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## Health education at the university: needs and current challenges

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### Abstract

At the University we consider that it is essential to provide a satisfying quality education in order to boost the development of health education and promotion. Such education demands the acquisition of knowledge, skills and practice from the social sciences university graduates, particularly those closely related to health and education, with a global biopsychosocial approach. The purposes we set out for this study are, in general, to analyze the situation of the Spanish universities regarding Health Education and, particularly, to know the Health Education teaching received by the students from the School of Social Sciences at Pablo de Olavide University and to establish the connection between the Health Education teaching received, the need to extend this education and its future relevance. The methodology followed is quantitative, with a questionnaire completed by a sample of 455 students. The results from this study show that 76.7% of students have received information and/or education in Health Education related subjects, and 73.4% of these students believe they need more education. With regard to the relevance of this knowledge, 92.3% of students believe that acquiring knowledge on Health Education will be useful for their future careers. We consider that these are relevant facts, as they imply students see this subject necessary for their subsequent careers.

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### 1. Introduction

The role that Health Education plays in Spain – and, in a greater length, in Europe – is subject to numerous discussions according to García Martínez (1998). It is a fact that Health Education can be considered firstly as a hybrid body of knowledge (like every other scientific discipline) in a consolidation stage and, secondly, as a way to focus on

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and contribute to health. Due to the assumption of health as prevention and promotion, this topic faces the consolidated idea of disease management and confidence on fixing its effects. According to Pedrero & Morón (2012), the interests of Health Education lie particularly on the determining factors that generate health risks and on the living conditions and behaviours conditioning health recovery.

From the beginning, Health Education has been considered as a young, dynamic discipline with a strong social impact. However, and unlike other disciplines, Health Education is not fully integrated in how advanced societies act (García Martínez et al., 2000).

At pre-university education levels, Health Education appears as a cross curricular topic and its inclusion in school institution projects depends on teachers' ideology and willingness. But – what happens with the education at university or with the continuous learning received by schoolteachers, teaching staff or educators? The education received by these professionals is a main issue since, if health as a value does not take root among them, they will hardly take it into consideration.

The lack of university recognition and the late curricular implementation have contributed to this situation, which has caused an underdevelopment in the research field. As indicated in the bibliometric research conducted during 1993-2013 by Jiménez-Torres, Guerrero-Ramos & López-Sánchez (2013), universities have the leading role of spreading health promotion. Therefore, the sphere of universities will be the focus here in order to analyse the Health Education situation at these institutions in Spain.

## 2. Objectives

The general and specific objectives set out in this research are:

1. To gain a better insight of the current teaching of Health Education at the Schools of Education and the Schools of Social Sciences of Spanish universities.
  - 1.1. To identify the specific courses on Health Education included in the curricula.
  - 1.2. To analyse if these courses are basic, mandatory or optional.
2. To gain a better insight of the education received by the students from the School of Social Sciences at the Pablo de Olavide University (Seville, Spain) in the field of Health Education.
  - 2.1. To know the education received by the students in the field of Health Education.
  - 2.2. To establish the connection between the teaching of Health Education received by students, the need to extend this learning and its future relevance.

## 3. Methodology

A multimethod approach has been used for this research. On the one hand, an analysis of the content of teaching guides was performed. These guides belong to the curricula of the Schools of Education and the Schools of Social Sciences degrees from every Spanish university during the academic year 2015/2016. The goal was to identify the specific courses on Health Education and those with Health Education as cross curricular content. The search parameters established were the words “education, health”.

On the other hand, a questionnaire was created with 13 questions aimed at students in any year of the degrees in Social Education and Social Work or the double degree in Social Education – Social Work from the Pablo de Olavide University. The aim of this questionnaire was to know the opinion of the students about the education received on Health Education at the University. This questionnaire collected socio-demographic information – namely university, sex, age, degree, course year, education context, learning method, content, Health Education assessment from students, need, demand and relevance.

### 3.1. Sampling

This research was conducted during the first semester of the academic year 2015/2016. The teaching guides were collected from the curricula of the degrees in which the course Health Education or any other with a different name but equivalent content exists: Pre-School Education, Primary Education, Social Education, Pedagogy,

Psychopedagogy, Physical Activity and Sports or Social Work. The number of universities in Spain is 73 (50 public and 23 private), and teaching guides were collected from 40 of them (30 public and 10 private).

The questionnaire was fulfilled by 455 students from each year and degree involved: 121 questionnaires were completed in Social Education, 124 in Social Work and 210 in the double degree.

With regard to the sample selection, a probability sampling was conducted, also known as random sampling, and more specifically the stratified method. An independent sampling was performed in every stratum or category (3 degrees linked to the subject areas: Social Education, Social Work and the double degree in Social Work - Social Education), and inside these strata, a random sampling (systematic random sampling).

Table 1 shows the collection and information analysis techniques and tools used.

Table 1. Collection and information analysis techniques and tools

Objectives	Methodology	Collection and information analysis techniques and tools
Objectives 1.1. and 1.2.	Qualitative	Content analysis. Curricula and teaching guides from: Pre-School Education, Primary Education, Social Education, Pedagogy, Psychopedagogy, Physical Activity and Sports and Social Work.
Objectives 2.1. and 2.2.	Quantitative	Questionnaire to students from the School of Social Sciences enrolled in the Pablo de Olavide degrees in Social Education, Social Work and the double degree in Social Education - Social Work.

## 4. Results of the study

### 4.1. Results of content analysis

The first analysis involved looking for universities with Health Education courses or Health Education as a cross curricular subject, and 139 courses were found. From those courses whose core subject was Health Education, 6 were mandatory (between 3 – 6 credits), 5 were basic (6 credits) and 16 were optional. Health Education as a course appeared in 18 of these universities and, in most cases, they were optional courses with a 3 – 6-credit workload.

Table 2. Universities offering Health Education as a mandatory course

University	Curriculum	Course type	No. of credits
UNED	Degree in Social Education	Mandatory	6
Navarra	Degree in Pre-School Education	Mandatory	6
Navarra	Degree in Primary Education	Mandatory	6
Navarra	Double degree in Pedagogy - Pre-School Education	Mandatory	6
Navarra	Double degree in Pedagogy - Primary Education	Mandatory	6
La Laguna	Degree in Pre-School Education	Mandatory	6

The table above states that Health Education is a mandatory course only in 3 universities (National Distance Education University – UNED, University of Navarra and University of La Laguna). Besides, Health Education is a basic course in 5 universities (University of Huelva, University of Jaén, Jaume I University, University of Extremadura and University of Vigo), in all of them it is offered in the degree of Primary Education with a 6-credit workload. Finally, Health Education is offered as an optional course in 16 different courses distributed in 14 universities covering the following degrees: Social Education (in 10 universities), Pedagogy (2), Primary Education (2), Psychology (1) and Social Work (1). Further data is provided on table 3.

Table 3. Universities offering Health Education as an Optional course

University	Curriculum	Course type	No. of credits
Córdoba	Degree in Social Education	Optional	6
Pablo de Olavide (Seville)	Degree in Social Education	Optional	6

León	Degree in Social Education	Optional	6
Salamanca	Degree in Social Education	Optional	6
Autónoma de Barcelona	Degree in Social Education	Optional	6
Extremadura	Degree in Social Education	Optional	6
Vigo	Degree in Social Education	Optional	6
Murcia	Degree in Social Education	Optional	6
Palmas de Gran Canaria	Degree in Social Education	Optional	6
Valencia	Degree in Social Education	Optional	4.5
País Vasco	Degree in Pedagogy	Optional	6
Murcia	Degree in Pedagogy	Optional	3
Burgos	Degree in Primary Education	Optional	5
Islas Baleares	Degree in Primary Education	Optional	3
Extremadura	Degree in Social Work	Optional	6
Navarra	Degree in Psychology	Optional	3

#### 4.2. Results of the questionnaire

Regarding the questionnaire, 13 items were distributed in 3 categories as shown in the table below.

Table 4. Questionnaire categories

Categories	Items	Objectives
Socio-demographic data	1, 2, 3, 4, 5	-
Perception of the information received about Health Education: context and topics	6, 7, 8, 9, 10	2.1.
Need, demand and relevance of receiving information about Health Education	11, 12, 13	2.2.

The results of *socio-demographic data* are as follows: 100% of students came from the Pablo de Olavide University (Seville) and 26.6% were from Social Education, 27.2% were from Social Work and 46.2% from the double degree.

Moving to year, 31.4% of students who participated were enrolled in their first year, while 40% of students were on their second year, 15.5% on their third year and 13% on their fourth year.

Regarding age, students who completed the questionnaire ranged from 18 to 52 years old, although 90% of them stood between 18 and 26 years old. From those who answered, 58.5% were between 18 and 21 years old and 29.5% were between 22 and 25 (which adds up to 88% of students, as this is the average age in which students start and finish their studies). In a minority way, 6.7% of students ranged from 26 to 29 and, finally, 3.3% of students were 36 or older.

With respect to gender, 86.6% of students were women and 13.4% were men.

The category *Perception of the information received about Health Education: context and topics* is made up of the following 5 items.

In item 6, students were asked if they had received any Health Education information or education and 76.7% answered they had received information or education on some topics related to Health Education, nearly 21% answered they did not receive any and 2.4% answered with No comment.

Those students who gave an affirmative answer in item 6, which were 77%, had to answer in item 7 where they received this information or education choosing from 5 possible answers: family, educational institution, neighbourhood or community, media or other means.

Since this was a multiple choice question, it was possible to obtain several combined answers, hence 13 types have been collected: 45.3% of students stated they had received this education from an educational institution, 11.6% from an educational institution, family and media, 10.5% from an educational institution and family, 9.6% from an educational institution and media, 8.8% from their family, 4.2% through other means, 2% from media, 1.7% from media and family, 1.2% from all 5 means, 1.1% from an educational institution and their neighbourhood, 0.9% from an educational institution, their neighbourhood and media, 0.8% from their neighbourhood and family.

It should be highlighted that the educational institution represents the mostly chosen as a single answer or as a

combined answer to receive information or education on Health Education, either at a compulsory education levels or university levels. Family is the second option as a single answer or as a combined answer along with the educational institution.

Those students who answered that they had received this education in an educational institution (68.8%) then had to answer in item 8 in which level or levels they received it. It included six possible answers: pre-school education (3-5 years), primary education (6-11 years), secondary education (12-15 years), upper secondary education (16-17), vocational education or university. As in the previous item, answers could be combined, so up to 17 types have been collected. Results are as follows: 47% university, 13.4% secondary education, 9.6% upper secondary education, 6.4% secondary and upper secondary educations, 4.5% upper secondary and university educations, 3.5% secondary and university educations, 2.9% primary, secondary and university educations, 2.6% primary education, 2.2% primary and secondary educations, 1.9% vocational and university educations, 1.6% primary, secondary and vocational educations, 1.3% vocational education, 1% upper secondary and vocational educations, 1% pre-school, primary, secondary, upper secondary and university educations, 0.5% secondary and vocational educations, 0.3% pre-school education.

According to the data analysed, university is the level where Health Education was learned the most. It should be pointed out that the School of Social Sciences, the curriculum of the degree in Social Education to be precise, includes an optional course on this topic accessible for those students enrolled in their third year of Social Education, which partly explains why a portion of the students have attended this course at any point in time. Secondary and upper secondary educations (and their combinations) are the second most marked options.

Item 9 asked students if they had received any content related to Health Education throughout their university degree. In this case, 72.5% did receive Health Education related content, either by a Health Education course or other Health Education content related courses, 22.4% answered in the negative and 4.8% answered No comment.

Finally, in item 10, students who answered affirmatively in the previous question were asked which specific topic they studied. In this case there were eight options: sexual affective education: sexuality and birth control, prevention of sexually transmitted diseases and/or HIV/AIDS, prevention of drug addiction, food and nutrition: prevention of eating disorders, health and consumption, road safety, Health Education methodology and techniques, design and/or evaluation of socio-educational programmes for health. First 5 topics (sexuality, AIDS, drug addiction, food and consumption) were widely known by students, as 57% to 74% of them received this type of education. Regarding the drug addiction topic, it should be pointed out that the Pablo de Olavide University has reached several agreements over the past decade with the Directorate General for drug dependence and addiction of the Department of Equality and Social Welfare of the regional government of Andalusia (Dirección general para las drogodependencias y adicciones de la Consejería para la Igualdad y el Bienestar Social, Junta de Andalucía). That is why a line of education and research about this topic has been set up and every year different training courses take place at the University: workshops, conferences and seminars (free and open to the whole community of students), which are very well received, as well as an open optional course named Drug abuse and other addictions from a socio-educational perspective. Given this fact, it is usual that the School of Social Sciences students enrol in drug abuse related courses. It is also important to highlight that this has been the most marked topic among the students.

Last 3 topics are considered unknown by students, as between 64% and 75% of them have not received education on road safety, methodology or design of health programmes.

Category *Need, demand and relevance of receiving information about Health Education* is composed by the last 3 items.

Regarding item 11 (Do you think that you need to receive more education on Health Education?), 73.4% of students answered affirmatively, while 15.2% answered negatively, and 11.4% answered No comment. The percentage of students thinking they need more education is quite significant.

Moving to item 12 asking if Health Education as a course would be in demand to complete students' education, 70.3% of students considered it would be in demand, 15.8% of them considered it would not be in demand and 13.8% answered No comment. It may be deduced then that, according to students, this subject should remain as a course in the Social Sciences degrees.

Last question was about asking students if they think that having knowledge on Health Education can be relevant for their future career, and a high percentage of students was in favour of Health Education: 92.3% of students believed

having this kind of knowledge will be relevant, while 2.2% of students thought this will not be relevant, and 5.5% answered No comment. These data are very important, as it shows that students understand this course as necessary for their future occupation.

According to the answers given by the students regarding Health Education, more than 75% of them have received some education during their academic life. However, it should be underlined that 25% still thought they had not received education on this topic, despite they have been studying for 12 years and belong to the LOGSE (Spanish education system regulation) generation – which means that they have probably studied Health Education related content at some point. By the high percentage in their answers, it should also be noted that this education has been mainly taught through formal education, either at mandatory or post-mandatory levels. Most known Health Education topics are those related to drugs and addiction prevention and sexual affective education, both considered as key topics of Health Education. As for *Need, demand and relevance of receiving information about Health Education*, students answered affirmatively to the need of receiving teaching of Health Education. They would also demand it as a course and most of them believed it would be relevant for their future professional career. So there is a connection between these 3 variables: need, demand and relevance.

## 5. Conclusions

The barely perceptible and recent university recognition of Health Education may be considered as a consequence of this situation, possibly with the exception of the degree in Pedagogy, in which it was set up as a discipline with mandatory courses (in 2 universities) or optional courses. In any case, most theories that converge in Health Education point at the execution of training in Health Education at all society levels. Health Education should be taught at school and then at university to allow knowledge progress and, simultaneously, should be adopted by the social agents working in the health field. In particular, the imperative to add it to schools, as a course or as a cross curricular subject, entails the inclusion of Health Education in their education as a central concept.

As a conclusion, there is a gap in education regarding Health Education and a limited presence of health subjects in general in health related degrees at Spanish universities. However, there is a unanimity among students when they stated it would be essential for their profession. Data also stressed the importance to include this education in the curriculum of every Social Sciences degree, specifically in those involving teaching, either during the first or last years. That is why continuous learning should be revised and intensified for the teaching staff, as well as included explicitly in the current Master's degree in Secondary and Upper Secondary, Vocational Training and Language School Teaching. Training our schoolteachers, teaching staff and educators will be the only way to make them understand health as a value and to incorporate it to institution projects in order to improve the quality of life of the educational community and society by extension.

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