



HEALTH EDUCATION AS A MEANS OF PROMOTING A SUSTAINABLE SCHOOL ENVIRONMENT IN MOROCCO: TOWARDS A CONSCIOUS AND RESPONSIBLE SCHOOL COMMUNITY

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ABSTRACT: The study investigates the role of health education within educational institutions, focusing on its impact on students' physical and psychological well-being, as well as its influence on the school environment. The research aims to assess how health education contributes to enhancing academic performance, fostering responsible environmental citizenship, and increasing health and environmental awareness among students. To achieve this, a field study was conducted employing an interactive methodology, including participant observation, data collection through questionnaires, and data analysis via content analysis techniques. Findings indicate that students possess limited health knowledge, which adversely affects their psychological and physical health and the overall school environment. Insufficient health awareness correlates with poor environmental practices, such as inadequate hygiene and widespread non-environmental behaviours. The study recommends that the Ministry of Education prioritise health education in strategic planning to cultivate a safe and conducive learning environment.

Keywords: Health education, school environment, environmental awareness, primary school, learner

INTRODUCTION

Educational institutions serve as vital platforms for health promotion, offering extensive outreach to foster community health and prevent potential health issues. Given the rising costs associated with treating chronic and incurable diseases, early prevention through health education becomes imperative. While families share responsibility for children's health education, the complexity of health and social challenges necessitates proactive school-based programmes integrated into curricula and practical activities.

Investing in school health and nutrition directly impacts the well-being and academic performance of students, with positive repercussions extending to their families and communities. Malnutrition and illness hinder learning, and inadequate education correlates with poorer health outcomes. Furthermore, good health, nutrition, and education are fundamental rights and strategic investments in national development, fostering a productive and fulfilled populace (United Nations Educational, Scientific and Cultural Organization, 2020).

In Morocco, the prevalence of diseases such as obesity, diabetes, hypertension, dental caries, cardiovascular conditions, atherosclerosis, and recent epidemics like COVID-19 underscores the urgent need for comprehensive health education. The pandemic has highlighted gaps in health awareness among Moroccans, emphasising the importance of behavioural change. The primary goal of health education in this context is to promote sustainable health behaviours, thereby ensuring long-term health benefits for future generations.

Health education

Health education is a process that leads to the planning of a programme using available resources to modify health behaviour and remove barriers of ignorance, prejudice and misconceptions, after intelligent and thoughtful examination of health-related knowledge (WHO, 2001). Health education is an educational process that aims to transfer health knowledge and skills to individuals and communities and includes a set of objectives and trainings that help improve health and prevent diseases and

injuries. School health education is an important part of this process, as it aims to promote health and prevent diseases and injuries among learners during the school year. School health education covers a range of topics such as personal hygiene, proper nutrition, healthy sleep, physical activity, and mental health (Mohammed, 2023).

Health education is also an important part of public health promotion and helps promote health awareness in individuals and communities (Amal, 2021). Public health initiatives play a crucial role in enhancing individual and community well-being by delivering accurate and reliable health information, promoting health awareness, and offering education aimed at encouraging healthier lifestyles. These efforts not only support disease and injury prevention but also provide essential health services that improve overall quality of life. Furthermore, they advocate for increased participation in physical activity and sports to boost physical fitness, while also emphasizing the importance of mental and emotional health for both individuals and communities (Mohammed, 2023).

In general, health education is an important part of the teaching and learning process and helps to improve health and prevent diseases and injuries in individuals and communities. It is an educational process aimed at increasing health awareness by providing individuals with information and experiences. The goal is to influence their knowledge and behavior concerning personal and community health, thereby supporting a healthy lifestyle. Additionally, schools offer various experiences, both inside and outside the classroom, to promote the comprehensive development of students (Ahmed Al-Ruwaithi, 2016). In light of the aforementioned definitions, health education can be defined procedurally as an educational process that aims to provide learners with a set of knowledge, skills and sound health attitudes, which reflects its impact on protecting the health of the individual, the school community or the school environment.

Objectives of Health Education

Health education aims to influence individuals' perceptions of health and illness, striving to make health a personal goal influenced by various factors such as social systems, educational levels, economic conditions, and the degree of national attachment. This is demonstrated through community participation in public health initiatives and cooperation with health authorities (Hamdi and Mbani 2019). The objectives of health education are cantered on improving the overall health of individuals, families, and communities. This involves modifying attitudes, behaviours, and habits to enhance health outcomes, including equipping individuals with the knowledge to appropriately

respond to minor injuries and illnesses. Active parental involvement plays a key role in raising community health standards. Additionally, health education supports the success of health initiatives through effective collaboration between community members and officials. It also aims to promote health awareness, encouraging individuals to recognise and fulfil their responsibilities in maintaining both personal and public health (Hamdi & Mabni, 2019).

Importance of Health Education

One of the primary objectives of science curricula and instruction is to educate students on managing health-related issues and challenges. This encompasses not only the development of knowledge, information, attitudes, and tendencies but also aims to foster an understanding of protection and prevention strategies. Such strategies are essential both prior to and during health problems, emphasising the preventive role of education, particularly within science curricula. These educational efforts equip learners with vital information and facilitate the acquisition of practical experiences applicable to daily life and social interactions, thereby reducing harm and promoting well-being (Dabla and Sadraty, 2013).

In the United States, health education is offered as an independent elective subject alongside mathematics, science, and social studies. Exposing students to a diverse range of subjects—including mathematics, literature, and social sciences—ensures they acquire a comprehensive cognitive foundation and positive attitudes. It is imperative that health education be integrated throughout the entire educational process to cultivate health-conscious, active, and productive individuals. Without continuous health education, students may lack the necessary knowledge and skills to maintain their own health and that of their future children (Dabla and Sadraty, 2013). This pragmatic approach to American educational policy reflects an investment in individual development, ultimately serving society by fostering healthy, responsible citizens who are aware of their rights and obligations.

Moroccan health education in the educational guidelines of primary school

The primary objective of health education extends beyond the mere acquisition of knowledge to encompass the development of sound health behaviours. Consequently, the curriculum should be viewed not solely as a course of study but as a framework influencing individual behaviour through emotional and intellectual attitudes. Effective science education aims to modify students' behaviours both within and outside educational settings, empowering them to address health and environmental challenges with informed decision-

making skills (Al-Amari, 1995). The White Paper (Moroccan Ministry of Education, 2002) clearly states that one of the core aims of the national curriculum is to cultivate essential social values. Among these is the promotion of health prevention and environmental conservation principles, highlighting the curriculum's role in fostering responsible, health-conscious, and environmentally aware citizens.

School environment

The school environment constitutes the social context where education intersects with sociocultural influences. The habits and values acquired within the family significantly impact individuals' daily behaviours within this setting. The nature of upbringing shapes practices, actions, and interactions with the surrounding environment. According to Avenel (2016), sociocultural factors influence the school environment, which in turn affects academic performance.

The role of the educational institution in health education

The educational institution serves as a fundamental environment for imparting knowledge, scientific understanding, and health education. Its responsibilities extend to ensuring safety measures, promoting health awareness, and encouraging healthy nutrition within the school setting. Additionally, the institution plays a vital role in maintaining overall hygiene, preventing illnesses, supporting mental well-being, and fostering a clean and secure environment for students and staff (UNESCO, 2021).

The educational institution and safety

Ensuring safety and health within educational institutions is a fundamental prerequisite for the effective functioning of the teaching and learning process. These conditions are not spontaneously achieved but result from the deliberate efforts of the educational administration (Rashad, 1996). Among its key responsibilities are providing first aid to address minor injuries that do not require medical intervention, implementing training programs to equip both teachers and learners with essential first aid skills, and maintaining hygienic classroom conditions—such as adequate lighting and proper ventilation—to reduce the risk of infection transmission among students.

Educational institutions and health education dissemination

Health education aims to provide health information, data and facts related to health and disease to all members of society, in order to reach a situation in which each individual is able to respond

to health guidelines (Morsi, 2004). The Moroccan educational institution aims to promote health concepts and behaviours by spreading health awareness among learners, as educational curricula and programmes include topics related to health such as hygiene, nutrition, the harms of smoking, etc. The importance of school health education is to reduce the spread of infectious diseases, promote mental and physical health, and raise health awareness among learners (WHO, 2018).

Healthy nutrition in educational institutions

Nutrition in educational institutions has a great impact on the physical and mental health of students, and the primary stage is the most important stage in human development, which requires the provision of appropriate food due to the increase in the body's needs for proteins, vitamins and sugars (Florence, Asbridge, & Veugelers, 2008; Bundy et al., 2017). School feeding and nutrition education plays a pivotal role in changing the nutritional behaviour of learners as they gain new experiences that they pass on to the family and subsequently to society as a whole (WHO, 2001).

Maintaining the hygiene of educational institutions

The educational institution, as the second most influential social structure after the family, plays a vital role in shaping society through its learners by fostering a supportive and health-conscious educational environment. Among the responsibilities of school administration in maintaining institutional cleanliness, UNESCO (1998) highlights several key actions. These include using the school radio program to promote personal hygiene among students, organizing cleanliness-related competitions—such as awarding the cleanest class or group—and ensuring ongoing supervision of the school environment, including sanitary facilities and classrooms, to reinforce hygiene practices and environmental responsibility.

The role of the teacher in the health education of learners

The role of the teacher in promoting learner health education is emphasized for several important reasons (WHO, 2001). Teachers have the advantage of spending significant time with students, allowing them to consistently instil health principles and guidelines. Their training equips them with strong communication and information delivery skills, often making them more effective communicators than many healthcare professionals. Moreover, teachers are widely distributed across all regions of the Kingdom and are present in sufficient numbers, positioning them as key agents in spreading health awareness more extensively than doctors and health workers. Education and health are fundamental and interconnected rights essential for social and

economic development. Incorporating health education into school curricula is vital for promoting and enhancing the well-being of students and the broader community. Integrating health education into basic education frameworks is crucial for the prevention and protection of health among learners and citizens alike.

METHOD

The study was conducted in Princess Lalla Meryem Primary School, Abdallah Chefchaoui Primary School, Imam Ghazali Primary School, and Kasbah Primary School. These institutions were randomly selected from Sidi Kacem directorate, a predominantly rural directorate in the Rabat-Sale-Kenitra region of Morocco. The study was conducted over a period of 4 months, from October 1st, 2023, to January 30th, 2024.

Regarding the research sample, our study included the participation of 1045 pupils from different primary schools in Sidi Kacem directorate. The results of the age distribution of the students showed that the average age of the students is 8 years, with a minimum of 6 years and a maximum of 10 years.

We used a questionnaire to assess the knowledge and attitudes of a sample of primary school students regarding oral hygiene and hand washing on the one hand, and on the other hand to assess teachers' knowledge and practices regarding health education and their perception of their role in promoting the health of their students, in order to identify the obstacles that prevent them from participating in prevention projects. We analysed and refined the data using the following software: Statistical Package for the Social Sciences (IBM SPSS for Statistics, version 21.0).

RESULT AND DISCUSSION

The distribution of participants by gender shows that 57.8% of the participants were males and 42.2% were females. Most of these participants came from rural areas, i.e. 79% from rural areas compared to 21% from Sidi Kacem city. The study also included the participation of 145 primary education teachers. Our study population consists mainly of practicing teachers: (43.4%) average age over 45 years, (24.1%) average age between 36 and 45 years, and (32.4%) average age less than 36 years. The survey covered all respondents, including (26.2%) women and (73.8%) men, and covered all regions of Sidi Qassem directorate, with (35.2%) of teachers in schools in rural areas and (64.8%) in urban areas.

According to the archives of the Sidi Kacem Directorate, as part of the school enrolment census, 95.4% of children between the ages of 7 and 12 years attended school in Sidi Kacem in 2014. This is almost the same rate recorded at the regional level (95.5 per cent) and is relatively higher than the national average (95.1 per cent).

According to the statistics mentioned on the website of the Regional Academy for Education and Training in Rabat-Sale-Kenitra, according to 2017 data, public schools in Sidi Kacem directorate are distributed as follows: 121 primary schools, 29 middle schools, 17 high schools (figure 1).

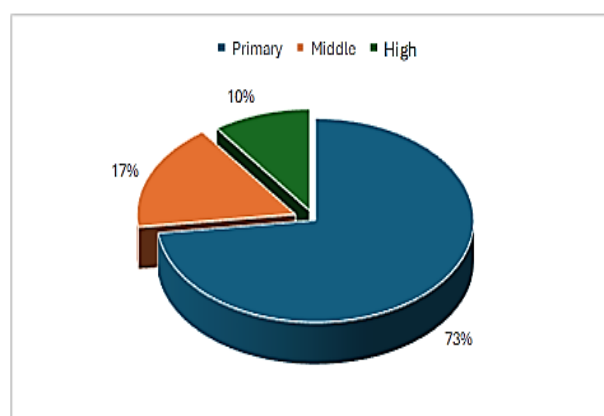


Figure 1 Total Number of Educational Institutions in the Region of Rabat-Sale-Kenitra

In addition, the level of schooling has improved significantly. The illiteracy rate dropped by about ten percentage points, from 50.2 per cent in 2004 to 40.4 per cent in 2014. This improvement affected both sexes (males and females) and regions of residence (urban and rural). The female illiteracy rate fell from 63.6 per cent in 2004 to 51.8 per cent in 2014, an increase of about 12 percentage points, thanks to the efforts of the government, the supervising Moroccan ministry of education and other stakeholders. Indeed, the number of new pupils enrolled in school in 2017 in the primary grades in the region reached 10516 pupils. The total number of pupils in the primary grades reached 70004, in the secondary preparatory grades 27751, and in the secondary qualifying grades 14830 pupils. This development in the percentage of male and female students helps in health mobilisation and facilitates access to health and environmental services. Citizens in Sidi Kacem benefit from public health care services through two networks:

The network of hospital establishments

According to data released by the Moroccan Ministry of Health and Social Protection, the hospital network in the Sidi Kacem directorate consists of two

institutions: Sidi Kacem Regional Hospital Centre located in the city of Sidi Kacem and the local hospital of Jarf El Melha, with a total capacity of 255 beds. It should be noted that a large number of pupils attend both of these hospitals and that, in accordance with ministerial directives, a coordination centre for pupils' health has been set up at the Sidi Kacem Regional Hospital Centre (Sanae et al., 2013).

Network of primary health care facilities

With regard to the provision of health care through the primary health care programme, the Moroccan Ministry of Health and Social Protection figures for 2021 indicate that there are three second-level urban health centres (a health centre plus a maternity unit) located respectively in Hadcourt, Machraa Belkassiri and Jerf El Malha, five first-level urban health centres, five second-level rural health centres, nineteen first-level rural health centres, and eight village dispensaries, for a total of forty health facilities in both urban and rural areas.

It should be noted that the region has a weak network of medical and social institutions. However, this institutional structure compared to the number of inhabitants is insufficient for health awareness, which requires opening up to school and association activities to achieve health and environmental education.

Identifying students' oral hygiene behaviour

Regarding oral hygiene in schools, the study showed that out of 531, the percentage of pupils who always use a toothbrush was very low (17.3%) as it is shown in table 1.

Table 1: Mouth and Teeth Students' Behaviour

Do you use a toothbrush?			
Response	Frequency	Percentage (%)	Cumulative Percentage (%)
Always	92	17.3%	17.3%
Sometimes	183	34.5%	51.8%
Rarely	185	34.8%	86.6%
Never	71	13.4%	100%

This percentage is higher among females than males, with 75 per cent of females using a toothbrush regularly compared to 61.3 per cent of males. In rural areas, this percentage is 57.1 per cent compared to 70.6 per cent in urban areas. This means that females are more attentive to oral health than males, and urban dwellers are more likely to use a toothbrush than rural dwellers.

As for the minimum brushing time, it was found that only 32% knew exactly what the minimum brushing time is, while the majority of respondents

were unaware of the minimum brushing time, which is two minutes.

When it comes to the correct way to brush your teeth, the results of the study showed that 34.3% know the correct way to brush your teeth, i.e. gum to tooth, while 31.5% of respondents brush their teeth from tooth to gum, and 34.3% brush their teeth from tooth to gum and gum to tooth. According to the results of our study, almost half of the sample had no information about the shelf life of their toothbrushes.

In general, we found that the percentage of students who always use a toothbrush is very low (17.3%). A similar study conducted on Moroccan schoolchildren and their mothers "showed that toothbrush use was low among children (68%) and their mothers (58.5%)" (Assimi et., 2016) . This means that the lack of oral health care is due to the behaviour of parents at home, which forces us to acknowledge the existence of an interactive relationship between family and school, as health awareness starts at home and reaches the school environment in the form of sociocultural deposits.

In France, an online survey showed that only 26 per cent of French people brush their teeth after a maximum of two meals a day. The study compared brushing habits between genders and revealed that women are more concerned about their oral health than men, with 35 per cent brushing their teeth only once a day. In fact, the recommendations of the French Federation for Oral Health urge brushing twice a day for two minutes each to help prevent oral diseases (Sultan, 2019).

A good and proper brushing technique is to start brushing from the gums to the teeth, i.e. from red "gum colour" to white "tooth colour."

In other words, from the "gum colour" red to the white "tooth colour", and this process is done without any back and forth movement of the brush to prevent food from returning to the gums. To achieve good results, the brushing tool should form an angle (CDSO, 2017).

Although this information is important for better oral hygiene, our sample survey shows that more than half of the pupils questioned do not know the correct way to brush their teeth. If school is a true place of socialisation, health education should be one of the main pedagogical tasks for pupils, to enable every child to learn and acquire the right skills in terms of health. To promote health, setting up oral health education projects in schools can help bring about a collective change in some inappropriate behaviours, which will ultimately have a real impact on children's health.

Washing hands after going to the toilet and before eating

The school is the place where skills are passed on in terms of maintaining the body and promoting health in general. Pupils are already introduced to oral hygiene skills from childhood, and the role of the school is to reinforce these skills and encourage pupils to practise them. In table 2, 26.70 per cent of pupils in this survey said that they wash their hands

Table 2: Hand Hygiene After Going to the Toilet

How often do you wash your hands after you go to the toilet and before eating?			
Response	Frequency	Percentage (%)	Cumulative Percentage (%)
Always	142	26.7%	26.7%
sometimes	273	51.3%	78%
Never	117	22%	100%

after going to the toilet, while 22 per cent said that they never wash their hands after going to the toilet.

In the same vein, another study in France showed that "one in two French people (48.7 per cent) do not wash their hands after going to the toilet. It is through our hands that we carry the most bacteria, viruses and other germs" (Laffitte, 2018).

Data proved that 31.57% of pupils said they always wash their hands before eating, while a similar study in Colombia found that only 33.6% of the sample said they always or often wash their hands with soap and water before eating and after using the toilet. Furthermore, "students who washed their hands properly were less likely to have had gastrointestinal symptoms in the past month or to miss school" (Lopez-Quintero et al, 2009).

On the other hand, an Indian study showed that the majority of children (more than 91 per cent) are unaware of the risk of illness. Not being able to see germs is one of the main barriers (46 per cent) to children washing their hands regularly. Family, school and peers have been shown to be the most important sources of information for children. In fact, the biggest influence comes from peers, with 72 per cent of children washing their hands if their friends are also washing their hands (Gupta, Anand, et al., 2021).

Based on these previous findings and through observation of the organisations' facilities, we found that schools need to mainstream the tools needed for good handwashing in schools, for example: The availability of water, sinks and soap to encourage all students to wash their hands before and after every action on the one hand, and to transmit this culture to them on the other. They are effective in transmitting

a healthy culture to their parents, and a good pillar for the quality of the school environment, as self-care turns into caring for the environment in which the learner moves, especially the school and the classroom.

Promoting health among school children is not just about imparting knowledge or encouraging learning in a one-sided way, but above all about building a "culture of health".

The Global Hygiene Council conducted a report on soap use in schools and found that almost half (42 per cent) of children aged 5-10 years (primary school age) do not regularly use soap when washing their hands at school (Global Hygiene Council, 2020).

There are many diseases that can be prevented by handwashing, and recommendations for body and facial hygiene should be aligned with washing hands with soap after using the toilet. These seemingly simple practices are rarely implemented. In Gambia, for example, a health education programme focusing on handwashing and body hygiene reduced skin infections, eye infections and diarrhoea by about two thirds" (Schémann, 2013).

According to the data we have obtained, about 10% of students suffer from symptoms of diarrhoea. In fact, using soap to clean hands provides a barrier against viruses and bacteria and is a less expensive way to prevent many types of diseases, especially those associated with diarrhoea. These diseases are one of the leading causes of infant mortality in many underdeveloped countries. Handwashing can reduce the incidence of diarrhoeal diseases by about 35%.

Regarding the presence of health centres in schools, almost 94% of respondents stated that there are no health centres or health care units in the schools where they work. On the other hand, analysing the data collected in response to the multiple choice question "In your opinion and based on your experience, what do you think is the percentage of pupils suffering from diseases?" According to (64.8%) of the teachers, this percentage is high. Consequently, (18.6%) stated after their experience that the percentage of students suffering from some diseases is not significant, while (56.3%) considered that these diseases are sometimes an obstacle to the learning process. In addition, (73.1%) of the respondents were not at all satisfied with the school health services.

Teachers' knowledge and attitudes towards health education

The assessment of teachers' level of competence in health education shows that (63%) have an

average level, (22%) have a weak level, and only (15%) reach a high level. Consequently, 56 per cent have never been trained in health education. In addition, 94.5% of the respondents believe that training in health education is necessary. That is, a basic and continuous training in the health field and the school environment is needed to help them achieve the desired awareness.

(40.7%) of male and female teachers believe that current programmes enable students to develop personal, social and civic skills, (37.9%) believe that these programmes enable students to learn about their body, health, behaviour and its effects, while only (17.9%) believe that these programmes enable students to acquire the means to take a critical look at their own environment and (35.2%) believe that none of these propositions are true.

Ninety-eight per cent (98%) strongly agreed that strengthening educational areas related to health education is a priority. In addition, (39.3%) strongly agreed and (44.1%) agreed that the pressure in the components of core subjects leaves no room for health education, and the majority of teachers stated that health education can be included in different subjects such as science, physical education, languages, sociology, and Islamic education.

Almost all respondents (96%) were in favour of integrating health education into the basic training of teachers. They also agreed (88.7%) that teachers should have the right to give instructions in the field of health. However, a French study showed that only 12.7% agreed with this idea (Jourdan et al, 2002). This indicates that teachers have become more interested in health education issues, especially in light of the environmental developments witnessed by the world and the great spread of deadly viruses.

The impact of health education on the school environment

Promoting healthy behaviours, whether those mentioned above or others, enables building a school that supports mental and physical health, an approach that in turn helps reduce non-environmental behaviours (the spread of waste, diseases, lack of care for classroom cleanliness...). The learner's self-hygiene or health awareness has a significant impact on the school climate, which in turn stimulates academic achievement.

Health education helps raise the level of collective awareness among teachers and learners, as safe living becomes contingent on maintaining the individual health of each member within the institution, which enhances social cohesion,

improves social relations, and develops the values of solidarity and cooperation in the face of unhealthy behaviours. Health education within the educational institution is viewed as a tool for building social and health values that affect the interactions between members of the institution, where public health and a safe and sustainable environment become a requirement for all, which results in the consolidation of social justice, reduces family health disparities, and facilitates the process of building an institutionalised healthy cultural identity (Pikowski, 2021).

In this way, the school becomes a mechanism to modify family health deficiencies, as disparities between families at the level of health education can be mitigated through a healthy and inclusive school. In addition, when the school has healthy facilities, good atmosphere, and encouragement of physical activities (free of diseases), it increases the productivity and productivity of learners.

The role of the family in health education

The family is the first social environment that is influenced by the child and influences his/her health actions and practices (Cohen, 2018). Socialisation institutions promote continuously individuals' healthy lifestyle in the long term; they are regarded a mechanism to ensure sustainable health development, or an obstacle that prevents the achievement of healthy growth for the individual and curbs his/her positive interaction with the environment, especially if healthy family education fails. The family is a role model for children, as children imitate the actions of their parents or siblings with regard to diet, hand and oral hygiene, and various daily preventive health habits.

Healthy family awareness has an effective role in building healthy citizens, active in their environment and school, as learning the basics of hygiene enables them to pass it on to other peers, turning the learner into a healthy actor. Creating a bridge of interaction and communication between families and schools is an urgent necessity that enhances awareness, and in this context, the experiences of school gardens can be activated to home gardens. In addition to transferring theatrical activities related to health education topics from the walls of the institution to the outside, within the framework of institutional openness to the environment that has positive results on the community.

Challenges of implementing health education in the school environment

The previous findings show that the implementation of health education in the school environment is hampered by a number of obstacles, including the poor infrastructure in most educational institutions, the lack of sanatoriums and the lack of cleaning materials constitute a major obstacle to health education. Secondly, the limited contents of curricula and study programmes in the field of health education. Thirdly, teachers' lack of training and capabilities in the field of health make them unqualified to effectively transmit health information. Fourthly, families lacking health education; the socio-economic disparity between families reflects the gap in health opportunities; health education cannot be separated from the social and cultural context in which it takes place (Baum, 2016). Fifthly, lack of coordination between schools and civil society associations, especially those organisations that work in the field of health education. Finally, lack of long-term planning to ensure that environmental and health education is institutionalised.

CONCLUSION

At the conclusion of this article, it can be said that health education has an effective and pioneering role in improving the quality of the school environment, ensuring its sustainability and growth for the better. Health education also positively affects academic achievement, by raising the academic productivity of the learner, serving the development of the individual, family, school and society. Family education is not an individual responsibility linked to the person concerned or his or her family or the responsibility of his or her school alone; it is a collective task that involves several social institutions in its implementation on the ground. A safe and healthy school environment enables the creation of environmental citizens who are responsible for their present and the future of the generations that follow them.

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