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Research article

Pedagogy of death within the framework of health education: The need and why teachers and students should be trained in primary education

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ABSTRACT

The objective of the present study is to analyze the perceptions of in-service teachers about Pedagogy of Death within the framework of Health Education (HE), with respect to the training received and their teaching experience. A quantitative method was utilized, with the design of an ad hoc questionnaire with a Likert-type response scale and dichotomous questions. The results showed that while the teachers were aware of the need to educationally address death and health, they lacked or did not have initial or continuous training for doing so, and had not thought about it as a normalized aspect throughout their teaching career. We believe it is necessary to offer more training on Pedagogy of Death in the area of HE at universities and continuous education centers, so that it can ultimately be implemented in Primary Education classrooms.

1. Introduction

Death can be (and must be) addressed at all levels of education [1–3]. Starting with the age of 3, an optimum phase opens for the inclusion of the didactic treatment of death in the curriculum because children talk about death as something normal, without making a big deal of it, and it is usually adults who do not let them talk about it [4–6]. However, school curricula do not consider death as an education topic, and do not even consider Pedagogy of Death within the framework of Health Education (HE). Pedagogy, according to Caballero [7], is defined as the body of knowledge that deals with education as a specific human and social phenomenon. Furthermore, it is the science that deals with the body of knowledge oriented towards education. In short, pedagogy focuses on the search for effective, affective, and efficient processes that lead to meaningful learning. For this, it is necessary to re-think what type of work is being performed at schools, for teaching about death with respect to HE, as well as what kind of training has been provided to in-service teachers.

Sex was a taboo topic in the 20th Century; however, it was gradually included in the school curriculum. However, the opposite has occurred with death, resulting in the current taboo concept of death found in the school curriculum [7] and this is especially true with

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respect to humans, as we are only taught that we are born, grow, and procreate. Therefore, as education centers are a clear example of our society, the result is a social and professional taboo about the subject of death [4,5,8–11].

The preparation for death aspect is absent in the didactic intentions of modern schools [12] and society must wager for a transformation towards curricular maturity and the training of education professionals [13,14]. Diverse authors have already developed an extensive line of research on this area [1–3,15,16], providing many methodological lines and resources to address education about death: film forums and videos, children and youth literature, music, humor, dialog about the question, role-playing games, small studies, didactic projects, interviews with experts, workshops, learning through service, etc.

On the other hand, it should be taken into account that Health Education is a cross-cutting theme in the school curriculum, where content related to the promotion of healthy lifestyles is worked on. Therefore, according to Ayuso Margañón et al. [17], initial teacher training includes subjects and/or content to address this issue at school.

Considering the above, the present study seeks to answer the following research questions: Do teachers have professional experience in teaching about death within the framework of HE? What training have in-service teachers received about the subject in question? And lastly, what are the perceptions of in-service teachers about teaching about death in the area of HE?

1.1. Death: an educational reality

As we grow older, we learn to accept that we do not have any type of omnipotent power, that we cannot make the impossible possible, and also, the fear of blaming ourselves for the death of our loved ones decreases. This fear is maintained in a subdued manner as long as a tragic situation does not occur [18]. Along this line, different authors affirm that children create the idea of death according to the evolutionary process that is congruent with the development of their intelligence, their emotions, and the influence of the socio-cultural surroundings that favor their maturation [19–21]. In addition, other factors such as religion, culture, education, and the society that surrounds us, are elements that have an influence when trying to understand grief and its pertinent manifestations. For this reason, the grief of every child will be unique and different from the rest, given that each person as a being is unrepeatable.

Since very young, children ask themselves about death, despite the adults being disturbed by this transparency of earthly life [22,23]. This was corroborated in studies conducted by Ramos-Pla et al. [24], who interviewed 10 children between the ages of 2 and 10 to discover their conception about death. The results of the study were robust, as all the children spoke about death as something that was natural, thereby demonstrating that the subject of death was not foreign to them.

1.2. Educational actions in situations of death, and the grief of children and youth

It is an irrefutable and undeniable fact that any loss brings profound suffering, and can even lead to health problems.

It is necessary for teachers to be alert about any sign of depression in the grieving student: excessive silence, fatigue, changes in eating and sleeping habits, expressions of hopelessness, lack of interest in their favorite activities, etc [25]. When noticing these signs, it is of vital importance to cheer the child up, and overall, to talk with him or her, having in mind his or her fears and worries. In the case that the signs of alarm persist, it is necessary to refer the child to a mental health specialist [26]. Many studies have provided examples on how to deal with death in the classroom, such as:

Kroen [27], Martín Reyes [28] and Turner [29] argue that the child must express himself or herself with the teacher or guidance counselor, to provide hints about how they could help. For example, they suggest that they should construct a keepsake box, or write a book of poems, diaries, drawings, letters, photographs, etc., that could help in remembering the individual who passed away.

The study conducted by Poch [22], indicated that the best way to listen to a child is to observe. Students speak with their entire bodies: they express how they feel through what they do. Also, there is a period in time in which children are not able to name their feelings or emotions. Given that emotions are also experienced physically, they use their bodies to express them, and we must pay attention to act and support the child. Also, we could help by speaking to him or her, specifying and naming the emotion; helping him or her to differentiate between stomach pain and worry or preoccupations.

Another very functional tool to manage death and grief is literature or stories, through the use of bibliotherapy [30]. Colomo [31] Ortego et al. [32], Campillo-Ruiz & Ruiz Arriaza [33] and Carreras Saura & Hidalgo [34] justify its use in the improvement of the understanding of reality, and it can also provide answers and examples on how to solve day-to-day problems. After reading and explaining the story, time in silence must be provided, after which comments can be made. It is positive to let the children think, reflect, and associate the content about death with their own personal experiences.

However, attention must be paid to stories that tell of the eternal life of the protagonists, as false illusions can be created. With respect to teaching about death through tales, a very positive experience in Early Childhood education [12] was the intervention that started with a dialog-based plan in which work was conducted on the literal comprehension of a text and its interpretation. Through the use of bibliotherapy, one can face very significant events such as death in a very satisfactory manner. Also, the authors themselves added that through tales, significant and functional work can be performed on Pedagogy of Death, in order to go through the process of grief in a manner that is as natural and normal as possible [35,36].

1.3. Pedagogy of death within the framework of health education (HE)

Addressing death at school, as discussed above, implies explicitly associating the content with HE. As pointed out by Ramos-Pla & Camats [36] and Pedrero-García [37] health is not only understood as the absence of illness, but also having a high quality of life (physical, mental, and social), and this also includes education about death. Therefore, through the inclusion of education about death

at school, education about life would be discussed, so that students learn to fully live the here and now, becoming aware about human finiteness. The latter author named this approach 'healthy treatment of the subject of death' [37]. Nevertheless, if we assume that the school decides to address the subject of death in a cross-sectional manner, the entire education team will have to be familiar with this subject.

It must be remembered that HE has evolved from an initial perspective that focused solely on avoiding illness, to a more modern concept, which seeks to understand the conditioning factors and mechanisms that contribute towards health promotion [38], which includes a special interest in mental health [39]. Lastly, there is also a debate about who can be considered a health education agent (who should be trained on the subject). Authors such as García Martínez et al. [40], Furnham & Swami [41] and Rodríguez Herrero et al. [42] affirm that these agents must be all those professionals who intend to improve health at any level, such as educators, psychologists, teachers, health professionals, social workers, etc. As a result, it is necessary to address HE in a cross-sectional manner in the training of these professionals [43].

The results from studies such as the one by Luque Fernández et al. [44] showed that education professionals closely relate HE with quality of life and pedagogy of death. In this sense, they associate a non-healthy life with a low quality of life, aspects that can lead to death. Thus, it is deemed necessary to train future teachers on pedagogy of death as a connatural content of HE. Lastly, it must also be added that the informants consulted declared having some knowledge about the subject matter in question, which had been very useful for them when facing their own losses. Thus, training on HE and pedagogy of death can provide teachers with both pre-death (prior) and after-death (palliative) teaching competences [45].

Although there have been studies linking Pedagogy of Death and Health Education, the samples are smaller than in the present study, and it is from research published in English that the two topics are linked.

2. Materials and methods

2.1. Objectives

The general objective of the present study is to analyze the approach to pedagogy before death within the framework of Health Education at Primary Schools in Catalonia. Also, the following specific objectives will be addressed in the present study.

- Identify the training received by in-service teachers about Pedagogy of Death within the framework of HE.
- Discover the perceptions of in-service teachers about Pedagogy of Death in the area of HE.

2.2. Method

To achieve the objectives proposed, a quantitative, non-experimental and descriptive method was utilized [46]. An ad-hoc questionnaire was designed. The tool was developed taking into account published research. At the time of the present study, no tool similar to the questionnaire that was constructed ad hoc was found.

2.3. Sample

The study sample was composed by in-service teachers from Primary Schools in Catalonia. A randoms ampling was performed, setting the confidence level at 95% with a margin of error of ±5% and the maximum variance (P = Q = 50%). A total N of 1220 informants was obtained. Survey Monkey (https://es.surveymonkey.com/mp/sample-size-calculator/) was used to calculate the sample size.

2.4. Tool

The questionnaire was composed of 28 items with a Likert-type response scale (1 = none or null, and 4 = a lot or always), and dichotomous answers (yes/no). The items were grouped into 4 blocks and 2 sections.

- Block A: Identification data (6 items). Independent variables: academic degree, class taught, professional profile, professional experience as a teacher, age, and gender.
- Block B: Teaching experience on Pedagogy of Death within the framework of HE (1 item). The answer to this response (yes or no) was associated to completing either section B.1. Or B.2.
- Block B.1. Putting into practice a pedagogic program before death within the framework of HE (8 items).
- Block B.2. Not putting into practice of a pedagogic program before death within the framework of HE (6 items).
- Block C: Pedagogic training and resources associated to death in HE (4 items).
- Block D: Perceptions on Pedagogy of Death (3 items).

The questionnaire was distributed online to the participants.

2.4.1. Validity and reliability of the questionnaire

In first place, the content was validated by 10 judges (experts in Pedagogy of Death, health education and practising teachers),

using the criteria of validation of univocity, relevance, and degree of importance of each of the items. Based on the judges' assessments, no questions in the questionnaire had to be modified, as they were evaluated positively.

Next, the reliability of the questionnaire was analyzed, having in mind that it was composed by a total of 33 dichotomous and Likert-type (with 4 response options) questions. A very high Cronbach's Alpha value was obtained for the questionnaire directed to teachers: 0.95 (CI: 0.94–0.96).

2.4.2. Data analysis

The data were analyzed with SPSS software. The statistical techniques used for the statistical treatment of the data were.

- Description of quantitative variables with percentage tables.
- The Likert and dichotomous variables were described with the use of the distribution of percentages of answers and the common tools of mean and standard deviation.

The reliability of the questionnaire was evaluated with Cronbach's Alpha coefficient for internal consistency. A value higher than 0.60 indicates acceptable reliability, and a value higher than 0.80 indicates good or very good reliability (>0.90).

2.5. Ethical considerations

Participants were informed about the study on the first screen of the online questionnaire. They were informed of the purpose and the anonymous processing of their answers in accordance with the EU General Data Protection Regulation (as of May 25, 2018). Participants were also asked for explicit consent before starting the questionnaire by ticking the consent box. If they did not tick the consent box, the participant could not answer the questionnaire. The study design and ad hoc questionnaire were approved by the Data Protection Service of the University of Lleida (Spain).

3. Results

The sample was characterized by teachers with a mean age of 44.4 years, and the participation of women was higher (68%) than men (Fig. 1).

All the teachers had an initial education in Primary Education, although some teachers also had degrees in Early Childhood Education (13.1%) or Psychopedagogy (11.5%) (Fig. 2).

3.1. Block B: teaching experience on pedagogy of death within the framework of HE

In the dichotomous (yes/no) question that asked if the in-service teachers had at some point implemented Pedagogy of Death, only 9.8% answered affirmatively. Therefore, the other 90.2% did not put into practice Pedagogy of Death during their teaching experience. As a consequence of this response, only 120 professionals could answer the other questions in section B of the questionnaire, related to the implementation of a Pedagogy of Death program.

The results obtained indicated that the last item (B1.9: I have conducted Pedagogy of Death within the framework of HE, as I have taught it as a natural fact of human life) obtained the highest agreement (mean 1.67; 66.7% of agreement), as shown in Table 1. From this result, the idea emerged that the teachers who decided to put into practice a pedagogic program with the previously-mentioned characteristics, conceived death and health as natural facts of life, and thought of them as important topics that must be taught and discussed at schools. Below, we describe the other items that obtained high levels of agreement, as shown by their higher percentages.

- Item B.1.7 (The response of the school administrators on the implementation of Pedagogy of Death in the area of HE was positive): mean of 1.80 and 80% of agreement.
- Item B.1.8 (The response of the families on the implementation of Pedagogy of Death in the area of HE was positive): mean of 1.82 and 81.8% of agreement.

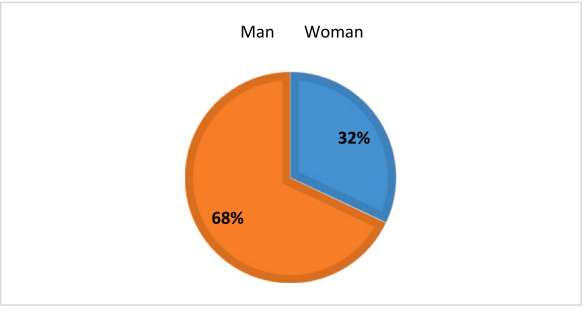

Fig. 1. Participation by gender.

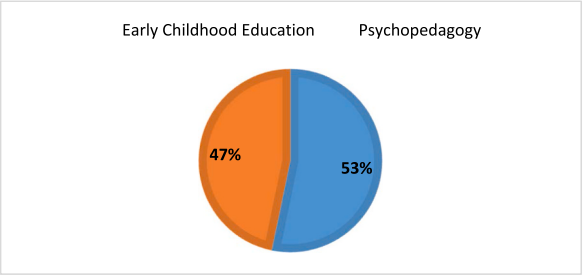

Fig. 2. Participation by degree.

Table 1
Descriptive analysis. Degree of agreement with the implemented a Pedagogy of Death program (N = 120 teachers with experience). Total mean = 2.09 (SD = 0.37).

Content	Level of agreement n (%)				*Descriptors*	
	1	2	3	4	Mean	SD
B.1.1. I used the textbook to previously teach contents about death to students within the area of HE.	10 (8.3)	20 (16.7)	40 (33.3)	50 (41.7)	3.08	1.00
B.1.2. I taught contents about death in a cross-sectional manner along with the other curricular areas.	11 (9.1)	55 (45.5)	32 (27.3)	22 (18.2)	2.55	0.93
B.1.3. I have didactic resources available at school to teach about death from a pedagogic angle.	11 (9.1)	55 (45.5)	32 (27.3)	22 (18.2)	2.55	0.93
B.1.4. I felt satisfied when putting into practice Pedagogy of Death within the area of HE.	20 (16.7)	100 (83.3)	0	0	1.83	0.39
B.1.5. Promoting Pedagogy of Death in the area of HE has resulted in my professional and personal growth.	30 (25.0)	80 (66.7)	10 (8.3)	0	1.83	0.58
B.1.6. The response of the students on the implementation of Pedagogy of Death in the area of HE was positive.	20 (16.7)	100 (83.3)	0	0	1.83	0.39
B.1.7. The response of the school administrators was positive.	24 (20.0)	96 (80.0)	0	0	1.80	0.42
B.1.8. The response of the student's families was positive.	22 (18.2)	98 (81.8)	0	0	1.82	0.40
B.1.9. I have carried out a preventive pedagogy on death within the area of HE, as I have taught it as a normal fact of human life.	40 (33.3)	80 (66.7)	0	0	1.67	0.49

- Items B.1.4 (I felt satisfied when putting into practice Pedagogy of Death within the area of HE), B.1.5 (Promoting Pedagogy of Death in the area of HE has resulted in my professional and personal growth), and B.1.6 (The response of the students on the implementation of Pedagogy of Death in the area of HE was positive) obtained the same mean (1.83), although not the same percentages of agreement.

Thus, all the members of the education community positively responded to the implementation of a Pedagogy of Death program. Also, the teachers who decided to put into practice a program with these characteristics were inclined to feel a high degree of satisfaction, and they also mentioned growth in some manner.

Table 2
Descriptive analysis. Degree of agreement of teachers who had NOT implemented a Pedagogy of Death program (N = 1100). Total mean = 3.15 (SD = 0.60).

Content	Level of agreement n (%)				*Descriptors*	
	1	2	3	4	Mean	SD
B2.1. I have not put into practice Pedagogy of Death in the area of HE because I have never thought about it.	260 (23.6)	330 (30.0)	230 (20.9)	280 (25.5)	2.48	1.11
B.2.2. I have not put into practice Pedagogy of Death in the area of HE because it implies a difficulty for me.	61 (5.5)	230 (20.9)	320 (29.1)	490 (44.5)	3.13	0.93
B.2.3. I have not put into practice Pedagogy of Death in the area of HE because I would not know how to do it.	120 (10.9)	330 (30.0)	360 (32.7)	290 (26.4)	2.75	0.97
B.2.4. I have not put into practice Pedagogy of Death in the area of HE because I think that it should be taught in Primary Education.	30 (2.7)	140 (12.7)	280 (25.5)	650 (59.1)	3.41	0.82
B.2.5. I have not put into practice Pedagogy of Death in the area of HE because the school administrators were not in agreement.	30 (2.7)	50 (4.5)	120 (10.9)	900 (81.8)	3.72	0.68
B.2.6. I think it's been positive for the students the not putting into practice of pedagogy before death in the area of HE.	50 (4.5)	100 (9.1)	290 (26.4)	660 (60.0)	3.42	0.84

Next, the items with the higher mean values were: B.1.1 (I used the textbook to previously teach contents about death to students within the area of HE, with a mean of 3.08), B.1.2 (I taught contents about death in a cross-sectional manner along with the other curricular areas, with a mean of 2.55), and lastly, B.1.3 (I have didactic resources available at school to teach about death from a pedagogic angle, with a mean of 2.55). In summary, having available material resources and a textbook to accompany a before death pedagogic program in the area of HE was important for teachers, and the fact that it was associated with various curricular areas was also underlined.

The other 1100 informants who had answered "no" to the key question of this section, answered another set of 6 items, also using a Likert scale with 4 options, with the same categories, from 1 = fully agree, to 4 = fully disagree. Table 2 summarizes the results of their descriptive analysis.

In general, a low or very low agreement was found, meaning that the overall mean leaned towards the disagreement side (mean of 3.15 points).

The items in which a greater level of disagreement was found (means higher than 3) were.

- Item B.2.6 (I think it's been positive for the students the not putting into practice of Pedagogy of Death in the area of HE): mean 3.42 and 60% in full disagreement.
- Item B.2.4 (I have not put into practice Pedagogy of Death in the area of HE because I think that it should be taught in Primary Education): mean of 3.41 and 59.1% in full disagreement.
- Item B.2.2 (I have not put into practice Pedagogy of Death in the area of HE because it implies a difficulty for me): mean of 3.13 and 44.5% in full disagreement.
- Only two items were found with a mean below 3 points:
- Item B.2.3 (I have not put into practice Pedagogy of Death in the area of HE because I would not know how to do it): mean 2.75, and 30% of agreement as compared to 32.7% with a slight disagreement.
- Item B.2.1 (I have not put into practice Pedagogy of Death in the area of HE because I have never thought about it) with a mean of 2.48 and 30% in agreement.

Ultimately, the teachers were aware that not putting into practice Pedagogy of Death within the framework of HE was not positive for the education of the students, and they also considered necessary to teach these contents in Primary Education. All of this was associated with the result that underlined that most of the teachers would not know how to put into practice Pedagogy of Death, and they had also not thought about it throughout their professional life.

3.2. Block C: pedagogic training and resources about death in HE

The questionnaire ended with a block of 4 dichotomous-answer questions (yes/no). The responses from the entire sample of professionals (N = 1220) indicate that.

- Only 2.5% of the informants (30 cases) received university training on how to promote Pedagogy of Death within the framework of HE.
- In addition, 9.0% (110 informants) had taken some continuous education course about this subject.
- Also, 89.3% (1090) believed that they needed more training on Pedagogy of Death within the area of HE.
- Lastly, 74.6% (910) stated that a previous training model is needed to address death within HE in Primary Education.

3.3. Block D: perceptions about pedagogy of death

The last section of the questionnaire was composed by 3 close-ended questions with a Likert response scale of 4 options, from 1 = fully agree to 4 = fully disagree. The results are summarized in Table 3.

In general, very positive answers were observed, in the sense that the overall mean of the answers to the three questions was 1.6 points, between fully agree and agree.

More specifically, it is underlined that.

Table 3
Descriptive analysis. Perceptions of in-service teachers on Pedagogy of Death with-in the framework of HE in Primary Education (N = 1220). Total mean = 1.58 (SD = 0.54).

Content	Level of agreement n (%)				*Descriptors*	
	1	2	3	4	Mean	SD
D.1. I believe that it is necessary to deal with the subject of death and of human finiteness in a natural manner at school.	895 (73.4)	305 (25.0)	20 (1.6)	0	1.28	0.49
D.2. I would like to address the subject of death in a natural manner at school, before a death-related event occurs	758 (62.1)	414 (33.9)	39 (3.2)	10 (0.8)	1.43	0.60
D.3. I believe that a pedagogic approach to death should be part of the curriculum in Primary Education as a central focus.	414 (33.9)	414 (33.9)	335 (27.4)	0	2.03	0.90

- In item D1 (I believe that it is necessary to deal with the subject of death and of human finiteness in a natural manner at school), the mean was 1.28 points, with 73.4% of the teachers fully agreeing with this statement.
- In item D.2 (I would like to address the subject of death in a natural manner at school, before a death-related event occurs), the mean was 1.43, with 62.1% fully agreeing.
- In item D.3 (I believe that a pedagogic approach to death should be part of the curriculum in Primary Education as a central focus), the mean was 2.03, with the opinion shared equally between fully agree and agree (33.9% for each one).

The results highlight the need to work on the subject of death within the framework of HE in a natural manner during Primary Education. The treatment of death within the area of HE at school before the death of a loved one is also considered a priority.

4. Discussion

The health crisis evinced subject matters that were marginal or forgotten in our society. Despite the great mortality brought on by the pandemic, and the specific reality experienced by the close family members, friends, neighbors, or acquaintances of many students, who were affected by death, it was evident that not even this unprecedented situation led to the inclusion of preventive pedagogy about death at schools. Thus, more than ever, it is necessary to implement Pedagogy of Death within the framework of Health Education (HE). As stated by Ramos-Pla & Camats [36], Pedrero-García [37] and Rodríguez Herrero et al. [25], it is an educational priority that must be addressed in Primary Education schools. However, the results of this study show that this is still an educational challenge and a taboo subject, as only a small proportion of the informants had implemented a pedagogic program with these characteristics throughout their professional experience, as shown by many authors [4,5,8–11]. Also, in most of the cases analyzed, Pedagogy of Death within the framework of HE program was only implemented due to the unforeseen circumstance of the group having to face death.

Working on preventive Pedagogy of Death should be considered in a cross-sectional manner and included within the framework of Health Education. In this study, the teachers who decided to implement Pedagogy of Death within the framework of HE perceived a high degree of satisfaction, and mentioned experiencing professional and personal growth. Also, the positive response of the education community on the implementation of this type of program is underlined. This aspect was correlated in studies by Pedrero & Leiva [35] and Fernández Hurtado [20], which pointed out that the implementation of this type of program resulted in a high degree of satisfaction.

From the didactics point of view, the teachers highlighted the importance of the availability of material resources for Pedagogy of Death within the framework of HE, as well as the need to associate it with different curricular areas, as indicated by Renaud et al. [47] and McAfee et al. [48]. The ultimate objective is to transform the subject of death into a cross-sectional dimension that is naturally included in the education curriculum of primary school students. The present study showed that most of the teachers pointed to the importance of addressing the subject of death to normalize it within the framework of Health Education. Moreover, it should also be focused within a perspective of prevention and promotion of health itself, as stated in studies by del Arco et al. [49] and Raccichini et al. [3]. However, the absence of this subject matter in the training curriculum of teachers, in both initial and continuous education, provide evidence of the lack of strategies, resources, and knowledge that are needed to address this subject at school. Lastly, as pointed out in studies by Villacieros et al. [5], Guerra et al. [30] and Pedrero-García [45], not having dealt with death and health in a natural manner during the training of teachers is a key aspect for not being aware about their necessity.

Ultimately, addressing death within the framework of HE during Primary Education is an imperative challenge, both before (before the death of a loved one) and palliative (after the death of someone) it occurs. The need to include death in the curriculum of Primary Education as a cross-sectional subject, and the availability of more resources are underlined, as teachers are aware about the existing pedagogic need associated to this subject. Teaching students, considering a "healthy treatment of death" will make possible education for life, as they will become aware of human finiteness, as indicated in studies conducted by Lantieri [38], Ramos-Pla & Camats [50] and Pedrero-García [37].

Definitely, teaching death at school within the framework of Health Education makes it possible to provide a multitude of benefits [37,51], such as: dealing with death and grief in a normalized way; breaking the taboo that death suffers in our society; analysing the determinants of health linked to death or becoming aware that life has an end, and therefore, it is necessary to live in the moment ("carpe diem"). To this end, it is necessary to work on a pedagogy of death in the initial training of teachers. If teachers have not worked on it prior to their professional practice, it will be difficult for them to put it into practice at school.

5. Conclusions

There is an imperative need for education centers to take the reins of the situation and put into practice pedagogy of death. The sweeping reality of the situation brought on by the COVID-19 pandemic resulted in a large number of deceased individuals [48], making it difficult to find a grade school or high school without a student, teacher, or family in grief. However, the social taboo of death in our society has seeped into the area of education, turning it into a pedagogic taboo.

All the strategies proposed within the theoretical framework of the present article can be used and adapted, having in mind the context, the level of maturity, the character, and the emotions of children and adolescents.

It is necessary for universities to offer a pedagogic approach to death in the initial and continuous training of teachers as a central focus of HE. If teachers are not provided with education strategies, it will be difficult for them to put them into practice at schools. In this sense, it is interesting to know about reference practices on this matter that could serve as educational models.

Lastly, we encourage all education professionals to self-reflect on the need for pedagogy of death in education centers, as well as its implementation. Providing answers to the doubts and questions of students is an obligation of the teaching profession. For this, addressing the matter of death will normalize its treatment in educational settings. In this way, a healthy approach to future grief will be made possible. In addition, the educational response will be more efficient if it is addressed naturally, as opposed to when it is addressed due to unforeseen situations, for which we are not prepared, and in which the emotional aspects play an important role, making it difficult to work on pedagogy of death naturally, even though it is part of life itself. In conclusion, we believe it to be necessary to offer more training on pedagogy of death, at universities and continuous education centers, in order that it can ultimately be implemented in Primary Education classrooms.

The study has some limitations, such as the lack of professional experience related to the pedagogy of death, as well as little or no teacher training in relation to the subject matter.

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