Perceptions of Students' Parents in a School Health Approach in Quebec: Two Case Studies

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Abstract
In Quebec, the Healthy School and Global Health approaches, situated at the crossroads of education and health, draw attention for their global and integrated promotion of young people's health. Within the context of these emerging approaches, this questionnaire-based study aims to describe how parents (N=573) perceive the role of the school in terms of health and the ways they engage with their child in this regard. The collected data have been analyzed based on a socio-ecological framework; findings reveal that the parents have a positive view of school health, but do not necessarily associate it with the approach recommended in the environment as a whole. Generally speaking, they link health to lifestyle habits, particularly physical activity and nutrition, whereas they demonstrate their engagement in various ways based on their socioeconomic status. This discussion examines the communication strategies employed to familiarize parents with said approaches in school-family relations, and highlights the importance of developing their critical thinking so that parent-child interactions will prove relevant and constructive in the promotion of health. Concerted action and a shared vision regarding health education among stakeholders in the school and family environments are suggested to optimize the impacts on young people's day-to-day life.

1. Introduction
With the adoption of the Ottawa Charter for Health Promotion in 1986, the World Health Organization [1] recognized that the competencies enabling choices conducive to health must be acquired at the start of schooling. These guidelines have led organizations in various countries to develop diverse health-related school initiatives [2]. Health objectives are generally implemented in schools under the term health education while maintaining, in certain cases, their link to public health [3].

1.1. Health education initiatives in the school
Health education initiatives fall within the context of young people's school achievement, since research findings conclude that healthy students learn better [4]. Despite evidence linking education and health, and the unprecedented growth of health education initiatives in schools, many works reveal that these initiatives encounter a host of obstacles, notably a lack of coherent action for promoting health on the part of the various groups of stakeholders [5]. The literature particularly highlights the consolidation of partnerships among stakeholders within and outside the school [6].

1.2. Emerging approaches in Quebec
Official documents in Quebec argue that the school is not solely responsible for health, because the family and members of the community share this responsibility as well [7]. At present, two major structural approaches are emerging in Quebec schools: *Healthy School* and *Global Health*. The main difference is that the *Global Health* approach is more geared to educational initiatives that are usually implemented by school authorities and that involve, consequently, very few health field workers. The two approaches share several points in common, however, since both are rooted in school programs [7]. Furthermore, they rely on health promotion principles for schools [4] and a similar identity base, that is, they encourage overall, concerted action with environments of influence - in this instance, the family - to promote the adoption of healthy lifestyles.

1.3. Parents and health

School-family relations have been examined from various angles including school achievement, school aspirations and dropout prevention, among others [8]. Only a few rare studies focus on school-family relations and the promotion of health. What's more, some researchers [9] believe that the school staff must enlist the aid of parents to obtain positive health-related outcomes and behaviours in students, while others maintain that the contribution of parents from low income environments presents additional challenges [10].

2. Theoretical framework

This study aims to describe: 1) how parents view the school's role in terms of health and 2) how they engage with their child in this area. Accordingly, it is based on the perceptions and interactions underlying the school-family relation as regards health and well-being. The theoretical model employed allowed us to analyze the school-family interrelation developed and is thus rooted in a socio-ecological framework. To be more specific, the socio-ecological model [11] recognizes the interwoven relationship between the individual and their environment. Healthy behaviours can be achieved through a combination of all efforts at all levels. For the purposes of this study, the socio-ecological model consists of three variables: the *individual* (students), the *interpersonal* (family) and the *organizational* (school).

3. Methodology

The research methodology privileges case study principles [12]. The first case focuses on 3 primary schools (*Healthy School* approach), and the second on 2 primary schools *(Global Health* approach). The key characteristics of the 5 schools are presented in Table 1. The total sample consists of 573 families and includes the parents (F=486, H=87) of children from grades 1 to 6 (i.e., ranging from 6 to 12 years of age). The study was approved by the ethics committee of both universities.

Table 1

Key characteristics of the 5 schools (2007 to 2009)

Schools	ISE	Size of school (number of students)	Participating families
Case #1: *Healthy School*			
School 1	3/10	335	74
School 2	8/10	217	106
School 3	4/10	423	162
Total:			*N=342*
Case #2: *Global Health*			
School 4	3/10	173	67
School 5	3/10	316	164
Total:			*N=231*
Grand Total:			***N=573***

The data were gathered from a questionnaire, more specifically, from 11 questions in three sections titled 1) The School and health, 2) You and the school and 3) Your child and health, echoing the three variables of the theoretical framework [11]. Qualitative data from the open-ended questions were analyzed using L'Écuyer's mixed content analysis [13]. Closed-ended answers, on the other hand, were analyzed with the aid of SPSS software to perform a simple descriptive statistical analysis of elements such as frequencies and percentages.

4. Findings

The study's findings allowed us to establish an interrelation between the three variables of the socio-ecological model: the *individual* (students), the *interpersonal* (family) and the *organizational* (school). For this purpose, they are presented within each of the three sections: 1) The school and health, 2) You and the school, and 3) Your child and health.

4.1 The school and health

The findings briefly presented in this first section link the variables *organizational* (school) and *interpersonal* (family), using the school as the main point of analysis [11].

4.1.1 Health in the school setting

Almost all parents questioned, regardless of approach, state that health education is *very important* and *important* (97% to 100%). About 92% believe that the top priorities of their child's school are proper nutrition and the practice of sports and physical activities. Only those in case study #2 specifically identify the *Global Health* approach to describe the presence of health in the school setting. To the question of whether they are familiar with the approach privileged by the school, about 38% say they learned about the *Healthy School* thanks to information from the school itself; some 85% know about *Global Health* and likewise say they received their information from the school via their child, the school administration or the school staff.

4.1.2 Health: school-family relation

About two-thirds of the parents questioned state they are contacted by the school on health issues. The means of communication are many and varied within the 5 schools and include school-organized activities (21%), memos sent to the home (20%), the school newspaper or website (16%) and the child's homework (16%).

4.2 You and the school

Similarly, the findings under this section aim to establish the link between the variables *interpersonal* (family) and *organizational* (school). Contrary to the preceding section, the main point of analysis is no longer the school, but the parents [11].

4.2.1 The role of the parents

Convincingly, a large majority of parents (about 65%) view themselves as key actors in school health. When the *Healthy School* parents are asked if they wish to become more involved in the school, about a third reply in the affirmative, while for those in the disadvantaged school (case study #1) the percentage is somewhat higher (44%).

4.2.2 Parental involvement

Parental participation in various school activities is, on the whole, quite high since over 90% of parents take part in parent-teacher meetings and 85% accept classroom invitations. Participation in family activities is around 64%, including 50% for school outings, although this is somewhat lower for parents in the disadvantaged school (40%). Only the parents of one *Global Health* school take part in parent committees (6%). Parents in both case studies say they wish to become further involved in school activities, although this is more so for parents in the *Healthy School* approach than for those in *Global Health* (46% vs. 36%).

4.3 Your child and health

The findings in this section echo the links between the variables *individual* (students) and *interpersonal* (family) based on parents' perception of their children's state of health [11].

4.3.1 Children's health

The parents' comments on good health reveal certain shared concerns, to wit: improve children's concentration, learning - even their grades - and also influence the child's mood and attitudes. This begs the question: what makes for a healthy child? The parents of the 5 schools mention lifestyle habits such as good nutrition and physical activity in particular, followed by sleep and such factors as happiness, energy and absence of illness. Parents were asked to rate their child's lifestyle habits on a 5-point Likert scale, where 1 = *very poor* and 5 = *very good*. Although most parents' responses are either *very good* or

good, those from the disadvantaged environment (case study #1) most often answer *very good* to questions on nutrition, the practice of physical activities and sleep. Do you encourage your child to adopt healthy lifestyle habits? Over 94% of all parents questioned said yes.

5. Discussion

The discussion is aligned with the findings to respect the coherence of our comments in function of the theoretical model used.

5.1 The School and health

Using the variables of the theoretical model [11], we discussed school (organizational) and family (interpersonal) interactions on school health according to the perceptions and communications of these two environments. The parents clearly have a very positive view of the school's role in health, and this holds true for both approaches. The various types of school-family communications, on the other hand, vary among the 5 schools in the sample, although parents specifically identify *Global Health* as a contributing factor in school health. As a result, we assume that the dissemination strategies [14] used to familiarize parents with the *Global Health* approach have been effective. There can be no doubt that parents informed of the aims and orientations of school health will be better equipped to ensure continuity in the home [6].

5.2 You and the school

These sections examine *interpersonal* (family) and *organizational* (school) interactions [11] based on the parents' role and level of involvement. On one hand, most parents feel they play a determining role in their child's health and wish to become further involved in the school; this is particularly the case for those in the disadvantaged environment (case #1). On the other hand, parents demonstrate their involvement in various ways, such as parent-teacher meetings or classroom invitations, with parents from the disadvantaged environment participating less. These different findings relative to socioeconomic status echo research indicating that low income families require greater accompaniment in order to provide improved school support [10]. Finally, only one school highlights parental involvement in committees, whereas the literature on the subject stresses various forms of parental participation, notably school decision-making [15].

5.3 Your child and health

These sections offer a brief discussion of *individual* (students) and *interpersonal* (family) interactions [11]. Although all parents recognize the benefits of good health, they usually associate it with a few lifestyle habits. Could this mean they do not understand the various aspects of health in the broad sense of the term? What's more, it's obvious that parents, particularly those in the disadvantaged environment (case #1), overestimate the level of their child's physical activity. Recent research [16] indicates that a total of 80% of parents of inactive children wrongly thought their child was sufficiently active, this in a context where school-age children do not meet the recommended standards [17]. It appears that the structural approaches for developing parents' critical thinking are necessary to render all parent-child interactions constructive and relevant in the promotion of health.

6. Conclusion

Emerging approaches in Quebec call for a renewed collaboration between all the stakeholders involved in their deployment, including the school and the families. The key challenges facing school-family relations in health education concern the quest for a shared vision and concerted action among stakeholders to optimize the impacts on students' day-to-day life. Family characteristics must be handled sensitively to avoid all forms of prejudice and stigma towards disadvantaged parents.

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