Policy Brief

Learning for a healthy life?


Project responsible:


Aarhus University, Department of Education
Tuborgvej 164, DK-2400 Copenhagen NV, Denmark
E-mail: karidahl@edu.au.dk

Executive summary

The aim of this project was empirically to uncover discursive changes/effects of the international policy discourse Education-for-All (EFA) at the level of Kenyan Teacher Training Colleges (TTC) and to explore the dynamics of health education (HE) at TTC and effects hereof on teacher students’ HE competencies; theoretically to generate HE theory about teachers’ training and implementation of EFA at TTC, which can be used in the national planning of TTC curriculum, and normatively to contribute to develop conducive HE structures, “technologies” and practices i.e. HE regulations, materials and learning environments at TTC, which will improve the quality of teachers’ HE competencies into more action-oriented and participatory. Fieldwork, which included a broad range of ethnographic inspired methods and participatory action research studies, took place from September 2009 to January 2011 in Central and Eastern Kenya, and was locally affiliated as a Post.Doc. study at Institute of Anthropology, Gender and African Studies at University of Nairobi funded by The Consultative Research Committee on Development Research (FFU) [grant number 104.DAN.8.f.], under Danish International Development Assistance (Danida). In Denmark, the project was carried out under the auspices of Aarhus University, Department of Education. Findings suggest that HE at Kenyan TTCs is embedded in a discursive field of different HE norms, moralities and practices, which influence student-teachers’ HE competencies and professional identity/professionalisation in various ways. Students grow up at TTC in different learning environments, ranging from technological-bureaucratic and social inclusive to marketization and Laissez-faire, which influence their professional skills. However, evidence from the study suggests that student-teachers during the course of the two-year study at TTC develop critical awareness and action competencies, learning to deal with health in more active, concrete and practical ways than those conveyed in HE lessons; their senses of belonging to the teaching profession is strengthened and their professional identity positively influenced; and they develop broader conceptualisations of health, which include non-curricular aspects such as cultural and social components of health. Findings from the participatory action research study suggest, that Kenyan TTCs potentially offers a learning site for educational development, in spite of the somewhat disempowering setting of teacher train-
ing colleges. In addition, a longitudinal study covering narrative learning of four Kenyan teachers’ lives and life stories suggests that narrative learning is an important learning site and a resource for professional development vis-à-vis pre-service teacher education.

**Introduction and background**

Health education for primary school teachers is an important topic in low-income countries. Policy-makers see the formal education system and HE in schools as one of the key vehicles for improving health. School based teacher development in sub-Saharan Africa has been widely advocated as a strategy to improve the quality of classroom learning. Teachers are one of few health professionals in rural Africa and therefore play a crucial role in communicating health messages. In sub-Saharan Africa, including Kenya, the process of enhancing teaching and learning as educational quality through pedagogical processes is often in the hands of the teacher. In Kenya, it is mandatory to complete Teacher Training College (TTC) before being employed as a primary school teacher. This project therefore explores the connection between teacher education, health education and teachers’/student-teachers’ professionalisation in the context of TTC. Specifically, the project explores the following: What do we know about student-teachers and their HE practices? How would they like to teach HE? What do they think of their potentials to change HE practices in school settings? What does the field of formal and informal HE look like in Kenyan TTCs? How do students learn about health in this setting? How do educational organizational cultures work to support or inhibit professional competencies and professionalisation of student-teachers? Which health competencies and kind of professionalisation are negotiated and produced?

These are challenging questions in African school settings that often suffer from stifled and stilted teacher approaches which are authoritarian, teacher dominated and science oriented, and from donor-driven demands for fulfilling certain imposed conditions for instance the Education-For-All policy (EFA). The aim of Kenyan primary teacher education is to enable student-teachers to improve pupils’ ‘critical and imaginative thinking in problem solving and self/expression’ (Ministry of Education, Science and Technology, 2004); that is, enhance pupils’ competencies and democratic classroom processes in a context of a complex of everyday life problems. These questions should be answered by those who have the most in-depth knowledge and appropriate experience and who, at the same time, are in the process of developing their professional expertise, in this case student-teachers.

The study used a moderate eclectic approach with different theoretical perspectives to match the complexities of the social processes. This will make it possible to explore how individual values and virtues operate in an institutional context. The study draws on discourse theory, medical anthropology, theory about professionalism, critical educational theory and Bourdieu to explore how different values and virtues embedded in the different HE discourses produce HE learning and professionalism. Methodologically the study is situated in ethnographic fieldwork combined with action research methods, inspired by qualitative studies. A quantitative study covering 931 student-teachers’ conceptual knowledge was also employed.
Results

Project and publication activities include five international peer-reviewed articles about health learning, health education structures and processes, HE professionalism and competence development in Kenyan teacher education, written, disseminated, accepted and published in international, peer-reviewed journals (see the reference list; three of these are published, one is accepted and forthcoming June 2015, one is disseminated); one international book about teacher training and student-teachers’ competencies is forthcoming at Roskilde University Press (2015); one article is published in a Danish peer-reviewed journal; one chapter in a Danish, peer-reviewed anthology about pedagogy and didactics; two press-clippings about results from the project in popular form has been published in popular, scientific journals.

Communication and capacity building activities include feed-back at local and national level, meetings with partners and relevant governmental institutions, supervision of MA students and national conferences with university, governmental and NGO organizations/institutions. Results from the study has been communicated and disseminated at one international conference in Nairobi, Kenya, about health education and teacher training in Kenya, one research seminar at Kenyatta University, and at two international educational conferences under the auspices of European Conference on Educational Research (ECER) in Berlin, Germany (2011) and Cadiz, Spain (2012). A number of meetings with Kenya Institute of Education, Kenyatta University and Ministry of Education in Kenya (MOEST) has been carried through with the purpose of involving partners and communicate results from the study.

Summary of results (peer-reviewed, international articles and book)


This article explores four Kenyan primary school teachers’ life-stories and narrative learning through living and story telling their lives in a long-term perspective from 2000 to 2011, and the effects of this for their relation to the teaching profession. The paper argues that Kenyan primary school teachers’ life-stories are multi-faceted though contextually constrained. Evidence showed that narrative learning occurs as altered professionalism ‘in’ and ‘through’ the stories that teachers tell about their lives, and depends on ruptures in lived life followed by periods of transitions in life-stories. Narrative learning thus is an important learning site and a resource for professional development vis-à-vis pre-service teacher education.


The book explores multiple contexts of Kenyan teacher education and their effects on professionalisation, competence and cultural/socio-psychological becoming of student-teachers through examining spaces of possibility in the different institutional contexts. It raises a debate about relevance and
efficiency about teacher education in the South and discusses the influence of public intentionalities and privatization of teacher education. A central conclusion of the book is that student-teachers are offered different possibilities for becoming and growing up in Kenyan teacher education, ranging from bureaucratic and social inclusiveness to marketization, which influences them in tangible ways.


This study explores informal health education (HE) with a moralistic content in three Kenyan Teacher Training Colleges (TTCs) and what it means for the development of a professional identity in HE student-teachers on a continent affected by far the largest number of health problems. Informal HE with a moralistic content is a kind of non-curricular HE which exists parallel to formal HE lessons, but which influences student-teachers’ professional identity formation in complex ways by provoking resistance, but also strengthening the community of student-teachers. The study used ethnographic methods and drew on a body of interrelated works in the field of sociocultural and critical, educational theory and theory about professionalism to understand informal HE learning and processes of acquisition of professional identity. The findings document that in spite of institutional discipline and student-teachers’ resistance to informal moralistic HE, informal HE also initiates peer-learning and identity work as student-teachers negotiate what they consider an appropriate teacher identity in the complex structures of TTC. The study concludes that these processes strengthen student-teachers’ sense of belonging to the teaching profession and thereby positively influence their professional identity.


This study focuses on Kenyan student-teachers’ professional learning and development in health education in a participatory action research project conducted in one Kenyan teacher training college. The aim was to explore the potential of participatory action research to instigate change in student-teachers’ health education practices in a pedagogical context often described as authoritarian, teacher dominated and science oriented. Twenty-nine Kenyan second-year student-teachers envisioned and experimented with health education practices in primary schools as part of a participatory action research project, drawing on emancipatory values. Experiences from the participatory action research are discussed, drawing on critical theory to understand emerging themes such as reflexivity, development of multiplicity in health education and empowerment. The paper concludes that participatory action research in Kenyan teacher education potentially offers a site for educational development, in spite of the somewhat disempowering setting of teacher training colleges.

This paper suggests the term ‘paradoxical’ to understand how health education (HE) is carried out and experienced as contradictory and inconsistent by student-teachers who learn about health in Kenyan teacher training colleges (TTC). The claim is that students, apart from formal HE lessons, also learn about health in non-curricular HE, which influences their actions in tangible ways. Bourdieu, medical anthropology and critical educational theory were used to understand processes of cultural negotiation, the production of HE discourses and how learning appears to be a mix of mo-ralities and action competence. This long-term fieldwork used ethnographic methods, including participant observation, interviews and focus-group discussions conducted in three TTCs in Central and Eastern Kenya. The study concludes that regardless of institutional HE norms, student-teachers develop critical awareness and action competencies, learning to deal with health in more active, concrete and practical ways than those conveyed in HE lessons.


This article examines the perceptions of the concept of health of Kenyan student teachers studying Home Science and Health Education in five teacher training colleges (TTC) in Central and Eastern Province of Kenya, and the changes in these perceptions during teacher training. Theoretically the study draws on everyday life learning and situated learning. The study uses mixed methods including focused group discussions and health composition writing. A catalogue with 18 components of health was defined on the basis of data from 8 focused group discussions with student teachers. First year (n = 576) and second year (n = 355) students then wrote health compositions which were analysed according to the categories in the health concept catalogue. The study documents how students at entry point of TTC hold faceted concepts of health drawing on biomedical, bodily, cultural, social and material components. However, by the end of teacher training, biomedical com-ponents play a smaller role and cultural and social components a larger role in students’ conceptual-ization of health, despite contextual circumstances such as for instance Science teaching.


This article explores the theoretical concept of Action Competence in relation to the pedagogical work in other ‘cultural’ contexts than the Western educational context, in which the concept has been developed. Action competence is a normative inspired educational concept which is often used
in developing contexts at a policy/planning level. The article explores its cogency regarding practical, pedagogical work.


This article identifies and discusses two essential paradigms or ‘natural’ narratives about education in developing countries, which can be localised in the international literature and developmental discourses. One narrative concerns a simplified and often negative view on education in developing countries focusing on poverty and suppression, and another narrative concerns an excessive optimism and faith in the potential of the educational project for the marginalised majority. These narratives have a significant impact on how education is understood and evaluated at an international level, and contribute to set the agenda for educational political initiatives at an international and national level. The article suggests that educational debates about education in the South should take a more nuanced view, starting in an analysis of the complex realities of schools.

Conclusions

Overall, findings from the study indicate that student-teachers’ health education professionalism and health knowledge is positively influenced during students’ two years of study at TTC. The positive outcomes include, among other, enhanced critical awareness, motivation to include children in the centre of the learning processes, inclusive and broadened conceptualisations of health that include political, social and cultural dimensions of health. Findings from the participatory action research projects, where student-teachers during a longer period envisioned and implemented alternative pedagogical strategies in health education lessons, indicate that student-teachers are willing and motivated to change health education into being more inclusive, less disciplinary and taking a starting point in a broader and more positive conceptualisation of health. The complexity of everyday life problems and bureaucratic and other organisational structures and processes, however, limits the feasibility of transforming educational visions into adequate, health educational practice.

HE in Kenyan teacher education cannot be viewed as an effort that takes place only in classrooms. Rather, HE is embedded within the institutional structure as a force that influences the way in which student-teachers become professionals. HE must be understood as a form of constant, divergent and fluid agency within a complex organisation, which constructs other kinds of HE teachers and practices than suggested in the formal HE curricula. ‘Paradoxical HE’ is a condition of being a student at Kenyan TTCs. Students, via dealing with health paradoxes, appropriate health and become action competent in other ways than the political and administrative procedures suggest. Rather than curricular factors, it is contextual factors, such as bureaucratic structures, peer socialization, increased access to religious communities, and individual aspirations for autonomy away from family and homes that lead students to think differently about health and professionalism. In this way, other aspects of student-teachers’ professional identity than those suggested by formal procedures, for instance, experiencing sharing, caring, feeling a sense connected to and being a role mod-
el for others, and feeling commitment to the teaching profession. In this way it is a resource for the liberating visions of the Kenyan national educational project.

**Implications**

- Paradoxical HE has a rationale in the planning of future teacher training. Though it may be unintended, the non-curricular HE in Kenyan TTCs, together with the curricular HE, comprises a possibility for individuals to become empowered, as they become critically aware and action competent primary school teachers, who seek to master future health challenges in the Kenyan society.
- Informal, moralistic HE offers a potential for renewing stifling and stilted HE school practices in primary schools, where authoritarian and hierarchical pupil-teacher relations often mean that professional aspects of personal commitment, caring and sharing might be less visible.
- Student-teachers hold an unused pool of alternative HE knowledge, which is rarely transformed into educational practice. In a conducive forum – that is, a non-disciplinary and non-evaluating atmosphere – many student-teachers would like to and are able to reflect on and modify their HE practices and produce less hierarchical and teacher-dominated learning experiences for Kenyan primary school pupils.
- Kenyan teacher education is a positive resource in the Kenyan health promoting project, since it makes students think more holistically and comprehensively about health. Positive and broader conceptualisations of health knowledge should be included in the curricular planning of TTC, since student-teacher hold a potential to incorporate this in their professional learning.
- Being and becoming a professional – health education – teacher is a life-long process that does not end with teacher education. Narrative learning in teachers’ life tracks and experiences from teachers’ lives are important learning sites and a resource for professional development, vis-à-vis pre-service teacher education, and should therefore be acknowledged in educational planning.

**Recommendations**

- It is necessary to recognise student-teachers’ informal learning contexts as indispensable dimensions of how they construct their professional teaching identities. Informal HE learning with a moralistic content is a significant aspect of Kenyan teacher education and therefore needs to be situated and discussed more decisively within the institutional agenda.
- Students’ communities regarding health and everyday life practices are a resource for students which help them to develop professional identities that entail aspects of commitment and sense of belonging to the teaching profession. These communities must be actively included in the HE activities at TTC for students to benefit from the informal everyday HE learning and learning for professional identity that takes place in these communities.
- Student-teacher hold an unused potential for transforming health education practices into more actions-oriented and inclusive. However, they grow up with hierarchical educational institutions, and learning processes therefore need to be grounded in conducive, professional dialogues free of power discrepancies for the students to be willing to challenge existing HE practices. Their
inclusion, hence reflection and decision possibilities, must be included in daily teaching practices at TTCs, so their unused capacities for renewing and challenging HE practices can be mobilised.

- Student-teachers need to experience how often abstract visions of what they perceive as good HE teaching might materialise in concrete terms. Teaching therefore experiences need to be grounded in authentic learning settings, like daily teaching in schools, so student-teachers can see how teaching relates to local contexts and pupils.