BUILDING THE SOCIETY OF THE HEALTHY FUTURE: HEALTH EDUCATION AND THE ROMANIAN CURRICULUM

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Abstract. Educational institutions contribute to some extent to the promotion of healthy behaviour and the prevention of disease by providing health education. Research highlights the importance of improving programme implementation in this dimension to increase the effectiveness of the intervention. An integrative approach has been suggested to reduce the time barriers that teachers currently face in teaching this new type of education. Health education programmes often involve lessons about health and are often included in the mathematics, science or literacy curriculum.

The ability to draw strong conclusions about the effectiveness of health education interventions in schools is limited by the current lack of programme description and methodological issues. The intent of the health education curriculum is to provide students with an understanding of the functional and health dimensions of food, healthy behaviour, food safety, medication, preparation and processing for exercise skills so that they can make informed decisions in their healthy adult lives.

Health is a creative, practical and fun topic. It allows students to be imaginative and gives them hands-on experience. This gives pupils a real sense of achievement and self-worth, with those of all abilities able to achieve it. In the Romanian curriculum this term is not often found. However, there are many curricular contexts in which pupils can develop their competences in healthy living.

Keywords: health education, curriculum

Introduction

Health promotion is the process of enabling individuals and communities to increase their control over the determinants of health and thereby improve their health; it is a unifying concept for those who recognize the fundamental need for change in both lifestyle and living conditions (Paray, 2012). Health promotion is a strategy for mediating between the individual and the environment, combining personal choice with social responsibility and aiming to ensure better health in the future (WHO-EURO, Health Promotion Glossary, 1989).

Consciously constructed learning opportunities, involving some form of communication, designed to enhance health education, including improving

knowledge and developing life skills, are conducive to individual and community health.

The WHO Health Promotion Dictionary describes health education as not limited to the dissemination of health-related information, but also to "fostering the motivation, skills, and confidence (self-efficacy) needed to take action to improve health", as well as "communicating information on the social, economic and environmental conditions underlying health impacts, as well as individual risk factors and risk behaviors and health system use". Therefore, an overall objective of health education is not only to increase knowledge about personal health behavior, but also to develop skills that "demonstrate the political feasibility and organisational possibilities of different forms of action to address the social, economic and environmental determinants of health".

Health promotion aims to improve health by seeking to influence lifestyle, health services and, above all, the environment (which is not limited to the physical environment, but also includes the cultural and socio-economic circumstances that substantially determine health status). There are several recognised definitions of health education, most of which embrace the principles of health, community participation, and individual empowerment (Paray, 2012). The most prominent, from the Ottawa Charter for Health Promotion, proposes a framework for action that sets out five priority areas:

1. building healthy public policy;
2. creating supportive environments;
3. strengthening community action;
4. developing personal skills;
5. reorienting health services.

Health promotion through health education is rooted in many different disciplines (Alter, 2018). Over time, it has incorporated several previously separate components, one of which is health education. Some authorities consider health promotion to comprise three overlapping components: health education, health protection, and prevention. These overlapping areas are potentially substantial: health education, for example, includes educational efforts to influence health-protective lifestyles as well as efforts to encourage participation in preventive services. Health protection refers to policies and regulations that are preventive in nature, such as fluoridation of water sources to prevent tooth decay. Health education aimed at health protection promotes positive health protection measures among the public and policymakers (Paray, 2012). The combined efforts of all three components foster a social environment conducive to the success of preventive health protection measures, such as intensive lobbying for seat belt legislation.

The goal of health education, which is manifested through schools, is for students to become knowledgeable about what constitutes physical, psychological, and social well-being. We believe that practicing a healthy lifestyle will impact students in all areas of learning (Gregson, 2013). Therefore, it is the Romanian education system's job to provide students with the positive skills and abilities they need to make informed decisions to promote their own lifelong health and well-

being. This philosophy applies to health education and comprises the following components:

1. Health and well-being;
2. Making healthy decisions;
3. Goal setting and personal health care.

Romanian health education curriculum

The characteristics of the Romanian health education curriculum cover the following aspects:

a). Culturally sensitive: It uses the cultural knowledge, prior experiences, and performance styles of diverse students to make learning more appropriate and effective for them.

b). Epidemiological: Covers concepts about the incidence, prevalence, and distribution of diseases in populations, including detection of sources and causes of epidemics.

c). Life skills-based: Applies life skills to specific health choices and behaviors.

d). Holistic: Analyses the interrelationship between factors influencing health status, health domains, and dimensions of health (physical, mental, social, emotional, moral, and spiritual).

e). Learner-centred: Focuses on the learner's needs, abilities, interests, and learning styles, with the teacher as a facilitator of learning.

d). Takes a preventive approach: helps learners take positive health actions to prevent illness and achieve optimal health.

e). Rights-based: Advances understanding and recognition of human rights as set out in the Universal Declaration of Human Rights and other international human rights instruments.

f). Standards and outcomes-based: Requires students to demonstrate that they have learned academic standards set on specific content and competencies.

g). Values-based: Promotes an educational philosophy based on valuing oneself, others, and the environment by considering ethical values as the basis of good educational practice.

As a result of the Romanian curriculum, students will: understand the variety of physical, mental, emotional, and social changes that occur throughout life; understand concepts related to health promotion and disease prevention to improve health; analyze the influence of family, peers, culture, media, technology, and other factors on health behaviors; have the ability to use decision-making skills to improve health; and practice health-enhancing behaviors to avoid or reduce health risks.

The most relevant content areas of health education are integrated into the compulsory subjects, health education as a stand-alone subject does not exist in the compulsory curriculum. Health education can often be studied as an optional subject. In both cases, the content studied will have elements in common with the following subjects:

- Aspects of healthy social relationships, emotional and mental health
- Nutrition and fitness

- Substance abuse prevention
- Growth and development
- Physical diseases and their prevention
- Human sexuality

Health education programs

Health education programs in schools are one of the best national strategies to prevent health and social problems. After the family, schools are the only place that prepares young children to become productive adults (Maiti S, 2018). Schools play a significant role in influencing student behaviors. School interventions can foster effective education, promote healthy practices and prevent destructive behaviors. For many young people, school is where they grow up, receive appropriate care and support, and learn health information and positive behavior skills. Health and success are directly proportional to each other (Division, 2015). Good health facilitates growth and development, while education improves children's health literacy. Schools can only fulfill their health education mission when students and staff are healthy, physically fit, mentally stable, and socially fit. Poor physical and mental health among children prevents them from attending school, being attentive in class, managing anger, having destructive habits, etc.

Schools play a key role in reducing health risks through effective health education. This becomes more effective when delivered by qualified teachers who connect students to health services, encourage parent and community participation, and instill a positive relationship (Maiti S, 2018). Un program de sănătate școlară bine conceput și bine urmat influențează mai multe rezultate în materie de sănătate, cum ar fi reducerea comportamentelor sexuale de risc (HIV, boli cu transmitere sexuală), a sarcinilor nedorite, a consumului de droguri și de substanțe.

The history of National Health Education Programme was inaugurated in 2001 at the programme's launch conference. From the outset, the Ministry of Education was supported in the implementation of the programme by UNICEF, USAID and UNFPA, as well as NGOs. In 2002, a Health Education implementation strategy was developed, materials for teachers were produced and the pilot programme started in 15 counties and Bucharest. During this period, the programme received technical and financial assistance from UNDP, UNFPA, JSI R&T, Vision 2000 and the World Bank. Between 2003 and 2004, intensive curriculum development work is being carried out: curricula and information guides are being printed, education inspectors and biology teachers are being trained. By the end of 2005, almost 9,000 teachers in many schools in Romania had taken health education classes. Several extra-curricular activities, including competitions, took place during the same period.

Currently, the Health Education Programme is being implemented nationwide in several schools and high schools in Romania. The objectives of the national programme "Health Education in Romanian Schools" are:

1. promote the health and well-being of the pupil, i.e.: optimal functioning from a somatic, physiological, mental, emotional, social and spiritual point of view;formation of a healthy lifestyle.

2. personal development of the pupil, namely: self-knowledge and building a positive self-image; communication and interpersonal skills; stress management; personal career and personal development.

3. prevention, namely: prevention of accidents and health risk behaviours; prevention of negative attitudes towards self and life.

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