EDITORIAL

ADULT EDUCATION IN THE FIELD
OF HEALTH: THE IMPORTANCE OF
SOCIO-CULTURAL DIMENSIONS AND
INTERDISCIPLINARITY

Adult education in the field of health is becoming increasingly relevant in andragogy as well as in other social sciences, humanities, and medical sciences (Nutbeam, 2019; Wang, 2014; English, 2012). This is also reflected in publications such as the Health Education Journal, interdisciplinary approaches to research such as Social Theory and Health Education (Leahy et al., 2020), international projects such as Last Aid, many diverse practices as well as a variety of terms including health education, education for health, developing health literacy, and health awareness.

The central purpose of all these activities is to develop people’s abilities to take care of their health or to be able to make informed choices when it comes to health problems. This refers to developing the abilities of diverse groups (younger adults, older adults, the general public) to acquire, understand and use information that affects their choices and their actions when it comes to health (Nutbeam et al., 2019, p. 1). The term education for health refers to all the processes of forming/educating and encouraging a person within an environment to develop emotional, cognitive and somatic learning abilities as well as health or illness management. Education for health and well-being is a holistic process that includes the entire person and their environment. It is not a process that is separate from one’s environment. Contemporary theoretical paradigms and practical activities are focused on the fact that education as a process and as an activity that benefits people’s health or illness management stems from their socio-cultural circumstances. This means that educators must be knowledgeable about the wider socio-cultural context, the political and economic circumstances of a particular environment, its biological and environmental dimensions. Besides the macro elements, educators must also be familiar with the traditions, the knowledge and the habits of the group they are preparing educational programmes for, as well as the characteristics of individuals (Leahy et al., 2020; Gilbert et al., 2015; Willis et al., 2014). Because all of these macro and micro elements, relationships and processes are part of the socio-cultural system, they also need to be considered and given critical thought. As medical anthropologists have pointed out, this
implies that we are aware of the different ways terms like health, illness and treatment are understood.

How we experience and understand health depends on our socio-cultural environment as well as on theoretical interpretative patterns. An increasingly used interpretative framework is the integrative biopsychosocial model, which includes the salutogenic model, highlighting the processes that support health. This also applies to situations linked to chronic illness, trauma, deficit, and impairment. Studies in this field also feature concepts such as resilience and well-being.

Education for health is meant to serve various target groups: those facing health problems as well as those trying to prevent them. Specific challenges need to be addressed in health education programmes with target groups such as minorities, migrants, the elderly, as well as programmes on specific topics, for example, oral hygiene, promoting early detection and treatment for breast cancer, breaking the stigma attached to mental health problems, raising awareness about contraception, education about childbirth and other forms of education for parents (cf. Lauzon & Farabakhsh, 2014; Silverberg, 2020). Modern demographic changes such as migration open up questions, for example, about communication education, multicultural contact with foreign language speaking patients in health institutions (cf. Pokorn & Lipovec Čebron, 2019).

Education for health has gone through different phases of development. At first it was centred on prevention programmes, empowering people to make decisions and take action to stay healthy (e.g., following the rules of good hygiene, care for nursing mothers and new-borns), and later developed into education for health focused on forming or transforming habits and practices in everyday life (e.g., a healthy diet, exercise). Additionally, programmes for managing illness and developing new skills and habits (e.g., dietary habits for diabetes) were also developed. A significant element of education for health is also connecting the different actors involved in setting up these programmes: education systems and healthcare systems, the systems of politics and government, the systems of work. There are many educators and promoters in this field, as well as a variety of educational strategies that often come close to community education and the principles of community psychology (Francescato et al., 2020; Seedat et al., 2017).

All this also raises the question of research strategies. Past research was predominantly based on the positivist paradigm, while contemporary research has also utilised new qualitative and post-qualitative approaches (Cardano et al., 2020). Another question concerning adult education in the field of health is also how its research and development reflect the narrative and the affective turn. How does it use autoethnography, the biographical method, narrative methods? What is the role played by action research and participatory action research in the frame of poststructuralist theory? How are research and development of health literacy programmes affected by neoliberalism and the tendency to commodify health and education? How is education for health affected by the pressures to understand the ‘weaknesses’ of certain people and groups as something that is taken as a
given and as dependent solely on themselves? If we accept the idea that knowledge is embedded in society and culture, what epistemological, didactic and ethical consequences and implications does this have for planning research and educational programmes? Do research strategies give a voice to everyone involved in education for health? How does the intersectional nature of inequality affect educational programmes and is it detected in research?

Socio-cultural, political and economic aspects are all very important when it comes to understanding how people respond to illness, infection, pandemic, and in order to analyse the measures which different groups of people react to in different ways. In the time of the pandemic, which has caused a great deal of cognitive dissonance and uncertainty, some groups of people seek out reference points in order to make sense of the chaos – also by finding refuge in inadequate or inappropriate interpretations of scientific findings. All of these challenges urge us to contemplate the relationship between health and knowledge, skills, habits, learning, epistemological systems, etc. We need to consider issues such as the socio-cultural aspects of health, illness and treatment, the role of community in adult education for health, and the role of community learning and education when facing health problems.

The thematic issue before you explores the relationships between education and health/illness from two perspectives. The first perspective deals with the effect that participating in educational programmes on health and well-being has on younger and older adults. Swedish folk high schools provide education for people with autism that contributes to their rehabilitation and provides students with a supportive environment. Hedegaard, Hugo, and Bjursell’s article *Folk High School as a Supportive Environment for Participants with High-Functioning Autism* finds that students with autism respond well to this type of education and that the students, the staff as well as the head teachers view this form of education as positive. Meulenberg’s article concerns *Bilingualism and Language Education to Improve the Cognitive Health of Older People* and analyses the effect of bilingualism and the implications it has for adult language education. The active use of more than one language beneficially contributes to healthy ageing. Formosa’s *Building Evidence for the Impact of Older Adult Learning on Active Ageing: A Quantitative Study* presents the results of a study on how learning positively affects active ageing in older people. Learning helps avert social isolation and cognitive impairment; as one gets older, learning contributes to better health, physical and emotional well-being.

The second perspective on the relationship between health and education centres around education that aims to improve knowledge about health/illness. In *Improving the Health Literacy of Pregnant Women Using Contemporary Approaches in Health Education: An Integrative Literature Review* Prosen and Ličen identify the concept of health literacy as a vital social determinant of health and examine the contemporary approaches to health education for pregnant women in the so-called developed world. They find that the process of modernising health education has been too slow and insufficiently progressive. In a similar vein, Švab discusses the role of public libraries as important actors
in raising awareness among the general population on issues of health and specific issues such as health-related “fake news”. Her article Health Zones and Health Education in Public Libraries is based on research that analyses the advantages and disadvantages of health zones in Slovenian public libraries. She writes that planning and delivering health education to less information literate users is a particular challenge, and that health zones should develop new strategies to attract different target groups. Raising Public Awareness of Palliative Care: Evaluating a Last Aid Course in Slovenia addresses the evaluation of educational programmes on a topic that still remains taboo – dying. In this article Zelko, Jakšič and Krčevski Škvarč focus on evaluating a Last Aid course that was run in Slovenia and is part of an international project of community education on palliative care conducted in 18 countries. An important role in education for health is also played by healthcare workers, and this is the topic of Lipovec Čebron and Huber’s The Evaluation of Cultural Competence in Healthcare: Why Is the Introduction of Qualitative Approaches So Needed? The authors present different attempts at measuring cultural competences in healthcare. Based on examples from abroad and from Slovenia they show how important it is to supplement quantitative methods with qualitative ones. They also highlight the need to shift attention from measuring the cultural competences of individual healthcare workers onto the evaluation of educational courses and education providers.

Uršula Lipovec Čebron and Nives Ličen

REFERENCES


