

# IMPLEMENTING HEALTH EDUCATION IN SCHOOL PRACTICE

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**Abstract:** *As a pressing problem, the modern man's health draws a lot of attention from world organisations, and health education has become an obligatory requirement of school reforms. In the CR, health education is an obligatory part of both framework educational programmes and school educational programmes, where it features in education areas of „Man and His World“ and „Man and Health“, and it should in fact be present in all education work. Its implementation into everyday practice, however, is not satisfactory. Reasons for the slow implementation of health education in the practice are both general and specific. With little attention being paid to their analysis, declarations of demands and organisational proposals predominate. Health-promoting education can successfully be implemented in schools only through a change in people's thinking and their lifestyles. Health-promoting education cannot be perceived as a supplement to curriculum topics, but it should rather be integrated as a necessary part to the structure of the entire system of education. The author mentions several well-proven approaches that deserve to be incorporated to work of every school.*

**Keywords:** *health-promoting education, school educational programmes, implementation, change in thinking, lifestyle, systems of education*

## 1. Health Education – An Urgent Problem

Compared with the recent past, human life is getting better and growing longer. Yet, a global movement to promote health is gaining strength. Isn't it paradoxical? Not really, because this is a new concept of health that encompasses not only the person's physical self but also his or her mental and social persona, in other words the entire habitus of contemporary man with the emphasis on quality of life. In that sense, not all is well with our health, because the factors that jeopardize our wellness are on the rise, such as still-untamed pandemic diseases, the prospect of new contagious ones, growing drug dependency, psychological pressures, etc.

These threats to our health are under intense scrutiny, but the field of inquiry is so broad that causal relationships are not always readily apparent. The spotlight has been on the various branches of medicine but those tend to treat the disease only. Much emphasis is placed on a healthy diet, but it is not easy to overcome those entrenched

habits and stereotypes. There is a growing awareness on the social and psychological fronts, but that too is hindered by the ever-faster pace of life and data overload from the information explosion, combined with thrill-chasing and rising hedonism.

A common denominator of all factors that impact a modern man's well-being and are positively supportive of health is obviously the effect of education. Not a one-time verbal indoctrination of an individual, but a deliberately structured ambiance with a system of conditions and incentives designed to attain, by means of societal cooperation, some specific goals. Schools, with their potential for making a major contribution to health education, are indispensable in that process.

## **2. Health Education in School Documents**

The current schooling reform certainly recognizes the need for health awareness, starting with the goals of basic education: "To teach students how to actively develop and protect the physical, mental and social health, and be responsible for it" (Framework Educational Program for Basic Education, 2005, 13). The educational segment *Man and Health* has a definite role in that regard, namely the modules *Man and His World* (from the thematic area *Man and His Health*), *Health Education*, and *Physical Education*. In addition, the *Health Education* unit ties in with an interconnecting theme called *Individual and Societal Education*. Learning about health, and actually supporting and protecting it, is being stressed as one of the priorities of basic education. An analysis of the reform package in terms of health education was discussed in an earlier study (J. Maňák, 2008).

All prerequisites for an effective health-oriented program are spelled out in the reform-defining documents. They set clear objectives, outline the content of health-related issues, give instructions, methodological guidelines and organizational directives. Yet, in spite of all that, health education falls short of the expected results. This is yet another paradox engendered by our daily reality in a tangible display of relationship between theory and practice. Some studies have pointed out the unsatisfactory state of health education as it is currently taught, contrary to proclaimed intent, but a correction is nowhere in sight.

## **3. Theory and Practice in Philosophical Reflection**

The endeavor to carry out a reform, especially in health education, is likely to run into difficulties, both objective and subjective in nature. Obstacles exist at all levels and frequently present serious problems. What they have in common is a dichotomy between theory and practice. Already in antiquity, philosophers pondered the dialectic nexus between the two. Aristotle recognized skills (*techné*) and practical understanding (*phronesis*) as opposed to theoretical knowledge (*sophia*). He considered teaching to be a skill that has to emanate from practicality but rest on theoretical foundations, since practice alone is not good enough for higher aspirations. For Plato, however, the ideas and concepts (*spistémé*) were primary, for being common and universal - true representations of the real world. In the middle ages, the issue of ideas vis-à-vis concrete things surfaced again in controversies about the so-called realism (*universalia sunt realia*) and

nominalism (*universalia sunt nomina*). This conflict between the ideal world (theory) and the real world (practice) manifests itself in a variety of ways to this very day.

Even though the link between theory and practice is well known, it still causes a certain amount of tension and a tendency to deal with each category separately. The antinomy of theory versus practice is also reflected in different pedagogical concepts, as well as in the actions of individuals and institutions, with the theoretical part being viewed as superior and dominant. An example of this may be the traditional faculties that pursue certain disciplines but also train professionals. The newly created pedagogical faculties emphasize practice, which makes them less valuable in the eyes of the old academia (in this case the faculties of philosophy and natural sciences).

The question of theory and practice is also a key issue in the cognitive process. Building on what started as a practical orientation in its environment, mankind progressively gained a deeper understanding of things. The civilization and culture arose thanks to the emergence of speech and the development of thinking, which enabled the theory to flourish in dialectic unity with evolving practice. The history of human society affirms that these are not two separate approaches to reality, but a continual, mutually pervasive interaction of both domains. The relationship of thinking and practical activity keeps unfolding along an exponential curve with a varying ratio of the two factors. This relationship may be analyzed for quality or functionality but without an implication of superiority of theory over practice or practice over theory.

The linkage of theory and practice is also an important subject in some philosophical concepts and thought systems. It became a centerpiece of the Marxist philosophy, which says that it mirrors the spiritual and material character of a socio-historical process that examines and transforms both nature and society. However, the relationship of theory and practice is present vicariously in other philosophical schools and spiritual movements because it poses the fundamental epistemological question, although not formulated as such and overshadowed by other aspects. Let us mention two contradictory examples: The „realistic“ philosophy of K.R. Popper, particularly his “three-world theory” (physical reality – human consciousness – theory and problems), may be seen as an attempt to find a new solution to the juxtaposition of theory and practice. On the other hand, movements that consider thinking to be the basis of all existence are becoming fashionable, for example shamanism, which posits that „everything is moved by a hidden intelligence“.

## **4. Implementation - The Road from Theory to Practice**

While theory and practice may be antithetical, they are also closely related as they define and influence each other. This dialectic bond comes to the fore as we move from generalities to the realm of concrete and practical activities, when the theoretical precepts encoded in plans, projects and laws start to materialize as various tasks and actions impinging directly on a given situation. It is about breathing life into intentions, goals and concepts disguised as directives, regulations, etc. In the educational arena, when the ideas turn into acts of nurturing and teaching, we talk about a reform, an innovation, an implementation.

To reform is to transform, adapt or improve something, to effect a permanent

change by charting the main course of action without getting deeper into the process. Innovation is different in that it implies an immediate practical adoption of all the changes, novelties and suggestions, along with a methodical application of all incremental improvements. The transition from intention to action is best expressed by the word implementation, which denotes the process of transferring a theoretically expressed idea or concept into reality, with the intent of changing a practice or structure in accordance with the participants' new insights, abilities, attitudes or activities. Implementing a reformed concept in health education thus tends to satisfy the White Book theses, the General Educational Program for Basic Education, and other relevant documents, by means of the pedagogical work of teachers in charge of the various educational activities. This is the final, and the decisive, part of the schooling reform.

On one side are the elements of implementation: goals, visions and ideas articulated in the school papers (the theoretical part), on the other is the educational process (the practical part): the tutelage of teachers and the learning of students in a supportive atmosphere (school, classroom, family, fraternity). These elements represent an open system that yields the desired results only if all components function properly. Implementation is actually a process with three distinct phases: cognitive, transformative and evaluative. The first phase (understanding, acceptance, identification with the reform) is critical, because the subsequent implementation phases cannot be brought to fruition without a conscious acceptance of the objectives. The implementation process depends a lot on the program management, which has to ensure democracy in leadership and encourage everybody to take responsibility for his or her assignment.

## **5. Problems in Implementing Health Education in Schools**

Upbringing may be viewed as an open system geared to achieve certain educational goals. Like any other system, it is a complicated network of individual elements which cannot be disrupted without serious consequences. Health education, being a subset of the entire education system, is bound to exhibit the same correlations. Checking the outcome of completed reforms, some problems (non-functionality of systemic elements) were noted also in the area of health education. That hampered, and even threatened the success of, the reform.

In implementing some general school innovations, H. Altrichter (2004) found that reforms in many schools run into teachers' reluctance to do things differently because there is a lack of preparation due to insufficient central management. There is no continued training, the school supervision is incompetent, etc. This finding is fully applicable to our reform and to health education as well. The stifling effect of mushrooming curricula on the acceptance of innovations was pointed out by L. Mužíková (2009). T. Janík's research (2010, 148) confirmed that „a critical transition from the text of a concrete document to an instructional practice easily evades the reach of concentrated attention” - whereupon everything goes back to business as usual.

S. Štech (2007, 332) stated that the area of responsibilities suffers from a nebulous connection between the theoretical ideas and actual practice. V. Mužík found that “the new concept of motion in school requires a novel teacher preparation and a modification of established procedures” (1997, 14).

Other investigative probes and observations of teachers' efforts to innovate mention similar shortcomings. For example M. Fullan (2008, 121), investigating the acceptance of innovations in schools, concluded that the theses on which the reform intentions are based often does not even reach the student, so the intentions have no effect. The conclusions of the listed, and unlisted, research reports about introducing reforms into school practice confirm that even a theoretically well-thought out reform frequently encounters minimal readiness on the implementers' (i.e. the teachers') part. This has to do with poorly managed implementation, inadequate control of the applied measures, insensitivity to the uniqueness of educational phenomena, and the like. The management typically focuses on organizational matters and tends to address isolated problems rather than the systemic ones, so the problem fixing is slow and it often ends in going back to the old routine.

A success of the new concept in health education also depends to what degree the efforts to inspire all influential parties (elements of the system) to do their part in the reform succeed. It is highly desirable to select an educational strategy that will be effective under local conditions. Moreover, it is essential that the teachers identify with the reform objectives and establish a close cooperation with the family. It is further important to lead the students toward synthetic reasoning (R. Rybář, 2009), show them new ways of thinking, give them facts about health education and incorporate adequate physical activities in scholastic work (V. Mužík, T. Janík, 2007). To make such changes in the established practices is certainly challenging, which is why a dose of positive psychology might be helpful in reinforcing optimistic attitudes (A. Lehersová, 2009). Success in implementing this type of a reform will portend a gradual emergence of a new lifestyle, including working and eating habits, as well as cultural behavior consistent with a fulfilling life in an information-oriented society.

Suggestions how to improve health education include both general didactic measures and specific methodologies that may differ in nature but should be always aligned with the overall thrust of the educational task at hand and tailored to local conditions. Every school should be able to offer healthy meals to the pupils and do away with vending machines for sweet drinks, while maintaining a hygienic and esthetically pleasing environment.

A greater change in the curriculum is to introduce an extended break and use it for some organized physical activities. It would be actually a return to similar practices in the reform schools of the 1930s. Every school should have a summer camp in its program, patterned after the Boy Scouts, and hold athletic contests suitable in the local setting. An inspiration could be drawn from the school systems in other countries where such fitness activities abound, for example the so-called "Bewegte Schule" (School in Motion) in Austria. As evident from these and other verified and proven examples, health education is possible - if you take its goals to heart and get involved to make it happen.

## 6. Conclusions

Foreign research of these issues also addressed the question of how conservative are school teachers (H. Eichelberger, 1981). Other investigations (J. Maňák, 2001) concluded that the Czech teachers are still affected by the suppression of unauthorized

initiative as practiced by the former regime, which made some teachers just to follow orders and instructions. The situation is slowly improving but there is still not enough initiative, individuality and creativity. Our survey also confirmed that the educators read few professional books and magazines, and that meetings and seminars dedicated to innovation are only sporadic.

Health education cannot be separated from the school's main mission: to expose young people to interesting activities that will allow each student to find his or her own path to growth and self-improvement. Health awareness should of course permeate all scholastic work naturally as an essential ingredient in the development of a healthy and harmonious personality. Likewise, the educators should embrace this philosophy and continue to grow professionally. It is therefore imperative to enable a continual training and self-education of teachers without waiting for the central authorities to bring about the necessary conditions. One way to do it is to encourage involvement, strengthen the teaching ethos, and foster a new mentality.

## Literature

- ALTRICHTER, H., WIESINGER, S., KEPLER, J. *Implementation von Schulinnovationen – aktuelle Hoffnungen und Forschungen*. Journal für Schulentwicklung 9 (2005) 4, 28 – 36.
- EICHELBERGER, H. *Wie konservativ sind Lehrer?* Wien: Österreichischer Bundesverlag, 1981.
- FULLAN, M. *Curriculum Implementation and Sustainability*. In F.M. Connelly, M. Frangtl, J. Phillion: *The Sage Handbook of Curriculum and Instruction*. Los Angeles, New Delhi, Singapore: Sage Publications, 2008, S. 113 – 122.
- JANÍK, T. a kol. *Kurikulární reforma na gymnáziích v rozhovorech s koordinátory pilotních a partnerských škol*. Výzkumná zpráva. Praha: VÚP, 2010.
- LEHERSOVÁ, A. *Applying principles of positive psychology at schools*. In *School and Health 21*, E. Řehulka (Eds.) Brno: MU, 2009, s. 15.23.
- MAŇÁK, J. *Pohled do zrcadla*. In *Proměny školy, učitele a žáka na přelomu tisíciletí*. Protokol ze sjezdu učitelů v Brně 30. – 31. srpna 2000. Brno: Konvoj, 2001, s. 150 – 152.
- MAŇÁK, J. *Helathcare enters into curriculum*. *School and Health. Contemporary Discourse on School and Health Investigation*. Brno: MSD, 2008, s. 17 – 21.
- MUŽÍK, V., JANÍK, T. *Tělesná výchova z pohledu absolventa základní školy*. In *Absolvent základní školy* (J. Maňák, T. Janík, ed.) Brno: MU, 2007, s. 197 – 214.
- MUŽÍK, V., KREJČÍ, M. *Tělesná výchova a zdraví*. Olomouc: Hanex, 1997.
- MUŽÍKOVÁ, L. *The czech public's opinion on health in primary schools*. *School and Health 21* (E. Řehulka, eds.) *Topical issues in health education*. Brno: MU, 2009, s. 9 – 18.
- RÁMCOVÝ vzdělávací program pro základní vzdělávání. Praha: VÚP, 2005.
- RYBÁŘ, R. *Notes of the philosophy of Health*. In *School and Health 21. General issues in health education*. Brno: MU, 2009, s. 15 – 23.

## IMPLEMENTACE VÝCHOVY KE ZDRAVÍ DO PRAXE ŠKOL

**Abstrakt:** Zdravotní stav moderního člověka je jako naléhavý problém předmětem intenzivního zájmu světových organizací a výchova ke zdraví se stala též závazným požadavkem školských reforem. V ČR je výchova ke zdraví povinnou součástí rámcových vzdělávacích programů, i školních vzdělávacích programů, je zařazena do vzdělávacích oblastí „Člověk a jeho svět“ a „Člověk a zdraví“ a měla by prolínat veškerou edukační práci. Její zavádění do denní praxe škol je však neuspokojivé. Příčiny pomalé implementace výchovy ke zdraví do praxe jsou jednak obecné, jinak specifické, jejich analýze se však věnuje malá pozornost, převládají proklamace požadavků a organizační návrhy. Cesta k úspěšné realizaci výchovy ke zdraví vede hlavně přes změnu myšlení a životního stylu. Výchovu ke zdraví nelze totiž chápat jen jako doplňující kurikulární téma, nýbrž je nutno ji začlenit jako nezbytnou součást do struktury celého edukačního systému. Stať upozorňuje na některé osvědčené postupy, které by bylo žádoucí zařadit do práce každé školy.

**Klíčová slova:** výchova ke zdraví, školní vzdělávací programy, implementace, změna myšlení, životní styl, edukační systém