

compare teachers' conceptions about health and health education from 15 countries. These countries differ in their geographical distribution and their historical, political and socio-cultural development: three in North Europe (Finland, Estonia, Hungary), five in South Europe (Portugal, France, Italy, Romania, Cyprus), three in North Africa (Morocco, Algeria, Tunisia), two in Sub-Saharan Africa (Senegal, Burkina Faso), one in the Middle East (Lebanon) and one in South America (Brazil). In each country, the BIOHEAD-CITIZEN questionnaire was applied to six subsamples: in-service and pre-service teachers of primary and of secondary schools in biology and national language. The overall sample included 6001 respondents. Multivariate analyses were performed. Results showed differences among countries. Tunisian teachers are those closest to the B-M view of health whereas Finish teachers are the most BPS-M. Logistic regressions showed preferential association of classes within groups (countries, religion, teaching groups and levels of education) to either B-M or BPS-M view of health. These results may help explain differences in school health education found among countries and within countries.

Teachers' views about health and health education in 15 countries

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Health education in schools has been implemented through a diversity of strategies, depending on the concept of health and of health education. Classically, health education has provided mainly factual knowledge about diseases and their prevention, assuming the person as being healthy if the body components are working properly. In contrast to this biomedical (B-M) view of health, the biopsychosocial model (BPS-M) embraces a holistic view of health. This work intends to analyse and