

# The Realistic Dilemma and Solutions of School Health Education in the New Era

Yang Gu<sup>1,2,\*</sup>

<sup>1</sup> School of Education Science, Xinjiang Normal University, Urumqi, 830017, China

<sup>2</sup> School of Physical Education, Xinjiang Normal University, Urumqi, 830017, China

\*Corresponding author e-mail: guyangxiang09@163.com

**Abstract:** As an important part of school education in China, health education plays a vital role in the physical and mental development of young students. At present, the pandemic has greatly affected the rhythm of people's study and life. Through sorting out research, it is found that the practical difficulties faced by my country's school health education in the post-epidemic era include: the top-level design and practice of health education modules are separated to some extent, and the pandemic there is a certain discrepancy between the targeted thematic content and the existing health education content, and there is a certain gap between the curriculum objectives and curriculum quality of health education. And based on this, a cracking strategy is proposed, so that the school's health education can have classes, content, and teachers.

**Keywords:** new era, school health education, predicament, solution

## 1. Introduction

At the end of 2019, since the emergence of the COVID-19 pandemic in our field of vision, it has had an immeasurable impact on all fields and strata of society. At present, Chinese pandemic prevention and control struggle in the new era of normalized management, "anti-epidemic" and "health" have become mainstream discourses discussed in the whole society, and have become a new context that affects social development. School health education is the specific implementation of the national strategy of "Healthy China", which plays an important role in promoting positive changes in students' physical and mental health. In the context of "anti-epidemic", school health education modules should be obliged to play their unique strengths and epidemics. Fighting, this is due to the setting of health education, but in fact, it has also exposed many theoretical and practical deviations in the post-epidemic era. Based on this, in order to further play the role and function of school health education in the post-epidemic era, analyze and discuss the practical dilemma it faces and reflect on the solution strategies, so as to provide theoretical reference and basis for realizing the historical mission and supply of current health education.

## 2. The realistic dilemma faced by school health education in the post-epidemic era

### 2.1. There is a certain separation between the top-level design and practical implementation of the health education module

From a global perspective, many countries (regions) guarantee the development of school health education with laws related to school education, and incorporate school health education into compulsory school courses [1]. In the early days, the "School Health Work Regulations" promulgated in 1990 stipulated that schools must provide health education classes, and then the "Guidelines for Health Education in Primary and Secondary Schools" continued to emphasize that schools should arrange 6-7 class hours of health education classes per semester by subject teaching methods. 2]. From the perspective of my country's national curriculum standards, whether it is the "Compulsory Education Stage Physical Education and Health Curriculum Standards (2011 Edition)" (hereinafter referred to as "Course Standards (2011 Edition)") or the "General High School Physical Education and Health Curriculum Standards" (2017 Edition)" (hereinafter referred to as "Course Standards (2017 Edition)"), which have constructed the relevant curriculum teaching content of health education, such as "Course Standards (2017 Edition)" that health education is a compulsory course for physical education and

health Required courses, health education modules should include basic knowledge and skills of health, reasonable nutrition and food safety, prevention and control of common communicable and non-communicable diseases, etc. [3]. Obviously, health education plays an important role in promoting students to acquire healthy common sense and information, establish scientific health awareness and concepts, change unhealthy behaviors and habits, and regulate emotions.”, but did the school offer relevant courses on health education in the early stage? Have these contents been taught scientifically and in a standardized manner? How effective is its implementation? These issues have yet to be verified and discussed, but in the face of major epidemics, they will be self-defeating, and there have been many personal protection behaviors such as "don't wear a mask when going out", "wrong way to wear a mask", "how to wash hands and disinfect properly" and so on. There are actual cases of missing or inappropriate cases. Studies have shown that not all school health education courses in my country have been effectively carried out and implemented [4-6], which does not conform to the country's original intention and expectation of providing health education in schools, and the implementation is insufficient.

### ***2.2. There are certain discrepancies between the thematic content of the epidemic and the existing health education content***

In February 2020, General Secretary J P Xi made important instructions at the Central Committee for Comprehensively Deepening Reform: "Ensuring the safety and health of the people is a major task of our party's governance of the country." [7] In this special and In the context of emergency, reviewing and discussing the content of health education for the new crown pneumonia epidemic is an urgent need during the epidemic, which will help to establish and implement the "health first" guiding ideology during the epidemic, so as to cut off the transmission route of the virus and protect susceptible people. The population plays an important role in fighting against the epidemic. However, the facts are not satisfactory. In our country's physical education and health curriculum standards and related textbooks, there is no teaching guidance for the prevention and control of respiratory infectious diseases. It is pointed out that students should "basically master the knowledge and methods of health and disease prevention", and require students to "know the prevention methods of meningitis B, tuberculosis and pneumonia", and examine their "understanding of the transmission routes and prevention methods of the infectious diseases they have studied [8]", but did not give an in-depth explanation of the specific prevention methods and physiological mechanisms of infectious diseases. In the course content of the "Health Education" module of the Curriculum Standards (2017 Edition), it is proposed that students should "master the causes and preventive measures of AIDS, venereal diseases, cancer, diabetes and other infectious diseases and non-communicable diseases". , and requires students to "understand the causes, hazards and prevention methods of common diseases, and be able to guide themselves, their family members and surrounding people to take reasonable measures to prevent common diseases" [3], and there is no guidance to improve the specific prevention and control of respiratory infectious diseases. Chapter 11 Disease Prevention of the Physical Education Specialty Course Textbook of General Colleges and Universities mentions the content of the course "Prevention of Common Infectious Diseases", which covers "influenza, viral hepatitis, tuberculosis, rabies, bacterial food poisoning and five The etiology, prevention and treatment of various diseases" have been popularized [9], and there have been no teaching guidance and suggestions for the prevention and control of respiratory infectious diseases, which is not suitable for the fundamental requirements and political tasks of major epidemic prevention and control.

### ***2.3. There is a certain gap between the curriculum objectives and curriculum quality of health education***

Regarding the curriculum goals achieved by health education, there is clear guidance in the Curriculum Standards (2017 Edition): "Through the study of this course, students can actively participate in physical exercise inside and outside the school, master scientific exercise methods, and develop good exercise. Habits, form basic health skills, learn self-health management, etc. [3]." "Guidelines for Health Education in Primary and Secondary Schools" [2], "Course Standards (2017 Edition)" [3] and other documents delineate: Physical Education and Health Curriculum As the carrier of health education courses, physical education teachers are the main body of the implementation of health education courses, and some schools are held by school doctors, biology teachers or external experts, but the current implementation of health education in schools is very rough. Under the background of exam-oriented education, schools pay more attention to students' progress in higher education. Health education is only for physical education teachers or school doctors and other

personnel to teach students indoors in bad weather such as rain. The teaching form is single, and it is considered that health education "No exams", "not important", and did not ensure the allocation of their class hours; some schools simply rely on propaganda columns to introduce some health knowledge [10]. Such unsystematic, unstandardized and unscientific health education makes it difficult to realize the expected ideas. It is worth mentioning that physical education teachers mainly focus on project sports skills, training professional knowledge, teaching methods, etc. in their professional learning and professional training, and rarely involve the cultivation of the content of health education modules. The content of the education module lacks comprehension and proficiency. If it is not influenced by the construction and practice of health education theory in the early stage, and can only be supplemented by "temporary cramming", the quality of the course will deviate from the goal of the health education curriculum. "In the process, it will naturally affect students' health awareness and the formation of good health habits.

### **3. Solutions to the predicament of school health education in the post-epidemic era**

#### ***3.1. Guarantee the implementation of school health education courses and make marginal become mainstream***

Promoting students' mastery of health knowledge and effective implementation of health education is an important purpose of school health education curriculum. The "Healthy China 2030" Planning Outline [11], the "Basic Medical and Health Promotion Law of the People's Republic of China"[12], and the "China Action to Fight the New Coronary Pneumonia Epidemic"[13] are all required in relevant documents and laws. : Schools should implement health education. Professor L Ji, head of the National Primary and Secondary School Physical Education and Health Curriculum Standards Development Team, also expressed his opinion in the "China Education News". He believes that during the epidemic prevention and control period, it is particularly important and necessary to vigorously strengthen the health education curriculum, which can make up for the normal period of health education class hours insufficient [14], play the health effect of physical education and health courses. In other words, the implementation of school health education is supported and protected by law. Health education in the context of the post-epidemic era has changed from abstract curriculum education to people's strong desire from the heart, daily publicity of health knowledge, and healthy behavior habits. The implementation of the development of health education and the active choice of a healthy lifestyle must rely on the scientific guiding role played by health education. Even so, through interviews and research, many physical education teachers responded, "No matter how strict the document requirements are, it is of little use. Schools and parents only care about grades and enrollment rates. When higher-level leaders come to the school to check the implementation of the curriculum, the health education class will not work. It's normal. If you don't check, you won't go." In the future, my country's health education module will definitely improve the teaching guidance and suggestions on the prevention and control of respiratory infectious diseases (including new coronary pneumonia), but if it cannot be implemented, it will become empty attic. Therefore, it is imperative to ensure the "consistency" of school health education curriculum implementation. First, Director D F Wang of the Department of Physical Education, Health and Art Education of the Ministry of Education said: The physical education entrance examination should gradually increase the score to reach the same score as Chinese, mathematics, and foreign languages [15], and health education can be given appropriately while the physical education score is increased. A certain proportion, to achieve "teaching for exams", and improve the attention and recognition of parents and students to health education; second, improve the goals and specific evaluation plans of health education curriculum, and implement the normative requirements of school health education assessment Implementation, such as class hours, class opening rate, teaching quality, practical operation, etc.; Third, health education requires 6-7 class hours per semester, and the workload is not high if the class hours are small. For this, education-related departments can randomly check local schools to listen to 1-2 classes and give guidance and evaluation to avoid it being a mere formality, and ensure the implementation of health education courses and teaching quality in the post-epidemic era; Fourth, organize health education lectures, class evaluations and other competitions with schools or regions as a unit to encourage physical education teachers' enthusiasm , Incorporate health education work into school assessment indicators, carry out effective health education to make students have a positive value convergence for health, and constantly internalize it into the purpose of health literacy, keep in mind that the teaching of health education is not only the transmission of health knowledge and routine communication behaviors it is also a practical action of cultural exchange and construction.

### ***3.2. Develop and implement health education content for the epidemic, and make the curriculum a literacy***

It is necessary to add or improve the relevant health education curriculum design of the specific content of respiratory infectious disease prevention and control under the guiding ideology of "health first" in the national "Sports and Health Curriculum Standards", and promote the development of epidemic-specific health education. Development and implementation, as well as guidance and suggestions on healthy lifestyle at home and scientific physical exercise under major epidemics, and the content of the course should be specific and continuously refined, so that sports and health workers, students and even the whole people have "laws" to follow and "laws" to follow. Classes can be taken to achieve the mission of improving the health literacy of the whole people. The development of students' health literacy and healthy behavior habits is not only the pursuit of health in the medical model, but also the embodiment of the humanistic value of school health education, and it is also helpful to better implement the fundamental educational task of "cultivating morality and cultivating people" and promoting "Integration of sports and education" to promote the healthy development of students' physical and mental health and good social adaptability. According to the survey results in 2019, the health literacy level of Chinese residents was 19.17%, an increase of 2.11 percentage points over 2018. Although there was a certain upward trend, it still showed a low level. In terms of health literacy for six types of problems, the lowest level of infectious disease prevention and control literacy [16]. On July 26, 2019, in response to the "Suggestions on Improving the Level of National Health Literacy" put forward by the National Health Commission, the Legal Affairs Committee of the National People's Congress, the Ministry of Education and other departments jointly issued a document "On the Second Session of the Thirteenth National People's Congress No. 3022." Suggested Reply": Encourage the integration of health literacy into national education, and incorporate "resident health literacy level" into the "Healthy China 2030" Plan Outline and the "13th Five-Year Plan for Health and Health", which have become the 13 major pillars of the construction of a healthy China, one of the evaluation indicators [17]. Therefore, schools should fulfill the social responsibility of health education courses and cultivate students' health literacy through the internalization of health education courses: First, conduct daily teaching with multi-case and comprehensive health education courses to meet students' health needs, such as wearing glasses students need "eye health", obese students need "obesity control", and middle school students may need "healthy psychology" and "sexual health", etc., so as to promote the development of students' healthy behavior habits and make students become the manager of his own health will form a life-long healthy lifestyle; then, build a health education model that combines classroom education and extracurricular practice, leading students to learn "healthy eating" in the cafeteria, go to the bathroom to learn "how to wash your hands correctly", and go to the school hospital to learn "Disease prevention" and "rational drug use", etc., strengthen the concept of health, enrich health knowledge, improve health attitude, and make up for the role and function of "health" education in "sports" and "health" courses; Unhealthy behaviors such as "improper eye use, staying up all night, overeating, skipping breakfast" and other unhealthy behaviors can be added to the content of health education courses, so that the pertinence of school health education can keep pace with the times. Health literacy is an important determinant of health, and the improvement of health literacy is conducive to improving and maintaining their own health decision-making ability [18], allowing students to face various emergencies (epidemic infectious diseases, earthquakes, fires, floods, etc.) when thinking of "health first" and "preservation of life", being able to rescue oneself or each other in an emergency, to minimize the impending injury, and to pay attention to life.

### ***3.3. Implement the curriculum quality implementation measures of school health education, and make "physical education teachers" become "physical education and health teachers"***

"China's Education Modernization 2035" clearly requires: to promote the popularization of high-quality and high-quality education at all levels [19]. High-quality health education can significantly improve students' health knowledge, skills, and behaviors [20]. Health education teachers with systematic education and subject backgrounds are a necessary condition for improving the quality of health education courses, and they are also necessary for the construction of a healthy China through the road. Physical education teachers, as the backbone of the implementation of health education courses [2], in the new era should be in line with the mission of "everything for students and everything for students", and should be transformed from "physical education teachers" to "physical education and health teachers" in order to meet the needs of the new era. Therefore, it is the general trend to incorporate health education into the content of physical education teachers' pre-service training and post-service training. International experience has proved that training pre-service teachers or

on-the-job teachers with health courses can help teachers build confidence in health education, and can identify and help children and adolescents with specific health problems [21]. To sum up, for pre-service physical education teachers: the state should promote the construction of health education courses for physical education majors, and integrate health education such as sub-health, epidemiology, preventive medicine, common chronic diseases, reproductive health, mental health, safety emergency and risk avoidance. Set up in the form of modules or professional elective courses to create first-class health education courses for physical education majors; promote the acquisition of "health practice ability" for students majoring in physical education, and consciously infiltrate various types of health education practical experience into the curriculum [twenty two]. For on-the-job physical education teachers: Teacher training units such as the "National Training Program" and continuing education should set up training modules for health education, and provide physical education teachers with access to and opportunities for training related to health education, so as to achieve the goals of health education courses and a shared vision for course quality improvement. In addition, for the situation where health education courses in some schools are taught by health care teachers or school doctors, current teaching teachers can make full use of learning communities such as cross-school health education research groups in the region to share teaching resources, experience, technology, etc. in real time to quality of health education curriculum.

#### 4. Conclusions

At present, the implementation of health education modules in high school physical education and health courses is still under the barrier of exploration and improvement. The road is not smooth, which determines the long-term and innovative nature of reform practice. It is necessary to face up to the current problems and challenges with caution and rationality. And based on the objective reality and teaching resource environment, find scientific solutions and development plans, promote the progress of the implementation of health education modules and the deepening and deepening of teaching reforms, promote the cultivation and development of students' core physical education literacy, and contribute to lifelong sports and the formation of a healthy civilization. Lifestyle lays the foundation. School sports should fulfill the social responsibility of health education, cultivate students' health literacy from multi-dimensional and multi-case knowledge, promote the development of students' healthy behavior habits, let students become their own health managers, form a lifelong healthy lifestyle, help "Healthy China" construction.

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