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**TEACHERS AND STUDENTS' PERCEPTION OF THE HEALTH
EDUCATION OPTIONAL DISCIPLINE CURRICULUM**

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Abstract

For the Romanian society and the education system after 1990, Health Education has a particular relevance, especially in terms of increasing the health level of the population, increasing the quality of life, reducing certain risk factors, which prevent the onset of certain diseases, etc. The degree of population growth is also measured by the public health of a country. The quality of a people's life is also determined by the overall health of the people. The syllabus is an integral part of the National Program "Health Education in the Romanian School" and it is intended mainly for those teachers who are willing to take on the role of shapers and facilitators of harmonious development of children and adolescents, being and of a superior life quality. In this paper I have tried to provide an insight into the opinions of teachers and students on the subject of Health Education optional discipline. The dictum "mens sana in corpore sano" synthesizes a true philosophy of health education. Health education is a component of education alongside its other aspects. The outcome of information and training on all these educational plans will be: • formation of a general culture (knowledge, opinions); • adopting behavior (attitudes, interests, practices, habits) circumscribed to socially desirable norms and values; • shaping the human personality in the sense of its realization and self-realization; • optimizing and harmonizing interpersonal relationships. The ultimate health education is to improve and maintain the health of the population.

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1. Introduction

Within “new education”, health education constitutes another perspective based on rethinking, rebuilding, reconsidering the diverse issue of school learning, what is learnt in relation to the current evolution of knowledge.

People's health status is the result of their genetic heritage, of age, nutrition, aspects connected with lifestyle (for example physical activity), social environment factors (for example housing conditions, hygiene), but also stress, working conditions and family support.

Through its moral authority, school can bring a significant contribution to the transmission of this knowledge of education for students' health, and it has the ability and capacity to include and to address, in time, a high percentage of the population (Blândul, 2014).

The Health education curriculum was developed in a modular version. The aim of the modular organization is to offer the user a flexible basis for the implementation of the “Health Education in the Romanian School” national program within classes of the School Based Curriculum (SBC) (Ministry of Education, Research, Youth and Sport, 2007).

2. Problem Statement

As a statement, it can be seen that the students are concerned with issues such as medical emergency, research conducted in top medical sciences, human reproduction, as well as the harmful influence of psychoactive substances.

Information and training in the knowledge of health education, in developing skills, lasting convictions and behaviour about preserving and maintaining health, is a fundamental condition required by modern humans. Familiarization with the objectives of health education is a need, preserving a healthy body and a healthy life environment is, essentially, the primary duty and task of each one of us.

In this paper we present the results of a survey on the place and role of the Health education optional discipline in the lower secondary school. It is regrettable that this discipline is taught in rather few schools, with no emphasis on its the practical-applicative aspect.

From a public perspective, due to its huge individual, but also social and demographic implications, health is one of the most important elements of government policies and strategies in the whole world (Cojocari, & Crivoi, 2015).

3. Research Questions

Our research question is “What knowledge must be included in the Health Education discipline?”, through the perception of the surveyed students and teachers, subjects of the administered questionnaire. In previous studies (Marinescu & Botea, 2017a, 2017b) we found that there must be included:

- theoretical and practical knowledge on medical emergency (giving first aid), the harmful influence of psychoactive substances, reproductive hygiene, growth and development of the human organism, stress management;
- research and discoveries in the field of medicine, research and discoveries in the field of medical genetics, recent medical research;

- notions of metabolic and genetic diseases, notions of infectious diseases, digestive system diseases, occupational diseases, mental hygiene, individual and collective hygiene;
- diet of a healthy and of a sick person, parasitic diseases, health legislation.

4. Purpose of the Study

The main objective is to provide an insight into the situation existing at the level of educational reality concerning teachers and students' perception of the Health Education optional discipline Curriculum. We consider that such an endeavour is absolutely necessary, as the results obtained in this way create an essential foundation for organizing and conducting future research.

The items are devised in a symmetric way, which gave us the opportunity to make comparisons between the answers of teachers and those of students to a set of identical questions. Our purpose is: to perform an analysis of the Health Education discipline Curriculum (in the case of students) and its SWOT analysis (in the case of teachers); to make an inventory of teachers and (lower secondary) students' expectations in relation to the Health Education curricular offer; to find the aspects students and teachers are most pleased/displeased with; to identify the main difficulties encountered in the teaching-learning-evaluation of the Health Education discipline; to gather proposals and suggestions.

5. Research Methods

The survey method was used to collect data and information in order to get a thorough knowledge of the topic studied. Being an interactive method, the information exchange with the subjects of the research assumed collecting data on: knowledge, actions, educational needs, behaviour, wishes, aspirations etc, in order to assess the information level on teachers and students' perception of the Health Education optional discipline curriculum. The indirect/written survey, with self-administered questionnaire was used. After the subjects received explanations on the need of applying the questionnaire, details and recommendations were provided on how to fill it in, with a particular emphasis on the importance of sincerity and honesty when giving the answers.

An identical questionnaire was prepared and used for students and another one for teachers. The sample of students consisted of a number of 399 lower secondary students from three counties: Bihor (135 students), Sălaj (124 students) and Arad (140 students). Concerning the age, 105 students were in the 5th grade, 103 students in the 6th grade, 101 students in the 7th grade and 90 students in the 8th grade.

6. Findings

6.1. Quantitative analysis of answers from students

Table 01. Question no. 1: “What are your expectation of the *Health education* discipline?”

Answers	No. of students	Percentage
No answers	15	3.76%
To form a global and realistic view about the <i>Health Education</i> discipline	34	8.52%
To develop practical skills	70	17.54%
To become aware of the importance of <i>giving first aid</i> and of the population having health knowledge	100	25.06%
To form and develop medical consciousness, culture and education	44	11.03%
To apply the knowledge in other disciplines and in everyday life	48	12.03%
To provide school and vocational guidance	32	8.02%
Other	56	14.04%
Total	399	-

As it can be seen from the Table 01 above, 3.76% of the respondents did not answer the question, and 14.04% of the answers belong to the “Other” category.

Becoming aware of the importance of giving first aid and of the students/teachers (the population in general) having health knowledge and applying the knowledge in emergency situations – until a doctor or a healthcare professional comes – has a high percentage, 25.06%.

The provision of school and vocational guidance does not seem to have a high percentage, it does not take an important place among the students' expectations.

The respondents have the following expectation categories in the teaching-learning-evaluation process of the Health Education discipline: using of student-centred didactic methods; implementing the teaching activities in the Biology laboratory or in the school medical office; using practical-applicative activities during classes; group and micro-group activities during classes; carrying out project in partnership with other schools.

Table 02. Question no. “2: Generally speaking, I am most pleased with:”

Answers	No. of students	Percentage
No answer	10	2.51%
The way of teaching	108	27.07%
The use of <i>experiment/demonstration</i> during classes	14	3.51%
The use of modern teaching methods and evaluation	49	12.28%
Holding the classes in the laboratory, the school medical office etc.	37	9.27%
The „Skillful sanitarians” study group	85	21.30%
The implementation of competitive activities	32	8.02%
Other	63	16.04%
Total	399	-

The way of teaching is appreciated favourably by 27.07% of the respondents and unfavourably by 8.02% of them, as it results from Table no. 4 and Table no. 5.

The way of teaching received a high percentage (27.07%), just as did the importance of setting up the “Skillful sanitarians” study group (21,30%), as well as the use of modern, active participatory methods of teaching and evaluation (the students have increased preferences for the use of self-evaluation). (table no. 2) The “Other” category included the following answers: applying the Health education knowledge within Biology, Technology Education, Physical Training etc. classes (the interdisciplinary aspect of Health education); inclusion of more modules within the discipline; involvement of the local community in various festive activities (for example: World Health Day, Anti-stress Day, Open Gates Day etc.); the good results obtained by students at the local, county and national “Skillful sanitarians” competitions; the popularity of the implemented activities in the local press etc.

Table 03. Question no. “2: Generally speaking, I am most displeased with:”

Answers	No. of students	Percentage
No answers	26	6.52%
The way of teaching	32	8.02%
The lack of equipment in the laboratory	23	5.76%
Textbook with a lot of hard to understand information	64	16.04%
Low number of classes (1 hour/week)	66	16.54%
Implementation of extracurricular activities	54	13.53%
Few practical activities during classes	66	16.54%
No group work	50	12.53%
Other	48	4.52%

To question no. 3, the respondents are most displeased with the low number of classes and the hard to understand textbook (close percentages), in its chapters there are many not clearly explained concepts. The chapter on the growth and development of the human organism, which is taught in the 8th grade, should be really important both for students and their parents.

Close percentages can be seen for few practical activities during classes (16.54%), textbook with a lot of hard to understand information (16.04%) and low number of classes (1 hour/week) (16.54%), which leads to discontent over the lack of additional curricular and extracurricular activities (13.53%) (table no. 3).

The response rate which can be included in the representative category is 4.52%, being part of the “Other” category. In general, the students are discontent with: little attention is given to the practical-applicative aspect of the teaching activities; some classes could be held in the Biology laboratory or the school medical office; lack of differentiation in the work with students; the high-intensity pace of the classes, due to the overloaded textbooks and the little time allotted; teaching is done using mainly the mixed lesson type (which is true for most disciplines); the lack of exemplifications during teaching-learning; the individual and group activity cards are not used; little attention is given to the students' active participation in the teaching-learning process, to creative teaching.

Table 04. Question no. 4: “Please describe some of the difficulties faced in the learning process”

Answers	No. of students	Percentage
No answers	15	3.76%
To form a global and realistic view about the <i>Health Education</i> discipline	34	8.52%
To develop practical skills	70	17.54%
To become aware of the importance of <i>giving first aid</i> and of the population having health knowledge	100	25.06%
To form and develop medical consciousness, medical culture, medical education	44	11.03%
To apply the knowledge in other disciplines and in everyday life	48	12.03%
To provide school and vocational guidance	32	8.02%
Other	56	14.04%
Total	399	-

Regarding the fourth 14.79% of the respondents say the textbooks are hard to understand, with difficult, complicated, abstract concepts. It seems that this aspect is a problem of the Romanian education, but it is even more obvious in the case of the Health education discipline. The books contain certain concepts or key phrases which are insufficiently explained, in some cases the scientific content is inaccessible for lower secondary school students. Exemplification is not used to explain things.

The 16.04% is worth mentioning. It refers to the inclusion of some up-to-date knowledge and the replacement of other information. The knowledge about giving first aid is particularly relevant among the interests of students, but also among those of youth, the society in general.

What also deserves attention is the students' interest in practical application.

Table 05. Question no. 5: “Comments and suggestions.”

Answers	No. of students	Percentage
No answers	46	11.53%
Modernization of the teaching-learning-evaluating process	65	16.29%
To have 2 classes/week	68	17.04%
Inclusion of up-to-date modules and replacement of others	63	15.79%
Placing emphasis on creativity	26	6.52%
Attention given to developing practical skills	64	16.04%
Textbooks with accessible contents	42	10.53%
Other	55	6.26%
Total	399	-

The answers obtained by adding the No answers and those from the “Other” category cannot be analyzed precisely. It can be seen that a particular attention is given to the modernization of the teaching-learning-evaluation process, 16.29%, which was also present in the answers given to question no. 2.

The respondents are also interested in the inclusion of up-to-date modules (basic first aid knowledge, medical volunteering, about SMURD etc.) and replacement of others (15.79%), as well as in the development of practical skills (16.04%), a fact confirmed by the surrounding world, by everyday life.

Here are the most frequent answers in the “Other” category:

- the use of appropriate teaching aids: dummies, plaster moulds, as well as using more the computer in the teaching-learning-evaluation process;
- interest in developing practical abilities in students and in their application in everyday activities;
- effectiveness of group and micro-group activities during classes;
- the mixed lesson and the one for the development of intellectual abilities are used excessively in teaching the discipline etc.

6.2. Quantitative analysis of answers from teachers

It is known that the number of teachers who teach the Health education discipline is low, most of them graduated from Biology, some of them are school doctors. For this reason, our purpose was to perform only qualitative interpretations of their answers and to establish bridges with the students' answers.

We have grouped these bridges of conclusion categories, which provide us with a global picture of the Health education Curriculum.

- **Visions of Curriculum:**

Students and teachers' shared visions of Curriculum: Mismatch between the syllabus and the number of hours allotted (1hour/week.); A cumbersome syllabus, with no answers to up-to-date topics; At least 2 classes/week; The syllabus does not contribute to the development of practical skills.

Teachers' visions of Curriculum: The syllabus is cumbersome for the students; There is a need for updating, an adjustment to the needs of society; There is no emphasis on the practical-applicative aspect of the discipline; Some modules do not match the students' cognitive level of development; The syllabus focuses on not properly detailed competences; An overall review of the curriculum is required, and of the textbooks too.

- **Students and teachers' expectations of the syllabus:**

Students and teachers' shared expectations of the syllabus: Adjustment to the surrounding reality, to the life of the community, to the information explosion; Adjustment to the last discoveries of science, medicine, psychology, technology; Inclusion of up-to-date modules and the replacement of others, which are outdated in the society of knowledge; The contents of the modules should make possible the introduction of modern teaching-learning-evaluation methods and the use of appropriate teaching aids (dummies in particular).

Teachers' expectations of syllabus: To take account of the students' age-related characteristics; The content should match the students' cognitive experience; To observe the principle in Biology: structure – function; To observe the principle of continuity.

- **Teachers and students are pleased with:**

Teachers and students are pleased with: The existence of interdisciplinarity within some modules of the discipline; The possibility of correlating some practical-applicative aspects.

The teachers are pleased with: The students' attitude towards the study of the Health education discipline; The results students obtained in “Skillful sanitarians” competitions and in various thematic competitions; Inclusion of health education thematic activities in the School in a Different Way Program; Class management.

- **Teachers and students are displeased with:**

The small number of hours allotted per week (1hour/week); Overloaded syllabus; Hard to understand textbooks, with difficult, complicated, abstract concepts; Non-inclusion of this discipline in the curriculum in many schools.

- **The specificity of the Health Education discipline in the view of teachers and students:**

Both teachers and students consider that the specificity of the Health education discipline is given by: The presence of modular organization; The practicability of interdisciplinarity; The relationship maintained between theory and practice; The focus on the practical-applicative aspect; The logical learning of concepts, contents within the modules.

- **Difficulties faced in learning the Health education discipline, in the teachers and students' opinions:**

Both teachers and students consider that in the learning process the following difficulties arise: An extensive amount of information which should be acquired in a short time; Difficulties in acquiring certain concepts; Hard to understand textbooks, with difficult, complicated, abstract concepts; Study overload;

Difficulties with finding a place in the timetable of the class (usually on Friday, the last class); Difficulties in connection with the students (motivation, learning style).

- Teachers' suggestions:

Consulting the teachers who actually teach in the classroom when the syllabuses, alternative textbooks are developed (and not only the decision-makers, teachers in rural areas should also be consulted), but also school doctors, emergency medical care specialist doctors, and those working in anesthesia and intensive care; Students who want to study at a healthcare high school should take a practical test to have their health skills assessed; There should be a match between the content taught and the everyday life.

7. Conclusion

The syllabus of the Health education discipline is an integral part of the "Health Education in the Romanian School" National Program and it is intended mainly to those teachers who are willing to undertake the roles of shapers and facilitators of children and adolescents' harmonious development, of their well-being and of a superior life quality. It is a useful tool for the implementation of health education activities in the classroom. At the same time, the program is intended for students, parents and the entire community. Many studies on health education have suggested that the results in the field of health can be influenced by those who take part in health protection measures, by communication style, by skills and practices. The world around us confirms each time that where the students, the teachers and the local population are informed and take part responsibly in activities related to health education an increase in quality can be noticed, and vice versa.

Nowadays, at national level, there are few schools in which the Health Education optional discipline is taught. Until 1990, this discipline was compulsory. It is expected that in the next 3-4 years this discipline will be included in the common core, powerful arguments being brought forward to support the need for teaching it: the population's disinterest in various vaccines, the high consumption of psychoactive substances among young people, medical illiteracy in some situations etc.

At present, in the Romanian education both students and their parents prefer optional disciplines which are related to Romanian language and literature or to mathematics. The unfounded explanation is the tough exams at the end of the 8th and 12th grades. Another unfounded explanation would be the involvement of some school headmasters whose priority is setting up departments for some teachers and not the interest of the beneficiaries of education – the students. It would be interesting to conduct a study on the number of schools (at national level) in which this optional discipline is taught, as well as on its relevance among students, the community.

Comparing the "Health Education in the Romanian School" National Program with the reality of education, with the priorities of the contemporary society, but also with the students and teachers' wishes (including also experts from the medical field), it can be seen that there is a need for amending the contents, for updating them, but also for including new, priority contents and for removing others.

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