

# THE CZECH PUBLIC'S OPINIONS ON THE REALIZATION OF HEALTH EDUCATION IN PRIMARY EDUCATION

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**Abstract:** *The research results reveal the opinions of Czech Republic citizens on the realization of the educational content of health education in primary education. The paper continues a similar research from 2007 concerning the opinions of the Czech population on the overall quality of health education in primary education.*

*The results were obtained by means of a representative sociological research into the issue of health and healthy lifestyle. The research was carried out in cooperation with the INRES –SONES agency towards the end of 2008.*

*The research involved 1795 respondents aged over 15 and was representative in terms of age, gender and regional citizenship of Czech Republic citizens.*

*The Czech public is positively in favour of teaching topics concerning health and healthy lifestyle. Most citizens prefer topics focusing on healthy diet and personal safety, however, they approve of other topics of the educational content of health education as well.*

*The obtained findings inspire recommendations for both teaching practice as well as teacher training. The findings are part of the School and Health for the 21<sup>st</sup> Century research plan.*

**Keywords:** *health, health education, healthy lifestyle, realization of the educational content, primary education*

## Introduction

Currently, a new concept of health education is being introduced within primary education in the Czech Republic. This innovated educational field should significantly contribute to enhancing health awareness and conscious behaviour in the Czech population. In this context, the term health literacy is often quoted (Holčík 2004). This literacy should become a precondition for healthy lifestyle, which reflects itself in the quality of life expressing the overall satisfaction with life and a general sense of personal well-being, psychic harmony and life satisfaction (more e.g. in Liba 2005).

The *Standard for Basic Education* (1995) represents a fundamental document of primary education and is in the centre of attention in this paper because it for the first time defined the educational field of health education in primary education as an individual subject, and classified it, together with physical education, within the *Healthy Lifestyle* educational area. The same document also determines existing *educational programmes for primary education*: the *Primary School* (1996), the *General Primary School* (1997) and the *National Primary School* (1997). The majority of Czech schools pursue the *Primary School* programme.

The above educational programmes are gradually being replaced by the *Framework Educational Programme for Basic* (i.e. primary and lower secondary) *Education* (FEP BE) (2005, 2007<sup>1</sup>), which represents a national curricular document and defines a general framework for individual educational stages. All schools are obliged to observe this document when creating their own *school educational programmes – SEP*; these serve as curricular documents at school level and are designed by each school according to its specific needs.

The term *curriculum* is perceived as a fundamental pedagogical category. In the broadest sense of the word, it is defined as a set of problems related to solving questions linked to expected effects of education; in the narrow sense of the word it is understood as a curricular document or as educational content (Maňák, Janík, Švec 2008). The term *health education curriculum* is therefore understood as the educational content of the educational field of health education.

The educational field of health education is within the *Framework Educational Programme for Basic Education* defined as follows:

“The educational field of Health Education provides pupils with fundamental information on the human body as related to preventative health measures. Pupils learn to actively promote and protect health in all its forms (social, emotional and physical) and to be responsible for their own state of health. In its educational content, this field is closely linked to the educational area of Humans and Their World. Pupils reinforce their hygienic, nutritional, work and other preventative healthcare habits, expand their ability to refuse harmful drugs, avoid injuries and deal with personal threats in everyday and emergency situations. They expand and deepen their knowledge of family, school, peer group, nature, humans and interpersonal relationships, and learn to see their activities through the prism of the health-related needs and prospects of a growing young individual and to make decisions beneficial to their health. In view of the individual and social dimension of health, the educational field of Health Education is closely linked with the cross-curricular subject of Personal and Social Education.” (FEP BE, 2005: 76)

## **On research into the health education curriculum**

Interdisciplinary research aimed at clarifying the position of health education in relation to other school subjects has been commenced only recently. So far, it has focu-

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<sup>1</sup> Up-dated version of the FEP BE.

sed on the projected form of the health education curriculum (Mužíková 2006, 2008) and the relation of health education to family education and physical education (e.g. Marádová 2005; Mužík, Mužíková 2007). What is more, the position which the individual topics such as the issues of lifestyle (Csémy et al. 2005), diet (Rouhová, Pillerová, Havelková 2001; Procházková 2006) social behaviour (Prokopová 2006), risky behaviour (Čech, Hanáková 2008) or health risks (Žaloudíková 2004) should occupy in the health education curriculum has also been discussed.

There have not been many research projects into the realized form of curriculum in the Czech Republic relevant in respect to the topic of this paper. Marádová (2007), who has been engaged in studies of this area for a relatively long time, carried out a questionnaire survey accompanied by interviews in 2004–2006. Its aim was to gain information about the implementation of health education in contemporary primary education from the lower and upper primary school teachers' perspective. The respondents' answers indicate that pupils are especially interested in family and sexual education, however, teachers tend to avoid this area and in the overall research evaluation it occupied the position of the least favourite topic.

Other research (Mužíková 2006, 2008; Běličková 2008; Hloucalová 2008) analysed head teachers' opinions (n = 684) about the ways of realization of health education in schools. The obtained findings confirmed that the status of health education as an independent educational field is in many schools very low and the projected form of the health education curriculum is not realized in an expected and appropriate way.

Other findings concerning health education are based on research by Žaloudíková (2003, 2004). Even though the attention was paid especially to the result form of curriculum<sup>2</sup>, some of the findings can also be related to the realized curriculum. The research, among other things, points out that the respondents (pupils, teacher trainees and teachers) miss sufficient information about most threatening factors to human health and health prevention of serious diseases. The author also explores the child conception of health and diseases as well as smoking (e.g. Žaloudíková, Hrubá 2009).

Similarly, a range of other authors focus on partial health education topics, but complex research into its curriculum is still absent.

## Research problem and research aims

The research into the opinions of Czech Republic citizens carried out in 2007 helped to identify main reasons for dissatisfaction of the Czech public with the overall quality of health education in primary education, revealing that Czech Republic citizens are in particular dissatisfied with the extent and content of health education in terms of topics supporting health and healthy lifestyle (Mužíková 2009). The research thus confirmed the above mentioned negative findings obtained by means of research into the head teachers' opinions on the realization of health education in primary schools (Mužíková 2006, 2008 etc.). This state thus represents a striking contrast with the high quality of health education in many countries all over the world (Pühse, Gerber 2005).

In respect to introducing newly conceived health education within primary education in the Czech Republic, we decided to further specify the current opinion of the

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2 In the area of pupils, students and teachers' health risks awareness.

Czech public on including health education and its thematic content in primary school education. We also attempted to verify if the views among population changed with age, gender or other socio-demographic population characteristics.

## Research sample

The Czech Republic citizens' opinions were obtained from the sample of 1796 respondents selected randomly by means of quotas. The sample was representative of the Czech population aged over 15. Representativeness was derived from the population of the Czech Republic aged over 15.<sup>3</sup> It can be argued that the results stated below are representative of the Czech population aged over 15 in terms of gender, age and regional citizenship.

Other signs, which were not representative but were observed within the research, included education, marital status, number of children, size of the respondent's residential municipality, occupation, net monthly family income, attitude to religion and type of accommodation. Cases where statistical significance was proved are pointed out. Nevertheless, due to the fact that these data are not representative, revealed statistically significant correlations can be interpreted only as tendencies.

## Research method

The research was designed as a sociological one and was based on questions proposed by the author of this paper. The survey was carried out by means of a standardized guided interview between an interviewer and a respondent.

Data were gathered by 360 interviewers of the *INRES - SONES Agency* across the whole of the Czech Republic. The *INRES - SONES Agency* was also responsible for visual and logical inspection, coding and computerising the data, and for results tabulating. The interpretation of the obtained results was performed by the author of this paper.

The data were statistically processed by the SASD 1.3.0 program (statistical analysis of social data). One-factor analysis and contingency tables for selected signs of two-factor analysis were processed. The correlation level of selected signs was defined by means of chi-square test and other testing criteria, applied according to the character of signs. This analysis served as a basis for subsequent data interpretation.

Respondents' answers were recorded in a written form; answer sheets were verified in a pre-research. The inspection focused on logical relations as well as the level of completeness and information credibility. The sheets with non-functional illogical links and incomplete sheets (when the respondent refused to answer the questions and decided to finish the interview earlier) were excluded. These sheets were placed in the "non-respondents" category.

The assessed items often contained continuous answers, which had to be transformed in such a way that would enable making a clear summary of the main results.

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<sup>3</sup> See the *Population Structure of the Czech Republic by Major Age Groups in 2007*. (31 Dec. 2007) Prague: Czech Statistical Office, 2008.

The continuous answers were divided into partial statements, and thus the character of the transformed variable signs changed from a continuous to category form.

## Research schedule

The research project was designed in September and October 2008 and was subjected to objecting in the beginning of November 2008. The pre-research verifying the research techniques and formulating the questions to be asked involved a sample of 286 respondents and was carried out in November 2008. Simultaneously, all interviewers were instructed.

The actual survey was organized across the whole of the Czech Republic at the turn of November and December 2008. In December 2008, the completed answer sheets were gathered and visually and logically inspected. The obtained data were subsequently computerised. The next step involved adjusting the data, their basic mathematical and statistical analysis, processing frequency and selected contingency tables, and primary data interpretation.

The results were interpreted by the author in the beginning of 2009.

## Results

The aim of the research was to find out what views Czech Republic citizens held as regards including topics enhancing health and healthy lifestyle awareness in primary education. This aim was reflected in the wording of the following question:

*“Do you think that primary school classes, resp. primary education should include topics contributing to health and healthy lifestyle awareness?”*

This closed dichotomic question allowed for two possible answers, “yes” or “no”.

A predominant majority of Czech Republic citizens (88.6 %) believe that topics contributing to health and healthy lifestyle awareness should be part of primary school education. Only approximately one in ten citizens (11.4 %) argue that this area should not be included in primary education.

*Table / Graph 1 Czech Republic citizens' attitude as regards including health education in primary education (n = 1795)*

<i>Attitude</i>	<i>Frequency of answers (%)</i>
Agree	88.6
Disagree	11.4

Two-factor analysis signals a correlation between the opinion on this question and gender. Female respondents significantly more often agree that primary school education should include also topics contributing to health and healthy lifestyle awareness (at the level of significance  $p = 0.01$ ) while there are more male respondents not sharing

this view ( $p = 0.01$ ). The characteristics of the chi-square test for gender equals to 6.772 for the number of degrees of freedom equal to 1.

The correlation between the answers to this question and respondents' age is weaker. Testing according to individual age groups has revealed that only the youngest age group (aged 15–19) significantly more often does not agree with including the above mentioned topics ( $p = 0.01$ ). As for the other age groups, statistically significant differences were not identified. In the case of age, chi-square equalled to 8.958 for the number of degrees of freedom equal to 6.

Another correlation was identified as regards the views of this question and citizens' education. Respondents with primary education significantly more often disapprove of including topics contributing to health and healthy lifestyle awareness in primary school education ( $p = 0.01$ ); respondents with "maturita" exam are, on the other hand, significantly more often in favour of these topics ( $p = 0.05$ ). Chi-square for education equals to 10.788 for the number of degrees of freedom equal to 3. In this case, however, age can partially reflect itself through education because respondents aged 15–19 who disapproved of this view most commonly stated primary education. The same can be applied to correlation with the number of children when greater opponents of including these topics in primary school education are childless citizens ( $p = 0.01$ ). Other statistically significant correlations were not identified.

The question surveying the citizens' views of the prospective inclusion of topics contributing to health and healthy lifestyle awareness in primary school education had a filter character. Respondents who supported the inclusion of these topics in primary school education (1590) were asked about the health and healthy lifestyle topics which should be included in primary school education in particular. The question had the following wording:

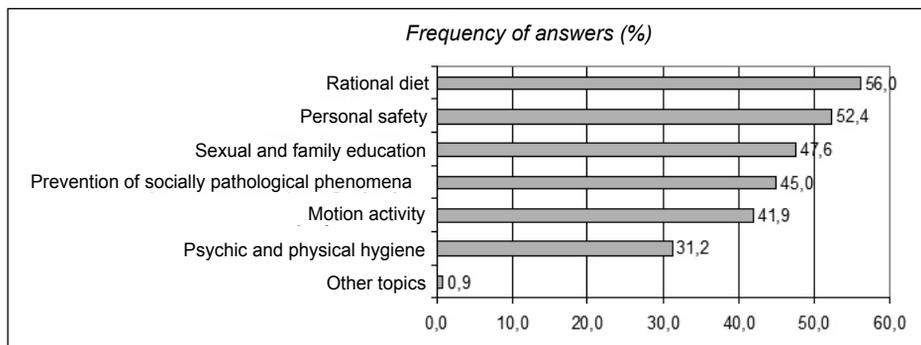
*“State which topics contributing to health and healthy lifestyle awareness should be in your view especially included in primary education.”*

The question was formulated as semi-open and respondents could choose up to three topics they considered most important from the offered range. If they were not satisfied with the offered alternatives, they could state other topics in their own words. The range of answers offered to respondents to choose up to three topics was as follows:

- topics concerning healthy diet (basic components of nutrition etc.),
- topics concerning motion activity (fitness programmes for the health etc.),
- topics concerning psychic and physical hygiene (daily routine, prevention of diseases etc.),
- topics concerning personal safety (first aid, critical situations etc.),
- topics concerning prevention of socially pathological phenomena (drug abuse etc.),
- topics concerning sexual and family education (contraception, venereal diseases, partner and family relations etc.),
- other topics (state).

From the above listed topics, Czech Republic citizens mostly support those related to healthy diet (56.0 %) and personal safety (52.4 %). These topics were preferred by more than a half of respondents who stated that they wanted topics contributing to health and healthy lifestyle awareness to be included in primary education.

The second group of topics, whose integration is supported by more than two fifths of respondents, involves sexual and family education topics (47.6 %), topics concerning socially pathological phenomena (45 %) and topics related to motion activity (41.9 %). The least popular seem to be topics dealing with psychic and physical hygiene, which are preferred by less than a third of respondents (31.2 %).



Graph 2 Preferences for topics concerning health and healthy lifestyle (n = 1582)

In general, it can be argued that the topics dealing with health and healthy life style which the citizens wish to be included in primary school education are varied and balanced. With the exception of psychic and physical hygiene, all topics are preferred by approximately a half of respondents who stated that these topics should be part of primary school education.

As regards other answers, the most frequent is the statement that all listed topics are important and it is therefore not possible to choose only three of them. In the category of “other topics” the respondents often suggested care for senior citizens and protection against bullying. Other topics were stated very rarely.

Male respondents prefer motion activities significantly more often than their female counterparts ( $p = 0.01$ ), but on the whole, the statements are balanced in terms of gender (chi-square for gender equals to 13.928 for the number of degrees of freedom equal to 6). Other statistically significant correlations have not been identified, which means that there is no statistically significant difference in terms of particular age or education groups, or other groups of respondents defined on the basis of the other socio-demographic characteristics.

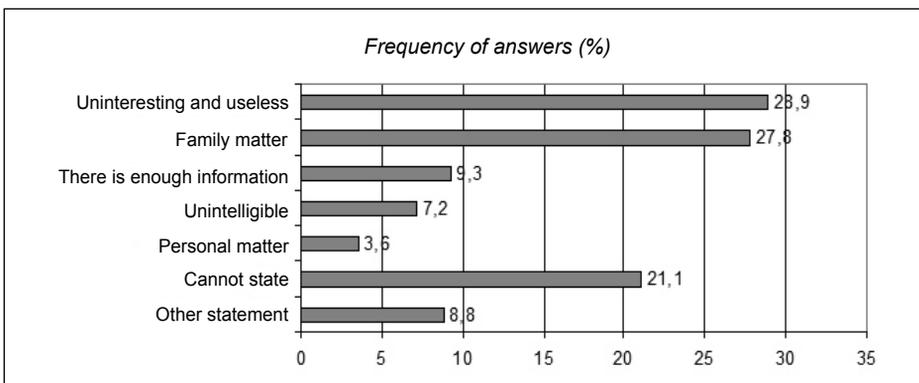
The group of respondents arguing that primary school education should not include topics dealing with health and healthy lifestyle (n = 205) was asked to state the reasons for not including these topics in education. The question was filtered and formulated as open, i.e. respondents were not offered a range of possible answers, but were encouraged to express their own views. Their opinions were therefore spontaneous and not influenced by offered alternatives. The question had the following wording:

*“In your view, what are the reasons for not including the topics contributing to health and healthy lifestyle awareness in primary school education? Answer briefly in your own words.”*

The answers were subjected to content analysis resulting in the following categorisation of answers:

- It is primarily a family matter: “let the family handle it; parental influence is more important; it is parents’ responsibility; it should be handled in the family” etc.
- It is uninteresting and useless: “attention should be paid to other subjects; it is uninteresting; it is boring; there is no point in it; it is not important; children should rather move; they should study hard” etc.
- It is unintelligible to pupils: “children would not understand it; they are not prepared for it; they are too young; they are not able to absorb it; they would not take anything from it; it is enough to teach it at secondary school” etc.
- There is enough information: “there is a plenty of information everywhere – everyone should find for themselves; the media are full of information; it is already taught within other subjects” etc.
- It is a personal matter: “let everyone do what they want; everybody is different; everybody has different genes; everybody has their own lifestyle; everybody should decide for themselves” etc.
- Other statements: “teachers are not trained, doctors should inform instead; children could learn inappropriate information; children would lead a too healthy lifestyle – in my view this is harmful; it could lead to anorexia” etc.
- Do not know, cannot answer.

According to these respondents, the most important reasons why the topics dealing with health and healthy lifestyle should not be included in primary school education are that they are uninteresting or useless (28.9 % of respondents), or that it is primarily a family matter (27.8 %). Less respondents (9.3 %) state the fact that there is enough information concerning this topic in the media, other school subjects etc., or that this topic is unintelligible to primary school pupils (7.2 % of respondents). More than a fifth of respondents (21.1 %) who do not agree with the inclusion of the above mentioned topics were not able to state their reasons and answered “I don’t know”.



Graph 3 Reasons against the inclusion of health education in primary school education (n = 195)

The applied testing criteria did not signal any statistically significant correlations between this view and the selected socio-demographic characteristics; nevertheless, it is necessary to point out that due to a low number of cases the possibility of their application was very limited.

## Conclusion

The sociological research from 2007 (Mužíková, 2009) identified main reasons for dissatisfaction of Czech Republic citizens with the overall quality of health education in primary education. The main reasons for dissatisfaction were the extent of education and the educational content of health education. These attributes were further studied in a follow-up research carried out in 2008.

The follow-up research revealed these findings:

The predominant majority of Czech Republic citizens are in favour of the inclusion of topics contributing to health and healthy lifestyle awareness in primary school education. Only a tenth of citizens are against it. Negative attitudes are more common in male respondents, citizens of the youngest age group aged 15 – 19, persons with primary education and childless citizens, the main reason being that topics dealing with health and healthy lifestyle are uninteresting and useless for children and that it is primarily a matter of each family, which should be responsible for educating children in this area.

As for the educational content, the Czech public supporting health education prefers especially topics concerning healthy diet and personal safety; however, it places great emphasis on sexual and family education, prevention of socially pathological phenomena and topics related to motion activity too. The least popular topics seem to be those of psychic and physical hygiene. The public view of this question is rather homogenous and the opinions of individual groups divided according to socio-demographic characteristics do not statistically significantly differ, with the exception of gender.

The above mentioned findings inspire recommendations not only for teaching in primary education but also for teacher training. It can be recommended that the curricular objectives of the *Health Education* educational field in primary education should be realized. Adequate undergraduate and postgraduate teacher training of primary school teachers, however, must correspond with these objectives. The research, among others, acknowledged the importance and justified the realization of the *Teacher Training in Health Education for Primary Schools* study course, which is currently newly in progress at Czech faculties of education.

## NÁZORY ČESKÉ VEŘEJNOSTI NA REALIZACI VÝCHOVY KE ZDRAVÍ V ZÁKLADNÍM VZDĚLÁVÁNÍ

**Abstrakt:** Výsledky výzkumu přinášejí názory občanů České republiky na realizaci vzdělávacího obsahu výchovy ke zdraví v základním vzdělávání. Příspěvek navazuje na obdobný výzkum z roku 2007 týkající se názorů české populace na celkovou úroveň výchovy ke zdraví v základním školství.

Výsledky byly získány na základě reprezentativního sociologického výzkumu k problematice zdraví a zdravého způsobu života. Výzkum byl proveden ve spolupráci s agenturou INRES – SONES na konci roku 2008.

Výzkumu se zúčastnilo 1795 respondentů ve věku nad 15 let. Soubor byl reprezentativní z hlediska věku, pohlaví a regionální příslušnosti občanů České republiky.

Česká veřejnost jednoznačně podporuje výuku témat z oblasti zdraví a zdravého životního stylu. Většina občanů preferuje témata týkající se správné výživy a osobního bezpečí. Souhlasí ale i s ostatními tématy vzdělávacího obsahu výchovy ke zdraví.

Ze získaných poznatků plynou doporučení pro pedagogickou praxi i pro přípravu učitelů. Výsledky jsou příspěvkem k řešení výzkumného záměru Škola a zdraví pro 21. století.

**Klíčová slova:** zdraví, výchova ke zdraví, zdravý životní styl, realizace vzdělávacího obsahu, základní vzdělávání