



Curriculum Construction in Nutrition Education- A Comprehensive Review

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ABSTRACT: The present article Curriculum Construction in Nutrition Education provides access to information about contemporary topics in health education. Practitioners and students at all levels of education have a need to know what is happening today, in addition to historical treatments within the literature. The contents of this article is addressed to administrators, planners and educators working in the filed of education and training with a view to stimulating interest and attention in the areas of health education. It is also addressed to a growing number of teachers and instructors who will be practitioners in education and who will need to be acquainted with the modern aspects of educational practice and development .Many ideas, generalizations and discussions presented in this article should also be useful to employing organizations committed to provide training facilities within their establishments leading to effective mutual participation by institutions and organizations.

Many school administrators have not yet reached a clear understanding of the nature of health education programme that develops habits and attitudes along with its health information. Some confuse such a programme with a physical education programme of big muscle activity. Other feel that if they have school doctors and school nurses, the children will receive health training from them. Others think that individual teachers can do a splendid piece of work without a health education curriculum. They fail to see that only when the work is organized and a define programme provided for each grade with health training become uniform and generally effective.

The benefits of a definitive health education curriculum are these:

It makes clear to the teacher that the administrator in charge of the school expects health education to be a part of school programme.

It makes clear to the teacher what is expected at the grade level where he is at work. It gives him specific objectives. It avoids the same programme from an individual child in two or three successive grades.

It provides the necessary class time.

It give the teacher suggestions and methods for developing the work.

It suggests methods of measuring results.

There are three different methods for developing a health education curriculum.

The experimental methods:

This is a method, through experimentation by an individual or a small group of people working together over a period of several years. This method was used in over a period of several years. This method was used in the city of Malden where the writer with the assistance of a special supervisor of health education developed a



curriculum during a period of about ten years. The teachers participated in the testing of various health education procedures in the different grades. They contributed developed and tested many original ideas.

The feature that distinguishes this procedure is the actual experimentation in all grades by one individual as contrasted with the observation of work in different grades by a Director of health education or by general supervisors. In such an experimental programme one is free to test and evaluate any procedure while without a research study, activities are usually restricted to those known value. This type of curriculum building is possible where institutions of higher education have research workers in this filed and in some large school systems where a research division can assign one individual to such work.

The scissors and paste method:

The scissors and paste method , which is in complete contrast to the first is the familiar one in which the school system concerned makes little or no original contribution. Every body knows of the curricula that are of scissors and paste variety. Probably these are not altogether to be scorned. Many communities will take the best that has been produced in other places and adapt it to the needs without an extensive curriculum building process. It is probably better to do this unless adequate time, thought and skill for curriculum making can be provided. This is in effect, the procedure followed when a city uses the course of study. The state Department of education should develop carefully planned programme reasonably well adapted to the needs of the whole state and the city or town uses it as a guide, making minor changes, additions or omissions where necessary.

The committee Method:

This is a more common method, is the construction of a curriculum by committee activity. To some extent, This method draws upon both of the other two, because the members of the committee have experience to bring to their work and use published materials from all good available sources. Committees must include experts in the field of health and in the various field of education. The various special health services- medical service , Nursing, Dental services and the fields of physical education and nutrition should also be represented.

Professional leadership for the whole programme of work should rest upon the best qualified expert in Health education available. The function of the central committee should be to decide what needs to be done in the system as a whole, and to outline a curriculum that will be related to methods and materials in use in the teaching of other subjects.

The work of the central committee

The first task of the central committee is to agree upon definition of health education and its objectives. This is necessary in order that we may be sure that everyone on the committee has the same conception of the type of programme involved.

The second task is to decide what habits and attitudes the school should seek to develop and what knowledge should be presented during the school life of the child. There are two possible procedures. One is to draw upon the knowledge of experts who know what the health problems are and what knowledge will be useful. The science of hygiene and public health is in a position to sate certain needs common to practically all children, The other possible procedure is to gather direct information concerning the needs of the children. and adults in the community.

In the study of the specific situation, it is well worth while for the health expert to review the causes of health in the community and to determine in relation to each of these what habits, knowledge and attitudes would be helpful in the prevention. Secondly, it is worth while to investigate causes of illness, if data are at hand. It may be that t the health department has a sickness survey, perhaps there are data showing the cause of illness of school children. In the third place, it is worth while to investigate the physical defects and the causes of absenteeism among school children. Such studies reveal problems peculiar to different cities or areas. Goitre is a problem peculiar to certain sections of the country and may be successfully combated by a health education programme. Malaria is an important problem in warm regions but not in cold regions. Chapped hands are more common in cold climates.

Dietary deficiencies are peculiar to certain sections or races. The common cold is a problem of seasonal importance. These are only a few illustrations of the way in which the studies have suggested may be used to



determine what behaviour and knowledge should be included, what the relative emphasis should be, and what specific topics should be considered at special times of the year. It is also worth while to use such data as are available concerning the health habits and knowledge of children now in the school and the economic status of the population. It is also desirable to study the standard texts to determine what habits, attitudes, and knowledge have been suggested by the best published programmes. From all these sources the central committee can prepare a list of the habits, attitudes and items of knowledge the child should have before he/she leaves the school.

The third task of the central committee is to collect a complete list of the methods and procedures by which the programme can be developed. In addition, the committee collects a complete list of the possible methods of measuring the results of the various phases of the programme. The major elements of such a curriculum are

- A statement of the policy of the school administration, which is the authorization for teachers to proceed with this new activity.
- Provision for the time allotment. Every grade level should be allowed at least one hour a week for the health education programme.
- A statement of the relationship of the report which presents to the teacher those classroom activities for which she is responsible in the development of health education.

A clear statement of the major objective of the programme will help in determining a satisfactory organization of the material in the course of the study. The tentative outlines in Health education should have the following major objectives.

- To have physical defects corrected in so far as possible.
- To eliminate or reduce the amount of communicable disease.
- To co operate with the Department Of Physical Education.
- To arrange classroom conditions hygienically.
- To interpret the school health programme to the parents and secure their co operation.

- To organize regular periods of classroom activities other than teaching units so that they will contribute to the promotion of the general health programme
- To establish and maintain specific health habits.
- To develop health knowledge
- To develop desirable mental attitudes towards health, health practices and life situations.

The use of the outline:

No syllabus or curriculum ought to be regarded as final. It should be subject to continuous improvement on the basis of experience. Every health education outline should be tentative outline. Classroom experience with the outline furnishes the most promising source of ideas for its further improvement. The success of activities in the classroom is the best guide in improving methods. It is extremely important that the outline be understood by the teaching staff and the teachers maintain a proper attitude toward it. The outline should be carefully discussed by the administrative group –assistant superintends, general supervisors and principals. After that, it should be presented to the teachers by grades.

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