and she or he should aid students in articulating and refining their own ideas and linking them to the overall project theme.

Students’ perspectives
The interview accounts of the students complemented the teachers’ perspectives regarding the focus of the teaching and learning practices in Young Minds. The analysis resulted in three main themes emerging from the students’ reflections on the focus of the learning process, summarized in Table IV.

Active participation and choice
The first theme emerging from the students’ accounts with regard to the learning process underlines active student participation and the greater possibilities for students to make choices in the course of learning. This substantiates the teachers’ accounts in relation to their aim to build up an open discourse and to provide more space for authentic student participation in the processes of teaching and learning. As shown in the citations in the table, the students used emotional language to articulate their positive experience in this project and to contrast it to traditional, predominantly passive reception classroom learning.

Action orientation and connection to lived experience
The second theme presented in Table IV underlines the students’ experience with the action focus as a part of the learning process. Evidently, the action focus brought learning closer to students’ lived experience, which was conducive to their motivation and commitment to contribute to the project, to learn and act in collaboration with others.

Broader perspective on the content
The third theme concerns the content knowledge and the value students attributed to the broader perspective in which the concept of health was approached in the project. The words of the student in the last quote in the table exemplify one of the
major, long-debated differences between moralistic and democratic health education and health-promoting schools—namely the debate concerning behavior modification versus student empowerment and the development of action competence.

Nearly all the students emphasized that the key features of the learning process in this project included active meaning making, a broad and open content focus and wide possibilities for the students’ choice. In the course of conducting their investigations, the students were encouraged to collect information that would be helpful to their peers, to present and communicate their findings and to provide feedback to one another. These activities were contrasted with the use of traditional information sources and passive acquisition of propositional knowledge delivered by teachers. Arguably, the former are clear indicators that on the trajectories of their participation in the project activities, students learned in relational, meaningful and authentic ways and that they were engaged mentally as well as physically. To use the expression of Rogoff [28] by participating in the processes of knowing by investigating, the students participated in ‘minds-on’, purposeful learning through reflective participation in socially structured practices.

**Summing up and concluding reflections**

The analysis of the case study illuminated the trajectories of participation in which students learned about health in intentional, relational and purposeful ways. These participation trajectories were viewed as situated in activity structures consisting of a variety of mutual interactions and different forms of participation.

In other words, students were engaged in a variety of processes of knowing, including exploring, envisaging solutions of the problems and acting to bring about positive changes with regard to health. The classroom discourse and cross-class communication consisted of what Lave and Wenger [29] call ‘situated negotiation and renegotiation’ of ideas, concepts, meanings and solution strategies as a basis for creating a common focus and frame of reference.

Table V gives a summary using the participation model, distinguishing between genuine and token student participation [9]. As shown in the table, the aims and expected outcomes of the student participation in teaching and learning activities over the course of the project were open and divergent; they depended on the choices that students made,

---

**Table IV. Characteristics of the learning process according to the students**

<table>
<thead>
<tr>
<th>Characteristics of the learning process</th>
<th>Examples of students’ accounts</th>
</tr>
</thead>
<tbody>
<tr>
<td>Active participation and choice</td>
<td>‘No one imposed solutions to us. We came up with ideas by ourselves’ (M., student, YM1)</td>
</tr>
<tr>
<td></td>
<td>‘We did everything ourselves. The teachers just checked our English, that’s all’ (E., student, YM2)</td>
</tr>
<tr>
<td></td>
<td>‘It was much more exciting than the regular teaching—we could find our own information, we could do it ourselves instead of boring phrases we usually hear from the teachers’ (N., student, YM1)</td>
</tr>
<tr>
<td>Action orientation and connection to lived experience</td>
<td>‘... We noticed that this is a big problem in our schools—relationships between students and teachers. There were some students that were satisfied but not many, so we thought we must do something better, some action, not only to make them satisfied but happy—to have human relationships with teachers, to get respect from them to respect them, and to have someone to listen to students about problems, about what are the problems with school and so on—to have friendly relationships’ (R., student, YM2)</td>
</tr>
<tr>
<td>Broader perspective on the content</td>
<td>‘It is important that young people should learn about causes of drinking alcohol and not only to be told not to drink without even discussing why. If they talk and learn in this way students would be more aware and they will be able to make an aware choice’ (O., student YM1)</td>
</tr>
</tbody>
</table>
together with their teachers, during the teaching and learning process.

The case study showed that the participatory and action-oriented teaching approach, as employed in the project, extended beyond the traditional focus on the subject matter prescribed by the curriculum. There was no pre-formulated, fixed content or body of knowledge in the health domain that the students had to learn, memorize, recall and employ. Even though the overall project topics were decided outside the project’s frames and were assigned to students, the students investigated the area in their own ways, guided by their teachers and using the broad possibilities of ICT and cross-cultural collaboration.

The analysis also reflected the fact that the focus of the participation was on processes of critical reflection, goal-oriented dialogue and negotiation of meanings related to health matters rather than on molding students’ health-related behavior and lifestyles.

Furthermore, the fact that the students shared the responsibility for selecting aspects of the topics to be investigated and methods they would use to do so resulted in an increased sense of ownership of their learning activities. This led further to increased student intent and to the development of new strategies for mutual collaboration, which contributed to successful completion of the learning tasks at hand and, arguably, to building knowledge as well as competence to take action.

The collaborative knowledge-building activities in which students were engaged in Young Minds were action focused, which involved working with a more comprehensive and complex landscape of knowledge encompassing insights into causes rather than only consequences of health problems, as well as visions about the future and knowledge about solution strategies [30, 31]. This knowledge is of interdisciplinary character and built in a shared process of critical dialogue, reflection, development of shared visions and taking joint actions. Consequently, the health issues that students explored, articulated and represented on the Web site evidently belonged to the democratic rather than to the moralistic health education/promotion discourse. Evidently, the students worked with an open health concept, addressing the social determinants of health and suggesting structural as well as individual solutions for selected health problems.

Two additional qualities of knowledge were at stake in this transformative interplay between experience and competence: (i) intrasubjective and (ii) interrelational knowledge [9]. The intrasubjective knowledge involves the insight into the consistency of the self-operating in the world. It is crucial in knowing how to learn in ways that participate in and capitalize on the social environment. The interrelational knowledge concerns meta-knowledge about groups, interpersonal dynamics and interactions, which is necessary when learning and working together with others.

All these point to genuine participation discourse whereby the participatory teaching and learning, as opposed to the transmission teaching model, were clearly directed toward extending the educational dialogue about health issues that were of relevance to the learners. Learning was situated in students’ everyday lives, interactions and experiences. Moreover, it made use of a variety of cultural resources,

<table>
<thead>
<tr>
<th>Table V. Characteristics of student participation in Young Minds</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Student participation</strong> was ‘focused’ on</td>
</tr>
<tr>
<td><strong>The expected ‘outcomes’ concerned</strong></td>
</tr>
<tr>
<td><strong>Students’ actions ‘targeted’</strong></td>
</tr>
</tbody>
</table>
local community knowledge and more global cross-cultural norms and traditions.

In this sense, the content of the curriculum served the role of a ‘mediating resource’ [32, 33] for shaping the processes of learning by participating in ‘communities of practice’ [29] rather than being an end in itself. As a result, opportunities were provided for creating dynamic and overlapping collective zones of proximal development, where students moved in and out as they appropriated, that is, transformed as well as internalized health-related cultural resources (i.e. knowledge, competences, skills and strategies for change) and practices.

Within these learning zones the students’ individual choices were interdependent: they constituted one another and also depended on the possibilities that existed at the level of the group or the community of learners. The community of learners was heterogeneous with regard to experience, competence, skills and knowledge, which created a specific dynamic structure of the learning zones consisting of more as well as less experienced participants, complementing one another’s learning. The processes of collaborative productive process allowed for the processes of collective learning taking place, leading gradually to the establishment of common frames of reference and a common foundation for knowledge building. One of the crucial aspects in regard to this was externalization or objectification of jointly created ideas and meanings about health into products or ‘works’ [34]: representation of one’s thoughts, understandings and still-to-be-formulated ideas as part of the teaching and learning process, as well as their communication with others in critical but collaborative spirit, fosters learning at both individual and group level.

In these ways, arguably, teaching and learning about health by participating in democratic learning communities served as a primary means of initiating students into appropriation of the values, beliefs, ways of knowing and rituals of the health education/promotion discipline which, ultimately, was conducive to the development of their action competence or the potential to participate in creative, critical and responsible ways in health matters that concern them.

---

**Funding**

Technical Secretariat of the European Network of Health Promoting Schools, the WHO Regional Office for Europe, Copenhagen.

**Acknowledgements**

The author would like to thank Keith Tones and the reviewers for helpful comments on an earlier draft of the paper. The doctoral study on which this paper is based analyzed the empirical material from the international educational project ‘Young Minds—exploring links between youth, culture and health’. The contribution of all the participants in the project and of the research project team from the Research Programme for Environmental and Health Education at the Danish University of Education is gratefully acknowledged.

**Conflict of interest statement**

None declared.

**References**


