

Contents of health education in primary education curricula according to the basic dimensions of health education.Kharmouche Mouna^{1*}, Bahri Saber²

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Abstract:

Health education is of great importance in society because of its effects on the future lives of individuals. It represents the various efforts made through several health activities to provide the individual with the necessary information, knowledge, and facts that affect public health. Perhaps the importance that health education plays has made the process of attention. It is an urgent necessity, and based on that, our study attempted to find out the contents of health education in the primary education curricula in Algeria through the dimensions of health education. Where the study was conducted at the level of the second year of primary education to the educational curriculum for the year 2018-2019, and on two books for the second year in the Arabic language. The second is related to mathematics and scientific and technological education. The data collection tool represented by the 2002 Arafat scale for the dimensions of health education was used. The study reached several results, namely the presence of health education dimensions, the cognitive dimension, the skill dimension, and the emotional dimension to different degrees in the primary education curricula in Algeria.

Keywords: health education; primary education curricula; school; student; cognitive dimension; skill dimension; emotional dimension

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Introduction:

No country can develop without having an effective educational system, which includes a school that keeps pace with current developments and enhances the necessary life skills. The school has played an essential role in various areas of human life, as its role today is not limited to merely educating the individual and providing him with certain information and experiences. Rather, it went beyond trying to teach him skills that can be used in his daily life by “transmitting values that help prepare him to engage in social and professional life later”¹, in which health education is considered one of the basic skills, and perhaps this is what made “It works hard to provide the necessary capabilities to achieve the established goals that are in line with its educational policy”².

Health education is considered a basic requirement in any educational curriculum to enhance the student’s health knowledge for awareness or scientific education³, especially since healthy behaviors accompany human life and establish a life free of diseases of all kinds.

Health education is not a behavior carried out by a person, but rather it is a curriculum that is followed and a responsibility that falls on every person to maintain his psychological and physical health and avoid various diseases to preserve his life. It is a human right, which makes the process of raising children who are taught it and creating a kind of culture Health is an extremely necessary matter for building a generation that is aware of its health responsibilities towards itself and other individuals in society, and perhaps this is what has made it worth paying attention to researching the cognitive processes that lie between the educational message and health behavior⁴.

The school performs many functions, perhaps among which is the process of consolidating knowledge and information about certain fields within which health education comes. Where the school seeks, through the curricula and the content of educational materials, to teach students the importance of enjoying health and the risks that can be avoided by following appropriate health instructions. Where can the school play a role? Essential in the process of “significantly reducing several causes of death and disability by avoiding unhealthy behavioral patterns such as cigarette smoking and excessive alcohol consumption”⁵.

The study Problem:

Considering that a healthy mind is in a healthy body, it is important to pay attention to health education among students, especially since health, in general, affects the educational process fundamentally, as there are differences that can be recorded regarding students in a state of good health, where they can learn and enjoy their comprehension abilities compared to when they are in good health.

These teachers are sick. If the student enjoys good health, he will be more able to learn and gain experience⁶.

The process of raising health awareness is an important issue that the school must undertake through the various programs it carries out to consolidate the principles of public health in the students. This is done by providing the student with all the information, experiences, and knowledge to give him a sound health education, and this is an important help in achieving “Living in a healthy society⁷, which is an issue that falls within the formation of the citizen and the establishment of a culture of citizenship, which is what makes the student write life skills in the field of health where he can solve the various health problems that confront him by using those skills acquired from education, especially since” Educational curricula seek to motivate male and female learners to acquire skills that go beyond memorizing information to developing their personal abilities and creative thinking”⁸.

The process of paying attention to the academic curriculum is an urgent necessity to build a healthy society that performs its functions without any problems. To do this, the curriculum must keep pace with various social and scientific developments, as well as the changes that occur in society, especially since health education knows many developments and changes that the student must be aware of and learn about to maintain his psychological and physical health so that he can study without any obstacles that may affect his academic performance and may affect his academic achievement. Therefore, it is important to take care of the academic curriculum as “the way to build individuals and improve their behavior so that they have a high degree of responsibility in a society dominated by continuous change and development”⁹, which made it a concern for everyone because of its “negative effects that reflect on mental and physical health”¹⁰. Therefore, health education is very important to mitigate these various risks through awareness, sensitization, and instilling A healthy culture in the student will protect him from various negative risks that affect his mental and physical health in the future.

The primary goal of the health education curriculum is not to instill a set of knowledge and information in the hearts of students, but rather the goal is to help students understand the living reality of health and how to intervene within the framework of school health programs, especially since the effective curriculum is “that which meets the needs and aspirations of the learner, taking into account The characteristics of this learner and his aspects of deficiency or excess”¹¹.

To achieve this goal, the various curricula contain, directly or implicitly, many programs for health awareness and health education within the framework of improving the standard of living for individuals. We note that the curricula in

the various study courses include the Arabic language, Islamic education, civic education, science, and others. The materials contain a goal that includes developing school health education in light of the importance that school health has as a starting point for general health education that states and governments aim to instill in the souls of their individuals.

Health education, according to its basic dimensions, aims to bring about change based on its curricula and contents, in a way that provides an addition to health education in general, and to know health progress within the framework of health education in some educational curricula, our current descriptive diagnostic study came in an attempt to know the contents of school health education in primary education curricula according to the basic dimensions. For health education, defining that vision for some academic curricula, by trying to answer the following questions:

- a) Do primary education curricula include the cognitive dimension of health education?
- b) Do primary education curricula include the skills dimension of health education?
- c) Do primary education curricula include the emotional dimension of health education?

Study hypotheses:

Primary education curricula include the cognitive dimension of health education.

Primary education curricula include the skills dimension of health education.

Primary education curricula include the emotional dimension of health education.

Objectives of the study:

- Knowledge of the contents of primary education curricula in the dimensions of basic education

- Knowing the contents of primary education curricula in the cognitive dimension as a basic dimension of health education.

- Knowing the contents of primary education curricula in the skills dimension as a basic dimension of health education.

- Knowing the contents of primary education curricula regarding the emotional dimension as a basic dimension of health education.

The limits of the study:

The study was conducted at the level of the second year of primary education for the educational curriculum for the year 2018-2019 and on two books for the second year on the Arabic language and the second on mathematics and scientific and technological education.

Defining study terms:

Health education: It is an educational process that aims to consolidate a set of concepts and behaviors that the student acquires by the end of receiving information and experiences about health education while practicing his studies.

Health awareness: It is the student's knowledge of various health information and facts, which makes him responsible for his health and the health of others, where the principles of public health are rooted in him. Health awareness is achieved through awareness of the various dangers that he may encounter.

Health education curriculum: It is a set of lessons aimed at imparting knowledge and consolidating health education in students through the information and knowledge they receive about topics related to health education.

Primary education curricula: It is a coherent structure of a group of elements organized in a system linked by clearly defined integration relationships¹².

Study approach: The descriptive approach has been relied upon as a study method due to its suitability to the nature of the study problem that we are about to study. The analysis method will be adopted to understand and interpret the studied phenomenon.

The study sample:

To achieve the objectives of the study, we relied on two courses for the second year in primary education, and our study was based on two books for the second year:

The first book is my book on the Arabic language, Islamic education, and civic education¹³, prepared by the Ministry of National Education. It was published in 2018-2019. It is a revised edition issued by the National Office for School Publications. Its pages reached 175 pages, and the number of axes reached 8.

The second book is My Book on Mathematics and Scientific and Technological Education¹⁴, prepared by the Ministry of National Education. It was published in 2018-2019. It is a revised edition issued by the National Office

of School Publications. Its pages reached 142 pages, and the number of its lessons reached 142 lessons.

Data collection tools in the study:

To ensure the objectives of the study, we modified the Arafat Scale 2002¹⁵, after modifying some of its paragraphs and deleting some of them to fit the nature of the topic and the desired goal of the study. The number of its statements reached 44 statements divided into three basic dimensions of education. The health dimension is the cognitive dimension with 17 statements, the skill dimension with 11 statements, and the emotional dimension with 16 statements. To ensure the validity of the scale was presented to a group of professors of education and psychology to ensure its validity and that it measures what it was prepared for. Its validity coefficient reached 0.77, while Cronbach's alpha reliability coefficient reached 0.87, which confirms to us that the scale applies to the study sample.

Statistical methods used in the study:

Both N and percentages were used because they are the most appropriate to the nature of the results obtained and the topic addressed.

Presentation and discussion of the study results:

Presentation of the results of the first hypothesis related to the cognitive field:

Table No. (01) shows the results of the first hypothesis.

	Phrases	NB1	Percent	NB2	Percent
1	Environment pollution and its relationship to humans	1	4.16	1	3.84
2	Environmental changes affecting human health	2	8.33		
3	Human diseases caused by pollution				
4	Methods of preventing human pollution	1	4.16	1	3.84
5	Natural disasters (earthquakes, volcanoes, floods)				
6	Noise and commotion				
7	Radioactive pollution				
8	Rain and hurricanes				
9	chronic diseases				
10	Ozone layer pollution				
11	Chemical drugs				

12	Impact of factory smoke on human health				
13	Public Health	1	4.16		
14	Allergic diseases resulting from environmental pollution				
15	Air and soil			2	7.69
16	Toxic gases			1	3.84
17	Cancer diseases and pollution				

Through the results obtained, it becomes clear to us that each of the books on the Arabic language, Islamic education, and civic education, as well as the book on mathematics and scientific and technological education for the second year of primary education, included many contents of health education in its dimension related to the cognitive dimension, and what can be observed is that there is a difference. In including the cognitive dimension between the first and second books, on the one hand, and the other hand, we note that there are many dimensions of the cognitive dimension that were not included in both books, and this relates to diseases that affect humans due to pollution, natural disasters (earthquakes, volcanoes, floods), noise and uproar, Radioactive pollution, rain and hurricanes, chronic diseases, ozone layer pollution, chemical medicines, the effect of factory smoke on human health, allergic diseases resulting from environmental pollution, cancer and pollution, which makes the second-year study sample books far from many cognitive dimensions. It must be available and included in educational curricula.

On the other hand, the educational curriculum includes, through the books sampled in the study, many cognitive dimensions in different percentages, and the matter relates to environmental pollution and its relationship with humans, which are included in the two books with one repetition of each, and in different percentages that reached in the first book (Arabic language, Islamic education, civic education) It reached 4.16 percent, while in the second book (mathematics and scientific and technological education) it reached 3.84, which makes the first book more available on this cognitive dimension than the second book. In addition, the two books included many cognitive dimensions that related to each of the methods of preventing pollution. The percentage of people affected reached 4.16 percent for the first book (Arabic language, Islamic education, and civic education) and 3.84 for the second book (mathematics, scientific and technological education), 3.84. It is noted here that the book Arabic Language, Islamic Education, and Civic Education was included in this. Dimensions from the book Mathematics and Scientific and Technological Education may be due mainly to the nature of the school subjects and the topics covered and the nature of the Arabic language, Islamic education, and civic education, which makes the subject of health education dealt with within its framework and not physical,

scientific and technological education, whose topics are far from health education and its goal.

We also note that there are cognitive dimensions included in the first book: Arabic language, Islamic education, and civic education, such as public health, with one repetition and a percentage of 4.16 percent. There are also some dimensions included in the second book (mathematics and scientific and technological education), such as the dimensions of air and soil, with a percentage of 7.69, and toxic gases. With a percentage of 3.84, it may also be noted that the first book included 4 cognitive dimensions, while the second book included 4 cognitive dimensions, which makes the two books address different cognitive dimensions, but they are consistent in number.

Presentation of the results of the second hypothesis related to the skill field:

Table No. (02) shows the results of the second hypothesis.

	Phrases	NB1	Percent	NB2	Percent
1	First aid and methods of doing it				
2	Personal hygiene of human body	4	16.66		
3	Classifying diseases caused by pollution				
4	Measurement of temperature and pressure for humans				
5	How to prevent harmful organisms				
6	Methods of preventing the dangers facing humans			1	3.84
7	Solving health problems facing humans			1	3.84
8	Maintaining human health	5	20.83	3	11.53
9	Maintaining the correct positions of human body movement	1	4.16		
10	Methods of searching for pollution sites				
11	Ocean cleanliness	5	20.83		

Through the results reached regarding the second hypothesis, we notice that the second-year primary education curriculum included many dimensions related to the skills dimension. We note that there are many topics related to the skills dimension that were included in the two books, but to different degrees.

We note that many dimensions were not included in both books, and they relate to first aid and methods for performing it, classifying diseases caused by

pollution, measuring temperature and pressure for humans, how to protect against harmful organisms, and methods for searching for sites of pollution, which is what confirms to us The education curriculum for the second year of primary education does not include many skill dimensions related to health education directed to students at this stage.

In addition to that, many skill dimensions were created in both the first and second books. The matter relates to preserving human health in the first book (the Arabic language book, Islamic education) with a percentage amounting to 20.83 percent, while it was included in the second book (mathematics and scientific and technological education). With a percentage of 11.53 percent, which makes its inclusion in the first book a high percentage compared to the second book, and in addition to the skills dimension included in the first and second books, some contents were included in the first book (Arabic language book, Islamic education) and were not included in the second book, which relates to all the cleanliness of the environment. With a percentage of 20.83 percent of personal hygiene of the human body with a percentage of 16.66 percent, and maintaining the correct positions of human body movement with a percentage of 4.16 percent, which confirms the difference in the parameters of health education according to the skill dimension between the two books, as the second book included (Mathematics, scientific and technological education) Many skill dimensions related to health education that were not included in the first book, which was represented in both methods of preventing dangers facing humans with a percentage of 3.84 and solving health problems facing humans with a percentage of 3.84 percent, which confirms to us that On the other hand, there is a diversity of skill dimensions observed within health education within the curriculum of the second year of primary education, it may also be noted that the number of skill dimensions included in the first book (the Arabic language book, Islamic education) is four (04) dimensions, while the second book included mathematics and scientific education. Technology) has three (03) dimensions, and the two books together included 6 skill dimensions observed in health education directed at the second year of primary education, which confirms the inclusion of the skills dimension in health education in the second year of primary education, but to a small degree.

Presentation of the results of the third hypothesis related to the emotional field:

Table No. (03) shows the results of the third hypothesis.

	Phrases	NB1	Percent	NB2	Percent
1	Appreciating the greatness of the Creator in creating man				

2	Estimating the state's provision of health supplies				
3	Appreciating science and scientists in preserving human health				
4	Appreciating Arabs and Muslims and their discoveries for the benefit of man and his health				
5	Correct health trends for the individual	9	37.5	3	11.53
6	The role of the citizen in preserving and raising awareness of the health of the individual and individuals in society	1	4.16	1	3.84
7	The role of cooperative and volunteer work in solving health problems				
8	Awareness of the importance of an individual's mental health				
9	Awareness of the importance of individual physical health	2	8.33		
10	Proper trends towards preserving the internal and external organs of the human body	2	8.33		
11	Raising awareness of the importance of maintaining health institutions	1	4.16		
12	Raising awareness of the importance of paying attention to hygiene	5	20.83		
13	Raising awareness of the importance of the environment and its role in health education	2	8.33		
14	Positive tendency to watch films that seek health education				
15	Raising awareness about the dangers of smoking and drugs				
16	Raising awareness of the importance of health education	1	4.16		

Through the results obtained, we notice that the curriculum for the second year of primary education includes the emotional dimension within the basic dimensions of health education, which is what we notice through the results observed above, and what can be recorded that many emotional dimensions are not included in the curriculum for the second year of education. A primary school in the first and second books, concerns appreciation of the greatness of the Creator in creating man, appreciation of the state's provision of health requirements, appreciation of science and scientists in preserving human health, appreciation of Arabs and Muslims and their discoveries in what serves man and his health, the

role of cooperative and voluntary work in solving health problems, awareness. The importance of the individual's mental health, the positive tendency to watch films that seek health education, and awareness of the dangers of smoking and drugs, confirm to us that there are many emotional dimensions related to health education that are not included in the educational curriculum for the second year of primary education.

While there are many common dimensions included in both the first and second books, albeit in different and somewhat similar proportions, this relates to each of the correct health trends of the individual, with a percentage reaching 37.5 percent in the first book related to the Arabic language, Islamic education, and civic education, while it reached In the second book (mathematics, scientific and technological education) 11.53 percent, as well as the role of the citizen in maintaining and raising awareness of the health of the individual and individuals in society, which in the first book, Arabic language, Islamic education, and civic education, reached a percentage of 4.16, while in the second book (mathematics and scientific education) and technology) 3.84 percent.

What can also be recorded is that many emotional dimensions were included in either the first book and were not included in the second book. The first book included many emotional dimensions that were not included in the second book, and it relates to both raising awareness of the importance of paying attention to cleanliness with a percentage of 20.83 and a first order of awareness. The importance of the individual's physical health with a percentage of 8.33, sound trends towards preserving the internal and external organs of the human body with a percentage of 8.33 percent, awareness of the importance of the environment and its role in health education with a percentage of 8.33 percent, awareness of the importance of maintaining health institutions that amounted to 4.16 percent, and awareness of the importance of Health Education, which amounted to 4.16 percent, which confirms to us the richness of the first book in the skills dimension compared to the second book.

It is noted that the first book on the Arabic language, Islamic education, and civic education included 08 emotional dimensions within health education, while the second book included only two (02) dimensions, which makes the first book contain greater emotional dimensions than the second book, and this may be due to Based on the nature of the topics that can be covered in the first book compared to the second book, and in general, the education curriculum for the second year included primary education on 8 emotional dimensions in health education as basic dimensions.

Conclusion:

What can be confirmed in this regard is that although the curricula of primary education in the second year have included, albeit partially, the basic dimensions of health education represented in the cognitive dimension, the skill dimension, and the emotional dimension, this is a positive indicator in the education curricula that serve health education and awareness. Health education, in general, makes education curricula fertile ground that can be developed towards activating the role of health education and spreading health culture in society, which is possible starting from the school with its contribution not only to the educational curriculum and what is presented by the teacher, but the school can also play a pivotal role in During the various activities that go to the heart of health education, which can be carried out from the perspective of the school's periodic activities that aim to achieve the goals of health education in particular, the school and family can also form together one team to adopt a national strategy that works to promote health education and raise awareness of its importance. Being the primary determinant of the process of ensuring mental and physical health for future generations.

Suggestions and recommendations:

- Conducting similar studies on primary education curricula at various levels, i.e. conducting a comprehensive survey of all books to determine the true level of inclusion in health education directed at students.

- Including a subject or lesson on health education aimed at spreading health awareness and health education for students.

- Creating research teams that work on analyzing health education and the extent of its inclusion within the curricula of the various stages.

- Striving to establish a national observatory for health education and awareness to spread health awareness and health education to various students at all educational levels.

- Organizing field visits for primary school students, the aim of which is to inform them of the reality of health education in real life.

Integrating the family towards adopting a national family strategy to spread health awareness and health education is the basis of public health.

Footnotes:

¹ Rula Rafiq Alaiwan, Muhammad Reda Rimal, The role of the school in developing awareness of the concept of social service for secondary school students in a private school in Beirut, Journal of Social Sciences, No. 28, Arab Democratic Center, Germany, Berlin, 2023, p. 244

²Bahri Saber, Kharmouche Mouna, Obstacles to applying the competency approach in light of the reality of the Algerian school from the point of view of primary education teachers, *Social Sciences Development Journal*, Volume 10, Issue 2, Part 1, 2017, p. 86

³ Arif Asaad Juma, Including health education topics in Islamic education curricula for the intermediate stage, an analytical study, *Journal of the College of Basic Education for Educational and Human Sciences*, No. 36, University of Babylon, Iraq, 2017, p. 78

⁴ Ralf Schwarzer, *The Theory of Will in Health Education*, Free University of Berlin, translated by Samer Jamil Radwan, Syria, Without date, p. 1

⁵ Susan Maryam, The role of school administration in achieving school health education for basic education students in the city of Latakia, *Tishreen University Journal for Research and Scientific Studies, Health Sciences Series*, Part 38, No. 2, 2016, p. 153

⁶ Ziad Ali Al-Jarjawi, The Reality of Implementing Health Education in Public Education Schools in Gaza City, *Palestine University Journal for Research and Studies*, Issue 2, 2012, p. 302

⁷ Al-Qass Saliha, The effectiveness of a health education program in changing risk behaviors and developing health awareness among adolescents, Doctor of Science thesis, University of Biskra, 2016, p. 67

⁸ Abdel Fattah Hashemi, The reality of life skills in the social studies curriculum in primary education, *International Journal of Educational and Psychological Studies*, Issue 24, Arab Democratic Center, Germany, Berlin, 2024, p. 354

⁹ Amal Zuhair Al-Sharbasi, The effectiveness of the aesthetic approach in developing health concepts and skills in science among sixth-grade female students in Gaza, Department of Curriculum and Teaching Methods, College of Education, Islamic University of Gaza, Palestine, 2013, pp. 40-41

¹⁰ Touban Bilal, Psychological factors leading to tobacco addiction in light of psychological explanations, *Journal of the International Academy of Psychological and Educational Sciences and Artifonia*, Volume 1, Issue 1, 2021, p. 57.

¹¹ Fadwa Ahmed Diab Al-Shami, Evaluation of the Arabic language book provided to deaf students in the fourth grade of basic education in Yemen, *International Journal of Educational and Psychological Studies*, Issue 16, Arab Democratic Center, Germany, Berlin, 2022, p. 300

¹² National Curriculum Committee, *Primary Education Curricula 2016, Subject Specialized Groups*, Ministry of National Education, 2016, p. 5

¹³ My book in the Arabic language, Islamic education, and civic education (2018-2019), National Office for School Publications, Ministry of National Education, Algeria, 2018-2019.

¹⁴ My book on mathematics and scientific and technological education (2018-2019), National Office of School Publications, Ministry of National Education, Algeria, 2018-2019.

¹⁵ Adhraa Saad Abdel Kadhim, The reality of health education in physics textbooks for the secondary stage, Bachelor's degree in Physics, College of Evening Education, Al-Qadisiyah University, 2018, pp. 17-20

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