






Health education: an articulating axis of the Mexican educational curriculum

La educación para la salud: un eje articulador del currículo educativo mexicano

Educação em saúde: um eixo articulador do currículo educacional mexicano

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ABSTRACT

Introduction: health education seeks the well-being of people's health; For this reason, knowledge, skills and values are offered that strengthen this important area of life, which is why a psycho-pedagogical approach is needed.

Objective: assess the importance of health education as an articulating axis of the Mexican educational curriculum. **Development:** a bibliographic review was carried out in the updated sources of the Secretariats of Public Education and Public Health of Mexico; as well as specialized literature in the data bases, during (April 2023-September 2024), with the keywords: health, health education, educational curriculum and educational levels. There is a general strategic outline of health education as the articulating axis of the curriculum and its implementation is carried out through different online curricular and extracurricular activities, such as: disease prevention, physical, mental, oral health,

sexuality and others. It is focused on developing and promoting healthy habits, preventing diseases and training professionals who contribute to public health, developing knowledge, skills and values about health.

Conclusions: although health education is an articulating axis of the curriculum, there are limitations that affect the achievement of this articulating axis and that it is not always given the attention that is required in this regard.

Keywords: health; health education; educational curriculum; educational levels; Mexico



RESUMEN

Introducción: la educación para la salud busca el bienestar de la salud de las personas; por ello se ofrecen conocimientos, habilidades y valores que fortalezcan esta importante área de la vida, por lo que se necesita un abordaje psicopedagógico. **Objetivo:** valorar la importancia de la educación para la salud como un eje articulador del currículo educativo mexicano. **Desarrollo:** se realizó una revisión bibliográfica en las fuentes actualizadas de las Secretarías de Educación Pública y Salud Pública de México; así como de literatura especializada en las bases de datos, durante (abril 2023- septiembre 2024), con las palabras claves: salud, educación para la salud, currículo educativo y niveles educativos. Existe el trazado general estratégico de la educación para la salud como eje articulador del currículo, y su concreción se realiza mediante disímiles actividades curriculares y extracurriculares en línea, como: prevención de enfermedades, salud física, mental, bucal, sexualidad y otras. Está enfocada en desarrollar y promover hábitos saludables, prevenir enfermedades y formar profesionales que contribuyan a la salud pública, desarrollar conocimientos, habilidades y valores sobre salud. **Conclusiones:** a pesar de que la educación para la salud es un eje articulador del currículo, existen limitaciones que afectan la consecución de este eje articulador y que no siempre se le brinda la atención que al respecto se exige.

Palabras clave: salud; educación para la salud; currículo educativo; niveles educativos; México

RESUMO

Introdução: a educação em saúde busca o bem-estar da saúde das pessoas; Por isso, são oferecidos conhecimentos, competências e valores que fortalecem esta importante área da vida, por isso é necessária uma abordagem psicopedagógica. **Objetivo:** avaliar a importância da educação em saúde como eixo articulador do currículo educacional mexicano. **Desenvolvimento:** foi realizada uma revisão bibliográfica nas fontes atualizadas das Secretarias de Educação Pública e Saúde Pública do México; bem como literatura especializada nas bases de dados, no período (abril de 2023 a setembro de 2024), com as palavras-chave: saúde, educação em saúde, currículo educacional e níveis educacionais. Há um delineamento estratégico geral da educação em saúde como eixo articulador do currículo, e sua implementação se dá por meio de diferentes atividades curriculares e extracurriculares online, tais como: prevenção de doenças, saúde física, mental, bucal, sexualidade e outras. Tem como foco desenvolver e promover hábitos saudáveis, prevenir doenças e formar profissionais que contribuam para a saúde pública, desenvolvendo conhecimentos, habilidades e valores sobre saúde. **Conclusões:** embora a educação em saúde seja um eixo articulador do currículo, existem limitações que prejudicam o alcance desse eixo articulador e que nem sempre é dada a atenção necessária neste sentido.

Palavras-chave: saúde; educação em saúde; currículo educacional; níveis educacionais; México

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INTRODUCTION

The history of medical practice in Mexico dates back to the time of the Aztec culture. Their medicine was based on: a) the interconnection between body and soul; b) the importance of nature and the elements (earth, water, fire, air); c) the belief in the existence of supernatural forces that influenced health. In fact, concern for the care of the body and soul were pillars of their medical studies. They used a wide range of remedies, ranging from the use of medicinal plants (aloe, garlic, onion and mint, among many others), minerals (copper, gold and silver) and animals (snake, eagle, bee and others), which have enhanced the use of a traditional herbal medicine of recognized prestige in Mexico and the world, and that today are echoed in the use by many people of various ages and present in the pharmacopoeia of the various Mexican states.

For the Aztecs, the transmission of hygienic habits and physical and mental preparation were strong pillars of the need to care for the body and spirit, and were at the forefront of specific content in schools of various types, such as the Calmecac and Tepochcalli. In fact, those who were trained as soldiers and warriors were subjected to intense physical training and were taught habits of care for their body and mind. These elements speak of a concern for physical and intellectual development with the same importance, in addition to using the resources of nature, such as plants, to make their own medicines, in practices that were taught from generation to generation until today.

The signs of a health education already fortified from the social and scientific point of view did not appear in Mexico until 1925, when the General Directorate of Physical Education and Hygiene was created in the Ministry of Public Education. In 1959, health education was included in the national educational curriculum, but 2009 marked a milestone, because the national curriculum was reformed to include comprehensive education that incorporated health education.

With the appearance of the new educational model in 2018, known as New Mexican School (NEM), an articulating axis called healthy life⁽¹⁾ is integrated, aimed at understanding the relationships between environment and the social, economic and cultural dynamics of urban and rural communities, and the consequences on individual and collective health. It is addressed in each of the formative fields in the different stages of the NEM, and from preschool to high school. Health education is outlined as an important learning in the integral education of the personality, different teaching methods and means are used to guarantee a significant and lasting learning within the general culture that the students should have, according to the general education law and the requirements of the NEM curriculum.

In the NEM curriculum for educational levels from preschool onwards, key contents of health education are addressed to promote education from childhood onwards and to highlight the importance of health-disease-care processes. The school curriculum is obliged to promote learning about a healthy collective and individual life, to stimulate programs for the promotion of food, oral and dental health, mental health, personal hygiene and use of free time, prevention of communicable diseases, unwanted pregnancy, drug use and smoking, and to promote physical education and sports from the earliest ages of life.



The purpose of this paper is to assess the importance of health education as an articulating axis of the Mexican educational curriculum.

DEVELOPMENT

The research work was carried out by means of a narrative bibliographic review. The search and analysis of the information was carried out over a period of 548 days (April 1, 2023 to September 30, 2024) and the following keywords were used to represent the study variables: health; health education; educational curriculum; educational levels. The Boolean operator NOT was used to focus the search, as appropriate.

Based on the information obtained, a bibliographic review was carried out of a total of 109 articles in the updated sources of the Mexican Ministries of Public Education and Public Health, as well as in the SciELO, Hinari and Medline databases, using the EndNote search engine and reference manager. Of these, 17 citations were chosen that met the requirements for the review in terms of timeliness and relation to the topic; 14 from the last 5 years and 3 from the present century.

For the analysis, review studies and original articles from the databases described in the previous paragraph were considered. Scientific articles were included and editorials and reviews were excluded.

The documentary study made it possible to elaborate the considerations that emerge from the sources consulted about health education, hence the decision to approach them from different aspects:

Health education as a pillar of the general culture of the personality

There have been different positions on the definition of health education. Many authors consider it an indisputable part of the culture of individuals and society. "Health education is a process that seeks to promote positive practices in people, with the aim of ensuring healthy lifestyles and correcting behaviors that may lead to illness or injury".⁽²⁾

In this sense, the aim is to promote healthy lifestyles in order to prevent diseases or risk situations.

Health education is considered a concrete social practice that is established among certain subjects in order to change or reinforce a thought, attitude, value or behavior to provide and maintain a state of health of the individual, group or community.⁽³⁾

In the light of the above, it is considered that it is not only about health promotion, prevention and the correct use of health resources, but also about offering knowledge, developing skills and modes of action that allow, in a motivated way, the establishment of healthy environments, etc.



Health education is considered to be “the combination of different learning experiences that helps both individuals and communities to improve their health by giving them knowledge and influencing their skills and attitudes. From the classroom we can lay the foundations for the right to a healthy life”. So they place the school in a preponderant role in this educational direction.

This area of science is under constant review, in order to widen the circle of where it should go, starting from enhancing the health-disease balance scheme; “(...) the little critical reflection on the education of children and adolescents, the little critical reflection on the education of children and adolescents.) the lack of critical reflection on health education, its concept, models and methods, has led to the privileging of meanings more linked to disease than to health; informative models rather than empowering and community participation, responsabilizing (blaming and self-care) and frightening rather than self-management and empowerment; very directive methods are used and few systematic evaluations are carried out, all of which is resulting in a poor educational impact”.⁽⁴⁾

The historical background of health education in Mexico

The care and protection of health in the history of Mexico appeared in the Aztec culture (1325 - 1519), known for its daily hygiene, considering it an important element of life and of the human organism, in addition these practices of hygiene were taught from father to children.

“Daily cleanliness constituted a common practice among all Mexican peoples, with the participation of the entire population, whether young or adult, healthy or sick. They had it as a custom and obligation as soon as they woke up, even if it was winter or the weather was cold and wet (...) the indigenous women as well as the men bathed every day, (...) they undressed completely to bathe. We even know how the emperor Moctezuma, a great lover of cleanliness, demanded that his women bathe several times a day”.^(5,6)

The main hygienic habits of those peoples of Mexico were transmitted from generation to generation, an aspect that had a remarkable pedagogical value. “An exceptional document that demonstrates the high educational value that for those peoples possessed hygienic practices is shown in one of the *huēhuehtuehtlahtōlli* (ancient speech of the pre-Hispanic era in the Nahuatl culture, in Mexico) collected by Sahagún. In it, an Aztec father advises his son on the convenience of these habits, both on a private and social level: “...at the beginning of meals, my son, wash your hands and mouth (...) and also you after eating you will wash your hands and mouth again and clean your teeth, lest they brand you as a rude and savage people”.⁽⁶⁾

Thus, in the Aztec culture, the concern for the maintenance of health was one of the reasons why the study of medicine began. For example, in the Calmecac schools, intended for the training of priests and physicians, knowledge of medicine was taught. In the Tepochcalli schools, where leaders and nobles were trained, knowledge about medicine was taught. Also in the temples, such as that of Tlaloc, were centers for the study and practice of medicine. And in different Aztec cities there were specific houses for physicians; there they met to discuss and share medical knowledge. Regarding teaching methods,



there was a transmission of information from parents to children, from teachers to students; they made observations and did a lot of practice, used medical texts and researched and experimented in order to develop new knowledge and techniques.

In Aztec medicine there were medical authorities considered competent, for example: *ticitl* (specialized in curing diseases), *tlapouhqui* (specialists in wound healing), *tonalpouhqui* (experts in dream interpretation and divination), and priests (they played an important role, since they believed that disease was related to spirituality).

Aztec medicine was a precursor of today's health education in Mexico; it was considered a complex and sophisticated practice at the time. It required knowledge about nature, spirituality and technology. That is why the integration of health as a teaching content has been a gradual process that has evolved throughout the history of Mexico, as in the rest of the countries.

With respect to health education, physical education was introduced for the first time in primary education in the United States for the first time in the 19th century (the first time was in 1830). Later, in 1860, hygiene was integrated and taught as a compulsory subject in French schools. In Mexico in the 20th century, in 1925, the General Directorate of Physical Education and Hygiene was created in the Ministry of Public Education. Then, in 1959, health education was included in the national curriculum. In 2009, the national curriculum was reformed to include comprehensive health education.

The legal or normative bases of health in Mexico

The objective of health education in Mexican education is to improve the physical and mental wellbeing of students, as well as to lay the foundations for the right to a healthy life. Thus, the Health Law (2024), which legally supports the inclusion of health education, states:

“Article 1o Bis: Health is understood as a state of complete physical, mental and social wellbeing, and not only the absence of affections or diseases.⁽⁷⁾ As health education is a preventive and health promotion weapon, it is in line with Title One General Provisions of the Health Law. Sole Chapter, Section VII: “To contribute to the adoption of habits, customs and attitudes related to health and the use of the services provided for its protection”; XII. ‘Prevention, guidance, control and surveillance in matters of nutrition, overweight, obesity and other eating disorders, respiratory diseases, cardiovascular diseases and those attributable to smoking’; Article 7, section XI. “To support coordination between health and educational institutions to educate and train human resources for health”, in other words, inter-institutional integrations are being sought to address the problem of health education, with schools and health institutions standing out.

Title Seven Health Promotion Chapter I Common Provisions establishes the following:

Article 110: The purpose of health promotion is to create, preserve and improve desirable health conditions for the entire population and to foster in the individual the appropriate attitudes, values and behaviors to motivate his or her participation in benefit of individual and collective health.



Article 111: Health promotion includes: I Health education; II Nutritious food, physical activity and nutrition. Control of the harmful effects of the environment on health, adopting measures and promoting strategies for mitigating and adapting to the effects of climate change, Occupational health.

Very specifically, the Health Law in Chapter II Health Education states: Article 112. The purpose of health education is: I) Encourage in the population the development of behavioral attitudes that allow them to participate in the prevention of individual and collective diseases and accidents, and to protect themselves from risks that endanger their health; II) Provide the population with knowledge about the causes of diseases and the damage caused by the harmful effects of the environment on health; III) To orient and train the population, preferably in nutrition, nutritious, sufficient and quality food, physical activation for health, mental health, oral health, sexual education, family planning, palliative care, risks of self-medication, prevention of drug dependence, occupational health, visual health, hearing health, adequate use of health services, accident prevention, donation of organs, tissues and cells for therapeutic purposes, prevention of disability and rehabilitation of persons with disabilities, and timely detection of diseases, as well as prevention, diagnosis and cardiovascular diseases.⁽⁸⁾

It is valid to clarify that health education must respond at any of its educational levels to the requirements of the Health Law. There is a direct relationship with the requirements of the Ministry of Public Education (SEP) in this regard.

Brief situation of the difficulties of health education in Mexico

The first thing is to recognize that the school has not always given priority to this educational objective, considering it a situation that corresponds to other entities; the quality of education has declined since the epidemic of COVID-19, although this situation cannot be attributed to this world epidemiological crisis alone.

In the formative process of the different educational levels, priority is not always given to the use of methods and means of health education in classes, discussion groups, dialogues, talks, expositions, debates, research, use of audiovisual media, interviews, even though it is a priority topic in Mexican education.

Since the COVID-19 pandemic, it is recognized that there has been a kind of awakening in terms of interest in health issues as an important teaching-learning content; self-protection came to life through hygienic-sanitary measures implemented in schools, for example: taking distance, using masks, humidifiers. The school began to be more interested in the students' compliance with the measures and to know the causes and consequences, and teachers began to understand the need to provide educational guidance to students and their families in this regard, something that should continue seriously and systematically in order to improve the health situation of the school community, and because there is a possibility that other similar pandemics may appear and a better prepared population is needed in the order of knowledge-skills-values that demonstrate the health education learned.



However, there are still limitations in the treatment of content related, for example, to communicable and non-communicable diseases, stress and mental health, eating habits and physical activity, substance use (drugs, alcohol, tobacco), physical and reproductive health, self-care and health prevention, the use of herbal medicine, vaccination and its importance, among other aspects.

It is necessary to value that students can play a very important role in health promotion in schools and the community, they can also participate systematically in different health promotion programs, both in basic education and university, they can be used to implement and disseminate these programs in the community, to promote healthy habits and raise awareness about the importance of health.

This has to be achieved by having a teacher who is very well prepared scientifically and psychopedagogically, and in this sense, there are still difficulties related to the performance and training in physical and mental health and health education, not only to enrich their individual culture, but also to understand the dynamics of health education as an articulating axis in the educational curricula in the different training fields, subjects and programs.

Health education in Mexico's educational levels

The Ministry of Public Education and the Government of Mexico have determined that health education is a priority issue, seeking “as an articulating axis to contribute to the prevention of diseases and the promotion of healthy habits in children, adolescents and young people in the school and community context”.⁽¹⁾ Therefore, the work is oriented to all levels of education, ranging from preschool, primary, secondary, middle-high school and higher education.

In schools, the work is carried out through different ways, ranging from the class of different subjects to extracurricular actions that denote the presence of the Healthy Life articulating axis.

Health education refers to the social process that involves transmission, recreation, creation and appropriation of knowledge with the intention of promoting and preserving health, as well as the prevention of problems and diseases that hinder the development of a healthy life and can even lead to premature death.

Health education is one of the various work strategies to achieve health promotion, which is based on the understanding that health depends on a multiplicity of social, environmental, economic, political, individual, group and structural factors.⁽¹⁾ Health education is a teaching-learning process that seeks to facilitate the development of healthy practices and avoid risky ones.

Health education is considered an articulating and transversal axis of the educational curriculum of the Mexican school, which, according to the NEM, transcends fields of study and educational grades. Its objective is to weave a coherent network between the knowledge acquired and the reality of the environment.



The definition of articulating axis “has as its perspective an education that places the community-territory as the horizon of educational processes, whose pedagogical principle is based on the development of projects aimed at the development of science, art and humanities, as well as those that have as their purpose social justice and solidarity with the environment.”⁽¹⁾

“The curriculum with articulating axes makes it possible to think of teaching work and learning as a permanent dialogue with reality beyond the classroom, in school spaces and in specific places in the community. The articulating axes are meeting points between the teacher's didactics and the students' knowledge of everyday life, which requires that different teaching situations are put into plays that relate their interests to the articulating axis-content so that they can give it a truly significant personal meaning”.⁽¹⁾

Health education in basic education is treated as an articulating axis by the New Mexican School called Healthy Life,⁽¹⁾ which has among its objectives to understand the relationship between the environment and the social, economic and cultural dynamics of urban and rural communities, and the consequences on individual and collective health.

This is how key contents of health education are dealt with, in order to promote education from childhood by transmitting knowledge that motivates and enhances knowledge and know-how, with the combination of different learning experiences that allow improving the health of individuals and communities.

Work is being done in each of the formative fields, in the different stages and from pre-school to high school. An important learning process is outlined in the education of the personality, different teaching methods and means are used to guarantee a significant and lasting learning within the general culture that the students should have.

The articulating axis: healthy life in the educational levels of basic education.

In Mexico, according to the Plan of Studies for preschool, primary and secondary education, there are 7 articulating axes for the curriculum, but the articulating axis of the New Mexican School known as Healthy Life has among its objectives: to understand the relationships between the environment and the social, economic and cultural dynamics of urban and rural communities, and the consequences on individual and collective health.^(1,8)

The NEM addresses within this articulating axis of healthy life a way to promote education from childhood, the importance of health-disease-care processes, promote healthy life learning in the community, promote programs to promote food health, oral and dental health, mental health, personal hygiene, physical activity and use of leisure time, prevention of communicable diseases, prevention of unwanted pregnancy, drug use and smoking and promote physical education and sports.



Health education in Mexican higher education

"Health education programs in Mexican universities seek to develop skills and competencies in students in areas such as health knowledge, health promotion skills, education skills, research skills and teamwork skills."⁽⁸⁾

As part of the educational trends for the year 2024, the following is conceived: Health and well-being of students, which corroborates the great concern of all states to consider such an important objective within the educational process.

In Mexican higher education, health education can be implemented in the following ways: disseminate the idea that all members of the university community are health promoting agents; train health promoters involving students, professors, workers and administrators; improve the quality of life of students with awareness programs and activities and develop competencies in students in the life skills model. Today, Mexican universities address the socio-emotional development of students through programs designed to stimulate meaningful and developmental learning in the curricular and extracurricular pathways.

But also in Mexican higher education there are educational programs that seek to train professionals capable of identifying the sociocultural factors that negatively influence the health of the population, who are able to promote and encourage physical and mental health. That is why strategies in this area can integrate health contents in curricular areas such as science, physical education and social studies; incorporate practical activities and research projects in the different careers and semesters; develop specific health education programs depending on specific pathologies, situations or epidemiological crises; encourage the participation of the community and families; and invite health experts for talks and workshops that stimulate knowledge, skills and values relevant to health.

"Universities can develop health promotion actions, such as research and evaluation in health promotion, development of prevention actions and promotion of healthy habits, among others." (8)

We agree with Garrido Amable,⁽⁹⁾ when considering that universities play a leading role, since they have the potential to influence the adoption of healthy lifestyles. Graduates may be capable of promoting modifications to achieve the wellbeing and health of institutions and communities.

The Ottawa Charter broadly defines health promotion as: "The process of enabling people to increase control over and thereby improve their health". It clearly states that health promotion "goes beyond lifestyles" to the fundamental conditions and resources for health, i.e. peace, housing, social justice and equity.⁽¹⁰⁾

From this vision, it is necessary to reorient new strategies in an effective way, where schools contribute to the promotion, conservation and restoration of the health of individuals, with the action of the community in order to improve the health of the population,⁽⁹⁾ "narrowing the gap between health needs, the health service and the medical education system, taking into account the peculiarities and circumstances of each country".



Therefore, the application of health education strategies within the training process is of vital importance for the physical and mental well-being and general health of students and teachers, which allows the identification of epidemiological and health trends or problems and the search for alternative solutions together with the other actors in this process.

From the socio-educational point of view, health education has a series of important elements, among which the following stand out: It helps to prevent diseases and injuries, promote and encourage the development of public health policies in the school context, improve the attitude of students and teachers about disease, health, wellness, care.

In Mexico, several universities have established a commitment to the health of their university students and have begun to generate actions that form the basis of the Healthy Mexican Universities.⁽¹¹⁾

By virtue of the above, spaces should be created within universities to prioritize health education for students which allows them to influence the modification of habits and behaviors that generate health risks to the population, in order to promote human development and improve the quality of life and thus, promote knowledge, skills and abilities for self-care and the implementation of healthy lifestyles in the university community.

Consequently, health education seeks political support for the necessary organizational, economic, regulatory and environmental interventions. It also provides awareness raising, arouses interest, stimulates action for participation and popular commitment for successful action.⁽¹²⁾

It is not for nothing that throughout the history of mankind, man has sought to ensure and improve his standard of living through a better knowledge of the world around him and a more effective mastery of it, i.e. through a constant development of science where health education, promotion and prevention are tools for its preventive approach.⁽¹²⁾

The subject that is being addressed acquires great connotation in the Mexican educational curriculum, due to the fact that it is considered necessary to train students who are able to modify their own and the community's ways of acting, "to become subjects of their own transformation, with a preparation for a full, integral and satisfactory life in their coexistence with other people while at the same time constituting a way for their self-realization".⁽¹³⁾

Universities, as the main cultural institutions of a nation, in their constant appropriation, generation and dissemination of knowledge, have the duty to assume an active role in the promotion of health and, from the educational and cultural approach, to promote actions with a broad creative spectrum in its various expressions; to promote responsible behaviors in the field of health among young people and their environment.^(14,15)



CONCLUSIONS

Health education has become an inseparable part of the modern educational curriculum. Teaching the individual to take care of himself, protect health, promote physical and mental health in the individual and the community should be the task not only of health professionals, but also of the school, through different ways and curricular areas that allow the integration of health education, for example: area of exact and natural sciences: Biology, Chemistry, Physics; Mathematics and Statistics in the solution of problems and in statistics for the analysis of health data, Humanistic Sciences (Language and Literature: Effective Communication, Emotional Expression); in History what is related to the emergence of health and the medical profession, hygienic habits, care and cultivation of the mind and psychological activity; Physical Education (physical activity, nutrition, mental health, among others).

The school as a social institution responsible for the formation of the personality at the time of designing, implementing and evaluating the educational curriculum, must assess very accurately the place of health education. It must ensure from the general hygiene of the school, classrooms, indoor and outdoor areas, the teaching schedule, among others, to the strategies that are applied depending on the clinical-epidemiological conditions where the school is located, the social situation of development of students to provide them with knowledge, skills and modes of action that benefit physical and mental health at the individual, group and community levels. This requirement goes from the basic education level, preschool to higher education.

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The authors declare that there is no conflict of interest.

Authors contribution:

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