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School Health Education in the Face of 21st-Century Challenges

Szkolna edukacja zdrowotna wobec wyzwań XXI w.

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ABSTRACT

The post-transformation generation of 21st century is living in a world of rapid social, economic, cultural changes, the dynamics of which have an impact on their development and health. Rapid and accelerating transformation of everyday life extends to all institutions of social life, including the school. The consequences of the ongoing transformations are difficulties in adapting the young generation to the constantly changing, unstable reality. The changes taking place in every area of life indicate the need for educational and upbringing activities as part of the socialisation process of the young generation. The school, as an educational environment, is the place where both cultural and health-related patterns of behaviour are developed and perpetuated, with health promotion and health education being the overarching goal. This century has initiated “new” educational thinking, the aim of which is to change individual behaviour and social action. Achieving well-being in all areas of society requires conscious action to increase health potential and its perception – in the declarative and practical dimensions – as a priority value. The challenge for today’s education system is to develop the ability to make health-promoting choices. This is a task for health education, which should become an important task for the school and the teacher being at the centre of school health education.

Keywords: school; health; teacher; health education

INTRODUCTION

The 21st century has initiated “new” educational thinking, effective in meeting the needs arising from social, economic, political, and cultural transformations,

and above all, the dynamic development of civilization (Żukowska, 2002). The challenges of modern education are determined by two mutually complementary processes: globalization and consumption. The multiplicity and diversity of changes in the globalized world have initiated many new challenges, including those related to health.

The association of health with the ongoing globalization processes has initiated the concept of “global health”. Zofia Żukowska writes: “Investing in people is primarily investing in their awareness and in their comprehensive development, and thus investing in health” (Żukowska, 2007, p. 538). When discussing the issues of health, environment, and education, one cannot omit the works of Maciej Demel, who wrote: “You must work on health and this work is pedagogical in nature. It is about developing permanent hygienic and cultural habits, appropriate attitudes towards physical and mental health, and finally about a certain quantum of knowledge and skills” (Demel, 1980, p. 6). Demel’s words impose on pedagogy the implementation of new educational reforms, taking into account the changing expectations and needs of society.

School, as a social institution and the basic organizational unit of the educational system, is established for the upbringing and education of children and youth, as a community of teachers and students, it is a form of cultural transmission with the use of appropriate teaching and learning activities (Milerski & Śliwerski, 2000). A child/young person “must” find their place in this social institution, established to perform specific functions and tasks. The school period is a period of dynamic physical development as well as personality development, and its results are determined by the student’s health, physical and motor fitness, mental, emotional, and social development. Therefore, the school as an educational institution has the task of imparting knowledge about health. Hence, it seems obvious that the place of health education is at school. This is where the most important, earliest, and most effective stage of transformation around health should take place. The consequence of these actions will be taking control over their health through a conscious choice of pro-health behaviours, developing and improving life skills. Therefore, modern education is expected to be creative, critical thinking in solving new problems, considering health culture and health promotion. Therefore, it is not controversial that two key concepts: health and education complement each other. According to Barbara Woynarowska, education can affect health, health can affect education, and health and education are determined by the same factors (Woynarowska, 2022).

The attitudes and behaviours of the young generation in times of dynamic changes in the surrounding reality impose an urgent need to undertake educational and educational activities as an element of the process of socialization of the young generation. This is a task for the school as an educational institution in which education, care and upbringing should be permanently enriched with issues

related to health, its protection, strengthening and enhancing, i.e. the process of health education. The role of the school as an environment for acquiring and shaping health skills and competences appears along with the construction of the assumptions of the new core curricula of general education.

The aim of the article is to indicate the threats existing in the modern world for the biopsychosocial functioning of the adolescent generation in the context of global threats that determine the lifestyle. The observed situation requires taking corrective, compensatory/assistance, and educational/promotional measures, in which school health education plays a key role, in which teachers competent in the subject matter must be implemented. Considering the limited scope of this article, based on the analysis of the literature on the subject and available research, selected (and thus, in my opinion, priority) health threats in the global aspect are presented, with an indication of the need to act for good biopsychosocial fitness in a dynamically changing social reality.

THREATS TO THE HEALTH AND DEVELOPMENT OF THE MODERN GENERATION

Globalization and the accompanying consumption are characterized by the intensity and scope of the changes that are taking place, which apply to virtually all aspects of life, urging people to change their lifestyle, determine health, and increase the incidence of civilization and environmental diseases. The ongoing changes and the everyday threats associated with them also affected children and youth. Regardless of the ability to quickly assimilate to new challenges, constant rush, multitude and variety of stimuli, permanent stress affects the health and development of the young generation.

March 2020 and the COVID-19 pandemic affected all areas of social life, including the education system. Fear of getting sick, death or economic crisis aroused anxiety among the society. The pandemic and mandatory quarantine determined the health of children and teenagers, intensifying already existing or generating new health problems, such as: mood disorders and depression, anxiety, self-mutilation, suicidal thoughts, reaching for alcohol and other psychoactive substances. The transition to remote learning, with virtually no preparation time, has become a source of many challenges for teachers, students and parents.

By examining the adaptation to social conditions during quarantine, remote education and the assessment of subjective well-being, it was diagnosed that both students, parents and teachers' mental and physical well-being were worse compared to the time before the pandemic. About 10% of the surveyed youth showed clear symptoms of depression: 9% of them felt sad all the time, 10% felt lonely and depressed, and 9% of young people admitted that they wanted to cry all the time. Feelings of sadness, depression, loneliness, or the urge to cry were

much less common among teachers and parents than among students (3–6% for teachers and 1–2% for parents). 28% of the surveyed students declared that they used social networks very often or often during online classes, played games, browsed the Internet for private purposes or wrote to someone unrelated to the lessons. A similar percentage of surveyed students (28%) admitted that they used a smartphone very often or often during e-lessons for purposes unrelated to learning. Almost every fifth student and teacher declared psychosomatic problems, such as abdominal pain, headaches, difficulty falling asleep, nervousness, depression, bad mood, lack of energy. Both students, parents and teachers declared clear symptoms of digital media abuse (Pyżalski et al., 2020). 57% of children aged 7–12 increased the time spent in front of a computer screen, and it was not an activity related to online learning, but entertainment or other pleasures (Lange, 2021). This permanent availability of virtual reality leads to uncontrolled, addictive use of mass media, deepening and intensifying the phenomenon of cyberaddiction with the use of the Internet, which results in consequences for the bio-psycho-social functioning and lifestyle of the young generation. Growing up in the face of new technologies is characterized by a different, new quality that can be considered both in the face of opportunities and threats to development and health.

For proper development and health, physical activity is essential as a basic biological need and an essential component of a health-promoting lifestyle. The COVID-19 pandemic has caused negative changes in physical activity in children and adolescents. The lack of physical education classes, closed sports clubs, swimming pools, and a reduction in spontaneous and much-needed peer contact have intensified sedentary lifestyles. In view of the changes in the younger generation lifestyle, it is not difficult to overlook the changes associated with inappropriate behaviour and eating habits, overconsumption, with subsequent eating disorders, overweight and obesity. Obesity is recognised as a global epidemic of the 21st century, and in highly developed countries the increase in the proportion of people with this health problem is increasing at an alarming rate. According to the available Research Report on the “Health and Health Behaviours of Children Aged 8 During the COVID-19 Pandemic”, the number of overweight and obese 8-year-old children has increased from 32.2% in 2018 to 35.3% in 2021. According to the Mother and Child Institute, in the first year of the pandemic, as many as 23% of second-grade primary school pupils were more likely to eat sweets than before the pandemic and as many as 17% of eight-year-olds were more likely to reach for salty snacks. Thus, the number of children who were overweight or obese increased (Gov.pl, 2022). Overweight and obesity raises legitimate concerns about the impact of this threat on the health of the population. Difference in appearance, body shape, generates lowered self-esteem, social isolation, rejection by peers, depression, emotional difficulties with consequences

in social functioning later in life. Obesity is promoted by sedentary behaviour, which is characterised by immobility or low intensity of movement.

In summary, the COVID-19 pandemic has changed the lifestyle of society including children and adolescents. The prevailing sedentary lifestyle, accompanied by inadequate dietary habits and lack of adequate digital hygiene, pose a challenge for preventive, corrective and educational measures with a special role for health education.

SCHOOL AND TEACHER IN A NEW EDUCATIONAL SPACE

When looking for the school-education-health relationship, one should refer to the postulate of Marcin Kacprzak, who in the 1950s said: “Students should leave school healthier than they came to it” (Wojnarowska, 2010, p. 233). This postulate imposes on the school, in addition to strictly educational activities, activities aimed at protecting and multiplying the potential of health. It is the creation of such conditions for learning and working at school that are conducive to bio-psycho-social well-being, considering the content/issues devoted to health, its protection, strengthening, and intensification, which is what health education is supposed to serve (Dworak, 2020). Health education does not have a universal, one-size-fits-all definition. The available definitions depend on the scientific discipline and the population to which it is addressed in practice. As Demel wrote, “health education is an integral part of shaping a full personality” (Demel, 1968, p. 55). The definition of health education used in the work on the core curriculum of general education is Wojnarowska’s concept. Health education is a didactic and educational process in which children and youth learn how to live in order to maintain and improve their own and others’ health, and in the case of illness or disability, actively participate in its treatment (Wojnarowska, 2012).

Attempts to include health education in the school curriculum have a tradition. In the 1990s, due to the development of the health promoting schools movement, progress was made in the status of health education in schools. In 1997, for the first time in the history of education in Poland, health education was included in the core curricula of all types of schools, and in 1999, as a result of the structural and curriculum reform of the education system, the educational path “pro-health education” was introduced, which was abandoned in 2008, recognizing that health education will be implemented during biology and physical education classes (Wojnarowska, 2017). In educational circles, there has been a discourse on the right model of health education at school for years. Despite many efforts, it has not been given a separate subject, and the adopted model is the content included in many subjects with physical education as the leading subject. The implementation of the core curriculum was not accompanied by the preparation of teachers in the field of health education, they do not receive support in the implementation of the

new task. Hence, the postulate that health education should become a separate subject has been valid for many years.

Paweł Nowak publishes the attitudes of physical education teachers towards health education in his research. According to the research conducted by the author, 1,102 surveyed teachers showed a positive attitude towards health education, but they were characterized by a “pro-sport orientation of physical education”. The respondents also pointed to the insufficient supervision of the school management over the implementation of health education, the need to improve physical culture teachers in the field of health education methodology, as well as the discrepancy between school theory and practice. Therefore, according to the author, “a new look at didactics of physical education is needed, which should take into account the greater intellectualization of this process” (Nowak, 2021, pp. 191–192).

Health education is an important task of the school, and the school set of curricula as well as the school’s educational and preventive program should form a coherent holistic whole, considering all the requirements described in the core curriculum. Their preparation and implementation are the task of both the whole school and each teacher.

The teacher, who is at the centre of school health education, creates specific patterns of behaviour and becomes a health educator. In order to properly perform the role of a health educator, he must have competences, understood as knowledge and skills, allowing him to effectively fulfil the entrusted tasks. When talking about the teacher’s competences, specialist, didactic and psychological competences should be mentioned, which determine the increase in motivation to work and taking actions that bring the intended effects (Hamer, 1994).

The teacher’s readiness to implement health education at school is conditioned, among others, by: the level of competences acquired in this area, which result from the acquired education, including the ability to construct health education programs, awareness of the value of available educational programs and the ability to select the methods and means used (Lewicki, 2006). The task of the teacher-educator is not only to introduce the student to the world of health culture, but he should also actively participate in it, creating a model that is the foundation of his authority, inspiring both himself and the students to take action to shape health-promoting attitudes (Kijo, 2010).

In view of the ongoing changes, there is a need for teachers, tutors, and pedagogues to acquire competences to achieve health-related goals. This fact imposes on institutions and universities preparing for the profession the obligation to develop programs and implement them in the educational practice of teachers, so that their educational activity towards the young generation would consider all activities for health.

As Marian Niezgodą (2005) aptly states, teachers have always been educated people with general and specialised knowledge, which in local environments

distinguished them in the community. The sources of teachers' qualifications and competences in the field of health education are both basic studies, postgraduate studies, specialised methodical workshops, methodical conferences dedicated to health education or self-education with the use of available magazines or television programmes (Lewicki 2006).

The modern school presents several challenges to the teacher. The ability to cope with a dynamically changing environment among young people and successive generations, requires flexibility, focused on the needs of the learner, quick adaptation to new conditions, understanding of the changes taking place in society. The ongoing social transformations impose certain requirements on teachers, placing them in a new, ever-changing situation, affecting the conditions, the content of their work and their health. Deficiencies in the implementation of school health education will result in schools graduating more pupils with low levels of health literacy and low health literacy skills.

CONCLUSIONS

Observation of the attitudes and behaviour of the young generation, as well as rapid and accelerating changes in the surrounding reality, have become an inspiration and an urgent need to undertake upbringing and educational activities as an element of the process of socialization of the young generation, in which, apart from the family, the school and the pedagogue must be present.

In addition to the proper social climate of the school, it is necessary to create a physical environment that would serve the needs of all pupils, students, and the entire school community. Health needs, motives and attitudes change throughout an individual's life. They are based on the laws of physical, mental, and social development, determining the course of the health education process (Demel, 1968). Therefore, it is worth looking at modern health education from a broader perspective, through the prism of the dynamically changing social and cultural reality that determines the health and everyday life of the young generation.

Health education should endow the young generation with the skills to assess the risk of their actions and make the right choices. Therefore, a systemic solution in the form of a separate subject called "health education" would be desirable. Reliable, systematic and adequate to current needs and problems implementation of content supplemented with preventive and educational programs, taking into account issues related to health promotion and prevention of disorders/diseases, would evaluate with an increase in health knowledge and awareness in a health-promoting direction.

In view of the – one could say – unfavourable health situation of school children and adolescents, it is the teacher who is expected to have knowledge and competence in health promotion. It becomes necessary to prepare teachers both formally, legally,

and ethically to assess the health risks of pupils/youth. In conclusion, there is an urgent need to include, on a permanent basis, in the process of shaping the health of society representatives of not only medical but also non-medical professions, including representatives of the educational environment responsible for shaping the educational space and content in which the young generation is/should be equipped.

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ABSTRAKT

Post-transformacyjne pokolenie XXI w. żyje w świecie gwałtownych zmian społecznych, ekonomicznych i kulturowych, których dynamika nie pozostaje bez wpływu na ich rozwój i zdrowie. Świat wokół nas intensywnie się zmienia, a szkoła, jaką znamy, odchodzi w przeszłość. Konsekwencją dokonujących się przeobrażeń są trudności w adaptacji młodego pokolenia do wciąż zmieniającej się, niestabilnej rzeczywistości. Gwałtowne i przyspieszające przemiany wskazują na potrzebę podejmowania działań wychowawczo-edukacyjnych jako elementu procesu socjalizacji młodego pokolenia. Szkoła jako środowisko edukacyjne jest miejscem, w którym rozwijają się i utrwalają zarówno kulturowe, jak i zdrowotne wzorce zachowań, a promowanie zdrowia stanowi nadrzędny cel. Obecne stulecie zainicjowało „nowe” myślenie edukacyjne, którego celem jest zmiana zachowania indywidualnego i działania społecznego. Osiągnięcie dobrostanu we wszystkich obszarach funkcjonowania społeczeństwa wymaga świadomego działania służącego zwiększeniu potencjału zdrowia i jego postrzegania – w wymiarze deklaratywnym i praktycznym – jako priorytetowej wartości. Wyzwaniem dla współczesnego systemu edukacji jest wykształcenie umiejętności dokonywania wyborów sprzyjających zdrowiu. To zadanie dla edukacji zdrowotnej, która powinna stać się ważnym zadaniem szkoły i znajdującego się w centrum szkolnej edukacji zdrowotnej nauczyciela.

Słowa kluczowe: szkoła; zdrowie; nauczyciel; edukacja zdrowotna