

Multiculturalism: Perspectives On Health Education

Thursday, 15 September 2011

Multicultural education acknowledges that the strength and richness of the United States lies in its human diversity. Historically, health education in this country has been a manifestation of traditional American values toward health issues and behaviors. It has allowed little room for diversity of values and beliefs about health and wellness among the many ethnic and linguistic groups that make up America. Multicultural education, on the other hand, attempts to be inclusive and allows for all students to increase their awareness and appreciation of differences and similarities amongst all peoples.

Multicultural education acknowledges that the strength and richness of the United States lies in its human diversity. Historically, health education in this country has been a manifestation of traditional American values toward health issues and behaviors. It has allowed little room for diversity of values and beliefs about health and wellness among the many ethnic and linguistic groups that make up America. Multicultural education, on the other hand, attempts to be inclusive and allows for all students to increase their awareness and appreciation of differences and similarities amongst all peoples.

Schools have been given initiatives to deal with issues of health, health education, racial conflict, substance abuse, HIV education, as well as a variety of tasks addressing social topics above and beyond the core curriculum. Yet, many administrators and teachers have had little, if any, formal training in dealing with these social phenomena. To compound the problem, most educators have little or no knowledge of the health beliefs and attitudes of many cultural groups that make up the American tapestry.

Also, students come to school with their local community's experiences—whether they be urban, suburban, or rural. Teachers must take these experiences and build on the students' knowledge base, so as to develop a better understanding of differences and similarities in our society. Students need to be motivated to see the reality of health as an all-encompassing, life-long concern of all human beings.

Infusing Multiculturalism Education into the Health Curriculum But how is a teacher to infuse multicultural education into the health curriculum? To begin with, it is absolutely necessary to develop an awareness of the students' cultural, social, economic and political roots in order to have a positive influence on the way health education is structured. Equally important is having an understanding of the students' family values and traditions.

While culture plays an important role in shaping groups of people, students have unique personalities and histories within their cultures. Caution should be taken not to lump students and families from a particular ethnic group into one category. Even though there will be some similarities within a group, many differences will also exist among its members.

Learn About Your Students To make comprehensive health education more relevant to the diverse groups in American schools, including "mainstream" American students, educators must gain a better understanding of their students. Information related to the following sample questions can be obtained from students and their families through classroom activities and observations. Use caution in asking direct questions that may intrude on privacy.

- What is the country of origin of your students' families?
- Are they immigrant?
- How long have they lived in the community?
- Do they maintain family ties to the mother country?
- What language is spoken at home?
- What foods do they like to eat?
- What holidays or other traditions do they celebrate at home?
- Where do they seek health care?
- What do they want to be when they grow up?
- Who is in their families? Who of these live in the same house?
- How is authority distributed among family members?
- What are the attitudes, expectations, and behaviors toward individuals at different stages in the life cycle?
- What behaviors at home are appropriate or unacceptable for the students? To answer these or similar questions, discussions may be held in small groups or as a total class, although caution should be used with direct questioning. A simple activity such as placing pins on a map of the world to show the original country of origin, can show the diversity in the classroom and be non-threatening to individual students.

Learn about the students' daily environment. Walk or drive around your students' neighborhoods to become familiar with their resources and their contextual environment. Find where they shop, which health clinics they use, and which community recreation areas are available to them. Are there many billboards advertising alcohol and tobacco products? How many liquor stores and fast-food restaurants are there? Where do youth tend to congregate? Read the local newspaper to keep up with local issues. Talk to the school nurse and/or counselor to learn the most common health issues among the students and their families. Talk to public health personnel at clinics and hospitals about the community's health problems and concerns.

Health education should focus on the development of healthy lifestyles. Teaching will not be successful if it tries to force all students to adopt one specific lifestyle. Data suggests that health messages are more readily accepted if they do not conflict with existing cultural beliefs. Where appropriate, messages should acknowledge existing cultural values and practices, building on cultural strengths and pride. Several cultural factors, such as family values, religious beliefs, health beliefs, and communication styles, affect health education instruction and how it is accepted and internalized by students and their families.

Expect the Best Another key element in a comprehensive health education program is for teachers to have high expectations for all students, regardless of background or ability. There is no room for prejudice or stereotypes. The teacher should serve as mediator of the learning process, providing the best opportunities for each student to realize his/her potential in the classroom. A comprehensive health education program can allow for a wide array of stimulating activities that provide the backdrop for teaching all content area in a positive way.

Health Education as a Unifying Force The challenges are great, but the opportunity for comprehensive health education to be a major unifying force in school reform is exciting. The infusion of a multicultural perspective can also enhance the following:

- Health education is a content area that is cross-curricular. Its subject matter can form the basis for units in language arts, reading, math, science, social studies, art, and of course, physical education.
 - Health education topics lend themselves well to bringing parents and the community into closer ties with the school.
 - Health education can help both students and parents develop a greater awareness and understanding of other cultural groups, thus lessening racism and racial conflicts which are so visible on school campuses today.
 - Through a multicultural perspective administrators, school boards, and school staffs will begin to develop a greater sensitivity toward the growing number of diverse populations in the United States.
 - A multiethnic/multicultural perspective on health education can serve to encourage students, parents, and school staffs to appreciate multiculturalism as a positive force in preparing for life in the 21st century.
 - A multicultural perspective on health education can promote and enhance partnerships between schools, public agencies, the private sector, all community groups, and youth groups to improve the quality for all.
- REFERENCES
American Association of School Administrators. 1991. Healthy Kids for the Year 200: An Action Plan for Schools. Arlington, VA.

Banks, J. and C. Banks. 1993. Multicultural Education: Issues and Perspectives. Boston: Allyn and Bacon.

Baruth, L. and M. Manning. 1992. Multicultural Education of Children and Adolescents. Boston: Allyn and Bacon.

De La Torre, A. 1993. Access is Vital in Health-Care Reform., Los Angeles Times, 31 March.

Eng, E. 1992. Community Empowerment: The Critical Base. Family and community Health 15 (1): 1-12.

Frazee, I. and L. Johnson, 1993. Cultural Awareness and Sensitivity: A Crucial Component to the Success of Comprehensive School Health Education. Reston, VA: Association for the Advancement of Health Education.

National Council of La Raza. 1991. Hispanic Child Poverty: Signs of Distress, Signs of Hope. NCLR Agenda 10 (2): 15-17.

Sancho, A. R. 1994. A Multiethnic Perspective on Comprehensive Health Education. In The Multicultural Challenge in Health Education, ed. A. C. Matiella, 103-116. Santa Cruz, CA: ETR Associates.

Sancho, A., J. English, L. Hunter and D. Lloyd-Kolkin. 1991. Comprehensive School Health Education for Hispanic Youth: Insights About Curriculum Adaptation. Los Alamitos, CA: Southwest Regional Laboratory.