

GLOBAL HEALTH AND SECOND-LEVEL EDUCATION IN IRELAND: AN ACTIVE LEARNING APPROACH

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Introduction

In Ireland, there is a need to actively engage second level students on global health and development issues. Currently there is significant work being done in this area, including non-governmental organisation (NGO) programmes and workshops on development issues in schools including the Civic, Social and Political Education (CSPE) programme. The Transition Year between the Junior and Senior Certificate programme in Ireland is a perfect opportunity for this type of learning, as it is here that students consider their future career and further study options. However, the Irish Forum for Global Health (IFGH) feels that further efforts are needed to enhance the quality and consistency of teaching about global health under the banners of human rights, development education and global citizenship at secondary level.

On 17 April 2012, the IFGH and Trinity College Dublin's Centre for Global Health (TCD CGH) facilitated a day of workshops on global health and development with approximately eighty-five Transition Year students (aged 15-17) at Donabate Community College. These interactive workshops aimed to broaden students' understanding of global health and development topics. Workshop objectives included encouraging students to think in a critical manner about issues related to global health and development. They also offered students the opportunity to practice key skills in this field, including presenting and debating.

The workshops' activities were facilitated by representatives from the IFGH and TCD CGH, along with postgraduate students from TCD CGH's INDIGO and MSc in Global Health programmes. Workshops focused on issues of health and human rights, gender, inclusion, HIV, and determinants of health. The activities included a living sculpture activity, body mapping exercise, completing problem trees, a bomb shelter scenario (de Bruyn and France, 2001), two-minute student presentations, and a student debate on the motion 'people in poor developing countries have no hope of having good health'.

The IFGH and TCD CGH delivered the workshops to not only stimulate the interest of young people in health issues in a development context

but also assess their effectiveness in meeting their stated academic objectives. For example, should the workshops be delivered again next year, or scaled-up for inclusion in the wider national Transition Year curriculum? At the conclusion of the workshops, students completed workshop evaluation forms. A report compiled by the IFGH based on student evaluations indicated themes around workshop strengths, weaknesses, and areas for future development (2012). This article aims to evaluate these global health workshops from both a student and facilitator perspective. It intends to identify areas of potential improvement and explore how the students may benefit from a more concerted development education approach to future workshops.

Evaluation/Discussion

The workshop day started with a ‘ticking time bomb’ exercise. Each workshop facilitator had two minutes on the clock to introduce themselves and discuss a certain topic in relation to global health like, for example, health and education in developing countries. These presentations served as examples for the students to later use in the creation of their own ‘2-Minute-Gongs’. Facilitators then divided the students into three groups to rotate to four different activities – living sculpture, body mapping, problem trees, and the bomb shelter scenario.

In the ‘living sculpture’ activity, students identified and self-selected a role such as husband, doctor, government official, or hospital representative. The facilitator stood in the centre of the room, representing a pregnant woman in a developing country in need of medical care. Students had to position themselves around the room, expressing how far away they felt the role they played was in relation to the woman. They used chairs and tables for height signifying their level of power held in relation to that of the woman. In the end, groups tended to position the doctor at a distance much further away from the woman than they initially expected, and governing bodies were visually represented as both extremely powerful and distant. As one student stated:

“It was hard to believe the distance of what should be a ‘local’ doctor [from the woman]. The first workshop I took part in I found really interesting but shocking at the same time. It was a great way to start the day as it grounded everyone in my group with the harsh reality of life in a developing country” (2012: 8).

In the body mapping activity, students were split into smaller groups of four. Each group received a description of an individual’s life and a long roll of paper on which to draw the outline of a body. Using the description, students

were asked to ‘map’ or visually indicate life events and how they impacted upon the person’s health on the body outline. In response, a student wrote:

“I found this workshop somewhat emotionally trying...Each life story we got was true, although it was difficult to imagine how someone’s life could be so hard when we live, in comparison, much more comfortably. The case study we received was of a man with both tuberculosis and AIDS. His family had all died and he had no job along with having very little food. Since one of the leaders [facilitators] had talked to this man, he had passed away. We had to take his life story and draw pictures on the body outline, depicting this man’s life story” (2012: 8).

For the Problem Tree activity, students were again split into smaller groups. They were given a case study of an individual and asked to use a tree diagram to write out the health-related problems in this person’s life. By using the tree they identified the roots of these problems and possible consequences. Some students indicated that they found this exercise difficult to complete (conceptually), while others reported that it was a useful, practical way to visually represent real life problems. One Problem Tree case study involved a sixteen year-old girl who was pregnant and had HIV. She lived in a developing country and had been subjected to prostitution and rape. She attended school until the age of seven. Students had to connect these determinants of health to their outcomes and root causes. To this, the student responded:

“I found it hard to come up with roots to the problems and consequences as I thought it was difficult to imagine how anyone could have to go through so much and only have been alive for a short sixteen years...it was difficult for me to put myself in this girl’s shoes” (2012: 9).

For the bomb shelter scenario, groups were given a list of ten people who differed in background by race, occupation, age and capability. They were instructed to pick four from a list of ten people to save in a bomb shelter during an apocalyptic situation. They were then asked to share their choices – and reasons for these choices – regarding who they saved and did not save. This activity served as a meaningful way to introduce the topic of health and human rights. Should one person’s life ever be valued over another? While the situation was hypothetical, one person participating expressed discomfort with the exercise and an unwillingness to decide the value of people’s lives. After the groups reported back on their decisions, we urged them to consider healthcare

from a human rights perspective – to value lives equally, and to consider that no one should be denied a right to health, regardless of background. A student wrote in response that:

“This exercise was really difficult. The decision to take or save a life should never be put in anyone’s hands. It took my group a very long time to come up with our decision and even at that it was not unanimous” (2012: 9).

After the four rotating activities, the class was brought together and divided into one group for the debate and one group for 2-Minute Gong presentations. The presentations allowed small groups of students to speak to their class on any topic they would like in regards to global health and development. What interested them from the workshops? What would they like to learn more about? The time limit made the exercise fast-paced and exciting. Most notably, teachers reported that students who were often reserved in class were being encouraged to speak their minds and articulate arguments.

The motion for the debate read: ‘People in poor developing countries have no hope of having good health’. Students were given time and support to prepare, after which teams for and against the motion debated in front of their classmates, teachers, and the facilitators. The debate saw students intensely engaged – arguing passionately for their respective sides. The judging panel of teachers and facilitators selected the side in favour of the motion as the winners, not on the subject of the debate, but based on the formulation of their original arguments and satisfactory responses to the opposition. The debate certainly stimulated critical thinking, was entertaining, and provided the opportunity for developing a key skill in this field. As one student said of the activity:

“Without a doubt, myself and my team members were elated to have won, however I personally feel like I’ve won something more than a debate. The Global Health Day provided me with knowledge of what is happening every day in the world; it grounded me...helping me realise problems like starvation, death and spread of infection happen every day in developing countries. But what I’m most glad to have received from this day is a goal to add to my bucket list, a goal I hope to complete in the near future, to travel to a developing country and do what I can to help. I want to do my part so that I can, in my head, put a big ‘X’ over the motion ‘People in poor developing countries have no hope of having good health’ and think how wrong I would have been in that school debate” (2012: 10).

The workshop evaluations found that students rated the day highly in terms of educational value with 86.44 percent of the respondents stating that they had learned a lot from the workshops. 79.66 percent of respondents stated they had enjoyed the workshops and, while this percentage is still a marker of success, it does indicate that students tended to find the workshops more educational than entertaining. Again, this is positive, since the first goal was to educate rather than entertain (though enjoyment still scored highly among students). Encouragingly, 76.27 percent of respondents indicated they would like to learn more about global health and development making it important that the IFGH and Ireland's research institutions actively engage with young people and get them interested in the topics of global health and development. While a definitive statement cannot be made based on this data alone, it is possible that this event encouraged (or at the very least did not deter) some students to look towards global health and development as an area for further study.

While still scoring positively, the body mapping workshop and student gong presentations scored more average and low ratings than the other workshops and, if the IFGH and TCD CGH conduct these workshops again with other students of similar ages, they may want to revise how they are taught or change these two activities. The living sculpture and bomb shelter scenario were more highly ranked and therefore should be retained. The mostly high scores on the student debate, coupled with three poor scores, can be explained by the fact that the students were in general very excited about the debate, but disappointed with the judging results. This activity, however, was run very well and generated a lot of enthusiasm. It should be kept and possibly extended at future classroom workshops.

From the perspective of the facilitators, the feedback was very positive and inspiring in terms of highlighting the importance of supporting young people to critically analyse and engage in global health issues. This group of young people demonstrated real commitment to the issues, a firm grasp of important concepts around vulnerability, and awareness of risks faced by poorer populations as well as solutions to larger health issues.

One area for improvement noted by some facilitators was the importance of communicating the 'global' nature of global health, to ensure students see a broad view of issues affecting poor communities and not just a negative view. Having reviewed the student feedback, some facilitators believe that critical thinking by the students was most apparent in their increased understanding of determinants of health during the workshops and in their

formulation of arguments for the presentations and debate. Conversely, facilitators were concerned that students did not always thoroughly question the stereotypes often applied to developing countries around poverty and inequality. Some students reported that they would like to visit developing countries in the future in order to assist them, which is a positive expression of their desire to further engage in global health. However, the facilitators would also have liked to impart a more nuanced view of the issues to students.

Why is it that during some portions of the workshops students seemed to exhibit emotional responses with reliance on negative stereotyped views of developing countries, and at other times their responses seemed based on critical thinking skills? The health issues were problematised in certain activities, but this does not seem to have created a sense of disempowerment leading to emotionally-based responses over critical thinking; rather, the students' desires to help through action – such as personally visiting a developing country to build houses or teach – suggests that the students felt empowered to play a part in solving wider global health and development issues. However, the approach used in certain activities may still not have pushed critical thinking skills enough in terms of having the students re-evaluate their own roles in broader global health solutions.

An altered, but still active learning approach to workshop activities may support an even greater focus on critical thinking skills. For future workshops, it is imperative that there is a consistent comparison of inequalities in every jurisdiction so that Transition Year students interrogate rather than accept an overwhelmingly negative stereotypical image of the 'developing world' and further question their own roles in potential solutions. A more concerted development education approach – with its focus on cross-subject thinking and exposure to concepts of equity – may help deepen the learning of the students. In this way, a more rigorous development education approach may result in a more complex understanding of health issues in the global South and the role they (the students) can play as individuals and Irish citizens.

Given the overall positive results from these workshops, the IFGH is considering the extension of global health workshops to additional schools and the wider Transition Year curriculum. It is important to keep in mind that global health education is closely linked with development education (DE) practice. Such workshops may be of interest to DE practitioners, and they would benefit from DE practitioner input. Health is a basic human need with strong connections to many other areas of development and global citizenship. The use of active, workshop-based learning methodologies to challenge student

perceptions of developing countries and the focus on development issues is a shared area of practice. Beyond these specific workshops, DE practitioners can engage with global health issues at the secondary education level. For instance, when DE practitioners look for ways to teach young people in the areas of hunger, food security and trade, water, sanitation and hygiene, the environment and climate justice, they may integrate global health into these areas.

Conclusion

Based on evaluations, the IFGH/TCD CGH global health workshops gave Transition Year students at Donabate Community College the opportunity to further explore global health and development. The workshops generally met their objectives to provide the students with opportunities to think critically about issues of global health and development, and to demonstrate, apply, and integrate skills and knowledge that they are developing in other classes. Still, certain measures should be taken to ensure even more critical thinking in future workshops, including an approach that is more rigorously based in development education practice and incorporates consistent comparison of inequalities. Other areas for improvement to these workshops, as noted in the discussion, will also be taken into account. Overall, the evaluation report results and student responses indicate that the Donabate Community College Transition Year students both enjoyed the workshops and learned from them. Many of the respondents indicated that they would like to learn more about global health and development in the future. The students were actively learning and engaged, especially during the debate.

Given the success of these workshops, the IFGH and CGH are considering adjusting their approach to the workshops and scaling them up. However, many aspects of this process will have to be taken into account before a plan is put into action – including an assessment of resource availability and a review of similar programmes to promote partnering and avoid overlap. The value of engaging second level students with global health and development issues through active learning methods is perhaps best summarised by a student response to these workshops:

“In my opinion, going out to schools and informing them of these global problems is a great way to inspire Ireland’s youth to do what they can to help others. Like the old Irish proverb says ‘Mol an óige agus tío-faidh siad’ (praise youth, and they will prosper). The way the leaders planned the day held our interest. It wasn’t like a normal day of guest speakers and lectures but a day where we were inspired to want to get involved and learn about these worldwide issues. Any

Transition Year group to get the chance to partake in a Global Health Workshop Day will benefit immensely...Global Health Day has motivated me in such a way that I hope I'll be alive to see a change, whilst being part of the solution" (2012: 10).

References

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Donabate Community College Workshop Evaluation and Report (2012), Irish Forum for Global Health and Trinity College Dublin Centre for Global Health: Dublin, <http://globalhealth.ie/uploads/files/Donabate%20Community%20College%20Workshop%20Evaluation%20Report.pdf> (accessed 20 August 2012).

Irish Forum for Global Health (IFGH) is an independent network of people from many backgrounds who are concerned with issues that impact on the health and development of populations at a global level, but with a particular commitment to populations in low income countries. Education on global health is one of the Forum's main concerns. Visit <http://www.globalhealth.ie> for more information.

NGO programmes on development issues delivered in Irish post-primary schools in support of CSPE and other curriculum areas include: Concern Worldwide's Concern Debates (<http://www.concern.net/get-involved/schools/debates/about>) and Self Help Africa's school programmes (<http://selfhelpafrica.org/selfhelp/Main/DEVED-home.htm>).

Resources used include Amnesty International's education materials (<http://amnesty.ie/resources/education#SECONDARY>). This list is by no means exhaustive. (all web sites accessed 20 August 2012).

Transition Year is a one year optional programme that can be taken in the year after the Junior Certificate in Ireland. For more information visit <http://www.transitionyear.org/>, (accessed 20 August 2012).

Trinity College Dublin's Centre for Global Health (TCD CGH) is a multidisciplinary team of academics who share the common goal of strengthening health systems to ensure that every individual has access to quality healthcare. This goal is reflected in their teaching and research activities. Visit <http://global-health.tcd.ie/> for more information.

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