

**Review of Master Level Health Education Curriculum of Tribhuvan University:
Advanced Health Education (H. Ed. 515)**

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| Article Info | Abstract |
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| Received : July 27, 2024 Accepted : September 30, 2024 | <i>The curriculum is a study program designed to achieve the aim of education. Review means trying to discover specific study programs' strengths and weaknesses. This article review the Master's level health education curriculum (HEd. 515). This course enhances students' advanced knowledge and in-depth understanding of health education. The curriculum is analyzed using Tyler's model, elements of curriculum that are objectives, contents, learning strategies, and evaluation. The article is based on a descriptive study design. Secondary sources of data are mainly used to Review the curriculum, and one focus group discussion was conducted to assess students' responses. It was found that the objectives and contents are related to each other. Contents are more relevant and almost contemporary in health education. The focus is given to foundations and theories of health education. Students' oriented teaching, like presentation, pair and share, brainstorming, and project work-specific techniques, are applied. Internal and external evaluation approaches are used to evaluate students. Curriculum development is more challenging because facts change daily, so curriculum designers should consider contemporary contents and the voice of the students to provide life-skill-based, student-friendly education. For the proper implementation, discussion and intensive training programs should be provided to its stakeholders.</i> |
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Introduction

Curriculum came from the Latin word curare, which means running ways or racecourse. Just as curriculum means different things to different people, curriculum means different things to different people. According to Crow and Crow, "the curriculum is an organization of educational process in which it includes the learning experiences in or outside school that are included in a program designed to help him developmentally, emotionally, socially, spiritually, and morally." Similarly, according to Hilda Taba, curriculum is a learning plan (Budathoki & Wagle, 2018). A curriculum consists of the "roadmap" or "guideline" of any given discipline. The term curriculum refers to the lessons and academic contents taught in a school or a specific course or program. Curriculum development involves building the curriculum to present a coherent plan, while curriculum analysis involves unpacking the curriculum to understand the plan.

Curriculum review unpacks a curriculum into its components (e.g., learning, teaching, knowledge, society, resources); evaluates how the components fit together, say in terms of focus and coherence; checks underlying beliefs and assumptions; and seeks justification for curriculum choices and assumption (Jonathan & Jansen, 2019).

The curriculum review is a kind of map. It is a plan regarding the objectives, content, learning materials, assessment, and methods employed as a guideline in conducting learning activities to achieve the goal of a specific education as a learning outcome. The curriculum analysis provides a detailed list of principles underlying language learning and teaching, the choice of material and content, and classroom assessment incorporating constructivist, motivational, and brain-based learning theories (ETF, 2014). The term "curriculum" encompasses a comprehensive framework that outlines the learning experiences and educational content provided to students within a school or educational institution. It is essentially the structured set of courses and their content offered at a school or university. The curriculum is designed to impart knowledge, skills, and values to students, aligning with educational standards and objectives.

National or state education authorities often guide curriculum development and implementation. For instance, Alberta Education in Canada determines the curriculum for kindergarten to Grade 12, specifying what students are expected to learn and do in various subjects (Calgary Board of Education, 2023). Similarly, the Department of Education in the Philippines has introduced the MATATAG Curriculum, focusing on enhancing educational quality and consistency across the nation (Dep-Edu, 2023). Curriculum reform is a dynamic process aimed at improving educational outcomes. It includes aligning curriculum with new learning standards, incorporating assessment strategies to measure student learning, and sometimes adopting curriculum packages from external organizations to enhance educational quality (The Glossary of Education Reform, 2023). These reforms ensure that the curriculum remains relevant and effective in meeting the educational needs of students in a constantly changing world.

This course enhances students' advanced knowledge and in-depth understanding of health education. It allows students to explore, apply, and critique health education's principles, philosophies, theories, foundations, and professionalization and to learn more about their applications in varied health education settings. The master's level health education curriculum (HEd. 515: Advanced Health Education) of Tribhuvan University is related to various health issues. Most master's in health education in a subject without practical means theory require a minimum of 48 credits. This course is designed by experts and experienced health educators and professors working in TU for master students majoring in Health education. The general objectives are to familiarize the students with the different perspectives and theories of health and diseases, to develop a critical understanding of health education and its approaches and models, and to develop a deeper understanding in students about the foundations of health education. It is to provide in-depth knowledge and practice with professionalization in health education.

Health education is an inseparable part of education programs for all students. School curricula must contain health-centered knowledge, attitudes, and skills. Assessing the status of health education in elementary curricula and analyzing the content of health knowledge indicated that further attention to health education is essential. Also, in a few of these curricula, enough consideration has been given to some aspects of health knowledge. In Iran's current educational system, books are the most essential tool. Thus, evaluating student textbooks' concepts is essential to determine their strengths and weaknesses.

For the analysis, the researchers need to study the four factors of curriculum based on the strengths and weaknesses of the aims, objectives, and contents: methods and materials or teaching-learning activities and evaluation. Four core elements (objectives, contents, activities, and evaluation) are studied: how much they are appropriate, relevance, adequacy, sequence, and continuity. The study critically analyzes the general and specific objectives of the HEd 515 curriculum at Tribhuvan University. It assesses whether these objectives align with national and global needs if the content effectively addresses national problems, and whether it progresses logically across levels. The analysis also examines the appropriateness of teaching methods, materials, and evaluation schemes for master-level students to ensure they meet the curriculum's specific objectives.

Methods

This study adopted a descriptive research design that gathers documentary data to produce detailed and comprehensive accounts of review of the curriculum. Data are gathered, reviewed analyzed, and discussed. A focused group of students who were studying in the third semester were asked about its strengths and weaknesses, which is a milestone reviewing the curriculum from the students' perspectives. Both secondary and primary data were used to prepare this article. The method employed to collect data for this study was mostly a review of secondary sources, and a document analysis method was included to review the curriculum of HEd 515 Tribhuvan University based on Tylors' model.

Curriculum development involves planning, implementing, and evaluating a curriculum to create an effective curriculum plan. Ralph Tyler, a prominent figure in education, advocated for a dynamic and continuously evaluated curriculum, emphasizing that planning is a cyclical and ongoing process. His Tylers Model is renowned for its focus on the planning phase and integrates national objectives with student needs. This paper presents a case study of the Advanced Health Education curriculum, analyzing four key elements: objectives, contents, strategies, and evaluation of the model. This analysis serves as a valuable tool for understanding teaching processes, curriculum coverage, and the connection between theory and practice.

The CIPP model is another popular evaluation model to analyze and evaluate the program. It was developed by Guba in 1965 and further extended by Stufflebeam and Zhang in 2017. It provides a highly systematic means of critically examining many different aspects of a program. The curriculum is one of the educational plans and programs that can be analyzed through the CIPP model. The CIPP model critically analyzes context, input, process, and product.

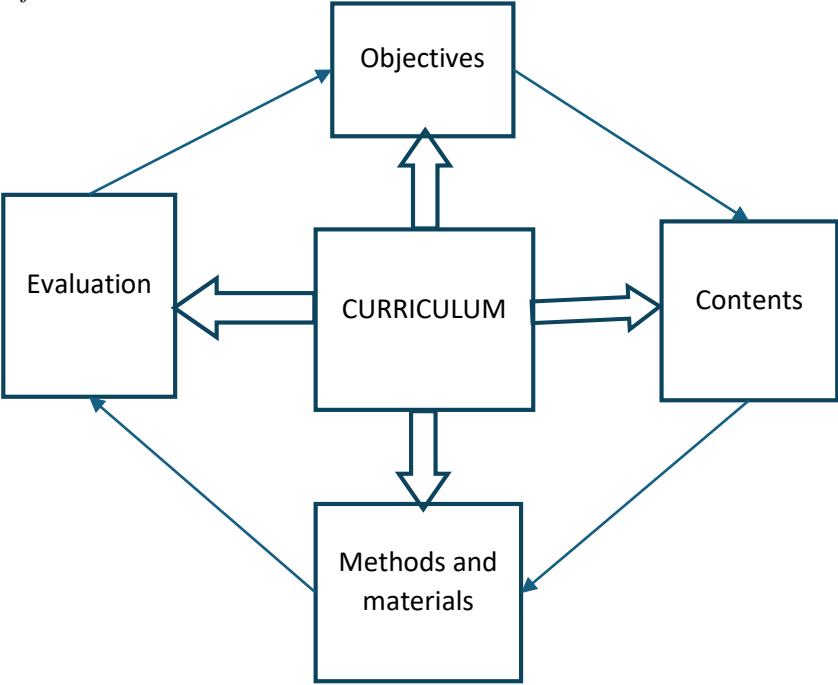
Results and Discussion

A curriculum is an official plan that outlines the knowledge, skills, and attitudes aims to impart learners. It transforms content into a structured plan for effective teaching and learning, going beyond a mere list of topics to map out the desired student performance outcomes with appropriate activities and assessments. Curriculum designers must consider technology, academic studies, cognitive processes, societal needs, student self-actualization, and subject content, focusing on learners' needs, talents, abilities, subject matter, and society. In Nepal, education is viewed as a pathway to social mobility, with higher education growing significantly. Despite global advancements in educational practices, Nepal faces issues like inadequate infrastructure, poor access and equity, insufficient technology and research, and quality improvement challenges. Curriculum designers should account for the changing environment, university realities, infrastructure, workforce, and market demands, as many master's graduates struggle to establish themselves in the job market. The emphasis on behavior change in courses remains theoretical under the banking concept.

Educational institutions must adapt to provide top-quality instruction amidst changing contexts, accreditation challenges, and advancements in information technology. As the country leverages higher education to build a knowledge-based society, understanding and managing societal changes through research in the human social sciences becomes crucial. Knowledge societies thrive on the ability to create and share well-being, necessitating modern classrooms to evolve from traditional setups. Technological advancements, increased information and knowledge levels, and significant industrial and social changes support the shift towards a knowledge-based society. Therefore, curriculum designers should incorporate technology and skills into education. However, the current MEd health education curriculum lacks sufficient technology integration and practical skill development (Singh, 2017).

This paper presents a health education curriculum that prioritizes the principles and foundation of health in addition to behavior change. The curriculum has been developed by considering enhancing the principles of health. The discussion finds out the strengths and weak points and a critical overview of the course H.Ed 515. Some research has been done on the issues of health education curricula. Now, discussing the other's studies and the situation is better before making a analyzing. It is better to discuss the base of the curriculum, which is given by Tylor, the top educationist, who presented the core elements of the curriculum as :

Figure 1
Components of Curriculum



Before review the curriculum, it should considered whether the above components (objectives, contents, strategies, and evaluation) are appropriate, relevant, adequate, continuous, and sequenced (Budathoki & Wagle, 2018). Similarly, Tyler suggested that the curriculum analyzer need to consider the following topics.

Context

Before reviewing the curriculum or any program, the context should be analyzed. Tylor and Stuffle Bean agreed on the context. There are many context like immediate, general, specific, national, and international contexts. Here, the immediate context refers to all circumstances before the individual to whom it is going to lunch. Individual interests, needs, and psychology must be considered while constructing a health curriculum. Likewise, present and past context or historical context should be considered. This means that curriculum designers should consult the previous curriculum. Similarly, the analyzer should consider the national and international context of the curriculum before thinking about the elements of the curriculum.

Health education is taught from grade one to PhD. Health education is taught compulsory at the primary level (1-8) and major at the secondary level (9-12). It is taught major and minor at the B.Ed level. Health Education is taught as the major subject at the M.Ed. M.Phil and PhD level. Nepal as well as other country should be focused on preventive aspect rather than cure. Health education provides healthful knowledge, attitude, and practice. As a result, healthful behaviors are practiced. While making the curriculum of advanced health education, those contents were considered but not adequately.

Similarly, Stufflebeam's (2002) context evaluation assesses the needs, problems, opportunities, and problems that can be addressed in a particular environment. Objectives, mission, and goals are discussed under the context. Tylor explained that those are determined after analyzing the context.

The strength of the curriculum comprehensively includes course descriptions, general and specific objectives, course content, instructional strategies, evaluation systems, and recommended and reference books. It employs student-oriented strategies that motivate students to improve and maintain

their health, prevent disease, and assess and reduce risky behaviors using various models and theories. Both students and teachers are clear on learning outcomes. The curriculum also features both internal and external examination systems, with internal evaluations based on attendance, class participation, and assignments, and external evaluations through written exams. However, there are notable shortcomings: as that many colleges lack internet access, leading to a deficit in technology-enhanced learning; many recommended reference books are either unavailable or inaccessible to teachers; and mandatory attendance requirements deter students who cannot attend regularly, resulting in decreased enrollment.

Objectives

Objectives are crucial for guiding the content, teaching strategies, evaluation, and overall plan of a curriculum, focusing on knowledge, attitude, and practice. Tyler suggests identifying general objectives from learners, contemporary issue, and subject matter, refining them through philosophical and psychological screens. Curriculum objectives define both behaviors and content areas. The curriculum comprises four units. The first unit covers 9 objectives with the content of dimensions of health, traditional and contemporary health perspectives, health models, disease theories, health education vs. health promotion, and the history and principles of health education. The second unit addresses 10 objective with the content of the need for philosophy in health education, philosophical viewpoints, scientific studies, government policies, curriculum development, teaching strategies, behavior change theories, learning theories, and the impact of social values, norms, and cultural practices on health education. It also explores socio-cultural and economic foundations, and the influence of religious beliefs, ethno-medicine, and social class on health and health education.

The third unit covers 11 objectives with the contexts of clarifies health behavior concepts, discussing determinants and theories of health behavior change. It covers the role of health education, key concepts of health belief models, theory of planned behavior, social cognitive theory, and the influence of social support and networks. It also examines the diffusion of innovation, social marketing, mass media effects on behavior, and the application of behavior change theories in health education. Unit four had 4 objectives covering the contents of discusses the health education profession, highlighting the need for health educators, their professional qualities, competencies, and the importance of ethics and professionalism.

These objectives align with national goals and the M.Ed. program of Tribhuvan University, incorporating knowledge, attitude, and practice. However, practical application is lacking. The course's general objectives support Nepal's higher education goals, but specific objectives omit the concepts, goals, and scope of health education and health promotion.

Contents

The curriculum contents are designed to meet specific objectives for each unit. Unit one, with fifteen teaching hours, covers health concepts, dimensions, and determinants, traditional and contemporary health perspectives, health models and theories, disease theories, health education and promotion, historical development, principles, and various approaches to health education. Unit two, with thirteen teaching hours, includes the philosophical, scientific, and psycho-behavioral foundations of health education, government policy, curriculum development, and innovative teaching strategies, as well as socio-cultural and economic foundations. Unit three, with fifteen teaching hours, focuses on health behavior change, including concepts and determinants, health education as a change process, and various health behavior change theories at intrapersonal, interpersonal, and community levels. Unit four, with five teaching hours, discusses the health education profession, professional qualities, competencies, preparation approaches, ethics, and professionalism.

The advanced health education curriculum includes conceptualization of health, foundations of health education, health behavior change, and professional ethics, aligning with contemporary health concepts. The content is logically sequenced, relevant, and integrated both horizontally and vertically. However, socio-economic or political foundations should be added, and specific objectives should mention health determinants. Some historical health and disease concepts are necessary, and newly introduced health behavior change theories might be better suited for the B.Ed level.

Methods and Materials

The instructional techniques for this course are divided into two groups. The first group includes general techniques such as lectures, discussions, brainstorming, presentations, guest speeches, project work, interaction, and research-based learning, applicable to most units. The second group involves specific techniques tailored to units or content. For example, in the first unit, students will collect materials on different health perspectives and categorize them into traditional and contemporary views. These materials will be refined through collaboration and teacher feedback. Students will also gather information on various disease theories from electronic sources or reference books. Through discussion, they will classify them into ancient or modern theories, reinterpreting less scientific theories in modern terms.

Students are divided into groups to review different health education approaches, traditional, radical, and empowerment, and present key concepts in class. For foundational health education topics, students will organize an interaction program to share and improve collected materials. In the third unit, students will gather information on mass media's effects on behavioral health change, organize an interaction program, and prepare a document based on discussions and feedback. They have also collect materials on behavior change models and apply these concepts to health behavior models. In unit four, students will research the health education profession and professional ethics.

The instructional techniques for this course are categorized into two groups. The first group comprises general instructional techniques applicable to most units, including lectures, discussions, brainstorming, presentations, guest speeches, project work, interaction, and research-based learning. The second group includes specific instructional techniques, such as assignments and collaborative study. While these methods aim to enhance learning, the course does not address the integration of contemporary technology to support further and enhance students' learning experiences.

Evaluation

Evaluation refers to the systematic process of assessing the effectiveness, value, or performance of a program, course, or learning outcomes. Internal evaluation involves assessing students through ongoing activities such as attendance, class participation, presentations, and assignments. External evaluation is conducted through standardized methods, typically written exams, to measure students' performance against set criteria. Internal evaluation will be conducted by the course teacher based on activities such as:

Table 1
Description of Internal Marks

| SN | Particulars | Marks |
|-------|--------------------------------------|-------|
| 1 | Attendance | 5 |
| 2 | Participation in learning activities | 5 |
| 3 | First assignments review | 10 |
| 4 | Second assignment or mid-term exam | 10 |
| 5 | Third assignment: Write term paper | 10 |
| Total | | 40 |

Table 1 outlines the distribution of internal marks, totaling 40 points. Attendance and participation in learning activities each account for 5 marks, while the first and second assignments or mid-term exams are each worth 10 marks. The third assignment, which involves writing a term paper, is also valued at 10 marks. The curriculum thinks practice makes the man perfect, so the teacher makes the students work hard and participate actively in the learning process. However, internal exams and assessments should be increased, and written exams should be made less, although the internal evaluation implementation seems to have more challenges.

External Examination

Table 2

Description of External Examination

| SN | Types of question | Marks |
|--------------|--|-----------|
| 1 | Objective-type question (multiple choice 10 x 1) | 10 |
| 2 | Short answer questions (6 questions x 5 marks with 2 OR questions) | 30 |
| 3 | Long answer questions (2 questions x 10 marks with 1 OR question)) | 20 |
| Total | | 60 |

Table 2 illustrates that the final examination is administered by the Examination Division, Dean's Office, and Faculty of Education at the end of the semester. The examination carries a total of 60 marks and is divided into three groups: Group A consists of ten objective questions worth ten marks, Group B includes six short-answer questions, and Group C comprises two long-answer questions designed to assess students' in-depth understanding of the subject matter. The examination aims to evaluate a range of student capabilities. Given that most universities continue to prioritize written exams, the inclusion of internal and external assignments remains suitable for the Nepalese context.

Conclusion of FGD from Previous Students

FGD with students who are studying in the third semester was held on the elements of the curriculum based on Tyler's model. Five students were asked alphabetically about the elements, such as objectives, contents, strategies, and evaluation.

Almost all the students said that all the objectives were relevant to their level, were related to their jobs, and objectives addressed the needs of students. They advised that the teachers needed to compare the curriculum objectives with those of other countries where students would be applying for further education.

All the contents were relevant, adequate, appropriate, and sufficient based on objectives, but ethical issues of health professionals and the history of health in Nepal were not enough. The contents of the health behavior change model were practical based and helped the students to change their students' and community peoples' health through health education.

From the strategic viewpoint, guest lecturers and presentations were present during the course, but students did not find using those methods. Anticipation, building knowledge, and consolidation, or the ABC model which are appropriate strategies for creating new knowledge. Students suggested in evaluation sections that internal evaluation makes them work hard and aware of doing regular work, which makes them much more understanding and makes them more laborious. Moreover, external evaluation needs to change in some respects. Some objective questions are too long; as a result, the time is insufficient to read those lengthy statements and the alternatives, so it is better to write shortly. In groups B and C, all the questions needed to be solved. The alternative question or question is for only that question, so optional is needed to do certain questions from the whole.

Students were asked why the number of health education learners is decreasing day by day. They answered that the semester system needs 80 percent and most of the students got jobs after their bachelor's or during their bachelor's degree. Many are out of Pokhara Valley, so it was not easy to attend class daily. Family preparation is the time so difficult to fulfill all the requirements based on the curriculum in time. Some teachers are not student-friendly and must do it according to their schedule. If students did not obey, they said they were not qualified in their subjects. It is time to think about it and provide life skill-based education that helps students live the most and serve the best, as described by J. F. William.

Conclusion

This study aims to analyze the curriculum of the Advanced Health Education Master level at Tribhuvan University. The curriculum is analyzed through the Tyler models. In the study, the researchers tried to evaluate the quality of the curriculum by assessing the context, objectives, contents, strategies, and evaluation. The course is developed to implement a semester system rather than a yearly curriculum. It is a challenging task to apply the semester system for the first time in the university. This curriculum covered almost new contemporary content, student-oriented methods, strategies, and internal

and external evaluation systems. The course is based on learning by doing. The semester system of a master's degree has changed the total teaching, learning, and evaluation system inside the university. Students' attendance, presentation, paper making, and three internal exams are the positive aspects of involving the students in teaching-learning activities. Implementing new strategies like guest speeches, project work, and research-based learning is complex. Sometimes, the teachers and students complain that the reference materials in the course are challenging to consult, so the dean's office tried to make a teacher guide, which can guide all the students, too. The focus group discussion with third-semester students revealed that while the curriculum elements were generally relevant and practical, improvements are needed in ethical content and evaluation methods. Students also highlighted issues with attendance due to job commitments and personal challenges, suggesting a need for more flexible and student-friendly approaches from teachers.

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