

SCHOOL SOCIAL CONTEXT AND HEALTH EDUCATION

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Abstract: *The paper pays attention to the social school context and to the less challenging school environment, where health education plays a very important role. We have designed and verified the preventive programme intended mainly for the Romanypupils of the lower primary schools. The submitted programme “Health by Play” (Birknerová, 2007) is the project of the primary prevention of the issues with addictive substances focused on alcohol, tobacco and volatile substances. Its objective is to present the active healthy lifestyle to the pupils in an interesting form and to familiarize them with significance of application of the principles of health. The presented research has been realized in the primary school pupils coming from the disadvantaged social environment at the selected schools of the Prešov region and was focused on verification of efficiency of the submitted project of the primary prevention of the habit forming substance issues considering specific features of the pupils. * VEGA grant 1/0831/10*

Key words: *health education, preventive programmes, disadvantaged social environment*

The social environment is understood by Portik (1999) as a complex structure, where effective operation assumes harmonized links between individual elements. Effective socialization of the child and its effective functioning in life (psychomotor, cognitive and affective dimensions) requests more effective work of all those who care about good development of the society, mainly the family. The educationally disadvantaged or less initiative environment is represented - according to Komárik (1996) - by the people whose actions reduce probability of normal healthy development of the child personality. In this connection we can speak about the following existing forms of disadvantage:

- emotional disadvantage, i.e. child neglect, rejection, abuse, maltreatment,
- intellectual disadvantage in the form of untrue information and impulses for intellectual development of the child,
- moral disadvantage in the form of patterns and norms of behaviour that impair rights of other people and support life at the expense of other people.

The child from the socially disadvantaged environment does not have adequate and necessary social stimuli. On the other side, there are very many pulses affecting

development of the child personality negatively, namely in the emotional field, in the field of relations, self-assessment and self-understanding. In the process of teaching the children from the environment as above must be approached responsibly, with specific methods of labour and individual care has to be paid to them. The teachers considering the pupils' needs, interests and their specific features, adapt and modify the process of teaching, as necessary. They apply different effective strategies assisting the pupils and involve them into the common teaching and learning. Improvement, construction and extension of these fields of personality is the best preventive means from drugs and other negative phenomena. Inadequate motivation of psychic development of the pupils coming from the socially disadvantaged environment is manifested mainly by dysfunctional development of ideals, values, attitudes and interests.

Effectiveness of the complex of the primary preventive impacts is called in question by the findings in the field of the first contacts of children and youth with the habit forming substances. The published overviews of school researches in the primary school pupils (Nociar, 1999, 2000; Liba, 2002) document high frequency of early contacts mainly with alcohol and tobacco. They highlight the rising number of children and youth who use the legal psychotropic substances (alcohol and tobacco) and experiment with illegal drugs (mainly marijuana). The data concerning alcohol, tobacco and drugs in young people were accumulated three times (1995, 1999, 2003) within the scope of the European School Survey project on Alcohol and Other Drugs (ESPAD). According to Račková (2009) the epidemiological researches have brought the results confirming rising tolerance to the habit forming substances in all age categories as well as the rising trend of experience of any illegal drug.

According to Horňák (2005), the Romanies themselves do not care of their health. Frequent inadequate level of hygiene, inadequate nourishment, incorrect eating habits, alcoholism, smoking, drug addiction, defective water, etc. can be found. These factors then result in increased number of health problems compared with the majority population. Smoking, consumption of alcohol, inhalation of different substances dangerous for human life, e.g. thinners and glues, affect nowadays the whole Romany families, incl. old men, babies and pregnant women, thus becoming the ethnic-pathological dimension. Incorrect nourishment, bad eating habits, general negligence on own health, missing specialized medical assistance and education affect physically and mentally the Romany population of our days as well as the future generations.

Elaboration and realization of the preventive-educational programmes is very beneficial in combination with successful preventive work. The programme must incorporate development of communication, critical thinking, decision taking, elimination of feelings of anxiety, assertiveness, resistance to influence of others and raising objectives. Liba (2005) states that despite efforts of the teachers, despite the realized preventive activities at schools, the empiric experience pinpoints the fact that alcohol and cigarettes are the everyday part of life of the Romany children and youth. The successful primary prevention therefore urgently requests the real acceptance of the cultural and anthropological features of the Romany ethnic group as the starting point for creation of effective education programmes.

It is advisable to vest the preventive approach to the school which is - besides the family - the strongest formative factor. Evaluation of efficiency of drug prevention

projects in children and youth abroad as well as in our country has revealed that the preventive intervention is most effective from 6 to 8 years of age. Preventive intervention therefore should start at the early age, should be adapted to the child's age and should run (in a certain form) for the whole period of schooling. Early and effective prevention is therefore inevitable. The healing and recovery activities and strategies of prevention must be differentiated according to specific personality features of the pupil, by its attitude to drugs, regional habits, by its knowledge and ability to cooperate. There is no universal key for reliably working activities focused on prevention. Education and all activities realized in the field of prevention of drug addiction should be focused on the healthy lifestyle, i.e. somatic, psychic and social health. Family, school, out-of-school facilities and other educational institutions as well as mass media can actively act against the drugs. Objective of prevention is not only to disseminate the knowledge of drugs and how to treat them, but mainly to create correct attitudes to the habit-forming substances and to train social skills (expression of feelings, to say NO, to resolve conflicts, hierarchy of values) up to the phenomenon of a healthy man.

Health education, health support and/or education for health is not a separate subject and it is even not included as such conceptually. It is realized within the scope of the topics of the relevant subjects. It is assumed that it will penetrate into the whole process of education. The following long-time preventive programmes belong among effective strategies in the field of prevention: School free from alcohol, drugs and cigarettes, Healthy Lifestyle, Healthy school, Before it is too late, Path towards emotional maturity, PEER programmes, P.A.N.D.A. programme, FIT IN programme, Why I am happy alive, Knowledge - Attitudes - Skills, How can I get to know myself? Sweet through addition, We want to breathe clean air, Filip adventures, Do not destruct your wise body, Do/Do not/ speak about drugs, Pupil development programme, Health of Romanians. Projects of prevention work - specific action plans / complex concepts realized at primary and secondary schools are considered in general effective strategies of the primary prevention of drug addiction. To achieve efficiency of prevention, it must be realized cyclically, systematically and on the whole territory.

Based on analysis of the programmes of prevention mentioned above, we have elaborated the preventive programme "Health by Play" (Birknerová, 2007) intended mainly for the Romany pupils of lower primary school. The submitted programme Health by Play is the project of the primary prevention of the problems connected with habit-forming substances and is focused on alcohol, tobacco and volatile substance. It is concentrated on realization of the health-focused inputs and pinpoints the primary prevention of addiction. Its objective is to equip the pupils by the skills and understanding necessary for each of us in the everyday life. The principle is based on the fact that the people are able to acquire the knowledge more thoroughly if the lecture includes the direct experience of what is presented theoretically. The project also intends to present the active healthy lifestyle to the children in an interesting form and to familiarize them with importance of application of the health principles.

The principle of prevention also includes the teacher's duty to inform the children about danger of drugs at the age when they may face the drugs for the first time. The programme grants clear and understandable information for the pupils of the lower primary school about the complex healthy lifestyle in the integrated form, extends and

deepens knowledge of health, how to support, strengthen and protect it. It develops thinking, communication abilities, creativity, mutual perceptivity, perceptivity to other persons and to the environs. Through alternative methods and in particular through games and playing we try to affect the health-focused attitudes of children coming from less initiative socio-cultural environment. The children acquire such skills like active listening, solution of conflicts, communication, responsibility for own decision, interpersonal relationships, cooperation, assertiveness, friendship, empathy, etc. Through adequate forms, methods and means of acting the project is focused on development of the cognitive and affective side and is realized within the scope of integration of all subjects.

The project is based on certain preventive programmes which are also applied at the lower primary schools (We want to breath clean air, Filip adventures, Do not destruct your wise body, Do/Do not/ speak about drugs). To be attractive, we apply different alternative concepts (ITV, Dalton Plan, Creative Drama).

Research

OBJECTIVES OF RESEARCH:

The objective was to review and assess efficiency (informative and formative) of the education process in the primary prevention and of specialized projects of the primary-preventive nature. To prepare and verify efficiency of the project of primary prevention of the problems connected with habit forming substances considering specific features of the pupils, based on the findings.

TASKS OF RESEARCH:

The task was to study the available literature sources, establish the existing state, to select and prepare the methodology of labour and to formulate hypotheses of work. To create the project of primary prevention of addiction, to verify and assess its efficiency in practice. To release - through the project "Health by Play" - a clear and understandable information about the complex healthy lifestyle to the pupils of the lower primary schools (experimental class - EC) by the integrated form.

RESEARCH SAMPLE:

The research was realized in the primary school pupils from the socially disadvantaged and educationally less impulsive environment and in the teachers of selected schools of the Prešov region.

The set was created by 185 pupils 9-12 years old, of which 97 boys and 88 girls. All pupils of the reference (control) and experimental classes were at the beginning of the experiment pupils of the third year, at the end of the experiment the pupils passed the fourth years of the primary school.

The average age of the pupils at the beginning of the experiment was 10,35. Representation of the pupils by the reached age was as follows: 9 years - 18 respondents, 10 years - 46 respondents, 11 years - 81 respondents, 12 years - 40 respondents.

The set of teachers who participated in the process of the primary prevention of

addiction through the education process was created by 87 respondents, of which 31 men and 56 women. The average age of the teachers was 36 years and representation of the teachers by the determined age groups was as follows: up to 30 years - 43 respondents, up to 40 years - 27 respondents, up to 50 years - 10 respondents, over 50 years - 7 respondents.

The research sample was created by the pupils and teachers of the lower primary schools. The experimental class (EC): ŠŠ Chminianske Jakubovany, ZŠ Bajerov. In the experimental class the project Health by Play was included into the process of education. The control class (CC): ZŠ Svinia, ZŠ Červenica; teaching without realization of the preventive project. To fulfil the set research objective we have chosen:

- the Romany school - the Romanies live mainly in the municipalities: Chminianske Jakubovany (EC), Svinia (CC),
- the school where the Romanies people are together with non-Romany pupils - the Romanies live in the municipalities: Bajerov (EC), Červenica (CC).

Selection of the research sample was realized so that its structure may represent the basic set correspondingly. In case of both sets we have realized the so called intentional selection, i.e. the respondents were chosen by the parameters important for the subject of examination (see Maňák et al., 2005), i.e. the number of Romany pupils in classes, number of teachers teaching at the school and willingness to verify the project in practice.

CONTENT ANALYSIS OF PEDAGOGIC DOCUMENTS:

For the needs of the research we have studied the relevant documents and materials, i.e. the documentary information, in our case the final already elaborated information. We have analyzed systematically the data and materials about available programmes of prevention works, realized at primary and secondary schools of the Slovak Republic. We have analyzed objectives of individual projects, we have classified them and chosen the projects that can be realized at the lower primary schools in the pupils of the socially disadvantaged and educationally less initiative environment. Below you will find the programmes that have assisted in creation of the project “Health by Play”:

- Do/Do not/ speak about drugs,
- Do not destruct your wise body,
- Filip advantages,
- We want to breath clean air.

Hypotheses:

Hypothesis 1: We assume a significant difference in knowledge of health in the pupils from the disadvantaged social environment; a higher level of knowledge will be manifested in the didactic test by the pupils of those classes, where the project “Health by Play” (EC) was applied, compared with the pupils without such prevention intervention (CC).

Tab.1 Comparison of differences between the experimental class EC and the control class CC in the introductory knowledge test (at the beginning of the year 4)

	EC	CC
Success in points	Number of pupils (48)	Number of pupils (41)
24-22	3	4
21-18	12	10
17-14	27	22
13-8	6	5
7-0	0	0
Average	14,75	15,02

Tab.2 Comparison of differences between the experimental class EC and the control class CC in the final knowledge test after the project of preventive intervention (the project “Health by Play”) was realized

	EC	CC
Success in points	Number of pupils (42)	Number of pupils (37)
24-22	5	3
21-18	19	8
17-14	15	19
13-8	3	7
7-0	0	0
Average	17,66	14,75

Tab.3 Statistic assessment of the differences between EC and CC

Variable	Mann-Whitney U test(s) By variables, type The marked test are significant at the level $p < 0,05000$									
	ET	KT	U	Z	Level p	Z modified	Level p	Number of valid	Number of valid	2*1str. precise p
Input	2124,00	1881,00	948,00	-0,30	0,767	-0,33	0,743	48,00	41,00	0,771
Output	2041,50	1118,50	415,50	3,55	0,000	3,67	0,000	42,00	37,00	0,000

At the output we have revealed the statistically significant difference at the level of significance 0,01 in favour of the experimental class (ET).

The hypothesis No. 1 was confirmed. Based on the findings, we can predict positive impact of the integrated teaching, using the project “Health by Play”, on the health knowledge level in the pupils of the fourth classes coming from the socially disadvantaged environment.

Hypothesis 2: We assume that the realized projects (programmes) of the primary prevention of habit forming substance addiction, with focus on alcohol, tobacco and volatile substances, do not consider the chosen specific features of education of the disadvantaged pupils (specific perception, ideas, attention, thinking, emotions and temperament, abilities and talent, motivation, speech and language).

Tab.4 Consideration of specific features of education of the disadvantaged pupils in the primary prevention projects

Specific features of education of disadvantaged pupils of the lower primary schools	P1*	P2*	P3*	P4*	P5*	Conclusion
Perception (visual, auditory, time, space)	no	yes	yes	yes	yes	4
Ideas (images)	no	no	no	no	yes	1
Attention	no	yes	yes	no	yes	3
Memory	no	no	no	no	yes	1
Thinking	no	no	no	no	yes	1
Emotions, temperament	yes	yes	no	no	yes	3
Abilities, talent	no	no	no	no	yes	1
Motivation	yes	yes	yes	yes	yes	4
Speech, language	no	yes	no	no	no	1
CONCLUSION (number of “yes”)	2	5	3	2	8	

***PREVENTIVE PROGRAMMES:**

P1 – DO/DO NOT/ SPEAK ABOUT DRUGS

P2 – DO NOT DESTROY YOUR WISE BODY

P3 – FILIP ADVANTAGES

P4 – WE WANT TO BREATHE CLEAN AIR

P5 – HEALTH BY PLAY

Under the term “specific features of education of the disadvantaged pupils of the lower primary school” we understand the distinctions which affect their education:

Perception – perception runs more slowly in the Romany pupils due to a higher frequency of damage of the visual organ and the organ of hearing as well as due to the reduced intellect. This makes their orientation in new situations more complex (Horňák, 2005). Inadequate activity is the most explicit specific feature of perception (visual organ). Perception of the colours of the world round the pupils is specific; it can be manifested during the lessons of art education. Inadequate function of the hearing analyzer results in the inability to differentiate phonemes which fact can decelerate development of speech. Time as the linear variable is restricted to the present time only. The positive feature following from the fact above is immediacy and the negative feature is for instance irresponsibility (Ševčíková, 2003). They orient themselves in the space very easily. When they know the result, they do not need any procedure. Intuition and not brain is a good guide for them. Therefore they are successful in the practical life, but often not at school.

Ideas/images - the Romanies do not differentiate between personal wishes, dreams and reality. They are able to identify themselves very strong with their own personal image, to believe in it and to convert it into reality. They are not willing to believe in something what has not passed through their internal process of conversion (Ševčíková, 2003).

Attention – is the inseparable part of the cognitive processes. The Romany pupils often have weak attention, they concentrate themselves worse. They need changes of activities during the process of teaching - possibility to take exercise, rest, chat, (...). Attention of the Romany pupils is scattered, dissipated, they are tired very soon. It is therefore necessary to apply the agents supporting their attention and activity, without

which the process of teaching is quite impossible (movement, colour, news, attractiveness, rhythm, etc.). Their curiosity is thus satisfied and adverse manifestation is reduced (restlessness, crying, shouting, surprise, etc.). (Berki, Šelepák, 1985). The degree of attention depends on impact of the environment. We must develop it in the school environment through suitable activities.

Memory – can be less effective in the Romany pupils. Adequate intensity of nervous processes, i.e. processes of excitement and attenuation, is inevitable for correct creation and support of the conditional connections. The Romany children acquire new knowledge more slowly, it is necessary to repeat certain pieces of knowledge. The acquired knowledge is forgotten more quickly and the pupils are often unable to apply it in the practical life (Hornák, 2005). At school it is therefore necessary to exercise more frequently and to strengthen the acquired knowledge on examples and specific events from everyday life.

Thinking is according to Klíma (1988) motivated in the Romany children by focus on an immediate experience and feeling. They are able to solve practical everyday situations effectively, i.e. the situations connected with satisfaction of their momentary needs. The children are less creative, they accept the reality as it is. In the cognitive processes the trend to stereotypes cannot be seen. It is advisable to extend the theoretical inputs by pictures or by demonstration. The schoolwork should be in the form of play with the maximum positive experience. It is necessary to present a number of examples how to utilize a certain piece of knowledge in the practical life.

Emotions, temperament – Emotionality is a characteristic feature for the Romanies. They are more impulsive and “hot-tempered”. Pleasant things are good things for them. They are unable to control their emotions adequately. In the process of education the educator must be guarantor of a positive, pleasant emotional climate for the child, which brings the feeling of certainty and safety, trust, amicability and friendliness. This fact is valid within a much more higher extent for the Romany pupils. (Zelina, 1996). The Romany children like to play, cry, shout, are temperament and natural. If we want to gain their trust, we must create the environment, where they feel safe and where they appreciate personal interest of the teacher.

Abilities, talent – There is the prevailing opinion in the society that the Romanies have much more explicit musical capabilities and talent for rhythm and movement, compared with the majority part of the population. Incorporation of musical and dancing activities into education is pinpointed as an effective motivation factor (Hornák, 2005).

Motivation – should be dynamic and varied to be interesting for the Romany pupils. It should be based on the everyday life. According to Darák (2003) a story, fairytale is a natural and effective factor increasing interest and motivation of the Romany pupils in the schoolwork. The teachers appreciate mainly its educational, motivation, cognitive, moral, creative, aesthetic and relaxation function.

Speech, language – has a social character and therefore it has to be developed in the social interaction. Activity of the child in the period of speech development should be motivated by its current needs, through a game, by playing. It is necessary to pay attention to physical and speech activity which should be linked in the period of speech development. It is therefore necessary to allocate physical activity to the word (Portik, 2003). According to the research conducted by the Statistic Institute of the Slovak Re-

public in 1994, only 11% of the Romanians think that all school subjects should be taught in Romany, 33% of them prefer only certain subjects in Romany and 45% do not prefer teaching in Romany at all (Radičová, 2001).

The hypothesis No. 2 has been confirmed. For easy understanding we have defined specific features of education of the disadvantaged pupils and in the Table below we have compared them (through analysis) with the projects of the primary prevention of habit forming substance addiction, with focus on alcohol, tobacco and volatile substances, applied at the lower primary schools. The determined specific features are taken into account by the projects Do/Do not/ speak about drugs and We want to breath clean air in two cases, three specific features are taken into account in the programme Filip adventures and five specific features - in the programme Do not destruct your wise body. The project “Health by Play” elaborated by us according to specific criteria takes into account eight of the nine specific features of education of the disadvantaged pupils. The projects should pay attention on the preventive function, which can restrict (in its efficient and effective form) the socio-pathologic phenomena in children and youth materially. In the preventive work it is recommended to realize a long-time and systematic prevention in the form of combination and linking of the following three approaches: information, affective and training of skills and abilities (Verešová, Sollár, 2006).

Research question: Do the teachers realize programmes of the primary prevention of the problems connected with the habit forming substances at least minimally in the process of education?

Tab.5 Utilization of programmes of the primary prevention of the problems connected with the habit forming substances

	P1*	P2*	P3*	P4*	P5*	P6*	P7*	total
Chminianske Jakubovany (27 teachers)	2	5	0	2	0	0	3	12
Bajerov (11 teachers)	1	4	0	1	1	1	2	10
Svinia (23 teachers)	0	0	3	1	1	0	0	5
Červenica (13 teachers)	0	0	1	2	1	0	0	4
TOTAL (74 TEACHERS)	3	9	4	6	3	1	5	

***PREVENTIVE PROGRAMMES:**

P1 – PEER PROGRAMMES

P2 – DO NOT DESTRUCT YOUR WISE BODY

P3 – HEALTH OF THE ROMANIES

P4 – NOT TO DRUGS

P5 – LIVE AND LET LIVE

P6 – PATH TO EMOTIONAL MATURITY

P7 – FILIP ADVENTURES.

We have addressed in total 74 teachers, who answered in writing, what preventive programmes relating to drugs are applied in the process of teaching. The Table documents that the projects are realized at the schools within the minimum scope only. Some teachers have heard about them, but they do not apply them in practice. The teachers are not prepared adequately for realization of the primary preventive inputs. Personal involvement of one teacher - coordinator - dominates.

Conclusion

The school should create suitable conditions for supporting health-preventive activities, respect individual specific features and needs of the pupils and motivate them for school as well as out-of-school health-supporting activities. The teachers should cooperate with the family, should tolerate ethnic and social minorities and create positive social climate and environment for education.

The ideal situation would be as follows: all teachers have adequate information about the complex drug issue so that they may have anti-drug attitudes that will be reflected in their behaviour. Because the teachers play an important role in the primary prevention of drug addiction, they must be given not only the knowledge about the drug issue itself, about the possibilities of their preventive approach, but must acquire and create specific pedagogic abilities and skills (Končeková, 2005). To draw pupils' attention to the hazards and risks of smoking and drinking alcohol, is an important component of health education. Prevention should become the key factor. The core task is to teach the pupils to say NO when pushed by others, to decide not to smoke and drink, to understand harmful influence of these activities for the state of health. But the facts themselves are not enough. The researches prove that the pupils understand the risks of smoking and drinking, but they still try smoking and drinking as early as at the primary school. Curiosity, to be a match for others or the effort to be better than the others are the winning factors.

The objective of health education is to obtain the adequate information, knowledge, skills, habits, principles and to create attitudes, interests and value standards focused on identification of the health values and on interiorization of the principles of the healthy lifestyle by the teachers and the pupils. These efforts should lead to balanced formation of the cognitive, affective and psychomotor aspects of personality through active care of one's own health which reflects and accentuates bio-psychic and socio-cultural determinism of the personality. (Liba, 2007).

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SOCIÁLNY KONTEXT ŠKOLY A VÝCHOVA K ZDRAVIU

Abstrakt: V príspevku venujeme pozornosť sociálnemu kontextu školy a školskému menej podnetnému prostrediu, kde výchova k zdraviu zohráva veľmi dôležitú úlohu. Navrhli a overili sme preventívny program, ktorý je určený hlavne rómskym žiakom 1.stupňa ZŠ. Predložený program Zdravie hrou (Birknerová, 2007) je projektom primárnej prevencie problémov s návykovými látkami zameraný na alkohol, tabak a prchavé látky. Jeho cieľom je predstaviť žiakom zaujímavou formou aktívny zdravý životný štýl života a oboznámiť ich s významom aplikovania princípov zdravia. Uvedený výskum sme realizovali u žiakov základných škôl zo znevýhodneného sociálneho prostredia vo vybraných školách Prešovského VÚC a jeho cieľom bolo overiť účinnosť predloženého projektu primárnej prevencie problémov s návykovými látkami zohľadňujúceho špecifiká žiakov. * VEGA grant 1/0831/10

Kľúčové slová: výchova k zdraviu, preventívne programy, znevýhodnené sociálne prostredie