

SCHOOL HEALTH EDUCATION PROGRAM IN THE UAE: A LITERATURE REVIEW

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ABSTRACT

Health education is an essential aspect of health promotion. As such, health related skills have become crucial factors of individual's and community's efficiency in the 21st century. Health education involves learning of knowledge, beliefs, attitudes, values, skills and competencies. Also, it is a vital measure for students to identify risk behaviors and conditions which influence them. Thus, the main components of health education are disease prevention and early detection and health information and practice. Therefore, it is encouraging students to lead a healthy lifestyle.

The Centers for Disease Control and Prevention (CDC) and other organizations identified strategies to improve students' health to promote learning. In addition, the CDC developed broad curriculum for school health education that has been adopted by the ministries of education in many countries all over the world (Maurer & Smith 2012). Therefore, the comprehensive focus of health education is not merely to increase knowledge about the health behaviour of individuals and communities but also to develop skills that demonstrate "various forms of action to address social, economic and environmental determinants of health" (WHO 2012). Hence, health education is attained through approaches that necessitate participation, interaction and critical analysis that are going beyond the dissemination of information (WHO 2017).

This review aims to shed light on the evolution of School Health Education Program that was an initiative in the year 2013 in the United Arab Emirates (UAE), and currently it is implemented in all governmental secondary schools in the UAE.

Keywords: *health education, health promotion, learning of health education, school health education in UAE.*

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INTRODUCTION

Schools play a critical role in their students' health and wellbeing. This is because of the mutual relationship between health and education. The World Health Organization (WHO) (2020) stated that supporting students' health will promote their education and education will promote their health. Worldwide, young people who are attending schools are spending a minimum of six hours a day at their premises (CDC 2015). Therefore, schools are an ideal place for the promotion of health and safety with close cooperation and through working in tandem of the public health and education sectors through which students can be supported to maintain a healthy behaviour (CDC 2015). Promoting healthy behaviour involves the learning of knowledge, beliefs, attitudes, values, skills and competencies that are related to health (SHE 2013). Schools that follow this health promoting approach in their education not only perform towards physical health of their students and staff but also consider their mental, social and emotional aspects (CDC 2014). Consequently, schools are having higher student achievement records (CDC 2014) reduced absenteeism rate (BSAC 2012), and are able to prevent diseases and injuries among their students (CDC 2019).

Health related skills have become crucial factors of an individual's and a community's efficiency in the 21st century. Developing and implementing healthy skills/habits of a population, are fundamental factors of a country's standard of living (Pavlik 2014). Health education is an essential measure to identify risky behaviour and conditions which influence them. It, also, facilitates voluntary activities for health advocacy among community members (Birch, Priest & Mitchell 2015). So, health education programs must be tailored to meet the needs of the population; and schools can provide the setting to recognize health related problems of students, their families, and communities and tackle them (White 2013).

At an academic level, as the curriculum integrates a whole range of skills and development areas, healthy students learn better. Students who receive health education in their school score in reading and math higher than those who did not (CDC 2014). It can be concluded that health education is a critical element of a school's approach to improving students' health (WHO 2020).

BACKGROUND

In 2013, the United International Children's Emergency Fund (UNICEF) proclaimed its forthcoming School Health Education project (Emirates24/7 2013). The partners were the United Arab Emirates (UAE) Ministry of Health (MoH), UAE Ministry of Education (MoE) and SEHA Ambulatory Health Services (Emirates24/7 2013). This UAE proposed project was intended to enhance awareness of UAE school students on leading a healthy lifestyle. The control of obesity and Type 2 diabetes among children were the main reasons behind the UNICEF initiative (The National 2013). As the 2010 report of the World Health Organization (WHO) revealed that overweight and obesity among children aged 13 to 15 was higher than other age groups in the UAE. Thus, the focus of the project was divided into two main directions. One was to target the mentioned age group and, two, was to equip the school nurses to teach and encourage students to lead a healthy and active lifestyle (The National 2013). To apply the mentioned project, a pilot study began in December 2013 in eight government schools – for females only – in the Emirate of Abu Dhabi, four in Abu Dhabi city and four in Al Ain City. The program was delivered to 10, 11, and 12 grades. The focus of grade 10 was on health and wellbeing to include healthy eating, physical activity and diseases prevention. The Grade 11 contents emphasized the social and mental health to target bullying, stress management, and family relationships. The Grade 12 content covered the health of young women including first aid skills.

To face the challenges of delivering active and participatory sessions of health education, the Ministry of Health and SEHA Ambulatory Health Services put strategies to train school nurses. Training workshops were focused on the teaching methods using skill-based approach to conduct health education topics effectively, and to encourage students to develop healthy choices based on a strong foundation of knowledge, attitudes and skills (Emirates24/7 2013).

School Health Education Program in the UAE

In 2015, the United Arab Emirates' Ministry of Education (MoE) and Abu Dhabi Education and Knowledge Department (ADEK) launched the physical and health education curriculum in government schools (MoE 2019). The main mission of this initiative was to reduce diseases and absenteeism through increase awareness of a healthy life style with all its aspects and to introduce long life positive health habits among students (Chaudhary 2016). The MoE and ADEK's plan for the health education was the introduction of a separate curriculum in schools that will be integrated into the system for all grade levels from kindergarten to Grade 12 and will be implemented

in all government schools from January 2017 (MoE 2019). Currently, the education systems of the MoE and ADEK are under one entity all over the Emirates, and united under the Ministry of Education (MoE 2017). Also, the health education program is implemented only to grades 10, 11 and 12 in all female public schools in the UAE. The focus of Grade 10 was on health and wellbeing to include healthy eating, physical activity and diseases prevention. The Grade 11 contents emphasized the social and mental health to target bullying, stress management, and family relationships. The Grade 12 content covered the health of young women including first aid skills.

The health education curriculum is planned to be age related to cover oral hygiene, nutrition, obesity, diabetes, and tobacco. So students, during their developmental stages, will recognize the positive effects of being healthy individuals, as well as the negative effects of being unhealthy and inactive. In line with UAE Vision 2021, His Excellency Hussain Ibrahim Al Hammadi, the UAE Minister of Education, ensures that the health education initiative was originated from the need to implement a modern curriculum which embraces the students' personalities and abilities in various aspects through the implementation of a high standard of educational practices. Also, H.E. reveals that the main objective of the new comprehensive curriculum is to allow young students to take ownership of their health and wellbeing to ensure a future generation of healthy, motivated, highly educated Emiratis (MoE 2019).

In order to develop the UAE educational system, to promote it to international standards, and to enhance capacity building in academia, the UAE MoE gave its teachers special attention. The MoE launched the teachers' training program in 2017 (MCAF 2019). The program aimed to train teachers to ensure better teaching practices and skills through the use of up to date teaching methods and advanced technologies (MCAF 2019). This was done in an attempt to raise the teachers' competencies and to create an advanced UAE educational system that competes with international models. To achieve this goal, the training program worked on strategies the teachers can use to implement the new curriculum. Training courses and material were customized as per teachers' needs. Courses, conferences, forum and field trips were the training methods, so teachers will be provided with updates on the best international educational practices, innovative methods in teaching, applied scientific knowledge, and teachers' problem solving skills development. Also, training materials were intended to include the implementation of technology in classrooms and application of learning-oriented assessment strategies (MoE 2019). Similarly, the supporting bodies have great concerns about the impact of teachers on their students regarding their health behaviour as they recommended that teachers have to be role models for their students to promote a healthy school environment (Rizvi 2015), and to inspire them by using a variety of teaching methods and skills (MCAF 2019).

On the other hand, and as this reform needs to be supported not only from the school, the UAE Ministry of Education has highlighted the key element to its success, the parental engagement. The curriculum aims to raise awareness of the various health indicators such as obesity and related health skills that include positive life style choices. Parents need to be aware about this too, as they impact the development of healthy habits to their children. The curriculum is designed to encompass student-centered approach with practical and interactive activities and real world scenarios for the students to implement in their every day practices (MoE 2019). This will positively impact not only the students but also the close family members and consequently the whole society. Accordingly, a well-structured health education curriculum is the crucial resource through which schools deliver an effective health education program (CDC 2012).

Indicators of Health Education

Health status of human beings is significantly influenced by lifestyle (Farhud 2015). Lack of physical activity, the intake of poor diet and smoking are health indicators that may considerably affect the individual's health status as they are lifestyle factors (Cawley & Ruhm 2011). For example, the habit of intake of fast food will lead to common health problems like obesity and cardiovascular diseases (CVD) (Mozaffarian et al. 2011). Wild et al. (2004) in their "Global prevalence of diabetes" have estimated that diabetes is a major cause of mortality globally, and by 2030, 400 million people worldwide will suffer from it. Another example, according to the WHO, the prevalence of smoking is constantly rising, as more than 1 billion people smoke (WHO 2020). Smoking is considered as a major cause of cardiovascular disease (CVD), it causes nearly one of every four deaths from CVD (CDC 2014), more than 10% of 17 million deaths (Wong 2014) and 8 million premature deaths globally every year (WHO 2020), and the second leading cause for CVD mortality after high blood pressure (Wong 2014). Furthermore, the effect of advanced technology on human life will result in unpleasant consequences. If it is misused, it influences

individual's patterns of sleep, school academic performance and on the level of physical activity (Thomee, Harenstam & Hagberg 2011; Lapousis & Petsiou 2017).

Although genetics play important role in diabetes development, studies showed that dietary choices are of crucial importance (WHO 2015). Additionally, the Centers for Disease Control and Prevention (CDC) reported that the majority of chronic diseases can be prevented or managed by the adoption of healthy living practices (CDC 2008). To be specific, physical activities with healthy diet maintain the health status of the individual (Farhud 2015).

Whole School Approach

Decades ago, it was considered that the school setting and social conditions are vital for health education (Hagquist & Starrin 1997). A whole school approach to health education promotes a cordial staff-student relationship, enhances staff development and team work, and improves parental involvement and the community (Weare & Nind 2011). Schools that are actively engaging students, staff, and parents in their health education programs, are the most effective (WHO 1998). It improves learning and emotional health and decreases health risk behaviours (St. Leger & Young 2009). A school health education program not only needs to establish a practical and all-inclusive health education curriculum but also to adopt a health promoting environment (IUHPE 2010) to have a health conscious school. A school that promotes health is a school that "constantly strengthening its capacity as a health-focused setting for living, learning and working" (WHO 2019).

A whole-school approach is more than doing school activities that include health promotion. However, it includes an integrated health promotion plan in its written policy. The plan encompasses the whole school community to play an active role in activities and decision making. The promotion of health and well-being is the responsibility of all school community members through the development of related knowledge, skills and commitment (SHE 2013). On the other hand, if the school has a whole school approach to health it will be able to address the needs of students, parents and teachers, and the community's health related issues, and incorporates these needs and issues in the health education curriculum (Gulzar et al. 2017). For example, counseling and parenting skills support provided by the school has been found to have effective interventions in dealing with real life situations. This enhances social health and well-being of family life and their children's learning from the curriculum (NICE 2013). A supportive option is that the school may refer parents to local public health authorities to support them in dealing with specific conditions (PHE 2015). Also, the whole school approach to health promotes the children's mental and emotional health that directly impacts their cognitive development and learning (Durlak et al. 2014; PHE 2014) in their current life stage and in adulthood (ARCMO 2013; NICE 2008; NICE 2009). Such an approach encompasses all features of learning and teaching in school life, and it is effective in supporting optimal health and well-being (Department for Education 2014).

Schools are also work places, so it is essential to foster the school employees' physical and mental health that will reflect on the students' success and academic achievements. A healthy school staff is more productive, they act as role models for students, pay more attention to students' health, and they are less likely to be absent. They will help to create a healthy school environment that is free of smoking, will be able to apply safety measures, know how to manage stress, encourage healthy eating and adopt an active life style. An Employee wellness program is more efficient when incorporated in the school's plans and policies (Lewallen et al. 2015).

In a whole school approach, the school's physical environment cannot be ignored. The school's physical environment includes buildings, the area surrounding the buildings and the furniture and stationery in every classroom. The school structure and daily operations should be conducive to learning and ensuring the health and safety of students and staff. Safety measures include hazard free playgrounds, a suitable classroom temperature, good ventilation and lighting, the safe transfer of students to buses, and free from any physical threats (Lewallen et al. 2015).

CONCLUSION

Schools are an ideal place for the promotion of health and safety through working in tandem of the public health and education sectors through which students can be supported to maintain a healthy behavior (CDC 2015). Thus, they play a critical role in their students' health and wellbeing.

The UAE government was aware of all the health related issues that may be a challenge for the growing population, and applied all the needed efforts in the initiation of the health education program in schools. This is to prepare students to be healthy adults as well as teachers to be effective facilitators of this initiative.

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