

Teaching Healthy Lifestyle in the Higher Education in Hong Kong: Report and Reflection

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Abstract

Since the curriculum reform in 2012, university curriculum in Hong Kong has extended by one year, offering good opportunities to provide a programme of General Education for students despite their chosen major disciplines. The compulsory general education programme is seen to be an important component in the nurturing of the young adults as responsible members of the society, as well as equipping them with necessary knowledge and skills for lifelong learning. The actual course contents of individual universities differ, but the common core covers general knowledge within the arts, the social and natural sciences, and courses that train students' mind and body. The presenter's university has a General Education programme that offers courses designed and taught by individual academic departments, falling within the prescribed categories of courses. This presentation is a sharing of the experience of teaching a General Education course to students of all disciplines in the category of healthy lifestyle. The presenter comes from a Humanities department, and this sharing will highlight issues of course design, coursework requirement, choice of teaching materials and learning activities. The presentation will reflect on the issues mentioned in the context of higher education in Hong Kong, which has an interestingly mixed cultural identity; and a majority of Chinese population with an exposure to global cultures. It is hoped that the report and reflection can invite feedback on course design in similar situations.

Keywords: Cross-disciplinary teaching and learning, Role of General Education programme, Healthy lifestyle, Personalized teaching, Achieving wellness

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Introduction

This is a report and reflection on teaching “healthy lifestyle” in higher education in Hong Kong. Some background information about the university and the city will prepare for a better understanding of the report on the teaching experience to be shared. I teach in a liberal-arts oriented research and teaching university in Hong Kong. Our University’s vision is “To be a leading liberal arts University in Asia for the world delivering academic excellence in a caring, creative and global culture”. The vision statement specifies the characteristics of care, creativity and global-orientation. The “caring” quality is very much part of the DNA of our history, as the university has a Christian background. Our mission statement articulates the “caring” component in the form of “the development of the whole person in all these endeavours built upon the heritage of Christian higher education.” We are the first university in Hong Kong to spell out Whole Person Education as our educational ethos, and to see this approach embedded in different aspects of our students’ learning. Beginning in September 2012, all universities in Hong Kong offer a 4-year degree programme (except professional degrees and degrees with a practicum component). With the one additional year, an enhanced General Education (GE) Programme emerged, for students of all disciplines.

Our GE programme consists of the University Core component (13 units) which are required courses, and the GE electives (18 units) which students can choose from a set menu. The University Core courses include the English and Chinese languages, a category of courses entitled “Healthy Lifestyle” and, the Art of Persuasion. The GE electives cover a multitude of themes including History and Civilization, Quantitative Reasoning, Values and the Meaning of Life, Sustainable Communities, Science, Technology and Society, Culture, Creativity and Innovation and finally, an interdisciplinary Capstone Experience. Last year, I designed a course to be offered under the Healthy Lifestyle category, and it was first offered in September 2019. This paper is a report and a sharing about this course and the teaching and learning experience.

My academic background is comparative literature and cultural studies, with some basic knowledge in Buddhist Studies. When I volunteered to propose a course in the Healthy Lifestyle category, I had the very simplistic belief that literature and cultural texts can be used in a such a way as to enhance self-understanding and emotional wellness. Without trying to preach Buddhist teachings, I thought the practice of meditation and mindfulness may also fit into a course that teaches “healthy lifestyle”. In the process of preparing the syllabus and submitting it for external review, I realised that a more general course about practicing healthy lifestyle was expected: topics such as diet, exercise, emotion management, time management and so on were to be included. So I consulted courses offered by other universities, and textbooks, to come up with a course that satisfied the university requirement as well as external reviewers’ expectations, and still maintained some freedom in using “narratives” (which was my original intention) to talk about ways to practice a healthy lifestyle with university students from all disciplines. I give the course a rather long title: How Are You, My Friend? Understanding and Loving Yourself. Although one reason for this long title is to make it memorable (as students have to choose from a list of courses within that category without knowing very much about each course), it does convey my aim and the orientation of the course. I see a healthy lifestyle as

embracing the attitude of having self-understanding and being able to love oneself. I would like students who take the course not to see it as simply fulfilling the graduation requirement but to get some useful information that helps them to know themselves better, and to form habits that will contribute to their wellness in the widest sense.

With that as the background, in the following I will first refer to some of the studies done regarding healthy lifestyle education in universities in different parts of the world, and then share some observations from my personal experience teaching this course. Finally, I will reflect on how we can better create a learning experience that will be relevant and useful for our young people in terms of health education.

Some studies about teaching “healthy lifestyle” at the university level

When I started to work on the course, I had no idea how much and what type of research had been done in relation to healthy lifestyle education in higher education globally. The following is a sketch of some studies I found relevant to my own experience teaching such a course in the previous semester. Lipnickey’s paper “The Potential for Formulating a Healthy Lifestyle” (1986) argued for the need to research on “the effects of health instruction received during this time period [university education] on long-term health behavior acquisition and adherence and lifestyle, in general” (Lipnickey, 1986, p. 488), reviewed selected research in this area, and offered suggestions for design of future research. Entering university is not only an important point in intellectual development, but also a point when many young people make decisions in health-related matters for the first time in their life. For many university students around the world, it is also the first time they leave home and have to be responsible for their own general health and well-being (Lipnickey, 1986; Wei et al., 2012). As Lipnickey mentioned, “these young adults will continue to make these decisions for the duration of their college careers, the probability that they lifestyles are at least formulated, if not established, during this time is great” (Lipnickey, 1986, p. 487). The university years are the best time to cultivate in young adults a correct attitude and practice towards lifestyle.

Having established the importance of studying the impact of health education on the university students’ lifestyle, Lipnickey referred to two of the few studies that traced the short-term and long-term impact of personal health course on university students, and came to the conclusion that “personal health course had made no statistically significant impact on the overall health behaviors, short or long term, of those individuals who had been participants” (Lipnickey, 1986, p. 494). She also remarked that since not many studies had been conducted to follow up on these university personal health courses, more studies were needed to help understand the impact and further what could be done to enhance their effect. Since Lipnickey’s paper, more related studies had been made by researchers in different countries about education of healthy lifestyle at university level. Haerens tried to understand if there is a connection between PE lessons in high school and university students’ lifestyle, based on the belief that “PE teachers should aim to promote an active and healthy lifestyle so that students are prepared for lifelong physical activity” (Corbin, 2002; Fairclough, 2003) (cited in Haerens, 2010, p. 130). Although it was found that some university students continued to engage in sports activities that they played in their PE lessons in high school, the study also found that “61.9 percent of the participants indicated that

school PE had not stimulated them to engage in sports activities outside school” (Haerens, 2010, p. 127). Those university students who actively engaged in sports activities reported that they were self-motivated to take up sports, and not due to encouragement from their previous PE lessons.

Besides studies that trace the impact of such courses/programs of health education on students, there are also quite a number of studies and experiments which explore the best approaches in conducting health education. Researchers traced different focuses in the various periods of health education at the university level and proposed to understand the concept of health in a more holistic way than just being a matter of individual achievement (Grudtsina et al., 2017; Quennerstedt et al., 2010).

Healthy lifestyle acquires the status of a complex and global integrative phenomenon and the most important indicator of national wealth that is seen not only as a natural phenomenon (a condition of the body and mind), but as a rather complicated artifact caused by a contemporary cultural discourses (concepts, pictures of world, knowledge) and social institutions and technology” (Grudtsina et al., 2017, p. 56).

With such an understanding of healthy lifestyle, the study presented a strong justification of “preventive pedagogy” in health education to university students, and using scientific method to “developing students’ theoretical knowledge about health and healthy lifestyles, abilities and skills to organize a healthy lifestyle, prevention and correction of somatic health” (Grudtsina et al., 2017, p. 56).

Similarly, a study conducted by Swedish and New Zealand researchers traced the development of health education in the schools in New Zealand and Sweden, and described it as coming in three waves: “moral to medical health education”, “biomedical health education to healthy lifestyles” and “towards physical, psychological and social well-being” (Quennerstedt et al., 2010). Although the “three waves” presentation suggests a progression and improvement in the practice of health education, the researchers referred to the increasing emphasis on avoiding obesity as a target of health education (as obesity becomes a global illness) as falling back into a previous individualistic and moral approach. To counteract this tendency of retracking to a less advanced phase, the researchers proposed to study the learning of health in students. Learning is understood in a socio-cultural perspective, a “process in which human beings appropriate ways of acting that enable them to participate in different practices” (Quennerstedt et al., 2010, p. 104). Students’ learning in health education was seen as “a process to become someone”, and the individual’s behaviour was observed in the context of culture, institution and history.

With multiple approaches to viewing the concept of health, as well as historical perspective of understanding health education, there are numerous regional and local studies about effective ways of carrying out health education with specific groups of students.

Ivanochko and her team had conducted studies at The Lviv National Academy of Arts, Ukraine, with students of specific disciplines. “Improving the scientific principles of sports for everybody, fitness and recreation” was one of the themes in the 2011-2015 Consolidated Plan issued by the state. To understand the process and effectiveness of healthy lifestyle education (however that is defined in different contexts) on students

of Fine and Decorative Art discipline, a research was conducted on first and second year students. From data gathered about students' learning environment and their needs, the team proposed a 4-stage process to train students in the arts to have a correct attitude and method towards acquiring and maintaining a healthy lifestyle. The four stages were "introduction, from which general healthy lifestyle knowledge is acquired; formation of initial skills and habits of exercise; consolidation of acquired exercise skills; and finally skills and beliefs in the necessity of maintaining a healthy lifestyle throughout life, the emergence of life experience" (Ivanochko et al., 2015, p. 219).

The proposed 4-stage training programme was designed with three specific and "interrelated psychological and pedagogical aspects of teaching in physical education classes: subject-professional, sport and health-related, and socio-behavioral" (Ivanochko et al., 2015, p. 220). They believed that students of different discipline had specific profession-related needs in health education, and this specificity should also be conveyed to the students so that they can take up the responsibility of "self-education in the formation of healthy lifestyle and be acquainted with rational methods of physical education for their improved and creative use" (Ivanochko et al., 2015, p. 223). Working with another group of creative students – Arts and Applied Arts - Ivanochko studied the effectiveness of using specific teaching technology in healthy lifestyle education. The sample (93 students) was grouped into an experimental group and the control group, and the experimental group received "structured pattern of forming their attitude to sports and recreation activities considering the profession of an artist" (Ivanochko et al., 2016, p. 602). At the end of the experiment, it was found that the experimental group expressed more confidence as well as performed better in their understanding of the concept and methods of adapting a healthy lifestyle.

Other efforts to find out effective methods for health education include an intervention research conducted in Isfahan University, Iran, in 2014. Female freshmen residing in dormitories were invited to participate in the study, which involved using psychodrama-based training to promote psychological wellness, measured by the degree of psychological balance, spiritual well-being and optimism. The thirty-two subjects were put into the experimental and control groups. The experimental group received four training sessions using psychodrama-based training methods to enhance their skills in deciding a healthy lifestyle for themselves. Pre-test and post-test were administered to measure the two groups' scores in the three main variables, i.e. spiritual well-being, psychological balance, and optimism. The post-test results showed significant improvement in the experimental group. This approach was effective because

lifestyle is a special way of living, confronting and working in the world....teaching a healthy and proper lifestyle helps individuals avoid substantial mistake (irrational beliefs and unhealthy habits) in stressful life events by using the problem-focused coping methods" (Manzaree Tavakoly, 2014, p. 350).

According to the researchers, the practice of psychodrama allowed participants to enact situations of their lives and even their dreams, thus "helps them express their suppressed feelings and gain a new insight. It also helps them to show and examine more appropriate behaviours with contentment" (Manzaree Tavakoly, 2014, p. 350).

Some studies discover that to improve health education effectiveness among university students, cultivating a particular attitude towards lifestyle is more important than transmission of information. “A healthy lifestyle is a prerequisite for the development of different sides of human activity, reaching active aging and the full implementation of social functions for the active participation in the labor, social, family, household, leisure forms of life” (Biktagirova, 2016, p. 1159). Given the long-term impact of individual healthy lifestyle on a society, under the Russian Government Program of Competitive Growth of Kazan Federal University, researchers developed an interventional program to engage students from February to April 2014, and taught the students the skills to engage in different kinds of sports activities. What was distinct about this programme was the emphasis on the underlying belief, that “Health is Power!” (Biktagirova, 2016, p. 1161). The post-test results showed an increased percentage of students in the experimental group reporting good health (Biktagirova, 2016, p. 1165). This pilot test result suggests that the cultivation of a certain mindset is effective in this kind of interventional programme.

The importance of engaging the students so that they become the active participant in health education has been confirmed in many other studies. Recent studies have focused more on exploring different ways of obtaining students’ commitment to such programmes rather than conveying the correct information to them. In a Federal University in Southern Brazil, researchers put together a programme in the Nursing Graduation Course to engage 43 students in healthy lifestyle education. As the students would become healthcare professionals, their commitment to healthy lifestyle was an important of their training. Researchers employed “active methodologies in teaching and learning” to facilitate consciousness raising in the nursing students. “Changing a lifestyle is not an easy task, but it is important to note that they may be caused by stimuli, that is, by being aware” (Fabiane & Kempfer, 2013, p. 7). The use of active methodologies was successful because it “helps the student to propose open discussion ways, where they can manifest themselves and also reflect about their lives, resizing habits as non healthy [sic] and substituting them by healthy ones” (Fabiane & Kempfer, 2013, p. 7).

If we understand health as a process that occurs in the interactive context of social, cultural, historical and economic forces, then university students are not the only people who need to be made aware of the importance of adapting a healthy lifestyle; the public in general should also have the same commitment. Interestingly, even though governments may have national plans to promote health consciousness, university students, or young people in general, may not be seen as a priority. In 2003, the Ministry of Health, Labour and Welfare announced the “Healthy Japan 21” Programme¹ to promote health in different age groups in the population. Some researchers felt, however, that “university students are not viewed as a priority for health promotion efforts in Japan” (Wei et al., 2012, p. 223), although this period of

¹ In 2003, the Ministry of Health, Labour and Welfare of the Japanese Government initiated the Healthy Japan 21 Project, with an aim to enhance the health of the Japanese people by establishing a system of medical check-ups for the elderly, creating local health centers and other facilities, and training fitness instructors, as a part of the “First-phase Measures for National Health Promotion” begun in 1978 and the “Second-phase Measures for National Health Promotion” begun in 1988. http://www.med.or.jp/english/pdf/2003_02/047_049.pdf The second term of Healthy Japan 21 began in 2013.

life is probably the formative stage of many of their lifestyle habits. In 2008 a descriptive study was conducted in Kumamoto University, to understand university students' lifestyle habits. It was a preliminary study using HPLP-II (Healthy Promoting Lifestyle Profile II) instrument to gather information about “health promotion attitudes and health practices”, and interpersonal relations, nutrition, stress management, physical activity, spiritual growth, health responsibility. The results from 314 students served as a good starting point for “healthcare providers to develop interventions to assist students in improving their health lifestyles in the university environment and will help in devising suitable education programs” (Wei et al., 2012, p. 222).

The fact that “Healthy Lifestyle” is a required course in the General Education Programme of my university shows that the significance for young adults to have knowledge to practise healthy lifestyle in their daily life is well recognized in Hong Kong higher education. Two years ago when I designed the course, I asked myself the question of how much students already know before they come to university, about healthy eating, the need for exercise, and emotional wellbeing in general. What has been taught to secondary students and what needs to be added in the University General Education Programme?

Cheng and her co-researcher in 2010-2011 did a survey with a group of 184 Hong Kong secondary school teachers (both pre-service and in-service) who took a health education course to prepare them to teach Liberal Studies/General Studies subjects to assess their readiness and attitude towards teaching lifestyle modification to their students. In the survey, the researchers chose to focus on “the most common non-communicable health problem – hypertension” (Cheng, 2015, p. 120), and sought to find out the teachers' “knowledge level of hypertension, attitudes towards lifestyle modification education to students, perception of knowledgeable to give health education” (Cheng, 2015, p. 119). The result showed that knowledge level was “below average”. Moreover, although the teachers believed that enhancing wellbeing in students was important, they were reluctant to take the responsibility of educating the students in this subject. Many expressed that they “did not see themselves as influential person to promote healthy lifestyle” (Cheng, 2015, p. 124) and felt that health professionals would be the more appropriate people to teach the students about modification of lifestyle. This “demarcation of roles” (Cheng, 2015, p. 124) between the teachers and the medical professionals have been observed in other studies too.

With reference to this role demarcation, Cheng explained that “[h]ealth education is non-subject based in Hong Kong school curriculum and is often seen as peripheral to the main subjects such as Chinese and English languages, and Mathematics” (Cheng, 2015, p. 124). Despite the fact that Liberal Studies is a compulsory course for all senior secondary students, and probably for most junior secondary students, healthy lifestyle is not part of the “official curriculum”. In order to change the way healthy lifestyle education is perceived by the community, and especially the teaching professionals, the researchers concluded that “[f]urther study on the collective beliefs of teachers and health professionals about what schools should be doing in the area of health education needs to be conducted to examine how support could be provided for the improvement of skills in health education” (Cheng, 2015, p. 124). Having taught the GE course on Healthy Lifestyle to a group of university students, I for one, agree absolutely with the proposal.

“How Are You, My Friend? Understanding and Loving Yourself” as a case study

I decided to call the course “How Are You, My Friend? Understanding and Loving Yourself” because I see it as my personal sharing with students, and hope to cultivate in them the important attitude of self-love. It is also an eye-catching title for a GE course. The class size quota was set to be 40, and after the first meeting, five more students wanted to join and so five more places were added. I was a little surprised at the response because our students are known to be lukewarm about GE courses, and most of the students were not from my home department, so they took the course not because of my reputation (!). I found out later that I didn’t have to worry about making the course title eye-catching at all, as the students informed me that they took this course because the course can also fulfil their PE requirement. In other words, many who took the course were students who did not like to engage in sports activities, and this allowed them to sit in a classroom rather than to be outside and playing badminton or volleyball. This already speaks something about their attitude towards a healthy lifestyle.

The course carried 2 credit units, therefore we had a two-hour meeting every week for 13 weeks. The topics and materials I covered in the last semester include: the 7 dimensions of wellness, the model for change in behaviour, proper diet, physical exercise, stress management, emotional wellness, engaging in artistic experience for resilience, mindfulness and meditation practice, and using narratives for therapy. Assignments include one group presentation (of 15 minutes), individual weekly journal (around 300 words in Chinese or English) for 12 weeks, and an individual Personal Resolution Plan, to be submitted at the end of the semester. At first I was a little hesitant about the weekly journals, for besides those students in the Creative Writing programme, they are not used to submitting written work every week, especially when this is only GE. The weekly journal turned out to be another surprise for me, for 95% of the students submitted all the journals, many of them wrote more than 300 words, and even added pictures and other illustrations for clarity. The Personal Resolution Plan (some of them called it PRP) is a proposal-like document to describe and explain one habit that they want to change in their life. The students are supposed to work out a plan for change, and to include ways of measuring success. Only one student did not submit this assignment, those PRPs I received were sincere analysis of their own behaviour and great efforts to make a change.

Reflecting on the semester’s teaching, with the benefit of the findings shared by researchers in their respective regions and projects, I have come to realize the following points about health education at the university level:

1. Relevance of course content for students of different disciplines

Invanochko and her team believed that “[p]hysiological characteristics of people who have chosen creative professions nowadays require a special approach to teaching activities preserving youth’s health” (Ivanochko et al., 2015, p. 223), and their studies with students of specific disciplines confirmed this belief. My course was open to all, and I found very distinct concerns expressed by the different students in their weekly journals. One Physical Education and Recreational Management (PERM) student

traced his workout plan and complementary diet; one Music student discussed his preparations for the upcoming auditions and performances; and a Business student discussed her internship experience. Although the materials I used were general knowledge applicable for all, their responses showed distinct individual interpretations, very often related to their own academic disciplines.

2. Engagement by the Personal Resolution Plan

I asked each student to name one habit they want to change (or to acquire) and give a full description and explanation in the plan. This is actually a good answer to Lipnickey's comment that "knowledge may be a necessary, but not sufficient, impactor" (Lipnickey, 1986, p. 491) on the effectiveness of health education. She cited findings about students' individual plans being "effective in making at least short term changes" (Lipnickey, 1986, p. 492) in the students' lifestyle, but remarked that lack of follow-up studies had deprived us of evidence of its longer-term effects. I am happy to have used this assignment to engage students, and I am going to follow-up on my class at the end of this semester, to try to see if the change of behaviour could be maintained.

3. The effects of peer pressure on students' behaviour

From reading the students' weekly journal, I come to learn about their concerns and worries in the lifestyle they have. The top "concerns" are sleep, diet, stress, time management, and exercise. I did not expect to see sleep being the top common problem they had. Students residing in the hall wrote that they usually went to bed at 3 am, after participation in hall activities, as they felt obliged to show commitment to "hall life". These activities usually start at midnight, because they had to wait for most students to return to hall after part-time job, or after studying at the library. This reminds me of Lipnickey's observation that "where there is continued reinforcement from peers, often sets the patterns that may be followed for a lifetime" (Lipnickey, 1986, p. 488). At such formative time of their life, while peer pressure is so impactful, it is all the more important to cultivate in them the correct attitude.

4. The need of a "personal approach" to make the knowledge practicable

I required students to write the weekly journal because I wanted to have a more personal relationship with them. As it will not be easy to address individual issues in a group setting (lecture) with 45 students, I expect the journal to be a personal space where they can engage more intimately with me. It turned out to be a truly intimate space where they were honest about their fears, anxiety, and worries. A big boy voiced his anxiety about his overweight problem, quite a few students shared their medical/psychological conditions, more talked about their addiction to being online. In my comments to their weekly journals, I tried to respond to these personal communications, and I can feel that a personal relationship had been established. This personal relationship became a motivation for them to practice what had been discussed in class in their daily life.

Conclusion: Teaching Healthy Lifestyle during a Time of Need

To conclude, let me remind you of the time and place where this course was offered. Hong Kong had experienced an extended period of social unrest starting from mid-June 2019, all the way to the end of 2019, when daily life began to resume a kind of normality. The semester started at the beginning of September 2019, and ended at the end of November 2019. During the semester, many university students were actively involved in the social movement, and my university was among those besieged and had to stop face-to-face teaching before the official end of the semester. I had always believed in subscribing to a healthy lifestyle, but its importance had never been so visible and real to me as in the past semester. The weekly journals became the place students expressed their fears, anger, and frustration. Many of them said that they had never been so eager to complete an assignment as the weekly journal; and when I put a recording of the lecture on our e-learning platform, students wrote to me to express their joy in hearing my voice again. This is an exceptional time, I know, but it does show us that health education has a core role to play in higher education, and moreover, should be as individual and as personal as possible, to have the biggest impact.

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