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Health education training of university students of the early childhood education degree in Spain

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Abstract *In Spain, Health Education is included in the Early Childhood Education curriculum, but teachers do not manage to develop it effectively. We intended to verify the opinion of the students of the Early Childhood Education Degree of the universities of Andalusia about their education and the relevance of this subject. The research was conducted on a population of 2,178 students, using the questionnaire as the main instrument. Its validation required measuring its internal consistency with Cronbach's alpha coefficient and exploratory factor analysis. The students consider essential Child Health Education training (87.8%), and affirmed that the one they received in the official curricula had been weak. The subjects offered are mostly focused on the promotion of healthy lifestyles (61.5%) and prevention (38.5%). On the other hand, they consider first aid training very important. We propose the implementation of a complete and appropriate Health Education in the training of teachers.*
Key words *School health, Education, Health education, Health promotion*

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Introduction

Health and Education

The World Health Organization (WHO) defined the concept of health as "a state of complete physical, mental and social well-being, and not merely absence of disease or infirmity"[1]. This concept is in the process of review and update. Indeed, several studies show that our physical, mental and social well-being is conditioned by environmental factors worth considering, and we cannot conceive a just society without all the people who are part of it living in healthy conditions and access knowledge that allows them to know which habits are healthier. Thus, the period of childhood is especially noteworthy, where all children have to enjoy the right they have to grow in healthy cities and socioeconomic environments[2].

The health concept has a multidimensional and multicausal nature that transcends and overflows strictly medical competence[3], and becomes a cross-cutting axis that concerns the most various policies, including educational policies, overcoming the merely individual in favor of a social response that is the result of collective actions.

The Declaration of Jakarta[4], which already promoted the adoption of a multisector approach, indicates that the educational field is essential to foster health promotion, qualifying education as a prerequisite for health.

Health Education (EpS) training helps students maintain and improve their health, and is positively associated with healthy lifestyles[5]. Likewise, schools that act from a global focus of a health-promoting school have been shown to improve their academic results[6] since they intervene in the socio-emotional factors that influence learning[7].

The WHO claims health promotion in schools as a right of all children, arguing that one can learn the fundamental values of a healthy lifestyle[8] from pre-school education.

The health system and the status of child health in Spain

The Spanish Constitution[9] establishes the right to health protection and health care for all citizens (Article 43). Although the Spanish Ministry of Health, Social Services and Equality has the legislative power, each autonomous community can plan and organize its health services, respecting the essential competencies set by the central government. The health of the population is submitted to local corporations, and these collaborate in the management of public health services.

The Spanish National Health System (SNS) has been recently rated by the prestigious US financial software company Bloomberg as the third most efficient healthcare system in the world[10]. This is characterized by its universal coverage – with certain contractual limitations – its public financing, free of charge – with certain co-payments – coexistence with the private sector, and powers transferred to the autonomous communities.

We find an entirely satisfactory panorama concerning the state of health in childhood. However, some data would improve considerably with adequate EpS. Specifically, we refer to 9.6% of the population aged 2-17 years with cases of obesity, and 18.3% of overweight. Also, 12.1% of children aged 5-14 years stated that they did not engage in any physical activity in their leisure time. Furthermore, half of the child population spends more time off than recommended in front of a screen (television, computer, or other electronic devices): 61.2% of children aged 2-4 years, more than 1 hour a day, and 52.3% aged 5-14 years, more than 2 hours a day, thus exceeding the maximum recommended time for each age group[11].

Links between the education system and health in Spain

In Spain, the General Law of Health Nº 14/86 makes explicit that the Public Health Administrations[12] will be oriented to the promotion of individual, family and social interest in health through adequate health education of the population (Article 6.2). Within the framework of primary care is the crucial role of the EpS. Among the specific activities of the SNS is Child Care, which includes health education and prevention of childhood accidents[13].

At the school level, the EpS is established for the first time expressly as a cross-cutting theme in all the curricular areas with the Law of General Regulation of the Educational System (LOGSE) (1990)[14]. This cross-cutting concept changes with the entry into force of the Education Regulation Law (2006), which indicates that students must receive full training, alluding to the promotion of health and healthy lifestyles in the curriculum[15] (article 11).

Subsequently, the Organic Law for the improvement of educational quality (LOMCE) (2013)[16]

Ciência & Saúde Coletiva, 24(8):3067-3078, 2019

establishes that educational administrations will adopt measures so that physical activity and a balanced diet are part of child and youth behavior. The design, coordination and supervision of the measures adopted at the educational center must be assumed by the faculty with appropriate qualification or specialization in these areas (Additional provision Nº 4).

In the educational curriculum of the Spanish school system, the EpS is a theme that underpins Early Childhood Education (ECE) and Primary Education, where teachers become health promotion agents. However, the analyzed reality shows a decelerated development of health promotion in schools, with shy participation of the centers in the European Network of "Health Promoting Schools"[17].

Thus, the suitability and need to incorporate the EpS in the Spanish school system is beyond doubt, especially for the promotion and development of healthy life habits in childhood and adolescence[18].

Faculty health training

The EpS is not limited to specific actions and prevention, but includes all those learning actions designed to hold citizens accountable for their health and collective health. It is a health promotion instrument and, therefore, an essential function of health, social and education professionals[19].

One of the main obstacles in the integration of the EpS in the educational centers is the low level of faculty training[20]. Several studies have shown the need to improve faculty training in health[21-25], identifying how this situation limits and even prevents the ideal development of protocols designed to safeguard the well-being of students[18,26]. Professors should be knowledgeable of fundamental health aspects and the good use of the existing health services[27] and should add specific EpS competences to their necessary teaching skills.

In Spain, although the weak and insufficient initial teacher training in this field has been evident for decades[28], the necessary measures have not been taken. This situation hinders the desired comprehensive education of the student[29]. Therefore, it should not be surprising that teachers systematically entrust the health care of students to health professionals[30]. Although teachers are aware of the relevance of the EpS in schools, they feel insecure about the way to develop it effectively, mostly due to the inadequate training received regarding this subject[31]. This is so that, at times, they feel obliged to receive health training courses[32] voluntarily.

At the beginning of our research, we asked ourselves two questions: what importance do future ECE teachers give to child health? Moreover, what training do they have in this field? In response to the problem raised, the general objective of this work is to identify the training received by senior students of the ECE Degree in Andalusia on child health holistically, so that the educational community becomes aware of the situation and adopt the necessary measures that favor their formation. Thus, we aim to improve the university education received in EpS by the future ECE teachers. To this end, we intend to identify what type of training they receive and their opinion about it.

Methods

Using an eminently quantitative methodology, our corpus of study consisted of senior students of the ECE Degree taught in all the Faculties of Educational Sciences of the public universities of Andalusia. Data provided by the competent bodies in each institution totaled 2,178 students in the senior course year (Almeria: 292, Cádiz: 186, Córdoba: 203, Granada: 658, Huelva: 126, Jaén: 232, Malaga: 231, Seville: 250).

With the assumption that subjects surveyed have received practically complete initial training, the population investigated has been circumscribed to the students who were in their senior year, that is, fourth; besides administering the questionnaires at the end of the second semester of the 2013-14 academic year.

The sample size was calculated with the formula for the estimation of finite proportions, with a population size of 2,178 people, a confidence level of 95%, Z equal to 1.96 and a precision of 5%. A sample of 327 students was found employing the following formula[33]:

$$n = \frac{Z_{\alpha}^{2} \cdot p \cdot q \cdot N}{e^{2} (N - 1) + Z_{\alpha}^{2} \cdot p \cdot q}$$

n = sample size, in this case 327 students; α = risk or level of significance; Z_{α} = score corresponding to the selected risk, 0.05 (Z=1.96); p = proportion; q=1 – p; e = error margin.

The questionnaire was carried out ad hoc by authors of the paper for the development of this research. It was structured according to the following variables:

Assessment of factors that occur or may occur in childhood.

Relevance for ECE teachers to have basic notions of certain childhood medical/health aspects.

Training (curriculum or own account) acquired on certain childhood medical/health aspects.

Most essential aspects of their training as future ECE teachers.

We measured the reliability of the questionnaire by assessing its internal consistency through Cronbach's alpha coefficient, based on the mean correlation between all the items of a test[34]. Thus, the result can range between zero and one, and the value close to one shows the relationship of the items[33]; therefore, it provides a reliable measure of the subject studied. In our case, Cronbach's alpha reaches a value of 0.85.

We used the exploratory factor analysis technique to validate the constructs of the designed questionnaire. We checked the correlations of each item to establish the group of indicators, then defining the construct as predicted by the theory and eliminating the variables that did not correlate with each other. Thus, we conducted a pilot test of this same course with a total of 60 senior ECE students from the Faculty of Educational Sciences of the University of Seville.

The questionnaires were administered in mid-2014, visiting the eight universities that are part of the study. The statistical program SPSS 18.0 was employed to analyze the collected data.

We have also resorted to the use of discourse analysis to examine the official curricula of all the graduation courses of the ECE Degree of public universities in Andalusia to grasp the initial training of the respondents and compare the results achieved.

Results

Table 1 shows the assessment of the responding future ECE teachers about certain health-related factors that occur or may occur in the development of childhood. Healthy eating and body hygiene are among those that are considered most relevant. They are followed, by order of importance, physical activity, visual hygiene, and sleep disorders (Table 1).

We established three variables in order to find out to what extent they consider it essential for an ECE teacher to have basic notions about certain child health-related aspects: A. Promotion of healthy habits and lifestyles, B. Prevention, and C. Guidelines for immediate action in case of an accident.

Regarding the first section, the predominant option is "healthy eating", and the least valued "oral health". In block B, the "prevention of child abuse" is by far the option best valued by the subjects surveyed, while "immunization schedule" is the one that achieves the lowest percentage of response. Concerning section C, "first aid" and "choking or ingestion of foreign bodies" are the priority options; while the less prominent items are "sprains", "burns", "bites and stings" and "trauma" (Table 2).

When questioning about the acquired training, the respondents state that the main topics addressed in the curriculum of the ECE Degree are geared to the promotion of healthy habits and lifestyles, and the less addressed issues were about how to proceed in case of child accident. On the contrary, if we consider the courses taken by students on their account, we warn that the ones carried out the most are precisely those related to this type of incidents ("first aid", "wounds and hemorrhages", "burns", "cardiorespiratory arrests", and "choking").

If we look at the aspects about which the respondents claim to lack training, the "correction of bad hygienic habits" stands out in the area of the promotion of healthy habits and lifestyles; in the case of prevention, the "immunization schedule information"; and in the guidelines for action in risk situations, "asthmatic crises" was the most significant training shortcoming (Table 3).

When asked to state the five child health aspects that they consider most important in the ECE teacher training, the most valued were: "first aid", "prevention of child abuse", "healthy eating", "free games and child psychomotricity", "prevention of learning difficulties related to organic disorders of development". Some of the less chosen options were "sprains", "oral health", and "burns" (Table 4).

The vast majority of the surveyed population is in favor of the need to include the teaching of preventive medicine in the training of ECE teachers (87.8%). Only 1% of the sample considers that it should be the exclusive task of parents, and 3.3%, of medical professionals.

We carried out an analysis of the discourse of the curricula that underpin ECE degrees of the Andalusian public universities to complement the information obtained and know the initial formative supply of the surveyed subjects. We found a total of 26 subjects related in some way or another to children's health (Table 5).

Ciência & Saúde Coletiva, 24(8):3067-3078, 2019

Table 1. Assessment of factors that occur or may occur in childhood.

	%				
	Not at all	**Barely**	**Fair**	**Quite a lot**	**Very much**
Healthy eating	0	0	1.3	17.1	81.6
Accident prevention	0	1.0	8.2	34.5	56.3
Vaccines	0	2.0	6.9	30.3	60.9
Sleep disorders	0.7	2.0	3.9	31.6	61.8
Postural hygiene	0	1.6	3.3	36.2	58.9
Visual hygiene	0	1.3	2.3	33.6	62.8
Body hygiene	0	0.3	1.0	23.4	75.3
Physical activity	0	0.7	3.3	31.6	64.5

Table 2. Importance for an Early Childhood Education (ECE) teacher to have basic knowledge of certain medical / health aspects in childhood.

	%				
	Not at all	**Barely**	**Fair**	**Quite a lot**	**Very much**
Promotion of healthy habits and lifestyles:					
Healthy eating	0	0	1.3	19.4	79.3
Free games and child psychomotricity	0	0.3	2.6	22.0	75.0
Night sleep disorders and daytime rest in childhood	0	0.7	7.6	36.5	55.3
Hygiene, personal hygiene	0	0	2.3	25.7	72.0
Oral Health	0.7	1.0	6.6	40.1	51.6
Correction of bad hygienic habits: nose picking, nail biting...	0	1.6	10.5	35.9	52
Postural hygiene (correct postures)	0	0.3	3.3	30.6	65.8
Prevention:					
Adaptation of school facilities and materials for the prevention of child accidents	0	1.3	6.3	37.8	54.6
Prevention of communicable diseases in the school environment	0	1.6	4.9	32.9	60.9
Immunization schedule information	1.3	5.9	27.6	40.5	24.7
Prevention of learning difficulties related to organic disorders of development	0	0.3	5.9	36.5	57.2
Prevention of child abuse	0	0	1.0	13.8	85.2
Immediate action guidelines in the case of:					
Wounds and hemorrhages	0.3	0.7	3.0	28.6	67.4
Trauma	0.3	1.6	9.5	31.9	56.6
Sprains	0	3.3	11.5	44.7	40.5
Burns	0.3	1.3	7.9	36.5	53.9
Bites and stings	0.3	1.3	7.9	34.2	56.3
Altered state of consciousness: unconsciousness, epilepsy ...	0.3	2.6	6.3	23.7	67.1
Seizures	0.7	2.0	6.6	19.4	71.4
Asthmatic crisis	0.3	1.3	3.6	22.7	72.0
Cardiorespiratory arrest and cardiopulmonary resuscitation	0.7	1.6	7.6	20.1	70.1
Poisoning due to liquid/chemical solids intake	0.7	1.0	4.9	26.6	66.8
Allergy due to celiac disease, lactose intolerance ...	0.3	1.3	5.6	22.4	70.4
Diabetes (high blood sugar)	0.3	0.7	3.3	22.4	73.4
Choking or ingestion of foreign bodies	0.3	1.0	1.6	16.8	80.3
First Aid	0	0.7	2.3	10.9	86.2

Of the universities studied, that of Granada is the one that incorporates more related subjects into their curricula, with a total of six, and the one that does so the least is Cadiz, which does not include any.

These subjects are related to children's health and focused mostly (61.5%) on the promotion of healthy habits and lifestyles, and to a smaller extent (38.5%), on prevention. None of them specifically focused on immediate action guidelines in the face of any childhood accidents.

Most of the specialization areas (46.5%) that are responsible for its delivery are coordinated by Psychology departments. Smaller proportions are led by departments of Experimental Sciences (16.5%), Teaching of music, plastic and corporal expression (13.3%), Physical Education (10%) and, to a lesser extent, Teaching and school organization take center stage, Teaching of Science and Philosophy, Zoology, Botany, Ecology and Plant Physics, and Biology.

After analyzing the teaching projects of the EpS-related subjects available on the web page of the universities studied, we detected that, in certain subjects of the departments related to Psychology and Teaching, students are given a constructivist approach. Some of them even refer to it explicitly, either in their objectives ("Motricity in early childhood education" in Almeria, or "Early care in child development" in Granada); or in the methodology of the subject itself (as, for example, in "EpS and consumption" in Cór-

Table 3. Training acquired on certain medical/health aspects in childhood.

	%		
	Curriculum	**Own account**	**No**
Promotion of healthy habits and lifestyles:			
Healthy eating	90.1	5.9	3.9
Free games and child psychomotricity	94.4	2.6	3
Night sleep disorders and daytime rest in childhood	71.7	4.3	24
Hygiene, personal hygiene	74.3	6.9	18.8
Oral Health	42.1	8.2	49.7
Correction of bad hygienic habits: nose picking, nail biting...	33.9	5.3	60.9
Postural hygiene (correct postures)	47.7	6.6	45.7
Prevention:			
Adaptation of school facilities and materials for the prevention of child accidents	52	6.9	41.1
Prevention of communicable diseases in the school environment	33.2	8.2	58.6
Immunization schedule information	23	6.9	70.1
Prevention of learning difficulties related to organic disorders of development	77.6	4.3	17.8
Prevention of child abuse	51.6	5.6	42.8
Immediate action guidelines in the case of:			
Wounds and hemorrhages	38.2	14.1	47.7
Trauma	32.6	11.5	55.9
Sprains	27.3	10.9	61.8
Burns	34.2	13.8	52
Bites and stings	26	11.5	62.5
Altered state of consciousness: unconsciousness, epilepsy ...	27.3	10.5	62.2
Asthmatic crisis	24	10.5	65.5
Cardiorespiratory arrest and cardiopulmonary resuscitation	22.7	13.8	63.5
Poisoning due to liquid/chemical solids intake	26.6	12.2	61.2
Allergy due to celiac disease, lactose intolerance ...	28.9	11.5	59.5
Diabetes (high blood sugar)	37.2	10.2	52.6
Choking or ingestion of foreign bodies	36.5	13.2	50.3
First Aid	36.5	17.4	46.1

Ciência & Saúde Coletiva, 24(8):3067-3078, 2019

Table 4. Most important aspects for their training as future ECE teachers.

	%
Adaptation of school facilities and materials for the prevention of child accidents	36.7
Prevention of communicable diseases in the school environment	27.4
Immunization schedule information	5.3
Prevention of learning difficulties related to organic disorders of development	43.3
Prevention of child abuse	64.4
Healthy eating	62.9
Free games and child psychomotricity	57.1
Night sleep disorders and daytime rest in childhood	14.9
Hygiene, personal hygiene	30.3
Oral Health	4.5
Correction of bad hygienic habits: nose picking, nail biting...	10.4
Postural hygiene (correct postures)	17.7
Wounds and hemorrhages	25.2
Trauma	7.6
Sprains	3.1
Burns	4.9
Bites and stings	6.1
Altered state of consciousness: unconsciousness, epilepsy ...	15.6
Asthmatic crisis	13.3
Cardiorespiratory arrest and cardiopulmonary resuscitation	21.9
Poisoning due to liquid/chemical solids intake	6.8
Allergy due to celiac disease, lactose intolerance ...	10.7
Diabetes (high blood sugar)	11.1
Choking or ingestion of foreign bodies	23.3
First Aid	76.9

doba). However, university students barely hint at this constructivist approach in their answers.

Discussion and conclusions

Promotion of healthy lifestyles in childhood

The subjects surveyed estimate that healthy eating is one of the most critical aspects of children's health and, in turn, a priority in the training of an ECE teacher.

However, some reports and studies[35,36] show that, besides the already well-known issues of childhood obesity in Spain, other lesser-known problems begin to surface which, at their ongoing growing rate, will soon be very serious. Among others is mental health, due to the variety of disorders that are emerging and, especially, due to their speed of ascent[35].

Previously highlighting the benefits of the school establishment to expand an authentic and ideal EpS that can develop healthy attitudes, habits, and lifestyles[37], we agree with González[20], understanding childhood as one of the critical stages in the promotion of healthy lifestyles.

At the international level, since 2006, the WHO has been promoting a strategy in the field of EpS[38], whose main lines of action are improving food education and increasing physical activity in the population, which, as we have previously commented, is enshrined as one of the aspects to be improved in the area of child health in Spain.

As a result of the World Education Forum (Senegal, 2000), the WHO, UNESCO, UNICEF, and the World Bank are carrying out the Focusing Resources on Effective School Health initiative, which aims to raise awareness of the importance of implementing an effective school health, hygiene and nutrition program[39].

Currently, the SHE Network, Schools for Health in Europe[40], which gathers 45 countries, supports the development of health promotion in schools, highlighting the benefits of the "Promoting Health Schools". The benefits of this type of schools in Spain have been shown[7].

At the national level, we have seen that the LOMCE[16] claims physical activity and balanced diet as healthy attitudes in childhood and youth, showing a keen interest in it in the teaching staff and their qualification. Teachers consecrate themselves as the most favorable resource to effectively achieve the health objectives demanded/required[41]. However, we have been able to verify, and then we will see below that this qualification is not entirely satisfactory.

Inter-sectoral relationship

With our study, we have identified that certain aspects (among others, oral health, immunization schedule, and correction of hygienic habits) are considered by the respondents to be the responsibility of the parents, and a task foreign to the educational or health staff. Conversely, some studies advocate that this should be the work of

Table 5. Child health-related matters in the Early Childhood Education degrees in Andalusia. 2014/15 Course. Information extracted from the official curricula of each .

University	Subject	Course	Department
Almería	Nutrition education in the classroom of 0-6 years	1º	Teaching of experimental sciences
	Motricity, health and comprehensive development in childhood	1º	Physical and sports education
	Learning difficulties	2º	Evolutionary and educational psychology
	Physical activity, healthy habits and quality of life	2º	Physical and sports education
Granada	Motricity in child education	1º	Teaching of musical, plastic and corporal expression
	Childhood health and nutrition education	2º	Teaching of experimental sciences
	Streamlining development and risk prevention in the classroom of early childhood education	2º	- Teaching and school organization
	Applied development psychology	3º	-Evolutionary and educational psychology
	Learning difficulties	3º	Evolutionary and educational psychology
	Early care in child development	4º	Evolutionary and educational psychology
Málaga	Child health, hygiene and feeding	2º	Evolutionary and educational psychology
	Child psychological well-being	2º	Teaching of experimental sciences
Jaén	Development psychology	1º	Psychology of development and education
	Health education: teaching and psychological aspects	2º	Evolutionary and educational psychology
	Motricity and health	2º	-Evolutionary and educational psychology
Seville	Child health: motor and artistic education	1º	-Teaching of experimental sciences
	Developmental and learning difficulties	2º	Teaching of musical, plastic and corporal expression
	Psychopathology and child health	2º	-Physical education and sports
	Developmental biology	3º	-Teaching of musical and plastic expression
	Early care and early stimulation	4º	Evolutionary and educational psychology
Huelva	Childhood health disorder	1º	Clinical, experimental and social psychology
	Health and consumption education of 0-6 years	2º	Teaching of science and philosophy
Cádiz	There are no subjects related to EpS		
Córdoba	Health biological bases	2º	-Botany, ecology and plant physiology -Artistic and corporal education -Cell biology, physiology and immunology
	Prevention and identification of developmental disorders and learning difficulties in childhood	3º	Evolutionary and educational psychology
	Health psychology	3º	Evolutionary and educational psychology
	Health and consumption education	4º	Teaching of social and experimental sciences

teachers[42]. We believe that it is not a matter of delimiting territories so that each agent is in charge of these tasks. On the contrary, we emphasize the need to treat all the EpS-related aspects from a holistic viewpoint, where all the agents have a place.

Health and education professionals[43-45] and the family institution are critical agents of an ideal proliferation of healthy habits and lifestyles in childhood[18,46,47].

Also, we agree on even more extensive collaboration with other fields of work. Several studies

Ciência & Saúde Coletiva, 24(8):3067-3078, 2019

support the benefits resulting from contributive work in areas such as regional and local administrations[48], the media, scientific organizations, and other organizations linked to school health research and promotion[46].

We do not advocate a mere juxtaposition of sectors, but rather the achievement of authentic intersectoral action, which requires a slow, negotiated process and constant dialogue[49].

Beyond prevention. EpS is an integral state, and not one-off actions

Concerning the university training of future teachers, our research shows the existence of very high level of training in the prevention of learning difficulties related to organic disorders of development, free games, and child psychomotricity.

From our perspective, we report serious teacher training gaps in this area, since it is not enough to have proper training in prevention measures, as this is not the purpose of a real EpS, and is an obsolete approach that is limited to level health to an absence of disease.

Thus, some authors[50,51] affirm that the purpose of the EpS in childhood should be to increase well-being and reduce health risks, marking as its primary objective the promotion of health based on the improved balance of physical, mental and social aspects related to healthy lifestyle habits.

Curricular restructuring

After analyzing the curricula discussed above, we highlight the need to include EpS in official degrees, an issue that is also evident in several recent studies at national[48] and international[52-54] levels.

In this line, we advocate not only a change in the curricula of educational professionals but also in that of health professionals. We agree with several authors[53,56,57] who claim the need for the aforementioned intersectoral and interprofessional collaboration to achieve adequate health promotion. We estimate that a typical minimum formation is required in order to achieve practical and real collaborative work.

In conclusion, and responding to the questions that marked the development of our research, we affirm, on the one hand, that teachers give not only prominent importance to child health, but also demand initial training in the subject since they lack it.

Thus, EpS promotion in the curricula of the ECE teaching is not granted the relevance it deserves. The achievement of the desired comprehensive education of the students of the faculties of Educational Sciences requires considering all the spheres underpinning the personality of the students, and among them is the EpS. For obvious reasons, this assertion takes on particular relevance if we refer to the ECE Degree, given the idiosyncrasy of the students who will be educated in the future. This training should prepare future teachers to teach constructivist teaching, where students are encouraged to build their knowledge from the interaction with their environment through an action-oriented teaching[55].

The EpS must not suppose specific actions; it must pursue people's actual state of happiness, a balanced physical and psychic plane, which allows human beings to have autonomy and well-being while integrating into their environment.

This need to promote the EpS in the school institution must be coupled with joint action with the family and health professionals so that it transcends prosperously in childhood education.

Collaborations

V Llorent-Bedmar and V Cobano-Delgado participated in the conception and design of the work and data collection. V Llorent-Bedmar elaborated the methodological part. V Cobano-Delgado analyzed the data. Both authors participated in the interpretation of the results, the drafting of the manuscript, the critical review of the text, and the approval of its final version.

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