

## A Philosophical Reflection on Health and Physical Education

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### **Abstract**

*Living life to its fullest calls for paying close attention to our health and well-being. It was on the basis of this that Plato placed emphasis on gymnasium in an attempt to produce the philosopher king. Also, throughout our lives, we tend to depend so much on the skills and knowledge of physical educators and health professionals to assist us make better decisions about nutrition, exercise, preventive health practices and lifetime activity. All these are vital elements and components of a healthy living or lifestyle. Physical, safety and health education are keys to the overall educational experience of professionals who strive for excellence in life. A well designed physical safety and health education programme is supposed to surpass the boundaries of the gymnasium, classroom and playing fields through the provision of essential life skills and environment where all learners (students) are encouraged to feel safe and strive to achieve their various life ambitions. It serves as a catalyst for the actualization of sustainable lifestyle. Physical and health education should aim at developing individuals that can contribute positively to self, family and community. This philosophy should apply comprehensively to health and physical education that include mental health, substance abuse prevention (such as tobacco, alcohol and other drugs, Human Growth and Development, physical Diseases and Disorders(prevention and treatment), Nutrition and physical fitness, first aid and safety, human body systems, consumer education and personal health. So, health and physical education person are critical thinkers and problem solvers responsible and productive citizens, self directed learners and effective communicators that let others see the value of what it is to be sound both in body and in mind. This paper therefore seeks to discover the contents of the value of physical and health education.*

### **1. Introduction**

The goal of healthy living is to maintain our body that function as the vessel for our soul. This portrays our essence, and show who we really are as this is housed inside our physical body. So, to actualize our goals of leading a long life, and pursue happiness, we need to take care of the vehicle that permits us to do these things. Being physically healthy aids and enables us to do all that we really want to do. To be truly healthy, and be able to live life to the fullest, we should not only maintain our physical well being, but also our emotional, mental, social, spiritual, environmental and intellectual health. Also to some others, the financial and occupational health should be included in the list. These are what constitute the essence of man, which is reflected in his dual nature as a physical and spiritual being. This view that includes all dimensions of an individual's life in the evaluation of their true health is referred to as holistic approach. This will be our approach in this paper. It is not just enough to isolate these aspects when working with clients or patients since they are all intertwined. So, a devoted health education professional should take into consideration all dimensions of health when working with any person so as achieve the desired success or goal.

Physical and health education exist to equip the population with the necessary repertoire of knowledge and understanding of how to pursue a healthy lifestyle so as to live life to the fullest. This will provide the necessary tools and

resources that are required to make wise decisions where it involves their body and overall well being. When the individuals start living healthier lives, this will manifest in the communities as they have healthier lives, and this will promote better society. Physical and health education aid the individual to feel better and achieve more, and the more healthy individuals a community has the healthier the community is and the more that can be achieved. Physical and health education then have the capacity for triple effect. To achieve significant global changes we just have to start with the individuals as this will conform to the Platonic notion of society being man-writ-large.

The purpose of this paper therefore, is to describe and critique the major shifts in physical and health education philosophy over the past century and attempt to see the potential merit of macro philosophy that can help promote global physical and health education.

## 2. The Contents of Physical and Health Education Teaching Philosophy

Learners in a good education system must be encouraged to invent their own solution to problems through creative thinking and discovery. It should be the responsibility of the teacher or educator to challenge the learners and encourage their exploration of knowledge while making the tools that will aid them to become confident learners.

The actual purpose of health and physical education is health- related and skill- oriented fitness concepts and skill that create an environment that can promote the development of long life strategies. Health and physical education students should be provided with the essential tools that can help them make good decision in relation to all the component parts of their health and wellness.

The physical education programmed content of any school should focus on skill development that can address the New Jersey Core Curriculum Content Standards. From this, students will be in a better position to implement learned stability; locomotor, non locomotor and manipulative skills while participating in modified individual, dual and team sports or games.

Multiple teaching strategies should be brought into the programme with the aim to tackle students' diverse learning styles. Also, students will be made to have the opportunity to formally and informally evaluate the cognitive, psychomotor and affective domains, while adopting the skill tests, rubrics, checklists and written assessment.

Schools as multidimensional learning communities that comprised of diverse learning population should create and design programmes that will reflect this composition. This way, a productive motivational and informative learning environment will be established for students to implement curriculum which is developmentally appropriate, progressive, dynamic, skill- oriented, challenging, inspiring and interesting.

The basic philosophy of physical and health education can be seen in the position statement of the American Association of Health Education (AAHE) when it opines that:

*Health education is a unique and separate academic discipline. It influences individuals, family and societal development, knowledge, attitudes and behaviour. It seeks the improvement of individual, family and community health. Because the emphasis is upon health, both the process and the program may be said to originate in an understanding of the nature of health as it relates to humans as individuals or in groups (2009).*

From this, it is clear that the contemporary concept of health envelopes the totality of being. This also, captures the physical and the spiritual dimensions of the human person. And as explained by the American Association of Health Education (AAHE), the individual cannot be said to be a composition of separate entities, such as "body, mind and spirit" that are arranged in presumed "ascending order of importance". It is agreed that the individual is but "a multi-dimensional entity, with each component-chemical, physical, spiritual, intellectual or emotional existing as an element within a complex interrelationships". So, the individual is never seen as a passive participant in the wellness process. What can be inferred from this is the fact that the individual is always an active participant. This is so, because good health demands positive efforts geared toward total wellbeing. The orchestrated efforts have larger potentials for eventual success when allowed to operate within a socio-political system that cherishes and values individual family and societal wellbeing. The individual efforts to enhance his well-being should be assisted and joined by a commitment to enhance societal well-being. Following this pattern, the society also has the responsibility to promote the well-being of all individuals.

Education in health and physical assists individuals seek that which moves them toward optimal stages of wellness. The implication of this is that it aids individuals and families to overcome the debilitating effects of 'economics deprivation, the lack of balance, disease and accidents of life'. (AAHE,2009). This according to Julius Nyerere of Tanzania constitutes the major problem of African. To him therefore, poverty, ignorance ad disease (PID) are the plaques

that inflict Africa and retard the continent's progressive movement toward development.

Basically, the ultimate goal (philosophy) of physical and health education is to empower individuals to utilize knowledge in ways that will transform unhealthy habits into healthy habits. It is rather difficult to expect that individuals can achieve this end in a societal framework that makes available confusing and mixed messages. It thus becomes imperative for physical and health education to provide learners with the requisite skills to evaluate and judge messages received in relation of their capacity and potential to benefit self and society. It also constitutes an objective to provide a critique of such mixed messages in public fora.

Generally, educators or physical and health educators in particular, must look beyond the physical and health as an end or goal and so to be in the position to utilize physical and health enhancing skills as a means for the attainment of life's goals. Health, basically may be quantitatively evaluated, bio-chemically, physical health status can only be utilized as a qualitative measure of functional ability. The implication of this is that wellness is in this functional sense, a means and never an end.

The Center for Disease Control (CDC) opines that there are six critical health behaviours that are of paramount concern for today's youth. Majority of these behaviours are established during the childhood and adolescence. These include alcohol and drug use, injury and violence, tobacco use, nutrition, physical inactivity and sexual behavior. Statistically, 18.2% of youth never use belts and 12% drive after drinking alcohol (CDC, 2003). However, all these risky behaviours are preventable, so to prevent them becoming lifelong problems, students must be exposed to solid health and physical education programmes that can assist them to tackle these problems. And any programme so designed must be premised on clear goals and research that will engage the students in an active learning process.

How will an individual become healthy? This question according to *Active for life* (2013) is responded to thus:

*A quality health education program introduces the many components that constitute a healthy person. They include physical, mental, emotional, cultural, vocational and spiritual well-being. In an effective health education program children need to those six elements. If one of these elements is missing or off balance, health will be affected (1)*

Another goal of health education involves teaching life skills such as decision making. Decision making involves a five-step process that presents opportunity for the students to evaluate a situation and therefore go through a process that enable them make decision. The first step involves the identification of the decision to be made. The second is to make a list of option choices that are to be considered. The third is the identification of the criteria for making a decision, such as who the decision will affect and whether it satisfies legal and family guideline or principles. The fourth step involves the weighing of the pros and cons of such option. The last step is that of making a decision and offer explanation as to what informed the decision made. This process as can be seen assists students to think deeply about what they are doing and as such prevents them from making spur-of-the-moment kind of decisions. It also permits learners to "step back from the situation and think careful about the decision made" (*Active for life*, 2013). This clearly agrees with the Socratic notion that an "unexamined life is not worthy living"

The teaching of media literacy is a major component of physical and health education. This is very vital as a philosophy since the youth constantly view media messages. Most of these messages are negative, while some are positive. It is therefore imperative that adolescents should be equipped to possess the capacity to identify underlying message that are disseminated. So, being media literate students are less likely to "get caught in traps that are set by advertising agencies.

Again, an effective health education must have the vital component of health literacy. Health here involves the acquisition of accurate health knowledge health awareness, the ability to avoid high risk situations and preventive methods that aid one not to contract disease (AAHPERD, 2000).

A philosophy of health education must assist student to have the ability to change a negative behavior. The first step toward the realization of this is to know that there is the need for a change to be made, due to the fact that it affects health. Also, the adolescents need to plan on how to embark on the change behaviour and translate this into action. There is the need to sustain this change. This indeed is not an easy process for any individual but with assistance, this can be achieved.

Apart from knowledge and life skills, health and physical education philosophy need be anchored on the National Health Standards and Policies. Presently, Nigeria as a country does not have a well thought out policies and philosophy that can help drive and engineer the National Standards on physical and health education.

### 3. The Dynamics of Health Education Philosophy

There has been a form of consistent dynamism in the philosophical application of health issues in the past century. The early part of last century witnessed a focus on personal hygiene and communicable disease as it relates to health education (Regney, 1922). Health education was cognitive- based and several of the health educators were more inclined to factual learning. Since the various communicable diseases were brought under control and reduced drastically there was a dramatic increase in longevity, and so the importance of chronic diseases or what could be termed "diseases of civilization" such as cancer, stroke and heart disease suddenly emerged. However, there was a shift from diseases in the later part of last century to behaviours that were seen as factors that contribute for the new diseases. The new focus was reflected by various events that led to the dominance of behaviour change health education philosophy that was based on an individual (micro) perspective. (O' Rourke, 2006).

The first event that captured this in the United States in 1979 was the 1979 publication of Healthy Peoples. The Surgeon General's Report on Health Promotion and Disease Prevention (United States Department of Health Education and Welfare, 1979), Joseph Califano who was then the acting Secretary of the Department of Health Education and Welfare in the forward to the report wrote, "you, the individual, can do more for your own health and well being than any doctor, any hospital, any drug, any exotic medical device" (viii). This statement surely laid the foundation for the micro perspective philosophy of health education, which emphasis was on individuals behaviour. This philosophy also tapped currency from the suggestion of a group of American experts who were of the opinion that "as much as half of U.S. mortality in 1976 was due to unhealthy behavior or lifestyle, 20% to environment factors, 20% to human biological factor and only 10% to inadequacies in health care" (9).

Another event that gave birth to this philosophy was during the Reagan era. Although the emphasis on individual responsibility was actually initiated during the Carter administration, the Reagan era according to O' Rourke (2006) "had deep impact on the philosophy of health education and health promotion". The idea of health as a collective responsibility was clearly replaced by an emphasis on social Darwinianism, in which individual responsibility and initiative was paramount (Allegrante, 1986). Beauchamp (1984) graphically captured this thus; "...the norm of market justice is still dominant and the primary duty to avert disease and injury still rests with the individual. The individual is ultimately alone in his struggle against death" (308). The government here did not only play down on collective responsibility, but it also regularly portrayed as a source of problems, to say the least, it was an obstacle to a more responsible and productive citizenry and society. Indeed, the essence of individual responsibility was stressed by former Secretary of Health and Human Services, Louis Sullivan (1990), when he declared:

*For the harsh truth is that a high percentage of the diseases and disability afflicting the American people is a consequence of unwise choices of behavior and lifestyle. Those poor choices result in lives that are blighted, stunted and less fulfilling, and they cause an unnecessary, costly drain on the resources available for health care (2).*

### 4. Trilogical Dimensions of Health Education Philosophy

It has been established that the micro behavioural change philosophy of the late 1970s and early 1980s provided the basis for the promotion of health and prevention of disease. This can be seen in the objectives of the United State Department of Health and Human Services (USDHHS), (1980), and Health People: Health objectives of United States 2000 (USDHHS, 1990) and 2010 (USDHHS, 2000). However, in Nigeria, the impact of the micro or behavioural change philosophy was not adapted. The country was still in the era of combating communicable diseases as left behind by the colonial administration. Clearly, it can be argued that Nigeria as a nation lack what can be rightly term, the Health Education Philosophy. So, this left us to adopt United States as a focus of analysis.

In the 1990s, there was another stimulus for micro behavioural change that focuses on the seminal publication titled the "Real Causes of Death" by McGinnis and Foege (1993). These writers contradicted the previous perspective of looking at the leading causes of death, such as cancer, heart disease and stroke, to a perspective that brought out statistically the number of deaths that are linked or connected to poor diet, tobacco, firearms, physical inactivity, sexual behaviour, motor vehicles and other behaviours. These publications provided a redefinition of the concept of health promotion to that of health improvement that is achievable through individual responsibility and personal behaviours. A critical review of the several objectives adumbrated in the *Health People* documents show that less awareness to improving health through government involvement in the areas of health protection or collective responsibility of the citizenry. So, with the emphasis placed on empowerment and self interest, the government failed woefully to purposely accept that economic, political and environmental factors and forces contribute to, influence and reinforce unhealthy

practices and behaviours. As a result of this, health promotion passed through an era of transition from the classic definition that was contained in the forward by Siegrist (1946), which states that "Health promoted by providing a decent standard of living, good labor conditions education, physical culture and means of rest and *relaxation*." (127).

It is clear from this that the Nigerian government has chosen the Dark Age era to function as far as the Health Education philosophy is concerned. This assertion is premised on the fact that the government is yet to realize the need and the essential functions of decent standard of living, good labour conditions of as various labour unions has been agitating for improvement of their conditions of service. Education in Nigeria has not been given the pride of place it deserves as a major single social tool of development. Nigeria is yet to imbibe the culture of improving and enhancing the physical structures that can aid and promote rest and relaxation. This clearly identifies the gap that exists in our health education philosophy.

Due to this identifiable gap in the United States, *Healthy People* (USDHHS, 1980, 1990 and 2000) Provided new parameters that redefined health promotion from a broad perspective to a narrow concept that encapsulate lifestyle modification with an emphasis on individual responsibility. This redefinition did not just inspire a minor philosophical change, but it created a major impact on the concepts of health education and health promotion, the kinds of activities and programmes that are funded, the actual missions of professional preparation programmes.

According to Allegrante, (1986) this transition did not happen without any criticism and debate. This therefore generated a shift that realized the importance of individual responsibility and personal behaviour (O'Rourke, 1989). This paradigm shift was viewed as 'micro-myopia' and portrayed two basic negative implications namely:

1. It focused on health promotion efforts that was inward and so compromised support for population approaches at the collective community/ societal level; and
2. It laid an ideal ground work for 'victim blaming', while puncturing and deflecting societal responsibility.

These prompted Allegrante and Green (1981) to observe that:

*One danger of such policy is that the federal government will abrogate its responsibility to provide the social and economic supports for necessary organizational and environmental changes.... Education of the public is an essential component (and perhaps the most important component) of a national program to strengthen behavior conducive to health. But without the organizational, economic, and environmental supports for such behavior, health education will appear to be government propaganda- a smoke screen to cover the cuts in health services and proposed regulatory reforms (1529).*

The above statement tends to graphically capture the situation in Nigeria. Indeed, there appear to be a propagandist approach to the issues of health education. This approach seek to cover up the systemic cuts in such social services like health and education as championed by the Brethren wood institutions like the International Monetary Fund (IMF) and the World Bank. These global financial institutions seem to support a drastic cut in health and education, especially in developing countries. The package for this social and economic hemlock comes in the form of Structural Adjustment programmes (SAPs), presented as economic palliatives that will salvage socio-economic worsening conditions of the so called developing countries (Ekanem, 2010). Due to these external factors and that internal ignorance shown by most African leaders, the actual solution to the philosophical upliftment of health education appears farfetched.

## 5. The Macro Approach

It seems the philosophical pendulum has continued to swing towards the direction of risk taking with risk imposing a blink on the radar screen of thought, debate and scientific inquiry. The past and present focus of health promotion tend to be on the individual to carry out certain activities such as reduction in smoking, improvement of diet and increase in physical activity, which encourage daily physical exercise. There appear however, to be less focus on societal policies that will encourage health promotion such as making it mandatory for physical activity programmes in schools, increase incentives for worksite health promotion programmes, improvement of school lunch programme, ban of junk foods in schools, elimination of tobacco and the use of increased tobacco taxes for the initiation of prevention of smoking among youths.

Clearly in contrast to the "atomistic micro- myopia view of health education and health promotion as a synonym, for individual responsibility, the macro philosophy of health education and promotion" (O' Rourke, (1989), O' Rourke and Macrina, 1989 and O' Rourke, 2005) encompasses collective responsibility and community involvement through participation in the political process and services on local government health boards, state and school boards. It is the hope that in these capacities, health educators can help influence the health of the entire communities and not just on the

basis of "one person at a time" model of improving the health of the individual through certain steps that are directed at the individual.

Due to some shortcomings observed by O, Rourke (2005) he proposed two philosophical approaches that he considered useful for health education. These approaches, O, Rourke referred to as functional or utilitarian philosophical perspective. Through these philosophical approaches, the focus of health education/health promotion is not on individual behaviour or lifestyle modification. The focus of the O' Rourkean proposal, is that the purpose of this approach is to improve the health of the citizenry for the purpose of promoting a healthy workforce, and a healthier school-aged population that will enhance learning and as productive members of the workforce, community and society. This philosophy focuses on health education/promotion as a means to an end (a healthier, more productive society) and not the ends in the sense of healthier people. Accordingly, O'Rourke (2005) opines that:

*Coordinated school health is an essential contributor to the three Rs. Coordinated school health is an important element in promoting critical thinking, analysis, decision making, and problem solving. Coordinated school health is an important element for our youth of today securing employment for tomorrow (113).*

He further states that in generating community support for a school health centre, we do not just achieve this through focusing basically on having healthy children, but we also focus on the immediate benefits of having healthier people that will assist in the reduction of absenteeism, discipline problems, enhanced ability to learn that will bring about better scores in tests, examinations and higher graduation rates because less people will be left behind.

Also, Berzuchka (2001) advanced a more conceptual philosophy that will improve the notion of health through what he called egalitarian perspective to replace the individual lifestyle modification. Berzuchka who is a medical doctor argues that, "Research during this last decade has shown the health of a group of people is not affected substantially by individual behaviors such as smoking, diet and exercise, by genetics or by use of health care. In countries where basic goods are readily available, people's life span depends on the hierarchical structure of their society; that is, the size of the gap between the rich and the poor" (14).

The Berzuchkain argument is that there is disparity of feelings which are hierarchically structured. Those who are at the top of the hierarchy have feelings of power, domination and coercion, while those at the bottom of the hierarchy have the feelings of resignation, resentment and submission. However, the difference is the case in an egalitarian environment, which is recognized and characterized by feelings of support, friendship, cooperation and sociability. The egalitarian framework caters and sees the entire community/society as atomistic and therefore should be comprehensively carried along for a healthier living if the community/society is to develop.

## 6. Summary and Conclusion

From our analysis, it is established that there has been constant changes in the philosophy that guide health education and promotion. However, in our view, it is important to bring back the Siegrist philosophy, which tends to have some inherent benefits as it relates to health education and health promotion, as it is anchored on the fact that these are not synonymous with lifestyle modification, a position which is also maintained by the behavioural theorists. Siegrist philosophy demands that health education and promotion must be founded on a decent standard of living, a safe environment, a good education and meaningful employment in a society that cherishes and values collective responsibility, promotes solidarity, total rejection of Darwinism, and encourages the citizenry to care for and cherish one another, while giving respect to individual contributions.

There is indeed a great doubt about the efficiency and workability of our present health and physical education philosophy, which tend to place emphasis on improving health through individual behaviour and lifestyle modification. This approach is rather narrow, self-seeking and prevents us from giving consideration to other more efficient and effective approaches that improve health education and health promotion. The consequence of this philosophy is that it neglects the necessary social collective responsibility that guarantees a healthy society, and as such it is narrow and an ineffective health education agenda especially for developing countries such as Nigeria.

The individualistic approach as presently practiced in Nigeria can be said to be the root cause of the devastating decay in the health care delivery system of the country as a whole. This philosophy towards health education and health promotion has created a kind of social dichotomy that only favours the rich and the top hierarchy of the society. The present "medical tourism" concept that favours such countries like India, Saudi Arabia, Britain, Germany, United States of America, etc to the detriment of Nigeria and some other African countries is testimonial to the failure of this philosophical approach. There is the need therefore, for a change in philosophy that will be more encompassing and society-oriented

and communistic in approach. It is this type of philosophy that will lead to holistic development of the society and create harmonious living and collective responsibility.

It is such a philosophy that will lay a strong foundation in science through the study of human anatomy such as personal safety, nutrition, substance abuse and the best methods of teaching all levels of physical and health education. This foundation of knowledge and pedagogy will allow for the application of theory to emerging professional practices.

Health is made up of all aspects of a person's life. It is a combination of the mental, physical and spiritual aspects that make up the whole human being. However, the mental and spiritual health is a precursor to physical health. Without these two, the other may be difficult to achieve. So, the promotion is to educate and advocate for the health of the general public. To achieve this, education becomes the key to health at both a personal and community level. It is vital that the public receive information on wellness and maintain health in order to reach its health goals. To achieve this therefore, there is the need for a philosophical approach that captures the health interests of both the individual and society at large in the attainment of these goals of health education and health promotion

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