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Facing the Intercultural Dialogue**

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Note from the editors

Dear colleagues,

It was our privilege to welcome you at the Vrije Universiteit Brussel for the 33rd annual conference of the ATEE. We worked hard to make these five days both productive and enjoyable.

ATEE 2008 was again an opportunity to present the results of our work, undertake in depth discussions with other scholars in the field, socialise and create professional networks.

The theme of the conference was ‘Teacher education, facing the intercultural dialogue’.

The enlargement of the European Union and the increased mobility and migratory flows between countries, results in more exchanges and interactions between citizens of Europe and beyond, people with various and different cultures, languages, ethnicities, etc.

The challenge is to deal with these new and complex data in our societies and to live in coexistence with different cultural identities and beliefs.

An intercultural dialogue can contribute to that coexistence, promoting mutual respect and understanding, recognition of values and identities, but also discovering common and shared belongings.

Therefore, institutions providing initial and/or inservice teacher education should consider that they themselves become more and more embedded in this intercultural context, and that the personal development of their student teachers as well as their employability and professional functioning should be reconsidered consequently. Building multilinguism into the curriculum, organizing staff and student exchange and participating in learning community based projects are only a few examples of approaches that could stimulate the intercultural dialogue.

Action-Oriented Health Education: A Didactic Approach To The Development Of Intercultural Competencies While Encouraging Youthful Dialogue Between Cultures.

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Abstract

Student intercultural competencies are achieved through quality educational policies and practices in school settings, which provide opportunities for the development of personal and organizational skills that include student participation in critical decision-making, high tolerance and flexibility for diversity, empathy, the willingness to engage with differences and to learn from and understand other cultural viewpoints, knowledge of democratic values and citizenship and the ability to communicate in foreign languages. During the development of democratic, participatory and action-oriented health education projects with the use of information and communication technology (ICT), student intercultural competencies could therefore be acquired.

In this sense, a research involving students (N=350) from six

Portuguese schools (7th to 12th grades), using as research techniques

participatory observation, group interviews, online class diaries and

discussion e-forums, aimed at data triangulation, was carried out. This

paper will describe this study having as its principal aims: i) to describe

the application of a participatory and action-oriented learning project to

sex education; ii) to discuss the competencies developed by students

during the project; and iii) to present students' visions for future cultural

dialogue with other countries.

1. INTRODUCTION

Intercultural competencies as a means to cope with intercultural interactions

Portugal as an European Union (EU) member since 1986, refocused its external policy and assumed itself as having joined the EU with the aim of creating a community of peace, material and cultural progress and solidarity between nations and citizens in order to maintain and enlarge a model of civilization, democracy and respect for Human Rights, which have been created by European inhabitants throughout centuries and who intend to continue maintaining this goal in a global world (Government Portal, 2008). Portugal also has, as an important component of its national strategy, the principle of not wanting to break its historical ties with countries which spoke the Portuguese language (Angola, Brazil, Cabo Verde, Mozambique, São Tomé e Príncipe and Timor) and also with the Portuguese communities and Portuguese-descendants disseminated in various European and non-European countries.

As important as these two decades of European Union membership are, the 332,137 thousand immigrants living in Portugal have therefore transformed this country into a multicultural society. They represent approximately 3% of the Portuguese population with a total of 10,599,095 inhabitants on 31 December 2006, the majority of whom originated from Cabo Verde (57,369), Brazil (42,700), Angola (28,856), Ukraine (22,846) and Guinea-Bissau (21,170) (INE, 2008), and among other countries such as United Kingdom, Canada, The United States of America, Spain, Germany, France, Moldavia, Romany, Timor-Leste, Mozambique, São Tomé e Príncipe and Russia. As a consequence, in the last decade official schools have had the necessity to cope with cultural integration.

Cultural integration has received much attention in school communities and in the public sector. As a result, the general public and school teachers have adopted standardised ideas, which include statements such as: “no one must be discriminated against because of personal religion”; “racism needs to be eliminated”; “schools must foster tolerance, empathy and the respect for citizens”; “diversity enriches society”; “the various cultural identities and cultural differences existing in the students in and out of schools need to be respected and shared”; or “schools must prepare students to experience a democratic citizenship in both school and society”.

The Basic Law for the Portuguese Educational System (Law 46/86) gave schools the responsibility of including in the curriculum and the daily routine of the school, topics related to events and specific problems of life and the personal and social development process of children and youths (Article 2 – *General Principles*):

The educational system responds to the needs that result from the social reality, contributing to the complete and harmonious development of the personality of the individual, encouraging the formation of free, responsible and autonomous citizens, appreciating the human aspect of work (article 2, point 4).

Education promotes the development of the democratic and pluralistic spirit, the respect for others and of their ideas, openness to dialogue and the free exchange of opinions, the training of citizens to possess the capacity to judge the social environment in which they live, with a critical and creative spirit and pledging themselves to its positive progressive transformation (article 2, point 5).

In the Organizational Principles (Article 3), the Law defined the organisation of the educational system so as to: “b) contribute to the realisation of the student through complete personality development, the moulding of character and citizenship, the preparation of the student for a conscious reflection on the spiritual, aesthetic, moral and civil values and providing a balanced physical development; c) to assure the civic and moral training of young people; d) to assure the right to be different, worthy of respect due to personalities and existing personal projects, as well as the consideration and appreciation of different sorts of knowledge and cultures”.

These principles are reflected in the objectives of primary and secondary education. It can be found in Article 7 that these objectives belong to primary education: “h) provide students with experience that will favour their civic and social-affective maturity, instilling positive attitudes and habits of relating and cooperating with others, be it in their family circle or in the conscious and responsible intervention of their surroundings; and i) provide the essential tools for the acquisition of autonomous attitudes, with a view to forming civically minded and democratically intervening citizens in the life of the community”. Article 9 establishes that secondary education has as its objective: “b) to facilitate the knowledge that young people need for the understanding of aesthetic and cultural expressions”.

The White Paper on Intercultural Dialogue (Council of Europe, 2008) formulates the political orientations of the EU in this area and serves as a reference document for action at national, regional and local levels. In this document it is argued that intercultural dialogue can only thrive if the democratic governing of cultural diversity is adapted in many aspects; democratic citizenship and participation should be strengthened; intercultural competences should be taught and learned; spaces for intercultural dialogue should be created and widened; and intercultural dialogue should be taken to the international level. It is also argued that intercultural competencies are not automatically acquired; they need to be learned, practiced and maintained throughout life in formal, non-formal or informal educational activities, including vocational training, the family and communities of reference and enabling an individual to act as an active and responsible citizen respectful of others. This implies working on three key competence areas: democratic citizenship, language and history.

According to this document, education for democratic citizenship involves civic, historical, political and human-rights education, education on the global context of societies and on cultural heritage. It encourages multidisciplinary approaches and combines the acquisition of knowledge, skills and attitudes – particularly the capacity for reflection and the self-critical disposition necessary for life in culturally diverse societies. In this sense it is recommended for primary and secondary education that (Council of Europe, 2008, p. 30):

In a multicultural Europe, education is not only a means of preparing for the labor market, supporting personal development and providing a broad base of knowledge; schools are also important for the preparation of young people for life as active citizens. They are responsible for guiding and supporting young people in acquiring the tools and developing attitudes necessary for life in society in all its aspects or with strategies for acquiring them, enabling students to understand and acquire the values that underpin democratic life, introducing respect for human rights as the foundations for managing

diversity and stimulating openness to other cultures.

Intercultural dialogue as an emerging issue in the political and educational fields, has been assumed in educational practices and research with a diversity of approaches (see for example, Blandford, 2007; Ehle, 2007; ERICarts, 2008; Council of The European Union, 2004; Geugten, Brinkman, Jager, 2006; Livermore, 1998; McLean, Ransom, 2004).

Participatory and action-oriented health education as a valid tool in the process of the implementation of democratic citizenship and respect for cultural diversity

Jensen (1995, 1997) established the general plan of the *moralist* and the *democratic* paradigm of Health Education, distinguished among others things, by the differences between information and education. He argues that the *moralistic paradigm* is more dominant in the health education of many countries and suggests a *democratic paradigm* as a participatory alternative within the WHO framework of the holistic definition of health.

The *moralistic paradigm* views health only as the *absence of illness*, and the causes of health problems purely as the fault of individual lifestyles and behaviour. In this model, the definitions of health and a healthy lifestyle are closed and private concepts related only to the work of health professionals. As a result, this approach can be considered totalitarian because it does not allow for space for the thoughts and decisions of students regarding what the concepts of health and a healthy life signify for them. Apart from this, it focuses only on lifestyles as a determinant health factor, based on the naive and simplistic image of reality which may directly block the development of the notions of students about how society is structured and evolves and influences our immediate course of action. Consequently, this approach to health education is founded on the ideology of “victim blame” and total negligence of investigation in sociology, anthropology and social medicine which demonstrate that the conditions of social life are a major factor which can not only place health in danger but also promote it (Jensen, 1997). The researcher re-enforces the theory that a closed and pre-defined concept of health, as appears in the moralistic paradigm which focuses on the dimension of disease, violates the definition of health set down by WHO which states that the state of physical, mental and social well-being is not only the absence of disease or disability. The subjective dimension of well-being and quality of life has as a consequence, the notion that people and students have the right to be involved in the development of the definition of a healthy life. The definition of well-being, included in the definition of health, pays attention to what target groups think regarding the question of what really is quality of life, independently from being doctors, school children or members of the local community.

Action-oriented learning, within the democratic perspective, involves working with knowledge about the consequences and causes of health problems, knowledge regarding the strategies for change and also knowledge about visions regarding the future (Jensen, 2000; Jensen, Simovska, 2005; Vilaça, 2008):

- *Knowledge about the effects*. It intends to achieve a common perception about which conditions students would like to change and which they would like to maintain. Scientific knowledge plays an important role in the presentation of the range and extension of the problem. It is also important because it arouses students'

concerns and attention and, consequently, creates a starting point in order to feel the desire to act. In this sense, it can be one of the prerequisites for the development of student empowerment and action competence.

- *The knowledge about causes.* This deals with the social factors underlying our behaviour. Even if the problem exists in class or at school, the underlying causes are quite often found outside these venues. Consequently, the social observation methods, where health and environmental problems display economic, social and cultural structures in which they develop, are important.

- *Knowledge about strategies of change.* This includes the actual process of change, which is, the knowledge about how to gain control over our own lives, how to influence the school environment or how to contribute to a change in the living conditions of society. It also includes knowledge about how structures cooperate, develop and organise strategies, and how to analyse and use power relationships. These aspects are particularly related to psychology and sociology.

- *Knowledge about alternatives and visions.* This deals with the development of students' ideas, dreams and perceptions regarding their future lives and the society in which they will grow up.

At the end of this process, actions experiences, that is the students' real experiences from participating individually or collectively in initiating health changes within a democratic framework and considering how barriers can be overcome, could then be carried out.

If health education in the school community has as its aim the construction of this action-oriented knowledge in students in order for them carry out healthy actions, students should, during their school life, work in order to strengthen their wishes and abilities, so as to be able to influence the conditions which interfere with their health and their environment, in other words, they should develop their ability to act, which means their action competence.

The following components have been pointed out, among others, to define and put into operation the concept of action competence (Jensen, 1995; 1997):

- *insight and knowledge:* a broad, positive, coherent and action-minded understanding of health;
- *commitment:* motivation to become involved in bringing about change regarding one's own life and the processes of a dynamic society;
- *visions:* the ability to go "behind" health issues and think creatively;
- *action experiences:* real experiences from participating individually or collectively in initiating health promoting changes within a democratic framework and considering how barriers can be overcome.

The starting point for the development of action competence is that today, health and environmental problems are structurally rooted in our society and in our daily lives. For example, health is not only influenced by lifestyles or living conditions. In order to understand the development of issues related to health, we must be aware that lifestyles and living conditions are very much connected and one must see them as being related to the other. The knowledge of these connections is, consequently, a duty to develop strategies in order to solve present and future health problems. Solving these problems requires fundamental changes at the personal and social levels. Due to this, school education has to work to the maximum in order to place present and future citizens in a position in which they will be able to act collectively and individually. Students, through their education, should become able make decisions concerning their own lives and be able to influence their surrounding environment (Jensen, 1994). Action competence also has to be the type of competence

necessary to decide upon our own habits and be able to fulfill them positively. This often implies being able to collaborate with other people in the alteration of collective day-to-day life conditions. It is clear that such collaboration has to be the result – or a kind of – democratic debate, including attempts of critical analysis (Schnack, 1994).

In order to apply the above-mentioned background, a participatory and action-oriented sex education project, using ICT was developed in six schools (7th to 12th grades). The following is a presentation and discussion of its results which intend to achieve two aims: i) to discuss the competencies which were developed by students during the project; and ii) to present students' visions for future cultural dialogues with other countries.

2. METHODOLOGY

2.1. Samples

Three hundred and fifty students from the 7th to the 12th grades, of six schools of the Braga District in the North of Portugal, constituted the sample, selected to allow an in-depth comprehension of an action-oriented sex education project implemented in fifteen schools of the same District (table1).

Table 1: Characterization of students (N= 350)

		Basic education - 3 ^o cycle (7 th to 9 th grades)			Secondary education (10 th to 12 th grades)		
School codes		B	G	J	L	O	Q
1st + 2nd years	N.º lessons	25(1 st)+60(2 nd)	60(1 st)+60(2 nd)	60(1 st)+60(2 nd)	25(1 st)+20(2 nd)	25(1 st)+25(2 nd)	25(1 st)+20(2 nd)
Target Population	<i>N.º of stud.</i>	63 (7 th grade)	28 (7 th grade)	50 (8 th grade)	40 (11 th grade)	21 (11 th grade)	82(10 th ,11 ^h)
1st year	Age	M=13,1(1-16, SD=1,35)	M=12,5(1-16, SD=0,98)	M=13,0(1-15, SD=0,61)	M=16,0(15-17, SD=0,46)	M=16,0(15-18, SD=0,0)	M=15,5(15-18, SD=0,80)
	<i>N.º of boys</i>	36 (57,1%)	16 (57,1%)	29 (58,0%)	17 (42,5%)	7 (33,3%)	41 (50,0%)
	<i>N.º of girls</i>	27 (42,9%)	12(42,9%)	21 (42,0%)	23 (57,5%)	14 (66,7%)	41 (50,0%)
2nd year	<i>N.º of stud.</i>	46 (9 th grade)	The same students of the previous year (8 th grade)	The same students of the previous year (9 th grade)	46 (10 th , 12 th grades)	The same students of the previous year (12 th grade)	The same students of the previous year (11 th , 12 th)
	Age	M=14,5(13-17, SD=0,84)			M=16,6(15-20, SD=1,0)		
	<i>N.º of boys</i>	22 (47,8%)			5 (11,1%)		

<i>N. ° of girls</i>	24 (52,2%)
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40 (88,9%)

The group interviews carried out in the project included 11 groups of boys and 14 groups of girls, with five students in each one, from “B” school (6 groups), “G” school (3 groups), “J” school (6 groups), “L” school (3 groups) and “Q” school (7 groups).

2.2. Methods and techniques of collecting and analysing data

During this study, data was collected by way of participatory observation in schools, material was put online by students throughout the various phases of their projects and online class diaries and discussion e-forums were implemented when they were organized in the website “Healthy Youths in Action”. This method was developed in the following phases:

1st year

1. The students created the online infrastructure to participate in the project’s website;
2. The classes debated the concept of sexuality and sex education;
3. The students selected the themes/problems and planned their action-oriented project to solve the first problem;
4. Implementation and evaluation of part of the first action-oriented project was developed;
5. The students elaborated on e-class diaries, put the material produced online and participated in the discussion e-forums;
6. Since the beginning of the Project, participatory observation in six schools was carried out.

2nd year

7. The students developed and evaluated one or two action-oriented projects;
8. Students continued elaborating e-class diaries, put the material produced online and participated in the discussion e-forums;
9. The participatory observation in six schools continued;
10. Students of these six schools collaborated in the final semi-structured group interviews.

A triangulation of the data collected from these different research techniques and the inferences or conclusions between the researcher and the participants were carried out.

3. RESULTS AND DISCUSSION

Student participation as a cornerstone of their commitment to the project

At the end of the project, the students from the six schools, interviewed in groups, talked about participation essentially regarding the viewpoint of who chooses and not who suggests, and pointed out that these were the aspects that most

contributed to liking the project and acquiring self-confidence to solve their personal problems in the future (table 2).

Table 2: Students' group perceptions about student participation (n= 25)

	f	%
Having the responsibility of choosing the themes/problems	23	92,0
Selecting the activities that they wanted to carry out within the theme/problem	17	68,0
The greater freedom they felt when suggesting the visions/ actions and deciding on them on their own	7	28,0
The greater freedom they felt when suggesting the visions/actions and deciding on them with teachers	12	48
Giving lessons to their peers in their own class	15	60

There were two fundamental participation aspects for the majority of students who experienced them: having the responsibility of choosing the themes/problems (23 of the groups; 92%); selecting the activities that they wanted to carry out within the theme/problem; giving lessons to their peers in their own class after the class had selected the activities that they wanted to carry out within the theme; and the greater freedom they felt when suggesting the visions/ actions and deciding on them with teachers.

The problems chosen by the students, from the fifteen schools, in order to carry out their action-oriented projects, were mainly related to: the prevention of adolescent pregnancy and contraceptive methods (73,3% of the schools); prevention of sexually transmitted infections (60,0%); the first sexual relationship (46,7%); sexual behaviour (40,0%); dating (40,0%); dialogue with parents concerning adolescent sexuality (40,0%); puberty/ the awakening of sexual maturity (33,3%); homosexuality (20,0%); interpersonal relationships and friendship (13,3%); the Youth Consultation at the Health Centre (13,3%); the morning-after pill (13,3%); human fertility (6,7%), abortion (6,7%); love, intimacy and communication between romantic partners (6,7%); paedophilia (6,7%) and other paraphilias (6,7%); adult sexuality (6,7%); and sexual dysfunctions (6,7%).

The development of communication strategy in online interactions: potentials for intercultural dialogue

Simultaneously, the themes dealt with by students from the fifteen schools in the anonymous interaction in the "Sexualities Sub-Forum", whose aim was to encourage student to debate ideas, receive help from a doctor or psychologist, solve doubts and give suggestions regarding the sexual health of youths are described in table 3.

Table 3: Students interaction in the Sexualities Sub-Forum

Theme	Number of messages	Number of answers
7th to 9th grades		
Sexual relationship: first sexual relationship, what it is like, how to have sex with pleasure	31	60
Dating: how to start dating, problems during dating	6	15
Contraceptive methods and how to use the condom	58	124
Homosexuality		
	Total	13
10th to 12th grades		
Prevention of unwanted pregnancy: fertile period, contraceptive methods	5	17
Prevention of sexually transmitted infections	4	20
First sexual relationship	3	10
Oral sex	3	9
Problems during dating	2	3
Menstruation: hygiene, pre-menstrual trauma	1	7
Problems during friendship relationships	1	3
Anal sex	1	1
Orgasm	1	4
Masturbation	1	8
Sex and pleasure	42	129
Male sexual potency		
	Total	

The students from the secondary school levels (10th to 12th grades) practically only participated in the “Sexualities Sub-Forum”. During the group interviews, they explained that they only accessed it when they were concerned with personal problems and needed the doctors’ or the psychologist’s help. The students from preparatory and secondary levels found having a doctor and a psychologist online useful to clear their doubts. Nevertheless, the students from secondary school mentioned that what influenced them more regarding their personal choices was the doctor’s and the psychologist’s opinions, whereas most of the students from the preparatory school who were interviewed considered that for all of their doubts, except those concerning technical aspects regarding contraceptive methods, the opinions of friends were decisive in their choices.

In the sub-forum, “Youths in Action”, the aim was to encourage students to follow the publication of the projects from the several schools on this website and present their comments and ideas regarding the investigations, visions, actions and assessment of their projects put online by the students. The messages with a greater number of answers were related to the following themes: love and the deception of love (30,5%); AIDS and condoms (20,3%); students and parents (16,9%); puberty (10,7%); how to know when it is the right moment for the first sexual relationship

(7,9%); homosexual behaviour (6,2%); and sex in adolescence (3,4%). The students who participated more in this sub-forum thought that it was the most interesting one, because they could debate themes which they had already investigated and increase their knowledge.

The sub-forum “Observers’ Diary”, where students’ class diaries were elaborated on in all lessons by an observer of the class who was generally different from one activity to another, kept the same participation level throughout the whole project, with students sending material to publish online and carrying out their evaluation/assessment of the lessons and the Project. The number of messages sent by the schools was different but, fundamentally conditioned by the number of classes involved in each school. Almost all the messages sent had the material produced by the class attached. In this sub-forum, the number of visitors was very significant, which may reveal that the Observers’ Diaries sent were read by their colleagues from the same and/or other schools. This sub-forum was considered as one of the class activities necessary for the assessment and publication of the project.

Students’ visions for future cultural dialogue with other countries

The students thought creatively to find solutions in order to change their lifestyle and life conditions. They expressed the desire to increase their competences to talk with youths of other countries regarding sexual behaviour; sexual problems and ways to solve them (table 4).

Table 4: Students’ group visions for future intercultural dialogue (n= 25)

	f	%
Brazil	21	84,0
Spain	19	76,0
African countries	16	64,0
France	14	56,0
United Kingdom	13	52,5
Italy	10	40,0
Holland	10	40,0
The United States of America	9	36,0
Israel	8	32,0
Afghanistan	5	20,0

Students justified their options based on their facility to communicate through the same or similar language, such as in Brazilian, Spanish, Italian and some African countries where Portuguese is spoken, or based on their desire to know and understand many different sexual cultures (African, Israeli and Afghan) or more sexually liberal cultures, such as Brazilian, English, Dutch and American.

4. CONCLUSIONS

Most of the students considered that the acknowledgement of the projects by the several schools on the website was beneficial in two main aspects: it allowed them to analyse the continuity of the project and show not only their peers but also the local and national community, what people their age were capable of doing to improve living conditions and to contribute to sexual health promotion. Most of the students considered that even without the access to the sub-forums, the website had already educated people of their age because the projects reflected the doubts and concerns they felt and were common to most of the teens of their age. The effect of this website as an instrument of change at school and in the community was only valorised as a consequence of students' actions to maintain the sustainability of the project. According to their opinions, student influence regarding reality as part of the learning process was only achieved with their action experiences while the website was only considered a continuity of such actions.

The participation of students during the development of the action-oriented sex education project in the school, and specifically in the visions and action experience phases of the project, was considered by teachers and students as being crucial to the development of conscience regarding health problems, the possibilities of individual and collective actions to solve them and the social responsibility of contributing to their resolution. Similar results were reported by Jensen, Simovska (2005) and Egumenovska (2005).

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