Journal of Education and Human Development
June 2016, Vol. 5, No. 2, pp. 207-214
ISSN: 2334-296X (Print), 2334-2978 (Online)

Published by American Research Institute for Policy Development
DOI: 10.15640/jehd.v5n2a24
URL: https://doi.org/10.15640/jehd.v5n2a24

Applying Effective Health Education Programs in Greek Schools: Exploring the Role of Teachers Training

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Abstract

Teachers implement health education programs in Greek schools targeting the development of a healthy behavior among students. Despite the effort, there are many questions arising on the efficiency of these programs. According to the specialized literature, the teachers who implement these programs are a major factor. The purpose of this study is to address two related questions on what training has been obtained a) that assures them as experts in health education programs, and b) in planning, implementing and assessing programs. Moreover, we will examine all of this on the extent that the level of Greek teachers' theoretical knowledge on health education should be linked with ways of effective implementation into real school settings. The research was conducted with semi-structured interviews of teachers who carried out such programs in the province of Western Greece. The results show lack of adequate teachers' training. Moreover, the research pointed out that most subjects had an experiential approach to the ways of implementing such programs and this raises doubt on whether the programs' targets can be achieved.

Key Words: Health education, health education programs, teachers training, school, Greece.

1. Introduction

Optimal health is a dynamic balance of physical, emotional, social, spiritual, and intellectual health (O'Donnell, 2009). For all individuals, health is a resource that needs to be maintained and protected. Health education, as defined in Resolution 89/C3/0l, is "a process based upon scientific principles, which employs planned learning opportunities in order to enable individuals, acting separately or collectively, to make, and net upon informed decisions about matters relating to health. It is a comprehensive teaching process for which responsibility has to be taken by the family, as well as the educational and social community" (Commission of the European communities, 1988).

Considering that teachers are often the main adults other than the family members with whom young people interact on a daily basis. Moreover, there is no doubt that the school system plays a crucial role in the well-being and health of the children and young people. This is because the school enables understanding of contemporary situations; allowing differences and ensuring a common educational base; and helps students to succeed in examinations and teaches how to live in society; provides training in environmental awareness and in road safety; provides health education, preventing AIDS, informing of the dangers of drug addiction, and many other things besides. As it becomes clear, the demands on the school system have grown and it is shown that there are close links between health and education (Meirieu, 2002).

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For those reasons, and many others that cannot be referred in the present article, Ministry of Education in Greece implement health education programs in schools regarding nutrition, smoking, diabetes, sexuality and sexually transmitted diseases, physical activity, pathological consumption of alcohol, drug addiction, risk-taking on the road, learning first aid. The aim is to promote the youth to take ownership of the means that will help them make choices and adopt behaviors that are responsible, both towards themselves and others and the environment around them.
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The primary goal is the effective implementation of these programs. Their effectiveness is influenced by several factors. One of those factors, maybe the most crucial, is the teacher who is responsible for their implementation.

Indeed, literature related to this body of knowledge indicates the importance of teachers' role and decisions, in order to implement health education programs. For example, some teachers implementing health education programs may ask themselves about their role, the following questions. Should they contribute to the persecution of smokers, or to stigmatizing fat people? Should they contribute to the "ideal body" movement, as our individualistic societies tend to promote? or should they abandon all conversation about sexuality, violence and drugs? and about their own individual roles (how can and must I contribute to pupils' education in these areas, which, although they are fundamental, lie between the public and private spheres? What should I say to a pupil who has used cannabis and who seems not to be doing well? How should I act with regard to alienation that is caused by stereotypes about body shape, alcohol, and sexuality?) (Legarder, 2006).

These questions essentially emphasize the importance of teacher training that seems to be a major barrier to `successful' school health programs. In cases to which the training of teachers as part of a school health program was comprehensive, there appeared to be increased skills in teachers and more commitment by them to sustaining the innovation (St Leger, 1999). For example, teacher training is essential and complex when it comes to teach information and skills related to HIV/AIDS to students. There is need for policies and programs to impart requisite skills so that teachers may feel confident to teach about HIV/AIDS and issues of sexuality (James-Traore & al, 2004) A UNICEF review of projects in East and Southern African concluded that life skills programs that addressed HIV/AIDS issues are more effective when teachers explore their own attitudes and values, establish a positive personal value system, and nurture an open, positive classroom climate. Programs appear to be more effective when teachers use a positive approach emphasizing awareness of values, assertiveness, relationship skills, decision-making, real-life situations, and self-esteem. (Gachuhi, 1999). Generally, research has demonstrated that effective health education planning begins with the identification of various important psychosocial determinants that govern health behavior in individuals and populations (Ajzen, 1991).

A general lack of trained teachers in the education sector continues to pose a challenge to successful school health programming. A shortage of teachers trained in school health policies and program implementation is also a challenge for successful school health programs, and especially to successful HIV and AIDS prevention education (Kirk & Dembele, 2007) Consequently, training for teachers is often considered as a central factor that determines the quality of project implementation (Darviri, 2007; Jourdan, 2011) and the existence of inappropriately trained and non-adequately prepared teachers is a fundamental barrier as far as the implementation of effective health education programs is concerned (Darviri, 2007; Ioannou et al, 2010). The training of teachers in health education is a central component, taking also into consideration that each profession requires their members to receive specialized training (Creasy, 2015; Hart & Marshall, 1992).

More specifically, according to Loizon Denis's professional training model in health education, teachers should have knowledge regarding health education. They should also have psychosocial skills and be able to adopt a reflective thinking regarding their practice. The central point of the above model is that a teacher should be able to plan, implement, and evaluate a health education program, working as a team (Loizon, 2009). Reviewing the results of the related literature, two parameters regarding teachers seem to be emphasized. First is the specialized training of teachers involved with health education programs. Second, is their training related to the design, implementation, and evaluation of those programs? Theoretical health education knowledge should be linked to effective ways of health education programs' implementation.

2. Purpose of research

The aim of the present study is the exploration of the training procedure of teachers implementing health education programs in Greek schools, as well as the exploration of their opinions regarding the adequacy and appropriateness of their training in order to implement effectively health education programs. Our research question refers to the fact that teachers may not be adequately trained and may not feel well prepared for the implementation of health education programs. Subsequently, more details about our study will be presented. According to our research question, teachers are not properly trained and they don't feel well prepared in order to implement those programs. Subsequently, more details about our study will be presented.

3. Methodology

3.1 Sample participants

Purposeful sampling was used in the present study (Cresswell, et al., 2003). For the purpose of this study, participants included thirty-three teachers of Lyceum who had delivered health education programs and were from the region of West Greece and more specifically from the Departments of Achaia, Ilia and Aitoloakarnania.

The majority of the sample consisted of women, aged forty to fifty-five years old, and married with children who had lived in rural towns during their childhood or adolescence. Approximately six of our participants implemented health education programs for a time period longer than ten years, seven of them for six to ten years and eighteen one to five years respectively.

All participants were free to take part or not in the interviews. All participants were required to sign a consent form prior to participation in data collection. All data was kept confidential. The results and conclusions of the present study may not be generalized but they may contribute to a better understanding of the above situation at that particular time.

3.2 Data collection

Data for this study was collected through half to one hour, semi- structured interviews with each informant. Personal interviews were a method used to try to gain an understanding of the participants' point of view, perspective, and meaning (Patton, 2002). Participants gave informed consent and permission to register the interviews. A pilot study was conducted in two participants in order to identify potential practical problems in following the research procedure, record the time taken to complete the questionnaire and decide whether it is reasonable.

Discussion axes were designed on the basis of our research question. First axis refers to basic health education and health promotion concepts, second axis to teacher's preparation for the implementation of health education programs and the third axis refers to assessment of the implementation of health education programs respectively. An interview guide was designed on the basis of the above axes to ensure that the same information was requested from each interviewee. This provided an outline for more systematic and comprehensive data gathering and facilitated data analysis, as axes associated data with research question.

Our interview guide was divided in two main parts. The first part of our interview included questions about teachers' profile that is demographic data, educational status, professional experience, health education seminars that our participants had attended as well as health education programs that had been implemented by our participants. Questions were made in the second part of the interview guide.

3.3 Data analysis

Verbatim transcripts of audiotapes were the primary data used in the content analysis as described by Stamelos and Dakopoulou (2006). Firstly, the important messages, features or findings were highlighted. Then, labeling and coding all of the data have been made in order that similarities and differences can be recognized. Finally, participants' answers were categorized into discussion axes.

4. Results

Our study samples consisted of thirty-one interviewees. Twelve male and nigh teen female participants were interviewed. As far as the specialty of our teachers who had implemented health education programs is concerned, it was found that the sample consisted from a Sociologist, a Chemist, a French teacher, an Agriculturist, a Mathematician, a Physicist, two Household Education teachers, three Biologists, four Theologians, five Physical Education teachers (all male participants), six Literature teachers (five females, one male), one Physiotherapist, one Computer Scientist, one Mechanical engineering teacher, one Electr$_{O}$nics teacher, one Technology and one Food technologist.

As far as participants' characteristics regarding their participation in health education seminars is concerned: Four of the sample participants refer that they have never attended any seminar related to health education. Five of them don't remember the kind of seminars they have attended. Seven of the sample participants refer that they have attended seminars related to health education less than fifty hours. For example, one of them had attended a seminar consisted of twenty hours of first aid training. Five teachers refer that they have attended seminars consisted of fifty to a hundred hours of total training, while four of those have attended the same experiential seminar related to psychosocial skills (decision making, emotions, identity and self-esteem, understanding environment's influence, self-confidence and determination).

Eight of our sample participants refer that they have attended seminars consisted of a hundred to two hundred hours of total training, while one informant had attended seminars related to health education of more than two hundred hours of training (eighty hours of training about group dynamics and relationships). Finally, one participant of the study sample who claimed to be a trainer in health education programs refers that he has participated in seminars related to health education of more than one thousand hours (more specifically, he had attended a seminar consisted of seven hundred hours of training related to Relation Dynamic Pedagogy, entitled "Training teachers in new teaching methods"). He was also the only one who had participated in seminars concerning health education programs planning and methodology.

In the second part of our interview, the findings focus on the analysis of the qualitative data. According to their answers, participants were divided to the following categories.

A. Teachers who believe that their inadequate training play a crucial role in avoiding being involved in health education programs.
"If there was a proper training, more colleagues would be involved with health education programs"

B. Teachers who focus on the importance of a central official health education program planning. The existence of piecemeal and optional training programs implies the absence of central official planning in training procedure and the consequent lack of a common base of knowledge for the trainees. The above situation is confirmed by participants' answers about *"superficial seminars" "not exactly formal seminars" or "fake seminars"*

C. Teachers who referred that they have never attended specialized seminars on the implementation of health education programs. Some of them have attended seminars on environmental education, child and adolescent psychology, learning difficulties etc. They are based on experience either their own or the experience of others.

"They conduct a program and slowly learn by asking someone more experienced on health education programs, also having full support from the responsible officer at any time …. Moreover, it is not something difficult….. if you are open minded in such innovative actions ….".

D. Teachers who have inadequate training / lack of knowledge. In this category teachers consider themselves inadequate trained in the specialized body of knowledge related to health education topics.
"Perhaps they feel what I feel, too, that we do not have sufficient knowledge."

"As far as a health education program is concerned, I believe that most teachers *believe that they can't cope with it, they don't know. We are talking about nutrition, sexual education; few would consider themselves as capable to implement those programs..... They think that they should have more specialized knowledge" "There are some colleagues who are unfamiliar with these programs, that's way they weren't involved……..if you make me implement a program related to cancer, I won't do it".*

E. Those who are unfamiliar with new didactic methods and they remain attached to traditional teaching methods. Traditional teaching method is well established and it is very difficult to be replaced by new innovative teaching methods.

"…… they have remained attached to traditional school teaching methods ……, after being trained in health education programs they become more effective ….." "Maybe they feel insecure to approach the children and work with them as a team. Of course, I would expect them to express their interest in learning methods in order to organize a health education program and work with a group of children as a team."

F. Teachers who associate inadequate knowledge in health education with "informal learning", which is considered a central feature of teaching profession. More specifically, one participant refers to the ability of teachers to learn on their own while others express their doubts concerning informal learning and possible adequacy of the received information. As a result, a number of teachers seek to receive certified specialized knowledge.

"Ok, I am studying material from medical sites, but I don't know whether this piece of information is sufficient to be effective in such a program." "Well, its ok reading a couple of books to see what happens. We have the experience of a middle aged adult. How will you convince a 17- year- old teenage boy, who has other experiences and way of thinking? ". "In the particular program, members shared very personal information. In addition, you are afraid, that's why I said we feel insecure, rather incompetent. Firstly, I had no experience; secondly, I had no knowledge of how to handle this situation….. I was afraid of making terrible mistakes and disorientate the parents instead of helping them."

G. Finally, there were a few teachers who were also trainers and referred to teachers' preparation. More specifically, an teacher with the above characteristics had attended more than a thousand hours of seminar training (according to the information he gave) and emphasized to the fact that, although material related to health education existed, teachers were inadequate trained to use it.

"Of course, there is information material (for some health education topics) but the process of training teachers to use this kind of material is absent. This parameter is considered to be very important. That means one may give this kind of material to anyone but if he doesn't have the proper way of thinking about health education (...) I believe that if someone just has this kind of material without being properly trained, he will be inadequate and ineffective. This is a must in order to spark a light.

Another teacher, who was also a trainer, claimed that teachers' insecurity comes from lack of training. More specifically, this participant mentioned:

"When I worked as a trainer, I realized teachers' great needs in that area. Teachers were insecure. For these reasons, they couldn't perform adequately in the classroom".

5. Discussion

The majority of teachers implementing health education programs constitute of women from all specialties. More specifically, the majority of our study sample and the majority of female group of the present study consisted of literature teachers. Five of the six literature teachers who participated in the present study were women. On the other hand, the second in descending order larger group of our sample consisted of five PA teachers, all of them were male participants. A great number of our participants were Theologians (four teachers) και Biologists (three teachers) and they have been responsible to implement health education programs.

As far teachers' training is concerned, even though, teacher's training programs should be performed according to the Greek Ministry of Education; and although, experiential learning, program planning and evaluation, health education programs inter disciplinarity constitute basic topics of a training seminar for teachers according the Operational Program for Education and Initial Vocational Training (O.P. "Education"), the fragmentation and the facultativity of the existed training programs make teachers feel insecure and inadequate. The aforementioned statement seems to be confirmed by the results of our study concerning the kind of seminars that our participants had attended. It becomes obvious that teachers are involved in implementing health education programs, without having the obligation to attend a particular number of seminars, related with health education programs design, methodology, implementation or health education topics, in particular. Our results seem to make clear the absence of a common and organized base of knowledge for teachers involved with health education programs. As a result, teachers don't have the opportunity not only to be trained in designing the particular programs but also to be familiar with effective strategies (Green - Tones, 2010), in order to be capable to determine the goals and most effective means to achieve these goals.

Additionally, teachers' training in health education topics, such as interpersonal relationships, cancer, HIV, drugs, diabetes etc seems to be absent. As a result, teachers feel insecure and seek to be certified for their knowledge. From the present study, it becomes obvious that our participants realize that teachers who have received training in the implementation of health education programs are more likely than those who have received no such training to be involved in projects, and have a broader perception of multidisciplinary and interdisciplinary approach of health education. Participants seem to realize the above situation as a result of their life experiences, without being familiar with the specific body of knowledge and research. Feelings of competence and motivation to contribute to health education seem to be directly linked to training, although there seem to be a number of teachers who are responsible for the implementation of health education programs, even though they have never attended any related seminar.

Moreover, according to our participants' answers, some teachers have remained attached to traditional school teaching methods and feel insecure to approach children and work with them as a team. Teachers may have difficulties in awakening interest, evaluating skills and identifying needs in order to promote changes in attitude and motivation and achieving long-term improvement: all of this requires in-depth initial and continuing training (Reboul, 2001). Additionally, the issue of partnerships and being familiar with new didactic methods, which is central to health education, is brought to the fore in the present study: working as a team and together with parents and partners (in particular, other medical and social work professionals, public services etc). A number of our study participants refer that they have conducted a program based on the experience of other colleagues, although they haven't mentioned the existence of actual collaboration with other health professionals and they haven't also attended any seminar related to health education. Under these circumstances, there are doubts about the effectiveness of the particular teachers, taking into account the findings of the related literature. For example, Conley et al. (2004) emphasize the importance of collaborative work among teachers and work groups (health education specialists) to enhance teaching and learning effectiveness.

Although, a number of teachers of the present study sample consider themselves inadequate trained in this particular body of knowledge related to health education topics and unfamiliar with new didactic methods, which may be effectively used by health teachers, only one of them identifies lack of competence in the planning process of those programs. Consequently, according to our findings, the importance of the above competencies concerning program planning process has not been identified by the majority of participants of the present study. The above results are indicative of our participants' unfamiliarity with Loizon Denis's professional training model in health education. This model was briefly described above. It is also noted that the participants of the present study seem to be unfamiliar with main results of the related literature regarding the influence of training in the implementation of health education programs. Consequently, their answers come from their experiences after so many years of involvement with the implementation of those programs.

Finally, according to the European Union, teachers need to be capable of informal learning in the context of their continuous professional training process throughout their career life. Although, one participant refers to the ability of teachers to learn on their own, some of them expresses doubts concerning informal learning and possible adequacy of the received information and seeks to receive recognized certification in order to *"be effective"* in implementing health education programs (Doukas et al, 2012). Reading and getting medical information from medical sites may not be helpful enough, as shown by participants' answers in the present study. They don't know how to use this piece of information. Low health literacy skills may be a barrier in access to health information (Nutbeam, 2008). People with low health literacy were found to have less knowledge about health, and to have difficulties reading and understanding medical information (Van Der Heide et al, 2013). The importance of the existence and the absence of teachers' training process is confirmed by a number of participants of the present sample, especially those who had become trainers in health education training seminars. Those clearly mention that their colleagues may not be effective, *"they can't perform adequately in the classroom"* because of their lack of training.

6. Conclusions

Taking into consideration that health and education are inextricably linked (Jourdan et al, 2010) and that learning is about building a whole set of competences (3rd European Conference on Health Promoting Schools, 2009), the implementation of health education programs is an issue that calls upon the professional competencies of teachers to enable students to gain life skills and abilities. This study investigated whether teachers are trained in the implementation of health education programs in Greek schools, as well as the degree of their self-evaluation regarding the appropriateness of their training as far as health education program effective implementation is concerned.

We concluded that the majority of teachers weren't well prepared to develop and implement effective health-promotion programs in their schools. Similar findings were supported by Miglioretti et al. (2013). Our study participants also consider themselves inadequately prepared in order to perform the difficult task and implement health education programs. Although, formal education, provided in a school setting, is an important factor that influence one's personality development and his / her attitude and health behavior, school's failure in order to achieve the specific goals because of teachers' lack of training becomes evident. The involvement of various specialties without the existence of *a Guide for Health Education Teacher Preparation Programs in Institutions of Higher Education, to help future health education teachers understand how they can improve health instruction and curriculum selection using the Health Education Curriculum Analysis Tool* may prove to become ineffective, as mentioned from National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention - Division of Adolescent and School Health, (CDC) (http://www.cdc.gov/healthyyouth/hecat/hecat_ihe.htm).

This study shows that there is an obvious absence of official central planning regarding teachers' training. As a result, teachers were found to feel unprepared and not willing to be involved in the implementation of those programs. Additionally, the majority of the sample of the present study seems to be unfamiliar with the fact that, besides acquiring knowledge regarding health education topics, teachers should also have psychosocial skills and be able to plan, implement, and evaluate a health education program.

The field of health education, particularly in Greece, is a new, dynamic field of knowledge that should be better explored in future research. In particular, we think that future studies should focus on the organization of formal preparation of teachers involved in the implementation of health education programs and the usefulness of the integration of health education in the curriculum of Institutions' Teacher Preparation Programs.

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