EDUCATION TOWARDS HEALTH ON THE WAY FROM THE FRAMEWORK EDUCATION PROGRAMME TOWARDS ITS REALIZATION IN SCHOOL PRACTICE

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Abstract: The contribution opens current issues related to preparation of school curriculum during the implementation of goals defined in the Framework Education Programme in the field of health promotion. It is based on didactic analysis of pedagogical documents and on long-term examination of educational reality in the field. It gathers problems accompanying the integration of health education area into school programs and suggests possible solutions. Facing a new stage of school transformation a key question arises: Are the new educational programs at schools well-prepared and bringing planned outcomes in health promotion? Are the teachers accordingly trained and how?

Key words: health education, curriculum, school educational programs

1 Education towards Health in the Framework Education Programmes

The Framework Education Programmes bring a number of changes in basic schools on several levels. They define essentials of educational content which must be adopted by certain type and level of schools. Newly they set aims of primary and secondary education. Through its conception they make schools develop pupils’ competencies in the way that pupils should be able to use the skills in specific situations. For individual fields, including education towards health, expected outcomes of educational process are specified and overall approach towards educational content is supported.

Health issues are present in the Framework Education Programme for Basic Education (FEP BE) on several levels (1). General part of the document describes health as one of the key aims of basic education. It means that education towards health doesn’t
concern only some teachers, on the contrary health ought to be treated as subject of support and protection on the school level. Considering that new approaches towards education provide school director and teachers with more decision-making authority in education issues in their school, it shouldn’t be an obstacle to develop positive school environment and health promotion. A precondition of success is understanding the school aim: “to lead pupils to actively develop and protect their physical, emotional and social well-being and make them feel responsible for it” by all school employees.

(2) In order to achieve the planned education outcomes, team work of all teachers, creating school educational programme, is required. If they find appropriate strategies to integrate health into school curriculum, there is a real chance that the intention mentioned above will be achieved.

2 Health and school curriculum

In quest of ensuring efficiency in education, there is often neglected the fact that health is essential part of conditions for conducting the school education programme. Health promotion includes respecting pupils’ needs, providing optimal space and material background, observing hygiene and security regulation, creating positive classroom environment, etc. During the initial and continuous analysis of school work it is necessary to contemplate, which aspects of school environment support and which do not support pupils’ health, what could be improved to support health of pupils and teachers, what could be changed in education and in organization of school life and how the team of teachers can contribute to all this. Furthermore, any form of integrating and educating pupils with special educational needs has a substantial health “dimension”, which should be taken into account and solved in the preparatory part of FEP BE.

The analysis of the content part of FEP BE implies that education towards health deserves specialized teaching as an independent school subject or possibly appropriate integration into another subject. Unfortunately, the recommendation about minimal teaching-hour quota for education towards health (2 hours a week for the period of 4 years) is insufficient and cannot meet the requirements defined in curriculum. Considering that health is a part of multi-section themes, teachers of all subjects are supposed to respect school strategy of health promotion and contemplate possibilities of integrating health issues into their classes.

Currently basic schools are entering the stage of gradual education transformation according to school education programmes. As regards achieving the aims of “Health 21” (3) we can be satisfied. The analysis mentioned above reveals that framework education programme offered schools a broad range of possibilities to elaborate outcomes related to health promotion. This begs the questions: How have schools seized the opportunity? Has the intention to support and protect health been reflected in the school programmes in order to achieve the planned outcomes?

Unfortunately, published outcomes of the school analysis in the field of education towards health don’t show satisfactory findings. Mrs. L. Mužíková (4) drew attention towards underestimation of the educational field by school directors. Based on current attitudes of teachers towards health promotion, there was repeatedly emphasized necessity to provide specialist and methodically erudite teachers (5), (6). It proves that win-
ning strategy consists in motivated teachers who have experience and specialist knowledge about health issues and who are able to gain support of other teachers in the team. Unfortunately, such schools are rare. Therefore justified worries appear that a number of schools owe a lot to their pupils in this important field. Will the current (not very optimistic) situation change when newly graduate teachers come to schools?

3 Attitudes of future teachers towards school programs of health promotion

Preparing accreditation of new study specialization Teaching Education towards Health in 2006, a research was conducted at Charles University in Prague-Pedagogical Faculty exploring health literacy of future teachers and their attitudes towards health promotion programs in schools.

Examined sample of respondents consisted of students of various specializations, all in their 4th year of master study programs of secondary school teaching. Intentionally there were addressed not only family education students dealing with specialist and didactic issues of healthy lifestyle within their studies on a daily basis. Considering that health is generally highly valued, we assumed that all respondents are interested in health and that future teachers are willing to thing about possible ways of healthy lifestyle promotion through their school subject. The survey method was questionnaire including closed and open questions. In evaluation 130 pieces of questionnaire were elaborated. In this treatise evaluation of a few key questionnaire points are presented.

Graph 1 shows that the most common information source for students are magazines, parents and friends. Often mentioned answer comments were as follows:

- Health is a current topic, one can find information everywhere.
One cannot avoid information about health in media. One can find discrepancies in information from different sources. It is problematic not to lose orientation in all the information. How to recognize, which sources are reliable.

It is necessary to point out that fifteen respondents expressed lack of interest in health issues. Therefore the initial hypothesis of young people’s general interest in health issues failed.

**Graph 2 Which health-related topics are you interested in?**

<table>
<thead>
<tr>
<th>Topic</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personality development, mental hygiene</td>
<td>79%</td>
</tr>
<tr>
<td>Family, parenthood, care for children</td>
<td>24%</td>
</tr>
<tr>
<td>Illness prevention, hygiene</td>
<td>36%</td>
</tr>
<tr>
<td>Healthy nutrition</td>
<td>84%</td>
</tr>
<tr>
<td>Relationships, sexuality</td>
<td>32%</td>
</tr>
<tr>
<td>Drugs and drug prevention</td>
<td>36%</td>
</tr>
<tr>
<td>Personal safety, injury prevention</td>
<td>16%</td>
</tr>
<tr>
<td>No interest in the topics mentioned</td>
<td>15%</td>
</tr>
</tbody>
</table>

The students are most interested in healthy nutrition and possibilities of personality development through mental hygiene principles (graph 2). They don’t fully understand importance of personal safety vs. injury prevention.

One of the most interesting findings is answer to the question, whether the respondents will integrate topics of health promotion into their classes and why (graph 3).

**Graph 3 Will you integrate the health promotion issues into your classes?**

- Yes (78)
- No (52)
The research proved that in private life most of the students do understand the importance of health. However, they don’t connect their future teaching activities with protection and promotion of pupils’ health.

Why don’t you become involved in health promotion?

◆ It is not related to my field (history, Czech l., arts, music)
◆ It cannot be integrated into arts
◆ It has nothing to do with teaching languages
◆ It has nothing to do with teaching history
◆ Health promotion in teaching music doesn’t make sense
◆ I want to teach languages at high school, not raise the pupils
◆ Health issues should be discussed in other school subjects
◆ I am not interested in such topics
◆ It would be difficult and pointless

Apparently, authors of the statements above didn’t think about planned interconnection of educational contents and they were not lead to search for relations between their specialization and everyday life needs, which the pupils should be prepared for.

4 Conclusion

The research, outcomes of which are presented here, reflects problems remaining from the past in pre-gradual teacher training, which currently fails to flexibly follow needs of schools in its transformation period.

On the one hand it is possible to find a solution in increasing health literacy of all future teachers (in university courses of general teacher training), on the other hand in enhancing pedagogical and specialized didactic readiness of graduates (e.g. by means of developing skills to participate in creating and realizing school projects promoting health). In concrete terms, it is recommended:

• to provide students with specialist information about health and about its protection,
• to make it easier to understand media information,
• to motivate oneself and others to health protection,
• to teach first aid principles.

As far as pedagogical and specialist-didactic training is concerned, it is necessary:
• to lead students to responsibility for their pupils’ health,
• to enable students to fully understand intentions of school in transformation period (education towards health is included in school education programmes),
• to overcome “excessive attention” paid to own specialization and view teaching in broader context.

Trying to achieve an overall school transformation, which would support healthy lifestyle in everyday life, we shouldn’t forget that teachers are the main success agents.
Therefore, especially pedagogical faculties should draw sufficient attention to teacher training in the field of health promotion and protection.

**Literature:**


**VÝCHOVA KE ZDRAVÍ NA CESTĚ OD RÁMCOVÉHO VZDĚLÁVACÍHO PROGRAMU K REALIZACI VE ŠKOLNÍ PRAXI**

**Souhrn:** Přispěvek otevírá aktuální otázky spojené s přípravou školního kurikula při implementaci cílů vymezených rámcovými vzdělávacími programy v oblasti podpory zdraví. Vychází z didaktické analýzy pedagogické dokumentace a z dlouhodobého sledování edukační reality v dané oblasti. Shrnuje problémy, které začleňování obsahu vzdělávacího oboru Výchova ke zdraví do školních programů provázely, předkládá návrhy na možná řešení. Před vykročením do nové etapy proměny školy kladu zásadní otázku: Jsou nové vzdělávací programy ve školách připraveny tak, aby jejich realizace přinesla skutečné očekávané výstupy i v oblasti podpory zdraví? Jak na toto vykročení připravujeme učitele?

**Klíčová slova:** výchova ke zdraví, kurikulum, školní vzdělávací program