

POSSIBLE WAYS OF GUIDING PUPILS OF THE FIRST TO FIFTH FORMS OF ELEMENTARY SCHOOL TO CHANGING A LIFESTYLE THROUGH A SCHOOL EDUCATIONAL PROGRAMME FOCUSING ON PUPILS' HEALTH

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Abstract: *The post-modern society dynamically accelerates the formation of, and changes and accepts values whose quality we are not always convinced about. This even increases, by contrast, the importance of health enhancement programmes whose primary objective is to provide possibility for each child in the Czech Republic of being educated in a school which through all of its activities promotes health. This need is reflected and specifically responded to by structuring of the themes within the school educational programme in the education areas, cross-sectional topics and conceiving the needs of development of personality attitudes in relation to health as one of the primary life values. The outlined needs and developing of life habits should not be particularly absent from the important period of development which is the primary school environment.*

Key words: *health, lifestyle, active movement/exercise, health promotion, social group, family, subject, way of life, quality of life, healthy diet, daily regimen/routine*

1. Introduction

One of the goals of the Long-term programme for improvement of health of the Czech Republic population - Health for all in the 21st century - is Health for Youth. The health care strategy includes a life-long health support, with an education of an individual towards health responsibility forming its component. Significant role models in the process of children and youth's health enhancement are the parents and teachers, an important institution is the elementary school attended by the entire population in a relevant country.

The philosophy of health promotion draws on the scientific knowledge showing that each individual's health (whether or not we are aware of that) is the resultant of

mutual influencing of all aspects of their being and their relations with the surrounding world. Without awareness of the necessary inner and outer harmony it is impossible to maintain an individual's health or the world's health. An individual's health does not only mean absence of illness, it is always the resultant of mutual interactions of the whole individual, all his systems and components at the biological, mental, social, spiritual and environmental (holistic concept of health) levels.

To protect and enhance health involves positive influencing of all its components. Here an important role is played by the lifestyle of an individual and a group. The health enhancing lifestyle and behaviour need to be created as early as pre-school and school ages in children, when habits and attitudes take the deepest root. The easiest way of their forming is spontaneous, through direct experience of a child, i.e. seeing models of healthy behaviour around them and also by living in the environment formed in a healthy way.

The process of health promotion in schools is effected through several programmes, of which the European programme 'Schools for Health' (hereafter SFH) has gained the greatest popularity and proved effectiveness of its results over long-term. The mission of SFH programme is to achieve that every child in CR has the possibility of being educated in a school which promotes health through all of its activities. (Based on <http://www.program-spz.cz>).

Our paper focuses on the problem of how to promote health and lifestyle with respect to 1st – 5th form pupils of elementary schools. The subject-matter is divided into two parts. The first part presents theoretical preconditions for the healthy lifestyle, the second part focuses on the practical use of classes to promote a healthy lifestyle. Using a questionnaire we find out about the levels of healthy lifestyle of elementary school pupils in relation to gender, and further about the influence of school, family, classmates and the media on following the described rules.

We have involved pupils of the third form in an elementary school in the town of Cheb in our preliminary research. Two parallel classes together comprise 55 pupils (28 boys and 27 girls).

The aim of the paper is to propose a method of concrete integration of health education topics and elements into the curriculum of the 1st - 5th forms of the elementary school and a questionnaire-based evaluation of an extent to which the pupils live a healthy lifestyle.

2. Health

HEALTH DEFINITION BY WHO

When speaking about health as a conceptual category, we should consider some established definitions. As a reference to the world concept of general health, the definition of the World Health Organization (WHO) will fully satisfy our needs. "The World Health Organization defines health as a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity." A Brno experienced psychologist Prof. R. Kohoutek (2007, p. 4) says, in response to the aforementioned formulation, that the harmonious blending of all three mentioned components, and their mutual and necessary correspondence must take place. Should no fulfilment be reached and continuity be affected in some way, then an illness may be involved.

ACTIVE HEALTH

The theory of “Active Health” was created by Kenneth Cooper (1986) after ten years of research in the area of nutrition and physiology of physical exercise. The following figures prove the veracity and applicability of Cooper’s “active health” programme. From 1968 to 1977, when this programme was consistently promoted in the U.S., the number of adults engaging in regular exercise increased from 25 % in 1968 to 47 % in 1977. As a result, the life expectancy of Americans increased by 2.7 years (more than 3times as much as in any preceding decade); the coronary thrombosis death-rate dropped by 23 % ; those due to cerebrovascular disease dropped by 36 % and to hypertonic disease by 48 %.

DEFINITION OF LIFESTYLE

The concept of **lifestyle** first appeared in Czechoslovak literature in the 1940s. From there it reached editors of magazines abroad and faculties of universities (Ivanová, 2006). Karel Honzík is considered the author of a dictionary item “lifestyle” which he included in the Small Sociological Dictionary in 1970 (Duffková, 2007).

The lifestyle (Sak, Saková, 2004) is a system of main activities and relationships, life manifestations and customs typical and characteristic of a specific live subject or even an object. This is a sum of relatively stable everyday practices, manners of performing activities and manners of conduct. The lifestyle is significantly influenced by the mass media.

A lifestyle (Machonin, Tuček, 1996) together with income is an important attribute of a social status and can be related to both an individual and social groups. Households or families undertake most frequently such activities together that are interests pursued by its individual members at the same time, i.e. these groups typically share their ways of spending free time.

A lifestyle (Šmidová, 1992) is further a functional element of life, or more precisely a functional system of an individual as well as the community, that an individual chooses from the repertory of a culture in question in certain conditions, certain elements based on their criteria (values, goals etc.) and needs; it also includes the way in which they interconnect, transform and enrich these elements and reshape them to fit in their own system. It is a way of interconnecting the private and public sphere, adjusting the chosen elements to the private, personal dimension. The lifestyle(s) can also represent a certain pattern of an individual’s relations to and between different spheres and elements of life (the life field). It is not a separated sphere of life of an individual, a group, it is rather a certain important aspect of all relationships, roles, activities and institutions.

The lifestyle (Duffková, 2005) of a person then can be understood as a consistent way of life of an individual, whose individual parts correspond with each other, are in mutual harmony, follow from a single base, have a common root or a certain unifying thread, i.e. unified “style” which like a red line passes through all the crucial activities, relationships, customs etc. of the relevant person.

According to Jansa (2005), lifestyle is a dynamic process of an individual’s form of being, determined genetically (inherited predispositions), ethnically (adaptation to an ethnic group culture), socially (standard of living of a family, later of an adolescent or

a self-providing adult, retired person), culturally (traditions, habits, patterns of dealing with crisis situations), professionally (choice of a career, job changes) and generationally (youth alienated from the world of adults).

Based on the above overview of characteristics of lifestyle concepts we can summarize that lifestyle depends on a mutually positive combination of particularly the following factors: healthy diet, water/fluid intake, risk factors (smoking, alcohol drinking, drugs), media consumption (TV, computers) and physical activity. A rule of '3 P' is mentioned in this connection : Moderateness in nutrient and energy intake, Regular physical exercise and Prevention of unhealthy eating and life habits. [*Trans. comment: three key words beginning in P in Czech*]

CONCEPT OF LIFESTYLE IN SOCIOLOGICAL CONTEXT

The concept of lifestyle is a very complex phenomenon which can be examined from many perspectives. It includes a large number of components, elements, aspects and facets and is affected by many factors (Duffková, 2007). In sociology it partially overlaps in meaning with some other concepts such as *way of life, quality of life; 'style of life'* (Hončík, 1965); *career* (Nový, 1989; Kubátová, 2001) and many times it cannot even be distinguished from *living conditions* (Duffková, 2007; Pácl, 1988). The vaguest is the distinction between the concepts of lifestyle and way of life.

BENEFIT OF AN ACTIVE LIFESTYLE

It is of practical importance to mention all the benefits of an active lifestyle for health and mental wellbeing of a person who lives this alternative lifestyle. The physicians from the nephrology centre at the Hospital 'Na Homolce' in Prague hold the following view: "It has been proved that an active lifestyle which includes regular and well chosen physical activities improves all the health parameters. An active lifestyle gives meaning to life, an active lifestyle improves the quality of life and furthermore reduces the cost of the treatment of complications and the necessary social help". (http://www.utvs.cvut.cz/lectors/zv_zivotni_styl.pdf)

Benefits:

1. Improvement of cardiorespiratory fitness, improvement of muscle strength, stamina
2. Blood pressure decrease
3. Increase in the amount of red blood cells, improvement of anaemia
4. Decrease in insulin resistance, lowering and improvement of lipid spectrum
5. Improvement of resistance to infections
6. Prevention of muscular tissue loss and bone mass loss at a higher age
7. Improved posture, maintaining of the muscle corset, prevention of degenerative changes in ligament and joints
8. Prevention of falls and significant improvement in self-care at older age
9. Improvement of mood and confidence, improved mental performance and resistance, improved handling of social roles

In his article entitled "Attempt to define a concept of 'active lifestyle'", (Institute

for physical training and sports, Czech Technical University, Prague) Zdeněk Valjent concludes : An active lifestyle is a system of important activities and relationships and practices interrelated with them, focused on achieving an adequate and harmonious condition between the physical and psychological aspects of man.

CURRENT STATE AMONG OUR YOUTH

Inadequate regimen and lack of physical activities are becoming an ever increasing problem of the present society. The whole locomotory system is designed for movement and is negatively affected by the static load imposed on it by the current lifestyle, where the natural physical activity is on the decrease and man gradually transforms himself, thanks to the technical progress, from the “homo erectus“ into the “homo sedens“. Sitting becomes the most frequently used working position which the body has not sufficiently adapted to from the developmental perspective. Walking, the necessary need of movement, is being increasingly replaced by the means of transport, whereby physical fitness decreases and obesity increases. We may anticipate these trends will continue to grow and affect, in an ever increasing measure, the child population already.

Although it may never be late to start correcting one's wrong habits, it is undoubtedly true that the sooner you will develop the good habits and break the bad ones, the sooner you will manage and find the way to overcoming your bad habits. A grown-up person is fully responsible for his behaviour, but a child has no choice. All habits of a child are influenced mainly by its family customs and models that a child identifies with.

In the 1st – 5th forms of the elementary school the teacher has enormous opportunities to develop the child's personality. Apart from the parents, the teacher becomes the main role model for children and they emulate some of his habits. Therefore a health education should be part of everyday educational effort and permeate the whole school climate. The education of pupils towards a healthy lifestyle is a highly topical subject not only in schools. A healthy lifestyle influences our whole lives and everybody should learn to be aware of the value of his health, ideally from a very young age.

„It has been found that a lifestyle has the greatest influence on health. That’s why it is necessary to make the education towards a healthy lifestyle and responsibility for one's own health part of the child's education beginning at an early age both in the family and at school. Its positive effects, however, are realized within the comprehensive adoption of the right principles while its individual parts cannot be separated from each other.“ (Machová, 2002)

IMPORTANCE OF PHYSICAL ACTIVITY

Movement is one of the major factors affecting health. An adequate amount of physical exercise load in the daily regimen is, in our opinion, a necessary precondition within a long-term conception of good health maintenance. Through exercise we will activate the correct functions of all the organ systems, create an optimum volume of the muscular mass, appropriately influence metabolic reactions and thereby prevent the increase of stored fat reserves. The motoric activity also significantly influences the mental wellbeing.

This is another reason why we believe the physical training from the 1st – 5th forms is of essential importance and has become a necessary element just within the

healthy lifestyle education. With regard to the younger school age children, physical activity is an important element necessary for their healthy development, more natural for them than the sedentary way of life following from their necessary sitting at their desks during classes. The school should therefore provide some means to offset this lack of physical exercise, not limited to classes of physical training only. For through physical activities we lay the foundations to a “healthy spirit developing in a healthy body”, which, among other desirable things, also involves the development of good habits and, through the activities related to physical exercise, provision of effective spending of free time. This may also play a role in the prevention of some pathological phenomena, such as truancy, smoking, tendency to substance abuse etc. We believe that physical exercise definitely influences our health in many other favourable ways and therefore we must support its versatile integration into school activities in every possible way.

„At the present time we should concentrate on bringing back physical activity to the human lifestyle so that it becomes part of daily life. A way of life that includes physical activity is a prevention against chronic noninfectious diseases. Given the current condition where most work activities only require low energy expenditures, the requirement for inclusion of physical activity in daily life can be mainly fulfilled in free time.” (Machová, Kubátová, 2006)

That means, not even the physical training at school can cover the whole need of children’s physical activity. What is, however, within the power and competence of the school, is to build and support a relation to physical activity and provide a varied range of all kinds of physical exercise that may later become part of the way children spend their free time.

HEALTHY LIFESTYLE FOR CHILDREN

If we want to guide children to a healthy lifestyle, we need to bear in mind that merely familiarize pupils with health related knowledge is not enough, but it is also important to develop appropriate skills, habits and attitudes leading to the healthy lifestyle. The Brno Regional Hygienic Station has issued some concrete rules that should be followed by children and adults alike.

1. Appropriate *healthy diet* at school and at home – varied diet matching a child’s age, sufficient intake of suitable water/fluids.
2. *Sufficient physical activity* – daily exercise outdoors, physical exercise breaks during classes, reduce sitting in front of TV).
3. *Enough sleep and rest* – regularity, appropriate conditions.
4. *Enhancing fitness* – appropriate heating and airing, appropriate clothing, support walks, outings, swimming, hardening in physical training classes.
5. *Care of the body* – enable the practising of personal hygiene rules, protection against direct sunshine.
6. *Composed mind* – reduce arising of stressful situations, respect personality of individuals, do not strain your organism, guide children to maintaining a good mood.
7. *Friendship* – create and maintain a favourable atmosphere, good partnership relations between teachers and pupils, following rules of conduct, respect, support, understanding, help.

8. *Protection against infections* – air circulation in classrooms, following hygienic rules when illnesses occur.
9. Prevention of accidents – following safety rules during all activities, do not overestimate your powers.
10. *Protection against further harmful factors* (smoking, alcohol, drugs, AIDS) – personal example at school and home, sexual education, prevention, open approach and communication. (Svobodová, 1998)

The starting of school brings with it a change in the way of life, a change in meals provision and the general environment. These changes should not negatively affect healthy diet. We will try to summarize the rules for children's diet during the school year that parents and teachers should keep in mind.

- *Breakfast* is the necessary part of the eating regimen, it may not be affected by the morning haste.
- *The food prepared for snacks* must be given proper attention, the afternoon snack should make up for the energies expended between lunch and supper.
- It is recommended to *choose a varied diet*, different kinds of foodstuffs, an adequate water/fluid intake must be provided (approx. 2 litres per day).
- Recommended *reduction of the supply of sweets, drinks with high contents of fructose and sweeteners, reduction of sodium intake, increase potassium content* in the diet and as a minimum *reach the recommended daily calcium intakes*.
- *Avoid consumption of sausages* (they have a distinct taste, a child will easily get used to them and refuses food less distinct in taste, but more suitable for children) the same applies to consumption of *spices*.
- 7–10 years of age, corresponds to a *daily energy consumption of about 70 kcal/kg*, i.e. at a weight of 28 kg it amount to *approx. 2000 kcal per 1 day* (1000 plus 100 kcal per each year of age). The need of energy per unit of mass decreases from the birth onward (a three-year-old child weighs about 13 kg, his energy consumption is approx. 102 kcal/kg/per day), but generally rises with the increasing age.
- The trends towards replacing a proper midday meal with a *fast food lunch should be avoided* (fast food contains smaller amounts of the needed nutrients, but a great amount of energy).
- As for older-age children, an appropriate way of prevention (obesity, negative impact of alcohol, nicotine and other addictive substances) *guiding towards sports activities* (Machová, Kubátová, 2006).

3. Practical part

A PROPOSED SPECIFIC EXAMPLE FROM THE CHOSEN TEACHING CONTENT ON THE LIFESTYLE OF PUPILS

Based on a synthesis of all the aforementioned topics we have prepared 10 loosely connected chapters that present, in gradual steps, all the topics included in health education, that, in our opinion, should be introduced to the 1st to 5th forms of the elementary school.

We have chosen names for the Chapters and subchapters that are clearly understandable for every 1st. level pupil. We have arranged the chapters systematically and grouped the topics and subtopics based on their contexts and interrelations, as a framework for creating a methodical material for use by pupils, such as e.g. work sheets or in the form of projects. Afterwards we would start incorporating the health-related topics into all subjects taught to the third class pupils, so that the integration of health education into all the taught subjects can be provably demonstrated.

1. MY WORLD

- *My body* – Description of my body, What goes on in my body,
- *My daily routine* – Daily routine (mention importance of relaxation, hobbies, sleep), Personal hygiene, Working and Free days,
- *My duties* – Schoolwork, People and work,
- *My favourite pastimes* – (mention the importance of hobbies),
- *My home* – My family and friends, My town (village) and its surroundings, My country,

2. OUR HEALTH

- *What is a threat to your health and shortens your life?* – Unhealthy diet, Incorrect habits, Smoking, Drugs, Chemicals,
- *First aid* – How I can save a friend's life, How to avoid falling ill, Content of a first-aid kit,

3. MY DIET

- *Water/fluid intake* – Importance of fluid intake and drinking plain water, Daily water intake, Impact of lack of water,
- *Do I have a healthy diet?* – What do I have for breakfast, for lunch/dinner, for snack, for supper?
- *Rules for a healthy diet* – Food guide pyramid, Healthy eating (details on the previous item), How to make my diet healthier?
- Creating a better diet

4. SPORT AND HEALTH

- *Why should I exercise?* – Sports as a pastime, Improving fitness, Reducing the risk of illness
- *Physical training at school* – Exercise and games for health, Physical activity during breaks
- *Kinds of sport* – What kind of sport would be the right one for me?

5. OUR ENVIRONMENT

- *Our planet* – Origin of life, Population of the Earth
- *Nature around us* – Sunshine, Water, Air, The Living nature
- *Technology around us* – What people use to make their life easier
- *Humans in the 3rd. millennium* – Living on the Earth today, the Environment
- *Environmental protection* – How I can protect the environment

6. REST

- *Fatigue and rest* – Importance of rest, relaxation and interests
- *Kinds of relaxation* – The best way of resting and recovering for me

7. INTERPERSONAL RELATIONS

- *I and my family* – What my family is like, Relations between family members
- *My friends and I* – Am I satisfied with myself? Why do I like my friends?,
- *Importance of learning about different cultures worldwide and in this country*
 - Communication, Why I learn a foreign language, Variety of cultures and customs,
- *The human nature* - How people help each other, Why people treat badly one another,
- *Why were are not all the same* – We are all unique individuals with both good and bad qualities, (inspiration drawn from Kovandová, 2007)

4. Empirical part

Within the problems examined we were interested to learn about the actual importance the respondents themselves attached to the problems of health and healthy lifestyle. In this way we wanted to authentically verify the current status of a partial generation group, and thus confront our assumptions and possibilities with reality. That means this was not an extensive field study, our aim was to gain some knowledge of the actual situation. This aim also relates to our decision to use our own method in creating a questionnaire for respondents, that suits our plan. Given its formal aspects, it is rather a preliminary study and inspiration for further scientific research. With this aim in mind, we have created two hypotheses.

HYPOTHESES

H1: Girls follow the rules for a healthy lifestyle more than boys.

H2: As for keeping in view the rules for a healthy lifestyle, pupils are more influenced by their parents than by the school.

In the research part of the study we used a method of anonymous questionnaire-based examination.

In the preliminary study we used a questionnaire of our own construction, which included 11 questions divided into 4 groups. The first question was about a child's gender, the following 3 about their water/fluid intake, 4 questions concerned diet and 3 questions were about sports and free time.

Table no.1

Verification of hypotheses*H1: Girls follow the rules for a healthy lifestyle more than boys*

The hypothesis was not confirmed by the preliminary study.

WATER/FLUID INTAKE		
	GIRLS (n= 27)	BOYS (n=28)
What is your water intake routine?		
a) I drink a lot, even when I am not thirsty	41 %	28 %
b) I drink when I am thirsty	55 %	65 %
c) I do not drink much	4 %	7 %
What do you drink the most often?		
a) plain water, mineral water, tea without sugar	7 %	10 %
b) flavoured mineral waters, fanta, juice	90 %	85 %
c) Coke, kofola, coffee	3 %	5 %

Table no. 2

EATING ROUTINE		
	<i>GIRLS</i>	<i>BOYS</i>
How many times a day do you eat?		
a) 1x	0 %	0 %
b) 2-3x	0 %	0 %
c) 4-5x	100 %	100 %
Do you have breakfast?		
c) no	20 %	30 %
a) yes	75 %	65 %
b) occasionally	5 %	5 %
How often do you have fast food products?		
a) every day	2 %	6 %
b) once in a week	23 %	56 %
c) once in a month	75 %	38 %

Table no. 3

FREE TIME		
I spend most of my time as follows:	GIRLS	BOYS
a) exercise outdoors	40 %	62 %
b) in front of the computer, watching TV	51 %	33 %
c) in different ways	9 %	3 %
Are you into sports?		
a) yes	55 %	75 %
b) not really, my parents rather make me do something	0 %	0 %
c.) no	45 %	25 %

H2: As for keeping in view the rules for a healthy lifestyle, pupils are more influenced by their parents than by the school.

The pupils have stated in the questionnaire that **in most cases (4)** they are influenced by their parents when it comes to keeping their water/fluid intake or selecting the food they eat. Parents also **frequently (3)** influence pupils' spending of free time.

To summarize, parents influence pupils in the area of following the rules for a healthy lifestyle **in most cases (4)**, while school etc. (schoolmates, the media) influence pupils **occasionally (2)**. The research has confirmed the hypothesis.

5. Conclusion

During recent decades, this country has reached the top place in the number of deaths from colorectal cancer and cardiovascular disease which in more than 80 % are influenced by a lifestyle developed by every individual from his/her birth onward. The saying "A habit binds us with chains of steel" also concerns the problems discussed here, so we should lead our children toward a healthy lifestyle from their youngest age. Health is a unique and irreplaceable value for each individual, though not everyone is fully aware of that and maintaining good health is not by far given adequate attention. This is also confirmed by the results of our research, showing that the lifestyle led by pupils of the third form, evaluated with regard to healthy lifestyle rules, is not very satisfactory. A healthy lifestyle can be acknowledged regarding about one half of third-class pupils.

As the greatest influence on pupils in this sphere were established their parents, whereas the initiatives of the school have turned out as one of the smallest influences, following at a distance the schoolmates and the media.

Literature

- BRIFF, J. *Zdravě jíst (pro zdraví a krásu)*. Praha: Ikar, 2000, 111s. ISBN 80-7202-598-8.
- DUFFKOVÁ, J. *Životní způsob/životní styl a jeho variantnost*. Praha: MČSS při AV ČR, 2005. ISBN 80-7308-131-8.
- HAVLÍNOVÁ, M., KOPŘIVA, P., MAYER, I., VILDOVÁ, Z. a kolektiv, *Program podpory zdraví ve škole. 1. vydání*, Praha: Portál, s.r.o., 1998, 275 s.
- CHVÁLOVÁ, M. *Možnosti fyzioterapie u idiopatické skoliózy*, Mariánské Lázně, 2008, (Diplomová práce)
- KOVANDOVÁ, M. *Možnosti aplikace výchovy ke zdraví do tělesné výchovy ke zdraví do tělesné výchovy a do dalších vzdělávacích oborů pro 1. stupeň ZŠ*, Brno, 2007, (Diplomová práce)
- KREJČÍ, P. *Výchova ke zdraví v hodinách anglického jazyka, občanské a tělesné výchovy*, Brno, 2006, (Bakalářská práce)
- KUNOVÁ, V. *Zdravá výživa*. 1. vydání, Praha: Grada Publishing, a. s., 2004, 136 s. ISBN 80-247-0736-5.
- MACHONIN, P., TUČEK, M. (eds.) *Česká společnost v transformaci. K proměnám sociální struktury*. Praha: SLON, 1996. 364 s. ISBN 80-85850-17-6.

- MACHOVÁ, J. *Biologie člověka pro učitele*. 1. vyd. Praha: Karolinum, 2002. ISBN 80-7184-867-0.
- JANSA, P.; KOCOUREK, J.; KŮDOVÁ, G. *Sport a pohybové aktivity dospělé populace*. Praha: FTVS UK, 2001. ISBN 80-7082-610-x.
- OBERBEIL, K.; LENTZOVÁ, Ch. *Ovoce a zelenina jako lék (strava, která léčí)*. 2. vydání, Praha: A.D., s. r. o., 2003, 294 s. ISBN 80-7321-067-3.
- RAŠEV, E. *Škola zad*. 1. vyd. Praha: Direkta, 1992. ISBN 80-900272-6-1.
- SAK, P.; SAKOVÁ, K. *Mládež na křižovatce. Sociologická analýza postavení mládeže ve společnosti a její úlohy v procesech evropeizace a informatizace*. Praha: Svoboda Servis, 2004. 240 s. ISBN 80-86320-33-2.
- SVOBODOVÁ, J. *Zdravá škola včera a dnes*, Brno: Paido 1998. ISBN 80-85931-53-2
- ŠMÍDOVÁ, O. *Životní styl a styl života*. Praha: Karolinum, 1992. 187 s. ISBN 80-7066-660-9.
- Internetové zdroje: http://www.utvs.cvut.cz/lectors/zv_zivotni_styl.pdf

JAK JE MOŽNÉ VÉST ŽÁKY PRVNÍHO STUPNĚ ZÁKLADNÍ ŠKOLY KE ZMĚNĚ ŽIVOTNÍHO STYLU PROSTŘEDNICTVÍM ŠKOLNÍHO VZDĚLÁVACÍHO PROGRAMU NA TÉMA ZDRAVÍ ŽÁKŮ

Abstrakt: Postmoderní společnost dynamicky urychluje, mění a přijímá hodnoty, o jejichž kvalitě nejsme vždy přesvědčeni. O to významnější jsou programy podporující zdraví, jejichž eminentním zájmem je, aby každé dítě v České republice mělo možnost být vzděláváno ve škole, která veškerou svou činností zdraví podporuje. Na tuto potřebu bezprostředně reaguje rozložení témat školního vzdělávacího programu ve vzdělávacích oblastech, průřezových tématech a v koncipování potřeb rozvoje osobnostních postojů ve vztahu ke zdraví jako jedné z primárních životních hodnot. Absence těchto potřeb a rozvíjení životních návyků by nemělo být především ve významném vývojovém období, jako je primární školní prostředí.

Klíčová slova: zdraví, životní styl, aktivní pohyb, podpora zdraví, sociální skupina, rodina, subjekt, životní způsob, kvalita života zdravá výživa, denní režim

Enclosure

Enclosure no. 1

QUESTIONNAIRE

We are presenting you a few questions concerning your own health care and a healthy lifestyle. The questionnaire will only be used for research purposes, it is anonymous and will not be marked. With respect to this, please express your real views and the truth in your answers.

While completing the questionnaire, please always circle one answer only.

1.) Are you a boy or a girl?

- a) boy
- b) girl

WATER/FLUID INTAKE

2.) What is your water intake routine?

- a) I drink quite a lot
- b) I only drink when I am thirsty
- c) I do not drink much

3.) What do you drink the most often?

- a) plain water, mineral water, tea without sugar
- b) flavoured mineral waters, fanta, juice
- c) coke, kofola,

4.) Who or what influences your water/fluid intake (what and how much do you drink)?:

1 – never 2 – sometimes 3 – frequently 4 – mostly 5 – always

teacher	1	2	3	4	5
parents	1	2	3	4	5
classmates, friends	1	2	3	4	5
advertising, TV	1	2	3	4	5
magazines, books	1	2	3	4	5

EATING ROUTINE

5.) How many times a day do you have something to eat?

- a) 1x
- b) 2-3x
- c) 4-5x

6.) Do you have breakfast?

- a) yes
- b) sometimes
- c) no

7.) How often do you have fast food products (hamburgers, hot dogs, chips....) and potato crisps?

- a) every day
- b) once in a week
- c) once in a month

8.) Who or what influences your decisions about choosing the kind of food (to eat or not to eat):

1 – never 2 - sometimes 3 - frequently 4 - mostly 5 - always

teacher	1	2	3	4	5
parents	1	2	3	4	5
classmates, friends	1	2	3	4	5
advertising, TV	1	2	3	4	5
magazines, books	1	2	3	4	5

FREE TIME

9.) I spend most of my time as follows:

- a) exercise outdoors
- b) in front of the computer, watching TV
- c) in different ways

10.) Are you into sports?

- a) yes
- b) not really, my parents rather make me do something
- c) no

11.) Who or what influences the way you spend your free time (what you will do,...):

1 – never 2 - sometimes 3 - frequently 4 - mostly 5 - always

teacher, school	1	2	3	4	5
parents	1	2	3	4	5
classmates, friends	1	2	3	4	5
advertising, TV	1	2	3	4	5
magazines, books	1	2	3	4	5