

Curricula and Teaching Methodology in the Field of Health Education: What Do We Know so Far?

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ABSTRACT

Health education is the interdisciplinary branch of pedagogy, medico-biological sciences, and health sciences, which addresses issues of prevention and the adoption of practices and strategies to reduce morbidity and mortality of the general population. Curricula are the subjects comprising a course of study in a school or college. The thematic axes of the Curricula of Health Education should include microbe transmission prevention, sexual and reproductive health, voluntary blood donation, oral health, smoking prevention, mental health promotion of children and adolescents, knowledge about sunlight, hygiene and vision protection, the value of old age, accident prevention, infection prevention (HIV, hepatitis etc.), healthy posture, healthy breathing, environmental health, healthy sleep, healthy diet, healthy exercise activities, problems involved in internet technology in adolescence, the role of play in childhood, and the prevention of addictions. Both behaviorism and constructivism are equally appropriate learning theories for teaching health education. The present paper aims to summarize all the available-to-date information on these issues.

Keywords: health educator, pedagogy, behaviorism, constructivism, school health

INTRODUCTION

The scientific interest for the teaching of health education at school includes the reform of the curricula and the application of a new teaching methodology in order to follow the modern era by meeting the needs of student society. The teaching and learning in health education occurs in a fragile balance between the established principles of modernity (behaviorism, direct teaching) and the post-modernist pursuits (supportive teaching, constructivism, exploratory pursuit of knowledge).

Behaviorism came to light by John B. Watson and developed into a basic approach to psychology. It deals with the scientific study of behavior which is obvious, can be observed objectively, and is immediately measurable, excluding the study of processes such as thought, emotions, and motivations. Behaviorism

formulated principles and laws for understanding the behavior of living organisms.¹⁻³

On the other hand, constructivism argues that perception is constructed by the observer based on the conceptual data which he/she collects during active observation in combination with cognitive strategies and processes, past experiences, expectations etc.⁴⁻⁶

Both behaviorism and constructivism are equally appropriate learning theories for teaching health education. Although the various educational technology tools are designed primarily in the context of behavioral theories, the majority of health educators rightly choose to use a combination of them. The reason is that they understand the dynamics of both theories (each one is able to respond better to specific situations), so as to satisfy the educational peculiarities of each student.⁷⁻⁹

CURRICULA AND TEACHING METHODOLOGY IN THE FIELD OF HEALTH EDUCATION

The teaching aids in the health education course are modernized, in order to keep the students' interest undiminished and to open various paths to the new knowledge (textbook, computer, multimedia, and internet). The Curricula of Health Education (CHE) must have a solid scientific basis, and they should be included in the general curricula of primary and secondary education. From one point of view, CHE mirrors the level of education and culture of a country.¹⁰

The thematic axes of CHE should include microbe transmission prevention, sexual and reproductive health, voluntary blood donation, oral health, smoking prevention, mental health promotion of children and adolescents, knowledge about sunlight, hygiene and vision protection, the value of old age, accident prevention, infection prevention (HIV, hepatitis etc.), healthy posture, healthy breathing, environmental health, healthy sleep, healthy diet, healthy exercise activities, problems involved in internet technology in adolescence, the role of play in childhood, and the prevention of addictions.^{11,12}

The need to modernize CHE expresses the ideological, political, and social background of a country in a given period of time. One could classify CHE in several categories such as: progressive (child-centered) or conservative (teacher-centered), open or closed, traditional or modern (using multimedia).^{13,14}

The call of a new era in education is the development of a humanitarian approach for the design of CHE. The effective approach is the open type CHE. Open (type) education was viewed by proponents as a humane, liberating

alternative to the more formal classrooms of its day. These ideas are grounded in the philosophy of American educator John Dewey, and in the developmental psychology of Swiss biologist, clinician and theoretician Jean Piaget.¹⁵

Health Education Curriculum can intervene and set or revise goals, choose content and teaching method, in contrast to the closed-type program that limits it to specific teaching activities and to a specific time of their completion. Health educators express the need to disengage from a learning process based on the accumulation and storage of knowledge, and the shift to a critical and creative approach to it. Health educators also emphasize the need to claim a substantial role in the curriculum development process and the possibility of involving the educational community (students and parents) in their evaluation.^{16,17}

Nonetheless, in the light of new data (but also of the desired aspirations) that emerge from political, economic, social, and cultural changes, an educational planning is necessary. The factors that characterize modern reality and must be taken into account by those who are responsible for the design of the CHE (experts, educational community) are grouped as follows: explosion of knowledge, the problem of the natural environment, social problems, new technologies, lifelong learning, the changing role of the teacher, and pedagogical changes.¹⁸

On the other hand, CHE must promote the use of multiple textbooks. This approach advocates the allegedly Thomist aphorism «timeo hominem unius libri» ("I fear the man of a single book").¹⁹ The proposals for the introduction of multiple textbooks in secondary education are of the opinion that the biggest problem is focused on what books exacerbate (instead of mitigating) the consequences of social inequalities, degrade the level of education, do not promote critical thinking, and remain committed to the goals and contents of a, say, traditional curriculum.²⁰

At a practical level, the health educator will select the most suitable book for his/her students through a list of approved teaching packages for each subject. In addition to this selection, which will be made based on the objectives of the course and the selected teaching methods/strategies, the rest of the approved teaching packages will be located in a specific area within the classroom, so that there is direct access to them by students.²¹

Although the study of the phenomenon of learning dates back to classical antiquity, its systematic study began in the late 19th century, culminating in the first decades of the 20th century and continued unabated to this day. Based on studies and research that took place, various theories were formed around the subject of learning. In this article we will refer to the two main learning theories, which are

emblemized by the representatives of behaviorism and cognitivism in CHE.²²

These theories differ in their content. Behaviorism is included in the traditional approach of CHE and cognitivism in the newer approach of CHE. In more detail, the representatives of the behaviorism have studied the relationship between stimuli and the reactions caused by them. Starting from the view that what happens inside the learning subject cannot be observed objectively, they ignored the study of internal learning processes and focused on identifying the laws and basic principles governing the correlation between stimuli and reactions. This view has significantly influenced the teaching practice. Health education's task was to configure the appropriate learning environment and to provide the student with stimuli that will provoke the desired reactions, so that the latter acquires the desired behavior. Thus, on a more practical level, the health educator provides new knowledge to the student, who memorizes it and applies it right away in specific problematic situations that will arise.^{23,24}

Nowadays, the rapid change in existing social data, technological development, and constantly updated learning environment do not allow the constant obsession with traditional ways of learning in health education. The traditional element is beginning to accept changes and to converse with newer educational practices, so that learning serves the modern needs of the students. This position is expressed by cognitive psychologists and their special reference to learning through discovery and research. Representatives of cognitive psychology are not satisfied with the views of the followers of behavioral psychology on human learning.^{25,26}

The former, in contrast to the latter, focus their efforts on researching the internal processes of cognitive development and learning. Behavior, according to cognitive psychologists, is not the result of associative connections alone. An important role is played by the internal cognitive structures that are gradually created by the influence of the environment and the individual's effort to respond to it. In the health educational practice, the health educator exposes the students to new problematic situations and leads them through a research process to solve them and to discover new knowledge. The various views on human cognitive development and learning processes can be integrated into a broader movement, which is known as constructivism, for the equal development of all aspects of a student's personality (cognitive, emotional, social, and motor skills). The health educator should make a harmonious synthesis of all the positive points that can be extracted from each learning theory.²⁷⁻²⁹

As an indicative practice, we would suggest the direct transmission of the basic scientific principles to the learner and then his/her free "wandering" in the field of learning in order to research, discover new knowledge and solve his/her daily problematic situations.³⁰

CONCLUSIONS

Modernization in the field of education is an urgent need. Thus, the content of the Health Education Curricula, the textbooks and the teaching methodology must "listen" to the pulse of society and harmonize with the new data. The health educational practice seems to follow more traditional practices. Training programs will help health education to keep up with educational innovations. Students will love a school that will be open to all their concerns and will provide solutions to their impasses. Let us become the new health educators who will bring change in educational classes and will promote health education to higher levels.

CONFLICT OF INTEREST

The author declares that there is no conflict of interest regarding the publication of this paper.

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