

## MONITORING THE LIFE-STYLE OF PRIMARY SCHOOL TEACHERS

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**Abstract:** *The paper discusses the teacher's profession as a contact-based, socio-interactive, demanding, and socially undervalued profession. The author analyzes the current structure and content of the life-style of primary school teachers in terms of health-oriented recommendations. The factors limiting the saturation of health determinants of the primary school teachers' life-style are specified. Furthermore, the paper deals with the level of health-oriented information available to teachers. Finally, the tenets conditioning the achievement of the desired health competence as an integral part of the teacher's profession are outlined.*

**Keywords:** *health, healthy life-style, education to health, teacher, profession, teacher's competence*

### **Introduction:**

Life-style as a multidimensional phenomenon results from developing and fixing a relatively stable structure and content of physical and mental activities of a man that can be characterized by means of specific life-conditions (accommodation standard, availability of education, organization of free time, feeling of safety, etc.) as well as by health-care. Life-style implies a well-balanced intentional manifestation of conditions and the way of life appropriately saturating the needs and interests of an individual.

By taking into account life-style in its complexity and the dynamic nature of all areas of human life we wish to emphasize the role of health. Its essence and its significance are crucial to the quality of all aspects of human life. No doubt, health is the fundamental source and precondition of an adequate quality of all aspects of human personality. What matters is an optimal function of all life manifestations characterized by the absence of subjective or objective problems. Within the accepted holistic approach, health means a complex bio-psychical and socio-cultural quality reflecting human nature as an indivisible and integrated whole that positively responds to the needs, changes and challenges of human life. From this point of view, healthy life-style is the determining factor for the development of human personality, and guarantees the generation and

successful implementation of all competences required for diverse human activities . Given a generally accepted idea according to which the structure of regulatory health mechanisms is dominated by individual behavior, the development, stabilization and interiorization of the healthy life-style tenets are the task of comprehensive education, including the family and school education.

The existing heterogeneity of family education does not guarantee the development of a value system attributing appropriate significance to health and healthy life-style. By implication, it is school that is expected to guarantee the quantity and the quality in the process of education to health as a systematic and intentional activity. School, and especially, primary school has its indispensable informative and formative capacity, mainly in terms of the structure and the stabilization of desired attitudes and a positive value orientation. As with any other education strategy, an effective health-related education at school is conditioned by an effective teacher. Both pre- and postgradual teacher education forms presuppose a system of relevant competences, including the health-prevention competence. It is postulated that each teacher can – by systematic pro-health interventions – generate a system of attitudes and values in which the healthy life-style plays a central role. The teachers should be able to develop and implement education procedures correlating with health. In addition, they should respect one's personality as a key principle. Spilková (2003) aptly notes that the teacher is first of all a facilitator of a pupil's development and learning; (s)he is a person who motivates, inspires, provides competences, supports self-confidence, and establishes the conditions necessary for maximal achievements of pupils. There is no universal principle controlling the success of teacher's profession, one that could be applied in any education process and in any socio-educational area (Žilínek, 2001). Given the formative sensitivity of the particular ontogenetic stage, a primary school teacher's position in this open space is unique. Effective use of this position requires that the teacher promote a value hierarchy (in addition to his/her professional expertise) in which health is an important part of the quality of life, and that his/her behavior become a positive model which respects the healthy life-style principles. The professiongram of an effective teacher should reflect multifarious universal competences, including health-prevention competences which can be applied to both education and life in general. For this reason, we wish to put emphasis on a high-level communication and empathy, emotionalization and enthusiasm, promotion of purposeful activities and vitality in students, the ability to modify educational strategies according to a specific situation, and positive motivation.

## **Research objectives:**

The teacher's profession as a contact-based, socio-interactive, demanding profession presupposes a professional and personal capacity significantly determined by life-style. The effectiveness of teacher's pro-health activities depends on a positive life-strategy and responsibility to one's own health.

The knowledge, analysis and evaluation of an actual structure and content of the primary school teacher life style is an important intervention device for designing both the pre-gradual and post-gradual education in the process of generating the health-prevention competence.

## Research tasks:

1. Identification of nutrition habits, motion activities, ways of spending free time, and the level of drug consumption (alcohol, tobacco) in primary school teachers.
2. Analysis of the data in terms of the current recommendations for and tenets of healthy life-style.
3. Evaluation of the results and specification of recommendations for an effective development and stabilization of health-prevention competence within the pre-gradual training of future primary school teachers.

## Research sample and research methods:

The information relevance is conditioned by a representative sample of informants. The informants (n=268) were extramural students attending the *Preschool and elementary pedagogics* at Pedagogical Faculty, Prešov University in Prešov. The informants also work as teachers at primary schools (20-45 years of age). Only 19 out of 268 informants were male ones. Consequently, no gender comparison was made. We did not evaluate the data in terms of age or the length of teaching practice either. What mattered in our research was the current life-style situation and trends in primary school teachers. Emphasis was laid on specific features and on recommendations to be integrated in the system of health-prevention inputs in the process of teacher training.

Our research was based on a questionnaire whose content and formal parameters were verified before the research proper. The questionnaire consisted of 28 items, including both alternative and free types of answer. The informants gave their standpoints to selected issues, such as nutrition, motion, free time, drugs. We examined individual knowledge, attitudes to one's individual life-style, value preferences in terms of health-oriented recommendations, and one's way of life. The items were structured into the stimulation and the response parts. The research was undertaken during the academic year of 2007/2008. The data was processed by means of relevant mathematical characteristics and by a logical-pedagogical analysis.

## Data interpretation:

Let us mention some of the observations identifying unfavorable trends in the field under research:

### *Nutrition habits:*

- irregular nutrition system (no breakfast – 56 %);
- preference for pork (72 %);
- irregular and insufficient consumption of vegetable and fruit (twice a week – 57 %, regular consumption of synthetic vitamins – 37 %);
- low consumption of fish (once a week – 94 %);
- poultry (once a week – 62 %);
- inadequate drinking routine (drinking liquids as a response to thirst, overconsumption of coffee during working hours – two cups of coffee – 81 %);

- no lunch (42 %);
- low consumption of milk and dairy products (daily – 27 %), inappropriate structure of dairy products;
- decreasing attendance of school canteens (only 31 %).

Research into the health situation of Slovak population in the last two decades has indicated increased occurrence of diseases which are mainly due to inadequate dietary habits – obesity, diabetes, arteriosclerosis, osteoporosis, tumors. Nutrition is characterized by an inappropriate structure of consumed foodstuff, especially an extremely high proportion of meat and confectionary. The proportion of milk and dairy products has decreased, and the same is true of the consumption of fish, beans, whole-grain cereals, vegetable and fruit. The nutrition of Slovak population is far from being well-balanced; the regularity, temperance, diversity, the no-time-pressure principle, and the food quantity and quality control principles are not observed. It should be stressed that the quantitative and the qualitative structure as well as the content of nutrition are indicators of a somatic and metabolic balance of human organism. In this respect, our observations correspond with several unfavorable social parameters (for example, Kajaba, 2000; Šimončič, 2000; Malovič, 2003; Jurkovičová, 2005).

*Motion activities:*

- recognition of motion as an indispensable health determinant (92 %);
- inappropriate subjective feeling of one's sufficient motion activities (76 % informants go in for sport under 30 minutes a day);
- low personal involvement (only 24 % informants go in for sport in a systematic way);
- reasons for the lack of sport activities in the decreasing frequency order – lack of free time, lack of finances, unfavorable conditions, health condition);
- types of sport activities in the decreasing frequency order – walks, hiking, bicycling, swimming, motion exercise programs;

Motion activities guarantee a harmonious interconnection and integration of the physical, mental, psychosocial, and cultural components. A systematic and adequate motion activity is a crucial health-affecting factor which cannot be substituted by any other activity. An adverse influence of the absence of habitual motion activities upon human organism has been unambiguously proved. Verbal acceptance of the importance of regular motion activities without any actual implementation in one's life-style has been a permanent problem of our population. Given the complex and demanding nature of the teacher's profession this negative situation is an imperative for the whole society.

Let us emphasize the health-prevention effect of motion activities as a means of both continuous adaptation to the ever-changing environment and conditions and effective prevention of health problems and psychosocial stress. In addition, motion activities offer a meaningful way of spending free time, support one's self-confidence, offer a way of self-realization, socialization and self-acceptance.

### *Free time:*

- subjective feeling of the lack of free time (77 %);
- excessive workload during working days (78 %);
- insufficient personal involvement (33 % – systematic organization of free time);
- free time activities in the decreasing frequency order – information-communication systems (TV, Internet), reading, meeting friends, sleep, cinema, theatre, music); a large number of informants mentioned house work (69 %).

Free time as a free time space after completion one's duties is one of the important factors which facilitate one's self-realization through activities reflecting one's needs and preferences. In general, the health-hygienic, formative-educational, preventive, compensating, stimulating, self-realizing, socializing, and also entertaining and communicating functions of free time have been identified. Unfortunately, this immense potential has not been projected onto actual activities and the subsequent behavioral habits. What mostly dominates is a passive way of spending free time, the related lack of activity, and the prevalingly hypokinetic way of life.

### *Drugs:*

- relevant information about the negative effects of smoking and alcohol consumption (100%);
- actual context which does not correspond with the level of information (52 % informants smoke at least five cigarettes a day, 49 % of them occasionally consume alcohol – mainly wine and beer);
- subjective feeling of fatigue – compensation by coffee;
- inability to cope with problems – use of medicaments (40 % – Paralen, Ibalgin Panadol, and also Defobin, Guajacuran.

The effectiveness of primary prevention depends on the available and actually applied competences, i.e., knowledge, skills, and capabilities in a particular field. The lack of balance between the verbal and the actual is alerting. We witness adverse trends drug consumption implying a decreasing educational authority of teachers, especially in relation to their non-cognitive competence.

## **Conclusions**

Healthy life-style is constituted by a range of factors conditioning an adequate development, maturation, functioning, and regeneration of human organ systems, the growth of human organism as a whole, a balance of the cognitive, affective, and psychomotor facets of human personality. The development, correction, and stabilization of healthy life-style must become an integral part of systematic education activities from early childhood because of their significant influence on the disease rate, physical sturdiness and motion performance, on working activities and creativity, on the length of one's active life, etc. Healthy life-style preconditions universal prevention of health-related and civilization-related problems. School as a part of the education system can substantially contribute to the development and stabilization of attitudes, values, and

behavior aimed at an active care of one's health. Education to health as an inherent part of a more comprehensive educational system should include systematic monitoring of the structure and the content of primary-school teacher life-style. The availability of relevant knowledge can contribute to an individual self-realization, self-evaluation, self-reflection, and subsequently to a positive change in some negative tendencies. As a result, this process can lead to the desired development of the cognitive, affective, and conative facets of a pupil's personality.

A teacher's professiongram should and must include a health-prevention competence. It implies the generation of the pre-gradual as well as post-gradual teacher training, including holistically conceived pro-health programs implemented within both general courses and special-purpose didactic courses (integrated curricula). At present, it includes the ability of teachers to master and make use of the information competences, to make use of mass media, to systematically search for and reasonably apply the available information sources, and to support the transfer of curriculum, to cooperate with one another, to compare and evaluate various education approaches, and also to apply the principles like altruism, tolerance, creativity, empathy, etc. It should be noted that the success of any and all prevention-oriented interventions concerning healthy life-style is preconditioned by an effective and active role of teacher who gives positive examples to pupils and who is able of personal and ethical self-reflection.

## MONITORING ŽIVOTNÉHO ŠTÝLU UČITEĽOV PRIMÁRNEJ ŠKOLY

**Abstrakt:** Štúdia prezentuje učiteľskú profesiu ako kontaktnú, sociointerakčnú, kompetenčne náročnú a pritom spoločensky nedocenenú. V kontexte uvedeného zisťuje a analyzuje aktuálnu štruktúru a obsah životného štýlu učiteľov primárnej školy v komparácii so zdravotnými odporúčaniami. Konkretizuje faktory limitujúce saturovanie determinantov zdravia v životnom štýle učiteľov primárnej školy, ich aktuálnu zdravotnú informovanosť a uvádza východiská dosiahnutia zodpovedajúcich zdravotných kompetencií ako súčasti profesiogramu učiteľa.

**Kľúčové slová:** Zdravie, zdravý životný štýl, výchova k zdraviu, učiteľ, profesiogram, kompetencie učiteľa.