

The Role of School Administration in Providing and Promoting Health Education in Schools in Nabatieh (Lebanon) Area

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Abstract—In the framework of the current Lebanese environmental conditions, with the increase in the number of refugees, and the rapid spread of diseases among students in schools, it is important to raise awareness concerning health and healthy behaviors. Healthier students are better learners, more motivated, focused and less likely to be absent, thus their academic achievement would be higher. Schools are considered the perfect place to promote health. This present study was done to determine the role of schools' administrations in providing and promoting health education to students in schools in Nabatieh area in the five fields: 1-nutritional, 2-physical, 3-personal health and hygiene, 4-mental, and 5-sexual health. Besides, the authors intended to determine the difference in health education implementation between private and public schools in Nabatieh area. The results revealed a significant role played by schools' administrations in health education implementation in the five fields with a slight difference in health education implementation between private and public schools.

Keywords-school health education; health educators.

I. INTRODUCTION

School health is considered a vital topic. An official concern of school health in Lebanon has been increasing since the 1980s [1]. Between 1997 and 1999, health education has been integrated within the Lebanese curriculum, with a unit to monitor its implementation in the Ministry of Education and Higher Education (MoEHE). Two years later this unit faced many obstacles and its work limited to some duties. The first published assessment of the health education implementation in Lebanese schools was in 2005 by Soweid & Jaoude. They conducted a Global School Health Survey (GSHS) to assess health education implementation by studying health risk behaviors. Their results showed a high prevalence of health risk behaviors [2]. A similar study was done to assess the prevalence of health risk behaviors in Lebanon showed an increase in those risk behaviors [3].

The following study aimed at determining the role of school administrations in providing and promoting health education through assessing current state of health education

in schools, exploring the role of latter in providing nutritional education, physical health education, personal health and hygiene, sexual education and mental health education, and determining the difference in health education implementation between private and public schools.

To investigate the research questions, the authors developed 2 pairs of hypothesis:

1. H01 Schools in Nabatieh area provide and promote health education.
2. H02 There is a difference in health education implementation between public and private schools.

The remainder of this paper is organized as follows: Section II reviews the literature, Section III describes the methodology used, and Section IV presents the results. Section V discusses the results obtained. The conclusion and the acknowledgment close the article.

II. LITERATURE REVIEW

According to the World Health Organization (WHO), health is defined as "a state of complete physical, social, and mental wellbeing and not merely the absence of disease" [4]. Health has been introduced within education to increase awareness among students. The best way to introduce health within education is in school, using school health education programs.

Whether people are healthy or not is determined by the conditions they are surrounded by. Many factors/conditions affect individual health, they are called determinants of health. World Health Organization (WHO) updated the determinants of health to social, economic environment, physical environment, personal determinants and behaviors. Behavior is defined as "an overt action, conscious or unconscious with a measurable frequency, intensity and duration." Tending to establish healthy behaviors during childhood is more effective than tending to change behavior during adulthood [5].

A. Health Education

Health education consists of courses suitable for schools' grades from Kindergarten till 12 (K-12) that address different topics such as education concerning nutrition,

mental health, physical activity, tobacco and substance use, violence and injury, and sexual health [6]. School health education aims at increase student knowledge, allows the student to acquire skills needed to avoid diseases and reduces unhealthy behaviors [7]. The importance of health education is summarized as the following: it improves life, reduces behaviors associated with diseases, allows acquiring knowledge, skills and behaviors concerning health, and impacts academic performance through increasing attendance [8].

B. Topic/field of health education

A Lebanese guide for health educators, co-authored by the University of Balamand and the MoEHE, lists health education topics as personal health and hygiene, accident prevention, sexual health, physical activity, nutritional health, social problems, and mental health [9].

Physical activity is defined as the body movement that produces energy and tends to reduce disease, and physical education is defined as "*Academic subjects that provide an opportunity for students to learn knowledge and skills needed to establish and maintain physically active lifestyle*" [10].

Nutritional health in school includes supporting children with an effective environment that promotes healthy eating, spreading information related to food and beverage [11]. Promoting nutritional health in schools improves the quality of food, enhances healthy literacy, allows students to acquire skills related to nutrition and reevaluates personal habits and behaviors [12] [13].

Personal hygiene and health in schools comprise body and clothes cleanliness [14], as it is defined as the practice of behaviors that keep one clean to sustain health [15] Personal hygiene reduces absenteeism, decreases infections, and enhances health and knowledge.

Mental health is defined as the ability to control emotions, behaviors, thoughts and feelings, and being confident about self and communication with others. Mental disorders affect students' learning and social communication, attendance and drop out of school [16].

Sexual health education is the process of providing knowledge to practice healthy sexual behaviors [17]. It aims at helping students understand and acquire knowledge concerning body structure, role, similarities and differences between the two genders [18].

C. Health Education in Lebanon

School health in Lebanon has been developed during the last 20 years. Health education has been integrated within the curriculum to be taught in schools within other subjects with a unit to monitor the implementation. Its components include: personal hygiene, physical activity, sexual and mental health, accident prevention, nutritional education, disease prevention, and social problems [19].

During 2002, the work of the unit has faced many obstacles. Due to the lack of assessment of implementation

of health education, a study was conducted by the GSHS to assess the extent of the implementation of school health through assessing health behaviors among students aged between 13-15 years [2]. The results of the study showed a high prevalence of risk behavior among students. Another study showed an increase in the percentage of risk behavior during 2012 [3].

The implementation of the school health program is the responsibility of a group of school administrations that include school administrators, health educators, a physician, school educational body and students' parents. The implementation of school health education needs the support of the school administrators in various fields. They promote health education through: health service (providing suitable tools, following medical cases, performing cyclic checkups, performing awareness seminars and workshops), school environment (promoting cleanliness tools and materials, monitoring cafeterias and available food, and providing safety stadium), performing educational activities (activating school visits and extracurricular activities, and performing annual competitions) [7].

The health educator is responsible for the implementation of health education. He/she plays an important role in applying, monitoring and implementing health education in schools. Health educators should have specific characteristics identified by the MoEHE. The roles the health educators include supervising the process of providing safe environment and healthy water, monitoring available food, and organizing workshops and seminars. Health educators have to implement the mentioned roles and their roles are monitored by both schools' administrators and health inspectors [7].

D. Related studies

Different studies have been conducted concerning the effect of sexual, mental, physical, nutritional health education, and personal hygiene on students. Results of these studies showed a significant impact on student's behaviors, attitude, and academic achievement [20]-[25]. The results of a similar study on the role of school administration in providing and promoting health education in schools in Ghaza showed significant role played by schools in providing health education [26]. There are no similar studies that measure the implementation of health education in schools in Nabatieh.

This study attempted to provide Lebanese MoEHE and the Ministry of Public Health with information on the current state of health education in schools in Nabatieh area. Results can improve students', staffs' and teachers' health by improving school health programs and helping educational policymakers, curriculum developers and other stockholders to establish effective strategies to improve the health of Lebanese citizens.

III. METHODOLOGY

The researchers employed the descriptive mixed method. Creswell defined the mixed method as "*a method that focuses on collecting, analyzing, and mixing both quantitative and qualitative data in a single study...the uses of quantitative and qualitative approaches in combination, provide a better understanding of the research problem than either approach alone.*" [27]. The authors used a mixed method for the following reasons:

1. Clarifying contradiction between the findings of quantitative and that of qualitative, thus comparing the results obtained from a questionnaire distributed to health educators and those obtained from questioning schools' administrators.
2. The mixed method gives different insights and perspectives since the questionnaire and the interview questions focus on the view of health educators and schools administrators concerning school health education respectively.

This study classified as a descriptive mixed method as it analyses data collected from a survey conducted on health educators and interviews conducted with schools' administrators in private and public schools in Nabatieh.

A. Sampling and Population

Quantitative data were collected from a sample of 53 health educators from private and public schools in a random manner. Half of the participants were from private schools and the other half were from public schools with different years of experience and included both males and females without any discrimination. Knowing that health educators' age ranges were not measured in the study since the study focused on health education implementation without considering age differences.

The qualitative data were collected using interview questions with schools' administrators (12) gathered from private and public schools in a random manner.

B. Instrument

The researchers were guided by a pre-validated questionnaire survey that measured school health education at the level of nutritional health education, personal hygiene and safety, physical health, sexual health, and mental health education.

The questionnaire in this research comprised three sections. The first section introduces the purpose of the survey with the assurance of anonymity and confidentiality of the information they provide. The second section consists of 5 items added by the researchers as a profile of the health educator (Gender, job status, years of experience and educational institution). The third section consists of 41 items divided into 5 fields and one open-ended question, which were evaluated on a five-point Likert scale (1-Strongly disagree, 2-disagree, 3-neither agree nor disagree, 4-agree, 5-strongly agree).

The interview questions used consist of three sections; it was aimed to support and confirm the results obtained from the questionnaire and to give detailed information concerning health education. The first section introduces the aim of this research, the second consists of two questions concerning schools, and the third consists of the 5 studied fields. Noting that the questions are yes/no questions and open ended questions.

C. Data collection

Approval from the Director of Institutional Review Broad (IRB) was obtained to conduct the research, followed by an official approval from the General Director of Education at the MoEHE to access schools. Each school was visited by the researcher accompanied with an assistant to help in collecting data. In addition to the direct contact, the researcher used the Google form questionnaire to reach a maximum number of the study sample. The interviews in this study used to collect information by questioning schools' administrators. The interviews were conducted in Arabic language with administrators from public and private schools in Nabatieh area. The answers to the interview questions were indicated within the interview in order to make it easy for the researcher to analyze results.

D. Data analysis

The researches in this study aimed to measure the extent of providing and promoting health education in public and private schools, confirm the results of questionnaire with the results of interviews, and check if there is a difference in the implementation of health education between private and public schools.

The authors compared the implementation of health education between private and public schools in the five mentioned fields. The researchers measured the private and the public mean, the percentage mean of public and private, and the difference (private-public) of each item of the questionnaire to validate second hypothesis. For the quantitative data, statistical analyses were carried out using IBM-SPSS version 21. The qualitative data were analyzed based on thematic analysis and rubrics already mentioned in the interview questions, results were also summarized and triangulated with the questions of the questionnaire.

IV. RESULTS

Concerning the results of the questionnaire, all the participants were health educators (100%), of which 94.3% were females. 45.3% of the participants have an experience of 11 years or more. About half of the participants were from private schools and the other half from public schools. The authors in this research assessed health education implementation in the 5 different fields.

Concerning nutritional health education, most schools implement nutritional health (90%), with monitoring/detecting quality of water provided to students scored the highest, whereas supplying school library with publications concerned with nutritional health had the lowest

score. Concerning personal hygiene, health and safety, the majority of schools implement personal hygiene and health (82.45%). Following up personal cleanliness (hair-nail) scored the highest, whereas putting an evacuation plans in case of emergency/accident had the lowest score. Concerning physical health education, the majority of schools implement physical health education (82.64%). Preparing a suitable location for school stadium scored the highest, whereas raising student's awareness by presenting drawings that show the importance of sport had the lowest score. Concerning sexual and mental health education, two-thirds of schools implement sexual and mental health education. Raising awareness concerning the importance of dealing with family and connections scored the highest and displaying documentary films that show the danger of Sexually Transmitted Diseases (STD) had the lowest score with respect to sexual health. Performing leisure trips scored the highest and training teachers and counselors how to deal with students with chronic diseases had the lowest score for mental health education. These results showed that almost all schools implement nutritional, physical and personal hygiene. On average, there is a role played in health education implementation at the level of sexual and mental education but to a lesser extent than other components. This could be due to the absence of financial support, regulations and the prevailed culture that restrict the discussion of sexual topics to brief titles mentioned within books. On average, most schools in Nabatieh area take into consideration students' health (see Table 1).

TABLE I. DESCRIPTIVE STATISTICS OF HEALTH EDUCATION IMPLEMENTATION IN PRIVATE AND PUBLIC SCHOOLS IN NABATIEH.

Health Education	N	Mean	% of mean
	53	4.23	0.70

TABLE II. DIFFERENCE IN HEALTH EDUCATION BETWEEN PRIVATE AND PUBLIC SCHOOLS.

Health Education	public schools mean	Private school mean	Public school %	Private school %	Diff (Pr-Pu)
	4.00	4.28	80.00	85.67	5.67

In comparing health education implementation between private and public schools, the results showed that the average percentage of nutritional health education in public schools was 89.10% and that of the public was 89.67%, with 0.57 Differences in Percentage Mean (Diff (pr-pu)). The average percentage of personal hygiene, health and safety in public schools was 80% and that of private 85.67% with 5.67 differences in percentage mean. The average percentage of sexual health education in public schools was 60% and that of private schools 69.67%, with 9.67 differences in percentage mean. The average percentage of mental health education in public schools was 67.83% and that of private schools 86.33%, with 18.51 differences in percentage mean. In general, the average percentage in public schools was

80% and that of private schools was 85.6%, with a difference in percentage mean reaching 6% (see Table 2).

Concerning the results of interviews, most schools adopt health education programs. Most of them provide nutritional health education through organizing visits related to public health, giving awareness seminars, following special nutritional programs, providing healthy food in cafeterias with continuous monitoring of drinkable water and cleanliness. All administrators provide safety and a healthy environment through continuous monitoring of personal hygiene, water, furniture, and rooms, providing suitable ventilation and lightening, and performing first aid seminars. More than half of them perform seminars aimed at raising awareness about dealing with direct and indirect accidents. All administrators perform cyclic checkups and awareness seminars of healthy mouths and teeth. Most schools' administrators motivate their students to join extracurricular activities. While for the last two fields, sexual and mental health, both are taken into consideration but to a lesser extent than the other fields.

V. DISCUSSION

Many researches have provided evidence of the relationship between health and academic achievement where healthier students are better learners. The authors through these previous studies confirmed the role of health on students' academic achievement/performance without interfering or checking the effect of health on performance of students in private and public schools, this would be a research question for another study. There are no similar studies done on the field of health education implementation in schools in Nabatieh area.

Schools in Nabatieh area provide and promote health education with a need to enhance both sexual and mental health education through releasing regulation by the MoEHE concerning this issue. Physical, nutritional, and personal health and hygiene are mostly provided due to the regulations released which obliged the schools to follow nutritional program (monitoring cafeterias, performing cyclic checkups on offered food, spreading awareness, and providing safety and healthy environment), performing cyclic checkups on students health, following students who suffer from diseases, performing annual medical screening by specific teams, monitoring quality of water provided, organizing physical competitions in schools and between other schools,. Sexual and mental health education are provided with less care. This could be due to the nature of culture, absence of awareness concerning the importance of such topic, and lack of financial support.

Improving upcoming generation health has an important role in improving students' success rates in schools, so it is crucial to have cooperation between the Ministry of Public Health and the MoEHE to establish school health programs, raise awareness in public schools to the level of private schools, perform official training programs for educational body and health educators, assign counselors for each school to monitor students' health, segregate the job of teaching from health educator's job to allow them to perform their job

properly, host experts (nutritionists, psychologists) to spread awareness among students, conduct first aid seminars, and provide health room services in case of emergencies.

The effect of health on students' performance should be highlighted. Lebanese students' are engaged in unhealthy risk behaviors as physical inactivity, violence, drug uses, unhealthy eating habits, so schools have to manage such problems by providing suitable programs, resources and educational body to monitor and follow up such cases. Educating students about their health would raise awareness and prepare them to make healthy decisions concerning their life thus motivate them to change their behaviors.

Schools' administrators also confirm the results obtained in the questionnaire that schools played an important role in health education implementation with a need for enhancement and support.

VI. CONCLUSIONS

In conclusion, this study shed light on a critical topic of the importance of assessing health education in schools in Nabatieh area in Lebanon. Health education is one example of a program that schools can establish to enhance student's health, and reduce diseases. Although schools have a major role in enhancing health, the government, policy makers, and curriculum developers can establish processes for resources to support health education programs at Lebanese schools. It would be only well provided when the government accepts and takes responsibilities to effectively put in action and improve health programs.

The authors recommended performing further studies to assess the quantity and quality of health education being taught and offered to students in schools. Besides, conduct research to take into consideration parents and students' opinions and perspectives about the provided health education.

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