

Promoting Health Resources in Young Children: A Salutogenetic Approach

Christina Krause

Educational Seminar, University of Göttingen, Germany

Corresponding author: Christina Krause, Educational Seminar, University of Göttingen, Germany, Tel: 0551 980 113; E-mail: ckrause@uni-goettingen.de

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Salutogenetic Approach to Health Promotion

Aaron Antonovsky [1] created the concept of salutogenesis and health as a dynamic process of developing health and remaining healthy [2]. He managed to change the focus from risk factors to health promoting protective factors which he called General Resistance Resources (GRR).

GRR are described as physical resources, personal resources, material resources, and social, as well as socio-cultural resources. thought to be developed in childhood and youth. Educational systems focus mainly on personal and social resources.

As a milestone of the salutogenetic concept, Antonovsky appointed the sense of coherence (SOC). is a global life orientation which primarily emerges in the early years of childhood. Health is supposed to depend on the strength of SOC, i.e., how competent individuals feel to take care of their own health and how well they can cope with the life challenges. A person with a high SOC is able to perceive stressors rather as challenges than as hardships and to cope with various stress situations more easily. Figure 1 shows the components of SOC.

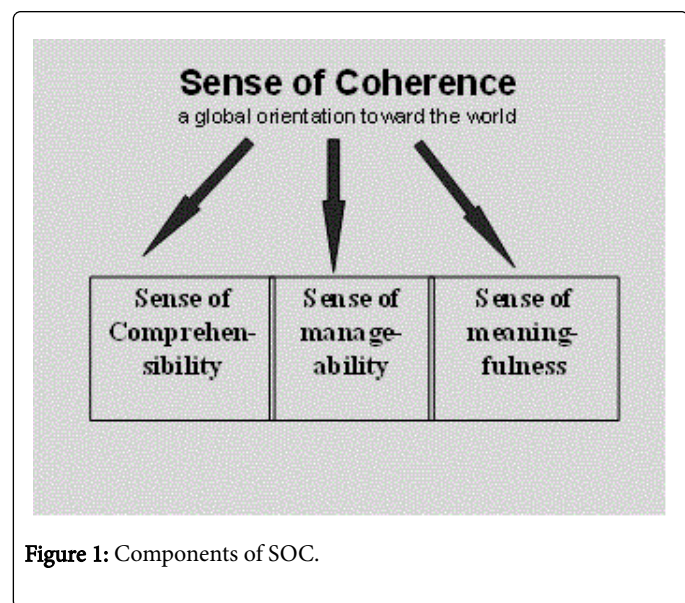


Figure 1: Components of SOC.

Sense of comprehensibility: component describes the expectation or the ability of a person to process familiar and unfamiliar stimuli as ordered, consistent, structured information, and not as chaotic, random, accidental and inexplicable.

Sense of manageability: person is convinced that are solvable. sense of manageability consists of that

resources are at one's disposal, which is adequate to meet the demands posed by any stimuli?

Sense of meaningfulness: motivational component of SOC describes the extent to which one feels that life makes sense emotionally, that at least some of the problems and demands posed by living are worth investing energy in, are worthy of commitment and engagement, are 'welcomed' challenges.

For developing the sense of coherence and its components it is necessary to stimulate health resources. Research questions responding to this context are: (1) Which are the individual and social resources to keep healthy and (2) How can these resources be activated? (3) How can they be developed most through the formal educational systems and in the early years of childhood, for example in kindergartens and primary schools?

Sense of coherence and mental health

WHO emphasizes a role of mental health it as 'an indivisible part of public health' which has overwhelming on human, social and economic potential of every nation. Positive mental health is considered as a state of well-being optimal for his/her abilities, coping with stress and improving the overall productivity [3].

Mental health implies in accordance with the of health given by the World Health Organisation (WHO) a part of well-being and manifests a basic human right.

According to the WHO reports, mental health problems are on the increase. are strengthened to strategies to tackle this problem through providing mental health promotion in the young generation. Health promotion aims at developing those resources which guarantee the healthy growing-up and respond the question of what helps children to deal with the life challenges, engaging him/her in the to stay or become healthy.

International research point out the importance of interdisciplinary approaches to early childhood education: British EPPE study proved that good quality of early childhood education contributes equally to both, the cognitive and the social development of children. results also indicate that programs which directly promote activities for parents and children are very likely to be the most for young children [4].

Health promotion means to support the development of children's health factors. It is assumed that the personal resource sense of self-worth and the social resource sense of belonging are the most important resources to develop children's SOC.

Health promotion also includes development of pre-conditions for components of the SOC. Also the provision of participation and the

involvement are the keys providing success in health promotion. Participating in socially accepted activities creates a feeling of belonging and strengthens the self-worth. From the autogenetic point of view it is a pedagogic challenge and chance to support the development of children's health factors. Teachers in kindergarten and primary school should be able to support and activate children's ability to keep healthy.

I am Me Program

Initially, the program was developed for primary schools and then for kindergartens. The aims of the educational programs are the following: to promote a sense of self-worth and well-being and a sense of belonging and well-being within the peer-group, to gain competencies to resolve and to learn the coping strategies to overcome immanent stressors and challenges.

The program consists of 8 modules, each of which includes 2–6 'health days'. Each day usually takes about 90 minutes; it can be planned individually and prepared according to the situational and contextual conditions in the group.

The program addresses 5–7 year-olds who are going to attend school in the upcoming two years. The program includes time tables and learning materials. Hand-outs can be applied depending on individual needs. Exercises, graphs and photos are prepared for easy use. During the 'I am Me'-days the communicative activity of children will be supported, e.g. self-activity and experiences introduced through role plays can bear changes for new perspectives.

The program is thought to evoke positive feelings and strengthen and success in learning.

Parents cooperate in order to reach the target of the program. The parent course 'It does not work without parents' is as a supplementing part to the 'I am Me Program'. 'I am Me Program' was evaluated between 2006 and 2009 [5]. The most important outcomes of the evaluation can be shortly outlined as follows:

- 'I am Me Program' supports the daily work of teachers. Its structure provides a secure frame to prove new aspects in early childhood education. It could particularly be implemented successfully with a high quota of migrant children, due to the fact that this program includes the and experience of cultural traditions, food, songs, dancing and family rituals. The program can support the systematic implementation of health promotion measures in daily life routines and the aims which are required in educational curricula.
- The intensive relationship with the children, the success in learning and the transfer of the contents of the program into the daily work routine are perceived as enrichment of the pre-school didactics. By implementing the program teachers learn a lot about the children, about their desires and sorrows, about their families and family values. This leads to the fact that they can do justice to every individual. The health days provide space and time for testing and mutual. Every child is in the focus of attention during the health lessons. Most of the teachers who have worked with the program about a year continue to use it widely so that most of the children in the institution get to know this program.
- The strengthening of self-worth in the 'I am Me' group proved to be successful. In small, stable groups each child can be perceived and accepted the way he/she is.

The program exercises can be easily implemented. Whilst preparing health days, teachers get new ideas. This is very much welcome since each situation within a group requires paying special attention towards the developmental level change.

The situation of the children was positively changing during the year in which 'I am Me' days took place. Children learned to revolve around their strengths as well as introduce them within the group. This became more risk taking and at the same time much more secure.

The implemented programs supported the daily work of teachers; however, the show that professionals need to be trained to realize the education in terms of salutogenesis. However experiences show that promoting health resources in children successfully depends on the parent's participation and their support. We have developed also training programs for teachers and for parents.

Teachers' In-service Training 'Health Resources to Recognize and Promote'

A job-related and versatile program has been launched for the promotion of health resources in educators [6]. The program is supposed to support the professionals within educational realm to acquire the appropriate skills for a mentally healthy lifestyle which helps dealing with everyday challenges. It is assumed that only teachers, who are happy to educate and burn for their calling as professionals, can preserve and strengthen in children and young people the belief that learning makes happy.

Initially, the 'In-service teachers' training' was developed to help teachers to operate the 'I am Me Program'. It also aims to improve the teachers' mental health competences by their own life attitudes as well as looking for alternatives to stay healthy.

Basically, the teachers' training aims at

- Equipping teachers with a range of essential skills for mental health educating and with the comprehension of the impact that teachers' attempts can have on individuals' well-being and their actual health conditions.
- Enabling teachers to deepen their comprehension of the theory and practice of salutogenetic approach in the mental health promotion.

The training program is based on the salutogenetic approach and consists of 10 modules.

Course for parents 'it doesn't work without parents'

The well-being of children and their parents are intrinsically tied: It makes good parenting essential for a child's well-being and development.

Furthermore, stakeholders are beginning to express their strong belief that well-being is an increasingly important indicator of successful society functioning. This is a concern throughout the European states about the complications of parenting and the acute necessity for and diverse parenting support programs especially within families with migration background and low economic status. Parents are – mainly in the years of a child's life – the ones from whom children get the messages that decide the initial construction of their self-worth. These messages include cognitive-related contents ('this is how you are', 'this is what you can do

well, 'this is what you can still learn') as well as emotion-related contents ('you are our joy', 'we are proud of you', 'we love you').

course 'It doesn't work without parents' a range of assistance varied from acquiring the knowledge to gaining skills targeted at complex problem solving strategies.

All parenting strategies pursuing in the course are attached to the individual family needs and go above a banality and pursuit a goal to reduce the stigma around parenting support.

It seems more reasonable that a parenting course which initiates a long-term improvement in the parents-child relationship has got also to improve the overall well-being of both individuals. We might also expect that the better parents feel about themselves and their role in the family and society, the better equipped they will be to engage in an encouraging and supportive manner with their children. If parents are poor, workless, in ill health, or experiencing other forms of disadvantage, this can limit the external and internal capabilities to support their children appropriately. Encouraging parents to spend good quality time with their children can be tremendously helpful in boosting SOC. Among practitioners, there is a demand for more systematic comprehension of the ties between well-being and parenting support, and this needs to become a more explicit aim of the programs. scope for the improvements is likely to be the greatest where the needs are across-the-board or for reasons of precaution rather than vehement. Basically, the evaluations to come should focus on the advancing outcomes of programs such as well-being resilience and other positive attributes, as well as on the more traditional outcomes, for instance detracting anti-social behaviour, or poor education.

Conclusions

Once progress has been made in the development of European health policies, attention has centred increasingly on the challenge of mental health promotion and its implementation within educational settings. Salutogenesis is coming up as a robust concept and a reasonable model for mental health promotion.

involvement of early childhood educational institutions is a starting point which needs to be initially addressed, if such an implementation has to be accomplished has focused attention on the need to create processes for changing management in kindergartens and create new approaches for care-takers, teachers and decision makers.

Schools are supposed to play an important role in the promotion of children's well-being. Teachers need to be aware of the problems of

their students, especially of children with migrant background. Teachers are responsible for including all children in socially accepted activities to create their sense of meaningfulness.

article presents the "I am Me Program" for children and two courses for their most important reference persons: one for the teachers and another one for parents.

Mental health promotion can have a powerful on discovering own potentials in order to from that: It means also fostering individuals' motivation and equipping children with necessary skills for successful schooling and living.

Even though there is a growing body of research and expertise in learning and the visible impact of mental health promotion on this process, still there is much to do for the research to come.

More information about the salutogenetic approach to health promotion, the results of the longitudinal studies, the I am Me Program and the Trainings for Teachers and Parents are published in the two originally articles [7,8].

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