

## HEALTH PROMOTION AND THE EDUCATION SYSTEM

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**Abstract.** *Rapid economic, social, demographic, technological and communication developments in developed countries in recent decades have resulted in the emergence of new threats and health problems for people of all ages. It was necessary to search for new strategies in the protection of population's health, as the existing health problems have been overlapped by new ones. This article deals with issues related to health education, which is an integral part of health promotion. For representatives of various scientific disciplines, it will never lose its relevance, as health care is a kind of investment in building the well-being of the whole society and an important economic criterion.*

**Keywords:** *education system, health, health education, health promotion, health threats.*

### Introduction

Teaching people how to behave in order to avoid diseases and keep the health of has accompanied mankind from the earliest times. Health has been defined for 2,000 years. In European medicine, it began with its "father" Hippocrates. It probably belongs to the ambiguous concepts and every person can understand health in his own way. It is a positive category associated with good quality of life, life energy, physical fitness, development and the ability to live actively. Living is a synonym of well-being, which in WHO's definition of health means a physical, social and mental "alienated state of full health". In all societies and cultures, health is treated as a good and desirable condition for every human being and society.

Results of research carried out by CBOS (Center for Public Opinion Research) in April 2017 on representative groups of adults indicate that the system of Poles' values is quite stable and health has been highly appreciated for many years (CBOS, 2017).

In many international documents published in recent decades addressed to the governments of all states, it is stressed that health is a resource for every human being and a society.

Personal responsibility for health means that a person has a duty to take care of their health and bears moral responsibility for making choices related to their health. This applies first of all to the choice of lifestyle, because irregularities in this area are the cause of many diseases, which implies a burden on relatives or society. According to the CBOS research, the views of Poles on the subject of responsibility for health protection - stable so far - have clearly changed in recent years. Although the conviction that the responsibility to protect health rests mainly on ourselves - we have to take care of our own health (55% of respondents consider it now), but since the last measurement (in 2012), the percentage of opinions that the state and its appropriate authorities should care for citizens' health (an increase from 20% to 41%) (CBOS, 2016).

Social responsibility for health has been understood as providing people with access to medical care and treatment until recently.

Nowadays, this responsibility is associated with activities in the field of disease prevention and health promotion, such as e.g. sanitary control, air pollution, ensuring food safety, preventing the use of psychoactive substances, proper city planning, transport, taking care of health in the workplace or health education (Resnik, 2007).

### **Health education**

Health education has a long tradition and it grew out of medical science, mainly hygiene and social medicine, and the leading role was played by doctors until the 1970s. The change in approach to health and factors conditioning them, and especially the development of health promotion has caused significant changes in the concept of health education.

There is no universal, commonly accepted definition of health education, but for practical purposes, it can be assumed that health education is a planned, diverse activity for maintaining, improving and strengthening one's own health and other people's as well.

The most characteristic changes include:

- holistic approach to health, with a clear emphasis on psychosocial health,
- de-medicalization of health education and involvement in its programming and implementation of representatives of social sciences,
- shifting the accents from the transfer of knowledge to shaping health skills (including life skills - psychosocial skills (Woynarowska, 2001) and competence to action (Jensen, 1994),
- transferring accents from teaching to learning.

Health education is an inseparable, complementary element of health promotion and consists its roots. According to K. Tones and J. Green in the

medical model of health promotion persuasion dominated - urging people to specific behaviours to prevent disease. The model of health promotion aimed at empowering the function of health education is to strengthen people's ability to act for their health and to create conditions in which people learn (and are not taught) about health and disease. The second important function of modern health education is to influence policy-makers because they create public policy and a health-supportive environment.

Health education is an important element of corrective actions, disease prevention and health promotion. The activity of a person in the process of treating diseases increases with knowledge, willingness and understanding. The rapid economic, social, demographic changes, the development of new technologies, communication that has taken place in recent decades have caused the emergence of new threats and health problems of people in all age groups in developed countries. Changes concerning diseases and illnesses occurring in contemporary societies influenced the need to educate people who are ill and to include them in the treatment process (Falvo, 2004). Longer life and aging of the population, dominance of chronic diseases, access to information related to treatment have become the right of every patient to create a space for education.

The goals and expected effects of health education are compatible with health models, with factors determining health, and involvement in health education programs of representatives of social sciences.

In order to achieve a significant improvement in the health of modern societies, multidirectional activities are necessary, which are not limited to treatment methods.

Thus, health promotion, disease prevention and education can be available to everyone. Their costs are borne by the state or local governments.

### **Health promotion and the education system**

In Poland, the systematic development of the idea of health education and health promotion began in the mid-nineties. Health promotion programs are very strongly related to the social environment (system). According to R. Grossmann and K. Scala, *health promotion is an art of intervening in social systems and encouraging them to develop towards healthy environments* (Grossmann & Scala, 1997). These authors emphasize that there is no separate system for health in society (traditional health care is focused on disease) and health should enter every social system. Therefore, the key issue in health promotion is *the setting approach*. The WHO defines a habitat as a place where people live, work and enjoys various benefits. In health promotion, the habitat is a social system (as a whole) that changes to improve and promote the health of all its members.

Education is one of the social systems important for the health of society. Health (understood holistically) should find a place in the politics, tasks and organization of the whole educational system at its various levels. So far, health promotion has found the entry point to the education system at the lowest level of the education system - in schools promoting health. The "Health promoting school" project implemented in 1992-1995 launched a grassroots movement in Poland that adopted the concept and model of creating such a school developed in this project (Woynarowska & Sokołowska, 2000). This movement, despite various difficulties, is still developing. At present, voivodship schools networks promoting health exist in 15 voivodships and include about 1200 schools and kindergartens.

Are physical education teachers interested in creating a health promoting school?

There is no research so far that would provide objective data to answer this question. Observations and own experiences indicate that in most schools physical education teachers do not play a significant role in this area. It should be emphasized that in the teaching standards for master's studies (Annex No. 7 to the Ordinance of the Minister of National Education and Sport, 2003) only in the field of "physical education" in the program content of the subject "health education and environmental protection" a health promoting school was mentioned.

It is widely believed that school health education is an important investment in the health of society and should be part of the health policy of each country. This conviction, however, does not translate into practical measures and in most countries, policy-makers do not treat health education as an important task for the school. At the same time, they represent a traditional approach, identifying health education with knowledge about human somatic hygiene and health. This approach is very distant from the modern thinking described above about health education.

In recent years there have been extremely favourable changes in this area in Poland, which seems to be the result of the development of the movement of schools promoting health. In 1997, for the first time in the history of education in Poland, health education appeared in the core curriculum of general education. In subsequent changes of these foundations in 1999 and 2002, it was maintained as a "health education" educational path in all types of schools (Woynarowska & Sokołowska, 2001). Such location of health education as a cross-curricular program is a common solution in Europe. The Health Promoting School program is being developed in Poland as part of the European Health Promoting School, established in 1992 (from January 1, 2008 - European School of Health in Europe - SHE), as a result of the WHO / EURO agreement, the Council of Europe and the European Commission. Poland became a member of this network in the group of the first seven countries. The program started with a three-year

international pilot project (1992-1995), which was the beginning of grassroots activities of schools, in accordance with the strategy developed in the so-called design schools and networking of these schools at different levels. Activities related to the development and dissemination in Poland of the idea of the Health Promoting School were based on cooperation and support from the ministries of health and education. To ensure further development of the program and the continuation of Poland's affiliation to the European School of Health in Europe, on November 23, 2009, a cooperation agreement was signed between the Minister of National Education, the Minister of Health and the Minister of Sport and Tourism on the promotion of health and prevention of children and youth.

The agreement provides, inter alia: ensuring synergy of activities in the field of health promotion and prevention of children and youth, which are implemented by the parties to the agreement in schools and facilities and in the local environment, including taking action to implement health promotion programs, e.g. School for European Health program.

Currently, there are over 2,000 schools in the network of health promoting schools in all voivodship in Poland. Health-promoting schools plan their work and take action on the basis of five standards of health promoting school:

- Help the school community members (including parents) to understand and accept the concept of a health promoting school,
- Manage health promotion projects,
- Conduct health education of students and employees and strive to increase its quality and effectiveness,
- Create a social climate conducive to: satisfaction with learning and working at school, achieving successes and strengthening the self-esteem of students and employees,
- Create a physical environment conducive to health, safety and well-being of students and employees. Currently 104 schools in Poland belong to the national network. It is an honor for the school and at the same time a commitment to create and disseminate activities aimed at promoting health in its region and to share its experiences with other schools in Poland (MEN, 2018).

## **Conclusion**

The health condition of the population in the modern world is an important determinant of well-being and multidimensional development of every society. In times of broadly understood changes, a fast pace of life, health is still the highest value for every human being. Addressees of all educational programs and activities promoting health are therefore different target groups, highlighted,

among others due to sex, age, education, environment in which they live, the type of work performed or the nature of health problems.

### Summary

It is undeniable that health and education are strongly related. Everyone is responsible for their own health, so they should get information about what harms their health and what helps in maintaining it. Developing knowledge in the field of a holistic health model (physical, mental, emotional, social, spiritual and sexual health), health education as a process lasting throughout life and concerning all people, as well as key skills and competences in developing pro-health attitudes in specific areas (healthy nutrition, physical activity, psychosocial skills, prevention) and environments, promoting a healthy lifestyle and effective implementation of tasks in the area of health promotion, contributes not only to caring for their own and other health but also to co-create.

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