What are the purposes of formal and informal education?

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Section I. Introduction

Merging both formal and informal education brings the opportunity to learners to combine knowledge and interactions. Through learners' participations and knowledge on HIV education, formal and informal education at La Clinica is intertwined when following government trainings on HIV and encourages community members' participation in both development and curricula implementation on health. The following paragraphs describe five philosophers' education foundation and how their connection with health strategies on HIV.

Maxine Green (Shen, 2001) believed the purpose of formal education was for each student to gain multiple perspectives through common experiences with classmates. This will help students learn about democratic pluralism, life narrative and ongoing social change. She stated that informal education strengthens community and individual perspectives and provide multiple constructions of reality. She worries that we will become a largely isolated society that only cares about building new and improved technology.

Jean-Fracois Lyotard (Zemblas, 2001) believed that the purpose of education was to teach people to think rather than what to think. He believed in lifelong learning. Lyotard (Zemblas) asserted that people do not learn from consensus but from the celebration of our differences. Lyotard (Zemblas) focuses on the importance of the development of language as a way to learn. As informal education, Lyotard (Zemblas) states that in informal education performance knowledge cannot teach someone to judge what is true and what is beautiful.

Former elementary teacher, Neil Postman (Inbar, 2001) believes that schools basically are the fountain of knowledge, and that students attend to learn. The main purpose of informal education is the "connection between forms of human communication and the quality of culture." (Inbar, 2003, pp. 234). His argument here is essentially that without human interaction, face to face, our culture slowly is being degraded to the point that we lose our cultural heritage and identity.

Paulo Freire (Apple, Gandin & Hypolito, 2001) stated both students and teachers are unfinished human beings. Schools, which represent the formal education, have taught informal communities. He states that the current formal education excludes millions of people when illustrating inequalities in the social, political and economic system. Due to this exclusion, Freire argues the classroom must go beyond their current boundaries, implementing and transforming the both formal and informal education into a robust unified system.

Seymour Sarason (Hargreaves, 2001) states that the overarching purpose of schooling is to stimulate, capitalize on, and sustain the kind of motivation, intellectual curiosity, awe, and wonder that children possess when they begin schooling. He believed that the overarching purpose of education was to free, not indoctrinate, minds, to produce questioners and not narrow or mindless conformists, to inculcate the morality undergirding freedom, not a morality that closed minds to new or alternative ideas. Seymour Sarason (Hargreaves) states that informal education is a set of actions altering the real educational community is using to assist society and students to create their unique cultural and historical characteristics.

David Tyack (2003) states that the founders of the nation were convinced that the republic could survive only if its citizens were properly educated. Thus the common school

provided a place to educate for the collective purpose to discover common civic ground in preserving political beliefs. They thought of the homogeneous citizen as being the ideal product of public school. They believed that Americans would remain free only to the degree that citizens shared political principles and civic virtues

This paper will focus on HIV health education programs delivered at West Side Community Health Services (WSCHS) La Clinica which are connecting its curricula design and implementation to previous thinkers. The educational health institutions provide formal knowledge to students and communities (Apple et al., 2001) by teaching what knowledge is to institutions. Formal and informal health education support public health by improving people's health, however, it struggles with political and social issues through its implementation which is discussed in this paper. Formal education that I refer to comes from current educational institutions such as schools, universities and research institutes and the curricula they develop. The informal education is community social interaction. The imbalance of formal and informal education is distorting the system rather than enriching it (Hargreaves, 2001).

This is a contrast paper which will compare and define both formal and informal education for health education services provided at WSCHS La Clinica. Section I, introduces the health education problem at WSCHS about formal and informal education connected to philosophers educational foundations. Section II brings Paulo Freire's perspectives (Apple et al., 2003) on formal and informal and health education among politics and government rules. It also brings the learning process among the government and health educational foundations implemented by WSCHS La Clinica. Players are identified as newcomers to the educational sector, government and communities. By identifying players and educational tools, I am making connections with political and social issues in the U.S. educational foundations proposed by

Tyack (2001). Chapter III discusses players' interactions through their formal and informal educational foundations, providing solutions that tend to create new problems in health education at La Clinica. I will focus this discussion in the social and political arena. Chapter IV concludes and makes recommendations.

Through this paper, there will be at least three positions for each idea: thinkers, political and social issues and my own perspectives. Supporters and opponents of each idea will bring credibility due to the inclusivity of their perspective.

<div align="center">Section II. Players and their interactions.</div>

The thinkers previously referred to agree that formal education teaches students by using current education standards such as text books, class attendance and traditional assessment to earn a degree. Players are identified as newcomers to the educational sector, government and communities.

Once students graduate, they become newcomers to the work environment. Newcomers bring new ideas from their formal education at institutions such as universities to their work place (Apple et al., 2003). Newcomers possess a diploma which proves their formal education. They will implement solutions by exerting their formal knowledge. In contrast, the informal education is distinct from standard school settings. For example, informal education is composed of nontraditional classrooms, no formal testing, and multiple curricula development and implementation due to cultural diversity rather than knowledge (Apple et al., 2001) (Hargreaves, 2001) (Shen, 2001) (Thomson, 2001). As a health educator, I interact with patients and community members by performing both formal and informal methods, traditional and nontraditional classrooms, and curricula. Through our informal program, my students will gain

the knowledge to improve their health via the curricula provided by the government, but they do not receive a health education diploma. The assessment of the program is the doctors' opinion about the patients' progress. The program is developing strategies for those patients for whom reinforcement of the knowledge is necessary. Players' relations have been explained in the following subsections. The following subsections explains players' interactions in politics and health education on HIV, politics and formal and informal health education, and government rules in health education.

Political relations and health education on HIV.

Formally, my students acquire knowledge, transforming their role as citizens creating a better nation and supporting the U.S. government (Tyack, 2003). For example, the health education curricula we use is given to us and approved by the government. Trough HIV education sessions, I transmit knowledge to patient what physicians and health institutions think HIV is. It is mandatory to use these curricula to receive funds and primary care for HIV. My students are becoming better citizens because through their classes, they are accessing federal budgets to stop the spread of HIV by transforming public health. As a consequence, my students and I are supporting the U.S. government health initiatives.

Informally, my students freely interact in their social context and outside the educational setting and create a unique way to teach and understand the knowledge of HIV (Apple et al., 2001) (Hargreaves, 2001) (Shen, 2003) (Thomson, 2003) (Inbar, 2003). I argue social context can support informal education by adapting values and culture in the curricula, in particular, about how to teach HIV facts of transmission. The informal HIV health education needs to be taught by connecting its formal knowledge to social and cultural values. For example, WSCHS

La Clinica implemented curricula for patients living with HIV. "Making sure your health care is the best it can be" is a curriculum developed by the New York AIDS Institute (National Quality Center, 2010). As a health educator, I adapt this formal curriculum when incorporating Latino culture such as language and values. Through training, I teach patients their rights to ask for a good customer service and make a complaint for bad service. In Latin America, customer service has a different meaning from the U.S. I teach patients to develop new strategies when interacting with their physicians and developing their health care plan. Through their interactions and socialization, patients meet once a year with federal auditors to assess the service they receive. By doing this, Paulo Freire's educational foundation is in place (Apple et al., 2003) when patients at WSCHS La Clinica are creating formal and informal knowledge among their health care providers.

Politics and formal and informal health education.

I work in multidisciplinary programs in which I manage and learn topics outside of my academic background (Stewart, 2001). I utilize my computer and management formal background by developing both HIV health education and quality programs. I teach informal health education by implementing formal education trainings outside traditional settings. For example, I interact with physicians, nurses, social workers and my students by using a formal educational curriculum I get from the government and private institutions. Through their development and research departments, private pharmaceutical drug companies formally teach providers and patients. I am building knowledge by creating both formal and informal educational settings.

Following Freire's model (Apple et al., 2001) my students may experience oppression when I teach them the knowledge which has been approved by experts and the government. As experts, physicians and researchers provide accurate information and the government exerts its position to approve what needs to be taught. However, I think the formal HIV education in the U.S. provides comprehensive and culturally adapted services. For example, the HIV federal grant in which I work, focuses on the Latino population. This grant is successful by focusing on one specific population. However, it individualizes and promotes distinctions and creates injustices (Tyrack, 2003) when patients from outside the specific population require access to services and they cannot get them. One way to manage this weakness is by having a wider perspective and being inclusive and expanding opportunities to informally educate both patients and providers.

In informal education, students learn by balancing social aspects and knowledge (Thomson, 2001), how to navigate the ever-changing world around them and to be involved in positive social change (Shen, 2001). Individuals can learn socially within a culture of community and with the involvement of others (Apple et. al., 2001). HIV patients are teaching medical providers their informal knowledge of how to live with HIV. Physicians are challenged when they are learning from HIV+ patients who have more knowledge about secondary medication side effects than physicians have. Current research has a small timeframe and a small participant sample. Patients who live with HIV have more time experience consuming antiretroviral medications and their side effects than the limited researchers supported by formal education.

Government rules in health education. Current health education curricula on HIV and its delivery method need to improve its content because facilitators spend almost 100% of traditional class time following the programs guidelines (Tyack, 2003). In fact, grantees must prove they are teaching formal objectives about HIV. By critiquing current curricula, community

members will improve both facilitators' and students' roles and strengthen the health education

curricula (Tyack). By creating rigid public health curricula, I argue the government exerts its

position by oppressing communities. In addition, as a facilitator for the training "Making sure

training your health care is the best" (NQC, 2010), I need to communicate its copyrights when

teaching this curricula. I need to follow rigid pathways during the training, and modify some to

increase participation. I need to ask permission to change an exercise that I consider better for

my students. I think there is a need to balance formal and informal education. Many health

educators are asking their students how to change current classes which will incorporate

students' suggestions to adapt health programs by considering further social and political issues.

In the U.S., the evolution of disease management has a reactive behavior instead of a

prevention approach. There is a need to improve both centralized and regional government

decision making in order to expand the HIV health education curricula. Current players will

continue to support formal education. For example, experts on the disease must follow federal,

state, or local government guidelines to elaborate an education curriculum and to continue to

access federal money. Facilitators must become experts on the disease to provide accurate

information when they teach the community. According to Human Resource Service

Administration (HRSA) (2010), by focusing on cultural and linguistic competence, community

members will become highly educated patients following the formal education which medical

professionals have trained them in. Following Freire's model (Apple et al., 2001), community

members interact with each other. Through their interactions, the community will construct

health knowledge and strengthen public health. HRSA is providing formal education and public

health care for all segments of the society. Both the government and communities are supporting

formal and informal ways by using a pluralistic model to deliver HIV health education messages,

not encapsulating communities when promoting social interactions to transform public health. This will help students learn about democratic pluralism, life narrative, and ongoing social change (Shen, 2001).

Section III. Discussion.

Through government interventions, the formal way to design and deliver health education messages is becoming plural. By applying philosophers' educational foundations, there are improvements to strengthen both formal and informal education. Following the status quo, facilitators and community members will teach what experts say about diseases, providing accurate information. By creating social groups, informal education has a positive impact when the knowledge is widely disseminated when reducing social disparities (HRSA, 2010) connecting humans through culture (Inbar, 2001). The current process of education is dynamic, constantly changing standards of the educational system (Apple at al., 2001).

Considering cultural and linguistic barriers, health curricula adapt teaching methods to create a learning path for specific students or community members and it is assimilating immigrants (Tyack, 2003). Individualizing community needs would discriminate against people when they require health care services in organizations which do not have a pluralistic strategy (Tyack, 2003). It is necessary to provide a balance of both formal and informal education when building knowledge (Thomson, 2001) and considering their culture and values (Inbar, 2001). In addition, Maxine Green (Shen, 2001) argues that it would increase failures when a variety of services require more resources and discriminate against patients who do not belong for specific cultural and comprehensive government grants, but create isolated solutions.

Currently, the federal government is centrally developing HIV health education programs through teaching what HIV is to policymakers. By using a pluralistic model (Tyack, 2003), the U.S. can have a unified health care HIV message but it decreases opportunities to have more thinkers, fresh ideas, teaching methods and content. It encapsulates knowledge and standards by reducing social interactions. There is no centralized health department which merges all 50 fragmented departments of health. However, the formal health knowledge follows Department of Human Services (DHS) curricula. By teaching and facilitating what formal health knowledge is, it is not sufficient to create a common knowledge, but sharing their professional experiences. Some facilitators, including myself, teach their informal knowledge. It describes health education as political and the role of the government must be more intense when developing curricula to transform into a better society and into a robust unified educational system (Apple et al., 2001) (Reagan, 2005).

Section IV. Conclusion and recommendations

The purpose of formal education is a knowledge source to enhance students' skills, methods to capitalize and motivate their curiosity to improve their wellness and understand how their environment works. The rigid formal health education system requires social actions.

The purpose of informal education provides knowledge in social interactions by altering the educational standards by producing skills and knowledge trough learners' interactions. Formal health education brings experts' knowledge which is supported from universities and research institutes. Informal health education bridges cultural barriers by creating social interactions among communities outside standard school settings such as diversifying community life choices, classrooms, exams, and program curricula development.

The social and political implications in the health education programs have both success and failures. One success is that the government is developing HIV education programs to assimilate immigrants, making plural the formal knowledge and promoting social interactions. It improves the public health, reducing new HIV cases, impacting citizens' behaviors and supporting health policies. On failure is that budgeting comprehensive and cultural health funds, government individualized services which will increase discrimination against patients who do not belong to specific minorities.

Formal and informal education will provide a pluralistic perspective when allowing all learners to freely communicate and reduce barriers or gaps between individuals. Social and political community awareness may create more critical thinking creating a balance to teach.

I recommend to merge philosophers' educational foundations proposed in this paper to a specific health educational trainings to analyze their ideas to community members. Facilitators, government and organizations can improve current trainings considering member's needs to educate.

I recommend increase the communities and government interactions when designing or updating current health education curricula. This participation will make plural the health education, which positively impact the formal and informal health education curricula. Minorities' communities and government will celebrate their differences by helping to design and implement curricula which consider citizens' needs.

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