



Protection of Health by Increasing the health Literacy of Pupils

R1 – COUNTRY ANALYSIS National Report ITALY

Partner organisation: TUCEP

Erasmus+ - KA220 – Cooperation partnerships in school education (Duration: 28.02.2022 – 27.02.20225)

This project has been funded with support from the European Commission. This publication reflects the views only of the author, and the Commission cannot be held responsible for any use which may be made of the information contained therein.





TABLE OF CONTENTS

1.	SU	JRVEY AMONG PUPILS	3
	1.1	Introduction	3
	1.2	Questionnaires data	3
	1.3	Summary/conclusions	9
2	IN	ITERVIEWS WITH RELEVANT STAKEHOLDERS	10
	2.1	In-depth interviews	10
	2.2	Summary/conclusions	14
3	M	IAIN CONCLUSIONS	15





1. SURVEY AMONG PUPILS

1.1 Introduction

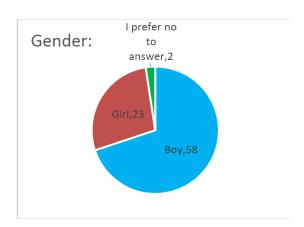
The quantitative research conducted in Italy involved 83 pupils aged between 11 to 15. In order to make easier the administration of the survey, the questionnaire was translated in Italian language and shared through an online form (Google Form). In this way, the anonymity of respondents was ensured.

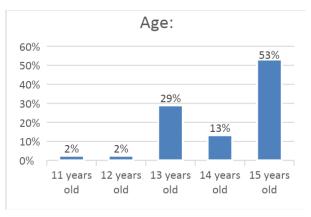
TUCEP conducted the research involving the teachers of sciences and physical education who administrated the questionnaire among students attending the secondary school – vocational school "IIS Cavour – Marconi – Pascal" located in Perugia. Another channel used to conduct the survey was a football association of Perugia who trains boys aged 13-14 that believe in the importance to improve the health literacy among their trainees.

However, the link to the questionnaire was shared among families of students attending the involved school and football association in order to broaden the target audience and get responses from pupils outside the educational institutions involved.

1.2 Questionnaires data

The most respondents was boys (70%) aged between 13 to 15 according to the educational institutions involved.





28% of the students involved attend the last year of junior secondary school and 58% the two-year period of secondary school.

In fact, it is worth specifying how school orders work in Italy. After attending primary school (6-10 years), students are admitted to the secondary school which is divided into 2 grades: junior or lower secondary school for students aged 11-14 and secondary or high school for students aged 14-19.





The class attended by the majority of the students who answered the questionnane penechy reflects their age:



In order to investigate the **level of health literacy** of pupils in terms of knowledge and understanding about health issues, a list of statements was addressed to pupils asking them to express their opinion by using the following indicators:

- Absolutely true
- Somewhat true
- Not quite true
- Not at all true

We surveyed the students' main opinions based on how much they agreed with the statements or felt comfortable with them (we categorised the statements according to the highest number of answers given for each item), as follows:

⇒ Absolutely true:

- I can follow the instructions given to me by healthcare personnel (e.g. doctor)

⇒ Somewhat true:

- 1. When necessary, I am able to give ideas on how to improve health in the context I live in (e.g., family, friends, classmates) (44)
- 2. I can easily give examples of things that promote health (43)
- 3. I'm confident to have good information about health (42)
- 4. I am able to compare health-related information from different sources (42)
- 5. When necessary, I find health-related information that is easy for me to understand (42)
- 6. I happen to look for health-related information on the Internet or on social media (36)
- 7. I can usually figure out if some health-related information is right or wrong (36)





- 8. When I do not find satisfactory answers on health-related information, i ask may parents or friends (34)
- 9. I can judge how my own actions affect the surrounding natural environment (33)
- 10. I can judge how my behavior affects my health (32)
- 11. I am able to explain the choices I make regarding my health (29)

Only 10-15% of the students think that the statements in the survey do not represent their opinion on how comfortable they feel with health information ("**Not at all true**").

This overview provides an initial picture of the students' level of familiarity with health information: basically, they are able to follow the guidance/instructions given by medical personnel, feel comfortable with health information and are able to improve and promote their own health and the health of those around them.

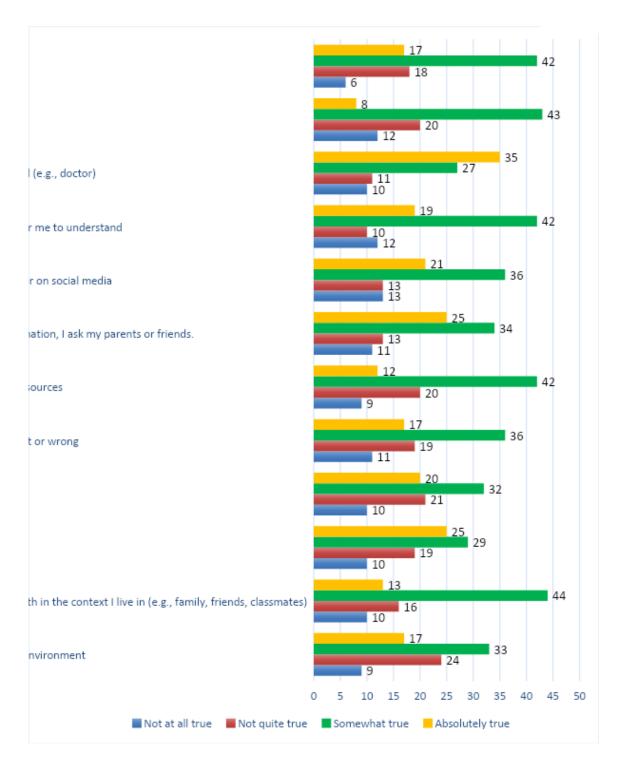
As regards the search for health information, there is a good ability of pupils to find information easy for them to understand and compare it with others from different sources, including the Internet and social media.

Approximately 40% of the students are quite good at understanding whether information is correct or wrong and, in case of doubt, ask parents and friends for clarification. Furthermore, they think they are quite aware of the consequences of their behaviour on health and the environment.

Below we have summarised all the answers in a graph:





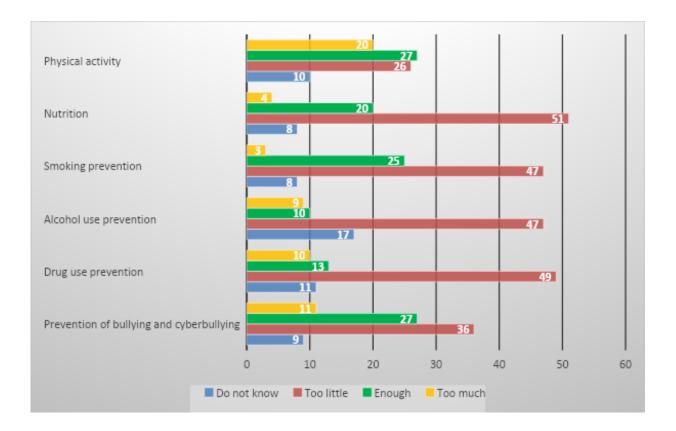






Looking at the students' opinion regarding the school's attention to health issues, the students answers summarised in the following graph show their disappointment about the lack of focus on health-relevant topics such as nutrition, drug and alcohol use and smoking prevention.

On the other hand, school cares that students are aware of the importance of physical activity and prevention of bullying and cyberbullying mainly through the organisation of specific seminars and workshops addressed to students.

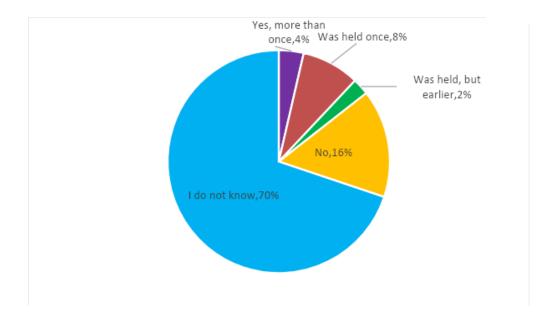


As far as the organisation of health promotion events in the current school year, most of respondents (70%) claim that they are not aware on it. In any case, only 4% said that the school organised events more than once and 8% stated events had been organised at least once during the school year. The promotional events carried out dealt with bullying and cyberbullying, nutrition, alcohol prevention and smoke and drugs use.

However, it needs to be pointed out that the questionnaire was administered in the first few months of the school year and, as a result, schools will still have time during the current year to organise health promotion events.











1.3 Summary/conclusions

The high level of participation in the survey administered among students in Italy showed a remarkable sensitivity to the health issue by the pupils.

It should be noted, in fact, that the teachers/trainers simply invited the students to fill in the questionnaire, without any obligation, and the voluntary response obtained from 83 students represents an excellent sample for identifying the students' level of health literacy.

Surveying students' opinions on the health-related statements provided by the survey, the most relevant results for understanding pupils' level of health literacy are as follows:

- The majority is able to understand and follow the guidance and instructions provided by healthcare personnel.
- When necessary, students are able to give ideas on how to improve health in the context they live in (e.g., family, friends, classmates)
- They can easily give examples of things that promote health
- They are confident to have good information about health
- They believe to be able to compare health-related information from different sources and, when necessary, they find health-related information that is easy for me to understand
- It happens to look for health-related information on the Internet or on social media

The main survey results provide a positive picture of the students' **level of familiarity with health information**: basically, they are able to follow the guidance/instructions given by medical personnel, feel comfortable with health information and are able to improve and promote their own health and the health of those around them.

As for the pupils' **ability to look for health-related information**, the performance is quite good as the students state they easily understand and compare the information from different sources, including Internet and social media.

The students are quite good at understanding whether information is correct or wrong and, in case of doubt, ask parents and friends for clarification. Furthermore, they think they are quite aware of the consequences of their behaviour on health and the environment.

Obviously, this overview presents the opinions and statements made by students on the basis of their personal assessment of health-related information management. It is therefore a subjective assessment.

In order to validate the actual level of health literacy of adolescents, it is necessary to take into account the opinions of adults who work with young people in both the medical and educational fields.

The same consideration should be made with regard to the school's focus on health issues: from the students' point of view, there is a lack of attention on the health-related topics such as nutrition, drug and alcohol use and smoking prevention. In the current school year seems that no specific training/raising awareness actions have been undertaken by the school.





2 INTERVIEWS WITH RELEVANT STAKEHOLDERS

In Italy, in order to carry out the interviews, we involved experts in the educational, training and medical fields who collaborate with TUCEP at different levels. Specifically, experts who have worked or still work with children, adolescents and young people were selected in order to investigate the state of the art of their health literacy and to understand how the pandemic and digitisation has impacted on this.

Totally, we conducted 10 in-depth interviews with the following professionals:

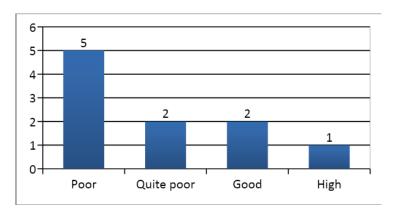
- 2 doctors (paediatricians) with more than 5 years of experience
- 1 school psychologist and psychotherapist
- 4 teachers working in the Secondary School IIS Pascal-Marconi-Cavour involved also in the administration of the pupils' questionnaire (they teach subjects closely linked to the health issues such as Sciences and Sports Science)
- 3 trainers in HEI and VET fields who have worked with teens and young people.

Below, the main information from the interviews are summarised.

2.1 In-depth interviews

Based on the template used to conduct the interviews, the experts' answers are summarised below per each question:

1. What is the **level of familiarity** with health-related information of children and adolescents you work/have worked with?



The majority of the experts interviewed stated that the level of health literacy of the adolescents they worked with was rather poor. Three other experts stated, however, that the pupils had a good level. Of course, this is subjective data related to the type and context of the students the experts work with.

In any case, the figure emerging from the interviews conducted in Italy is a **rather poor level of health literacy** among adolescents.





2. Based on your experience, what is the attitude of children/adolescents towards the health-related information?

The experts interviewed found very different attitudes of students towards health information: about half of them said that students show little interest and low awareness about the importance of health issues, perhaps because they are not well informed or do not receive reliable information. Indeed, some students who usually look for health-related information via social media, prefer to talk to experts when possible.

On the other hand, 5 experts out 10 said that adolescents show a positive attitude of interest/curiosity in health and wellness topics.

3. What are the challenges children/adolescents face when finding health information? Do you believe the pandemic has affected these challenges?

As far as the challenges face by students are concerned, the most common found out by the experts are related to the **information's reliability** and the **channels through which information is spread.** Specifically, some challenges are:

- Difficulty to find scientifically reliable information useful for everyday life
- Search of health information through Internet with a low skills to spot the accuracy
 of the information.
- Difficulty to identify correct information among the much information that is offered.
- Difficulty to select the information channels, which are often many and poorly documented or inaccurate.
- Challenges to look for information from reliable sources both online and in person.
- Lack of specific guidelines or dedicated platforms to bring them closer to proper health education.

According to expert opinions, the challenges young people face with regard to health information can create several problems, such as:

- the development of unjustified fears of disease
- the underestimation of real health problems
- struggle to internalise the information found, so they often compare themselves with their peers for support

As for the impact of the pandemic on the pupils' health literacy, the experts' opinion is quite variable: on the one hand, some of them believe that the pandemic did not affect the challenges faced by pupils. On the other hand, the pandemic has increased the focus on the health issue also in young people who have intensified their search for health information, especially via the Internet and social media.





4. Do you think the digitalization can affect on the children health literacy:

All professionals involved in the interviews recognized that the ditigitisation can influence on the children health literacy. Mainly, the use of digital tools is acknowledged as positive way to get students closer to health-related information and to stimulate their interest and learning towards health issues. However, as with most things, there is a downside from which we need to protect ourselves. In fact, according to some experts' opinions, the use of the Internet, social media and digital tools encourages the spread of misinformation which, in the field of health, is very dangerous. That is why, children and adolescents need guidance from adults around them, such as parents, teachers and doctors that can support them in the right search for health information on the web.

5. What is the sector responsible for delivery of children/adolescents health promotion and education? Please also specify which professionals should be involved.

The answer provided by the relevant stakeholders involved in the interviews is basically the same: the sectors responsible for delivery health promotion and education to young people are the medical and the education one.

From the medical sector, firstly pediatricians and doctors are asked to provide health education and correct information to children, but also other professionals working in this field such as social and child care workers.

On the other hand, the school and teachers play a crucial role in the raising children awareness about health issues as they spend a lot of time with pupils and, specifically, sciences and physical sciences teachers can use their time and subjects to increase pupils' health literacy.

Most of respondents believe the family has an important role in educating their children about how to deal with health issues, access to health information and look for it in an appropriate way.

6. Are there initiatives for health education among pupils?

Only 3 out 10 experts involved in the qualitative research provided us examples of health education initiatives addressed to pupils, mainly carried out by schools, as follows:

INITIATIVE N.1:

Responsible organisation: SCHOOL

Activity description (objectives, results and activities carried out): Health awareness projects

Age of pupils/grades: adolescents

Time allocated: school-year





Involved experts leading the initiative: Teachers, psychologist, presence of a within Teachers who annually plan a training course on 'health'.

INITIATIVE N.2:

Responsible organisation: ANLAIDS LAZIO (National Association for the Fight against Aids)

Activity description (objectives, results and activities carried out): Well-being promotion and sex education

Age of pupils/grades: Adolescents aged 11-18

Time allocated: school-year

Involved experts leading the initiative: Educators, psychologists, doctors.

Comments: I was part of the technical committee of the EduforIst project for the prevention of sexually transmitted diseases and the promotion of well-being: practices implemented in prevention campaigns in schools were examined and reflections on the topic were produced.

INITIATIVE N.3:

Responsible organisation: secondary schools

Activity description (objectives, results and activities carried out): Prevention campaigns aimed at fighting smoke and alcohol use

Age of pupils/grades: Adolescents aged 14-19

Time allocated: school-year

Involved experts leading the initiative: Experts - doctors.





2.2 Summary/conclusions

The main findings from the qualitative research conducted in Italy with 10 professionals from medical, education and training fields present a quite poor level of health literacy among children. Mainly, students show little interest and awareness of the importance of health issues. The reasons may be related to lack of access to age-appropriate information, or because they are not stimulated by adults to take an interest in health issues. Indeed, some students who usually look for health-related information via social media, prefer to talk to experts whenever possible in order to verify the reliability of information.

As far as the challenges face by students are concerned, the most common are related to the **information's reliability** (such as difficulty to identify correct information, to look for reliable sources online and offline, lack of skills to spot the information accuracy) and the **channels through which information is spread** (there is no specific guidelines or reliable platforms to bring children closer to proper health education; difficulty to select the information channels).

As a consequence, the challenges young people face with regard to health information can create several problems, such as development of unjustified fears of disease, underestimation of real health problems and struggle to internalise the information found, so they often compare themselves with their peers for support.

According to some interviewees, the Covid-19 pandemic has increased the focus on the health issue also in children and adolescents who have intensified their search for health information, especially via the Internet and social media. Also, the ditigitisation has an impact on the children health literacy: on the one hand it gets students closer to health-related information stimulating their interest and learning towards health issues. On the other hand, the use of the Internet, social media and digital tools foster the spread of misinformation by creating real dangers.

Based on these considerations, children and adolescents need guidance from adults, both in the medical sector (doctors, paediatricians, health professionals) and in the educational sector (teachers and psychologists), in order to receive support in the proper search for health information and the application of what they have discovered in their daily lives.

The few initiatives reported by respondents mainly concern awareness-raising campaigns organised in schools on the prevention of diseases, alcohol, drug use and smoking.

One interesting initiative was organised by an Aids association on the prevention of sexually transmitted diseases.





3 MAIN CONCLUSIONS

The main results from survey administrated among pupils aged 11-15 present a positive view of the health literacy level identified by themselves: basically, they are able to follow the guidance and instructions provided by medical personnel, feel comfortable with health information and are able to improve and promote their own health and those of people who live around them. Pupils have a quite good ability to look for health-related information, understand and compare it from different sources, including Internet and social media. They also believe to be able to understand whether information is correct or not: in case of doubt, they usually ask to parents or friends for clarification.

Obviously, this overview presents the opinions and statements made by students on the basis of their personal assessment of health-related information management. It is therefore a subjective assessment.

In order to establish whether the level of health literacy measured by the students themselves is reliable or not, it is important to compare it with that detected by the professionals who participated in the research.

Indeed, from the in-depth interviews conducted with 10 professionals from medical, education and training fields, it comes up that students show little interest and awareness of the importance of health issues. The challenges pupils face with health information are mainly about of the reliability (such as difficulty to identify correct information, to look for reliable sources online and offline, lack of skills to spot the information accuracy) and the channels through which information is spread (there is no specific guidelines or reliable platforms to bring children closer to proper health education; difficulty to select the information channels).

As digitisation increasingly has a strong impact on students' health literacy, it is important to support students in the proper search for information through digital tools by increasing their digital and soft skills (such as critical thinking) to enable them to deal with the large amount of health information they are in touch with.

In this challenge, the schools (including teachers, psychologists) should closely work with health and medical professionals as well as families in order to support pupils to access, select and apply the right health information.