

OPINIONS OF THE CITIZENS OF THE CZECH REPUBLIC ON HEALTH AND HEALTHY LIFESTYLE EDUCATION IN CONNECTION WITH THE TEACHING PROFESSION

Evžen ŘEHULKA

***Abstract:** In the study, data collected in a representative sociological survey based on submitted questions and conducted by the INRES-SONES company are interpreted. Questions sought to elicit opinions of the citizens of the Czech Republic on health and healthy lifestyle education, and its connection with the teaching profession. Citizens of the Czech Republic think that the most important source of health information for children and young people is the family, followed in second place by the school. Teachers are considered as more-or-less trained to teach health education to their pupils, but CR citizens also think that teachers do not set a particularly good example for their pupils in healthy lifestyles, although care for their healthy lifestyle is, as a rule, considered as the teachers' duty.*

***Key words:** health education, health education and teachers, teachers' lifestyle, teachers' preparedness to teach health education, responsibility for pupils' lifestyles*

Introduction

Health and healthy lifestyle education remain topical issues discussed at various scientific as well as popularization levels. The need for such education is clear: the maintenance and enhancement of health are among the most important tasks of both individuals and the society, and health is one of the basic starting points for happy and good-quality life.

From a certain point of view, health has both an objective and a subjective aspect. Objectively, health is the primary subject-matter of health-care disciplines, although nowadays when health is defined as “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity”, the care for health goes beyond the boundary of medical science. Objectively, health can be relatively easily understood and defined in its determinants, from which principles of health and healthy lifestyle education can be defined. Health, however, can also be viewed subjectively, and not only as an individual experience but also as a state which can be arrived at or

influenced by factors that emanate from implicit ideas and opinions of people, and are created by individuals' experiences or information randomly received from a variety of sources.

It is a major task for teachers and educators to harmonize such implicit and often-times semi-scientific information, opinions and advice with genuine scientific findings and promote good and healthy lifestyles through health education.

Lifestyle issues have been given much theoretical attention recently. According to J. Machová (2009, p. 16) a lifestyle “comprises types of voluntary behaviour in given life situations that are based on individual choices from various alternatives. We can decide to choose healthy alternatives out of possible alternatives on offer, and reject those that are injurious to health. A lifestyle is therefore characterized by an interplay between voluntary behaviour (choices) and the life situation (possible alternatives).” A similar definition of a lifestyle comes from J. Holčík (2010, p. 287), who says that “a lifestyle, a lifestyle conducive to health, is based on ascertainable types of behaviour that are determined by individual personal characteristics, social conditions and parameters of the environment. A lifestyle conducive to health is a sum of behaviour and other activities and circumstances that contribute towards the protection and enhancement of, and recovery to, health.” It follows that a lifestyle is a complex of behaviour and conditions that people can influence and shape to a considerable extent according to their wishes and objectives. From a certain point of view, we can say that a healthy lifestyle is the result of upbringing under certain material and social conditions. This is what is done in health education which, according to J. Holčík (2010, p 286), “is a sum of upbringing and educational activities aimed at mental, physical and social development of people designed to help improve the health of individuals, groups and the entire society. It is usually divided into patient education, warning against health risks, and on health education. It contains more than only information on usual diseases, the components and functions of the human body, and how to take care of it. It should also explain the structure and activities of the health care system and, last but not least, inform about health policies and both local and nation-wide health activities.”

Because we focused on mutual cooperation between the school and the health care in our research, we were mainly interested in health education. It is a comprehensive field of pedagogy which uses findings of pedagogy, psychology and sociology of health, and public health care. According to J. Machová and D. Kubátová et al. (2009), the focus of health education is on prevention, i.e. on an effort to prevent diseases and to promote health. The authors define it as a “set of political, economic, technological and educational activities whose aim is to protect health, extend active life and provide for healthy development of new generations”. The important aspect of health promotion is its active focus on health, while prevention is conceived as an activity against diseases.

Health education is becoming a topical issue for the contemporary system of education. This has been greatly enhanced by *Framework Education Programmes* (FEP), which feature “health education” as an independent educational area. The FEP states that “the primary aim of education in this educational area is to lead pupils to get to know themselves as living beings, to understand the value of health, the meaning of health care prevention, and the extent of problems associated with diseases or other health impairments” ... “it teaches pupils to actively develop and protect their health as

a combination of all of its components (social, mental and physical), and to be responsible for it". We believe that we must welcome these new trends in the Czech system of education, which are fully in line with the current development of our school policies and health care, and are in harmony with the thinking of the World Health Organization, in particular with its *Health21* policy framework. *Health21 – Health for all in the 21st century* has been answered by our political and social life, namely in the documents "Long-term Program of Health Improvements of Czech Population" and the "Action Plan for Health and Environment in the Czech Republic" that have been adopted by the Czech government.

Schools may implement a number of tasks set in those documents because health education of the young generation must be among the basic tasks of the school. In this respect, schools have also other advantages, namely that instruction there is organized on a professional basis, it is under supervision of the society, and is based on scientific data; moreover, it affects pupils in their most formative period of their lives.

Teachers should be given special training in health education, which is being gradually introduced at teacher-training schools. Successful health education at schools should, however, accomplish one more task, namely to make sure that the educator himself is as much as possible a role model for healthy behaviour and a healthy lifestyle. A teacher who smokes can hardly be a successful proponent of non-smoking. A healthy lifestyle is a very personal thing and it has a profound effect on one's individual behavioural values; that is why it is so difficult to teach it and why it is often reduced to declaratory statements of certain principles. The teacher's role is very demanding and difficult, and teachers very often show their own privately-held beliefs more openly than they think they do. Our research has shown that teachers suffer from various physical and mental conditions that they could alleviate by observing the principles of a healthy lifestyle; in many both male and female teachers we observe increased levels of neuroticism, excessive stress, health complaints, social conflicts, poor emotional control, ineffective resting, incorrect work habits, etc. (E. Řehulka, O. Řehulková 1998a; E. Řehulka, O. Řehulková 1998b; E. Řehulka 1999; E. Řehulka 2006 ad.).

It is interesting to conduct surveys of opinions of the general public about health and healthy lifestyles at schools. The public often adopts an informed and critical stance on the situation in schools. We believe it is very important to investigate public opinions on schools because those opinions make up a social consciousness framework about schools within which teachers have to work. Opinions that the public has about schools do not, as a rule, correspond to reality but may be very important for work at schools because they may highlight some mistakes or untapped reserves in education processes. In the case of health and healthy lifestyle education, such reminders are of particular importance. How schools are judged by the public is very closely connected with the perception of the teaching profession. The public places considerable and rigorous requirements on teachers but, at the same time, holds their work in high regard. It is therefore important to know to what extent the expected success of health education is conditioned by the assessment of teachers' qualifications for that area of education.

Survey objectives

The survey contained *questions on health and healthy lifestyle education, and some aspects connected with the teaching profession*. We wanted to find out where children and young people got their information on health, and what information source they considered the most important. In the survey, great attention was paid to the *role of teachers in health education*. People were asked whether they think that teachers are sufficiently trained to teach their pupils about health, and whether they are a role model for a healthy lifestyle for their pupils.

Another survey objective was to find out how the teaching profession is perceived by the public. Respondents were asked what, in their opinion, is the major stress factor in the teaching profession, who can become a teacher, and whether teachers have a bigger professional obligation to look after their physical and mental health than people in other positions.

Research methodology

Research was designed as a sociological survey according to the project and used research instruments prepared by the client and amended by fully-qualified workers of the research organizer. In the field survey, standardized technique of a structured interview between the interviewer and the interviewee was used. The text of the questionnaire was finalized based on the results of a pre-survey.

Data were collected in different parts of the Czech Republic by the staff of 360 professional interviewers of the INRES - SONES company. The staff of INRES – SONES were also responsible for visual, logic control, encoding and entering data into the computer, tabulation and interpretation of results.

For statistical processing, the SASD 1.3.4 (statistical analysis of social data) software was used. The first-degree interaction and contingency tables of selected indicators of the second-degree interaction were prepared. The degree of dependence of selected parameters was determined on the basis of chi-square and other testing criteria applied according to the character of the parameters. On the basis of this analysis, interpretation of data was conducted and tables and graphs were generated.

Respondent selection and selection set properties

The data analyzed in this paper were received from a set of 1,795 respondents selected randomly using quotas. The set is a representative sample of the Czech Republic population over 15 years of age. The representativeness was derived from the basic set of the Czech Republic population aged 15 or older.

The respondent composition of the set as defined by the basic demographic characteristics is as follows. From the *gender* point of view, there were 48.5 % of men and 51.5 % of women in the set, which corresponds to the gender composition of the CR population aged 15 and over. From the relative frequency point of view, the deviation of the selection set from the basic set is 0.1 %, which makes our survey representative for Czech population over the age of 15 from the gender point of view.

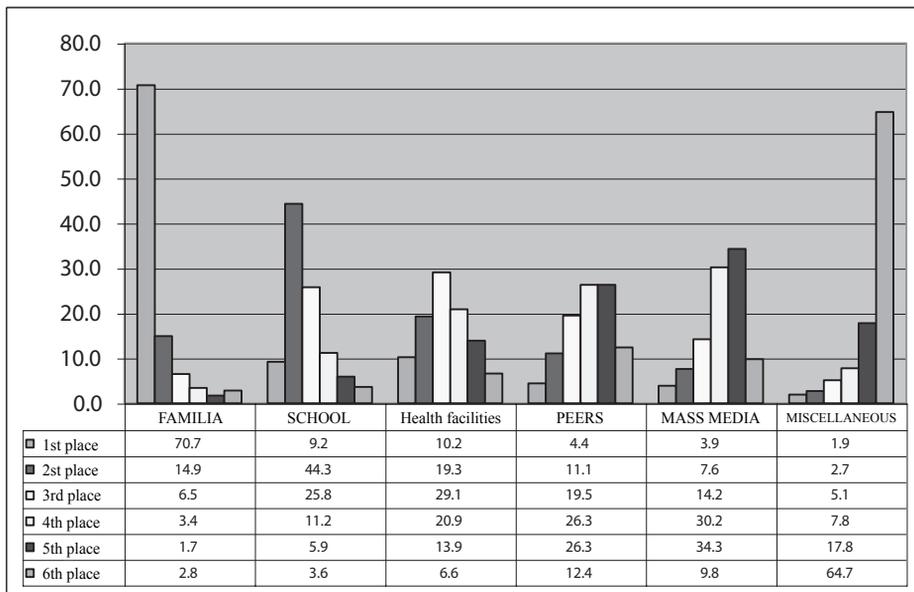


Fig.1 question (N = 1,790): Sources of health information used by children and adolescents

The above diagram shows very clearly that the public believes that the most important source of health information for children and adolescents is the family, which is a place where young people traditionally learn about health, and how to protect and care for it. Other sources of information trail behind. In order to unambiguously evaluate their respective shares, a weighed arithmetic mean was calculated of each information source ranking that was determined by the respondents in the survey. The higher the ranking determined by respondents in the survey, i.e. the more important they considered the source to be, the lower the value of the weighed arithmetic mean.

Table 1: Sources of health information for children and adolescents (N = 1,790)

INFORMATION SOURCE	MEAN
1. FAMILY	1.588
2. SCHOOL	2.710
3. HEALTH CARE FACILITIES	3.289
4. PEERS, CLASSMATES	3.962
5. MASS MEDIA	4.130
6. MISCELLANEOUS	5.310

From the importance ranking point of view, Czech Republic citizens consider the family to be the source from which children and adolescents get most of their information on health. The school and health care facilities (physicians, hospitals, etc.) rank second and third, respectively. Peers, classmates and friends and the mass media were

ranked the 4th and 5th most important sources, respectively. Also important as a source of health information for children and adolescents are miscellaneous sources and pieces of information of a random character.

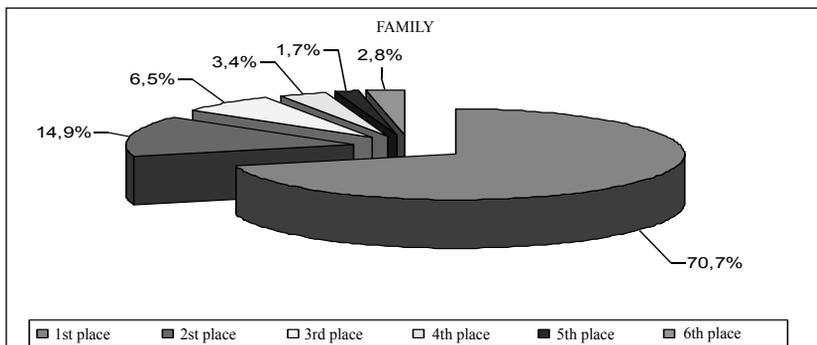


Fig. 2: Sources of health information for children and adolescents - family (N = 1,790)

More than 7/10 of respondents (70.7 %) ranked the family first among sources of health information for children and adolescents. Another about 15 % ranked it second, and the remaining 14.4 % put the family on a lower place. *From this point of view, the family plays a decisive role among information sources according to the opinion of Czech Republic citizens.*

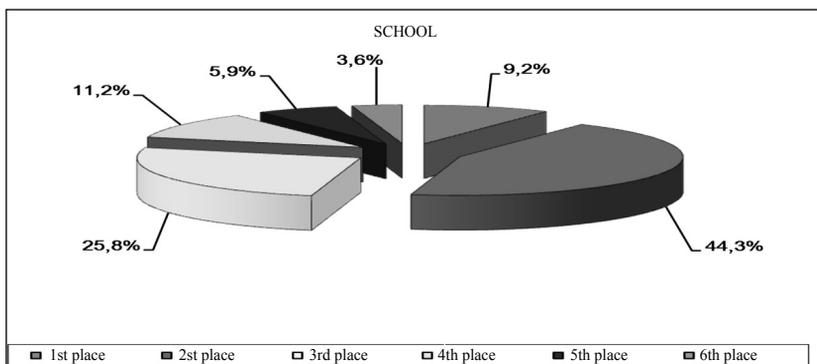


Fig. 3: Sources of health information for children and adolescents - school (N = 1,790)

Most frequently, the school ranked second after the family from the point of view of health information importance for children and adolescents. It was ranked second and third by 44.3 % and about 1/4 of respondents (25.8 %), respectively. These were the most frequent places where the school appeared.

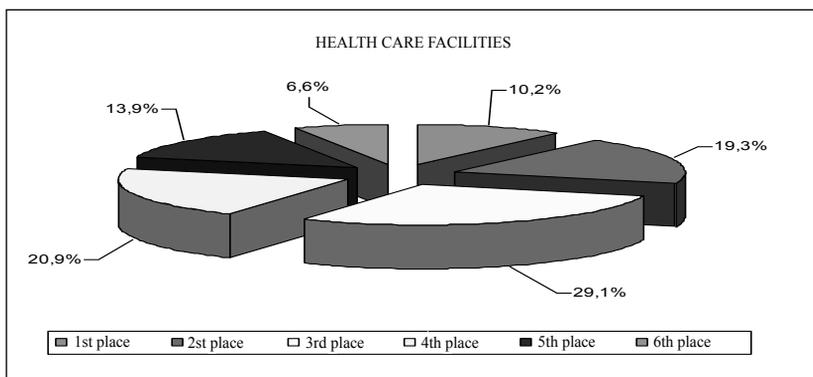


Fig. 4: Sources of health information for children and adolescents - health care facilities (N = 1,790)

Health care facilities were most frequently ranked fourth by Czech Republic citizens from the point of view of how important they are in informing children and adolescents about health issues. It was the decision of almost 3/10 (29.1 %) of citizens. We should, however, add that public opinion in this matter is relatively well-balanced, and health care facilities are put in every place over the entire range of possible answers – from the first place (1/10 of respondents) through the second (1/5 of respondents) and fourth (1/5 of respondents) to the fifth and the sixth places (1/5 of respondents each). The conclusion we may draw from it is that people in the CR do not hold strong opinions about the role of health-care facilities in providing health information for children and adolescents, and health-care facilities are put in all the places in our scale.

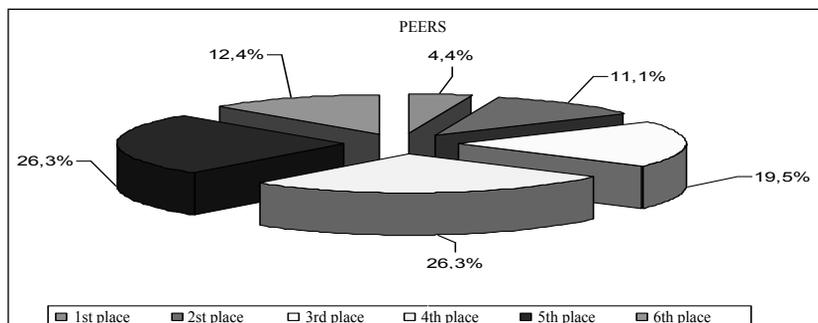


Fig. 5: Sources of health information for children and adolescents - peers (N = 1,790)

Peers, classmates and friends are most frequently ranked 4th or 5th from the point of view of their importance in health information (they tie with 26.3 % of responses). It was the decision of more than half of respondents (52,6 %). A considerable number of respondents put peers in the third place (less than 1/5 or 19.5 %), and the least frequent was the first place (only 6.4 % of respondents).

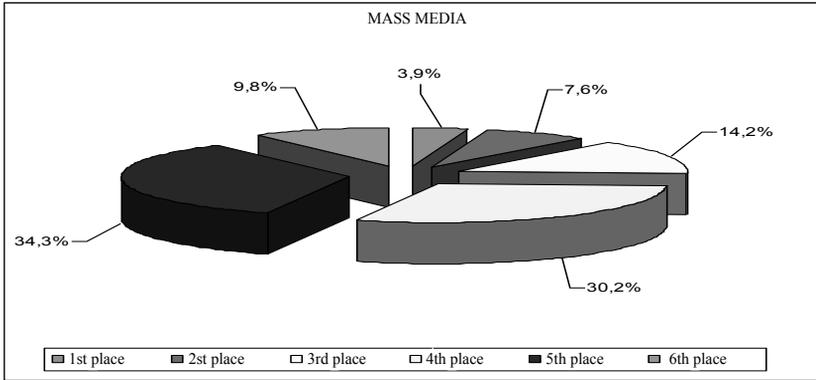


Fig. 6: Sources of health information for children and adolescents - mass media (N = 1,790)

Mass media were most frequently put in the 5th place with respect to their importance in providing health information for children and adolescents (34.3%), and the 4th place was also fairly frequent. Other places were chosen significantly less frequently. As far as their information importance is concerned, they are comparable with the peers. The importance of the two information sources is considered similar by the Czech population.

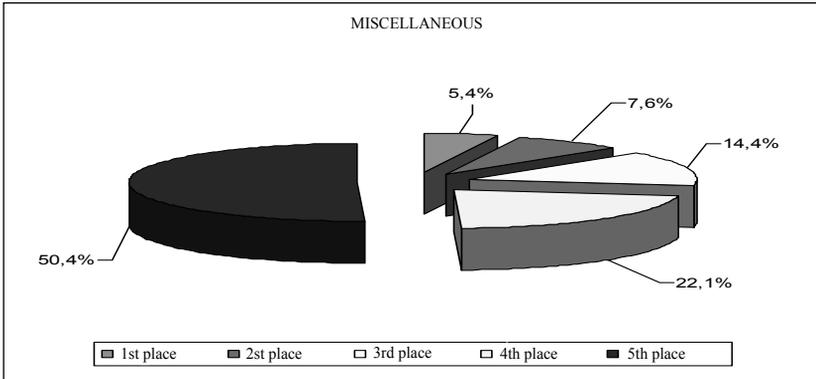


Fig. 7: Sources of health information for children and adolescents - miscellaneous sources, randomly acquired information (N = 1,790)

CR citizens do not attach particular importance to information sources other than those specifically mentioned above and “miscellaneous” sources are most frequently put in the last place. That place was chosen by almost ½ (50.4 %) of respondents. No statistically significant links between the ranking and demographic and social characteristics were found, which means that people in the CR hold the same opinions on this issue, and attach the least importance to miscellaneous sources or randomly acquired information when it comes to health information for children and adolescents.

We have already mentioned the important role played by teachers in health education. In the survey, CR citizens were asked to give their opinion on whether our teachers are trained to teach health education to their pupils, whether it was their responsibility to look after a healthy lifestyle of their pupils and whether, in their opinion, teachers are role models for a healthy lifestyle for their pupils.

The following closed questions were asked about the opinions on the teachers' preparedness to teach health education:

“Do you think that our teachers are trained to teach health education to their pupils?” The respondents were to choose one of the following standard range of answers: *“1) completely prepared; 2) quite prepared; 3) 50/50; 4) rather unprepared; 5) completely unprepared”*.

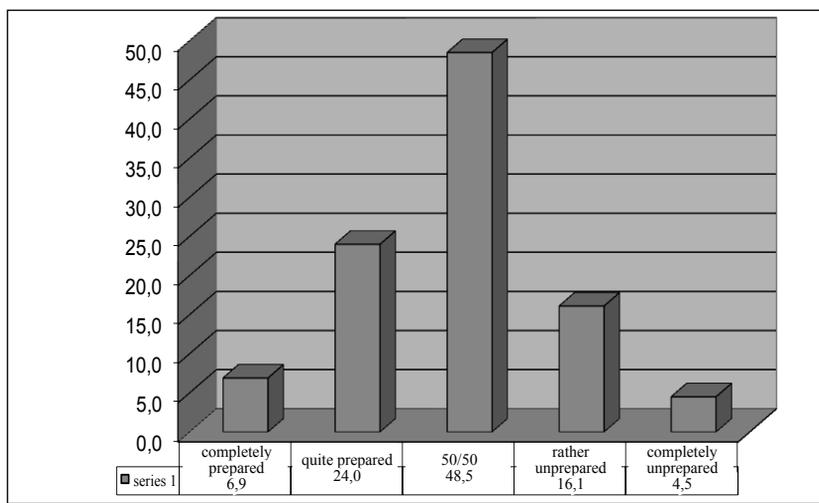


Fig. 8: Opinions about teachers' preparedness to teach health education (N = 1,782)

We can conclude that almost half of the population of the CR believes that teachers are only “half prepared” to teach health education to their pupils. In the remaining answers, positive assessments slightly predominate over negative ones. About 3/10 of citizens are inclined to think that teachers are completely or quite prepared, about 2/10 hold an opposite opinion and think that teachers are rather or completely unprepared. The public opinion to this issue is not influenced by any of the monitored demographic or social characteristics.

A different angle of view on the role of teachers in health and healthy lifestyle education is expressed in the question of whether or not teachers are role models for a healthy lifestyle for their pupils. Opinions of Czech Republic citizens on this issue were investigated using the following closed question: *“Do you think that our teachers are role models for a healthy lifestyle for their pupils?”* Like in the previous case, respondents were to choose one answer of the following standard range of answers: *“1) they certainly are; 2) they probably are; 3) 50/50; 4) they probably aren't; 5) they certainly aren't”*.

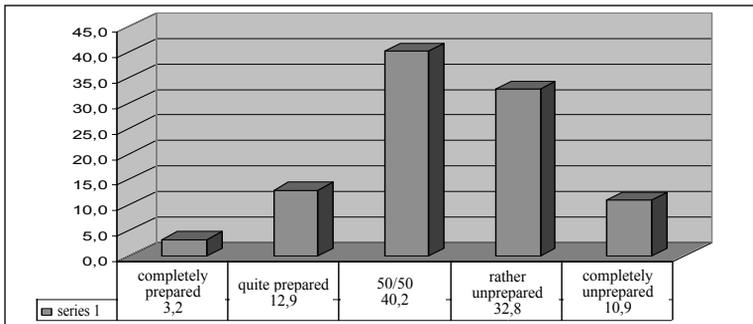


Fig. 9: “Are our teachers role models for a healthy lifestyle for their pupils?”
(N = 1,793)

Negative answers predominate among opinions of Czech Republic citizens on whether our teachers are role models for a healthy lifestyle for their pupils. A total of 43.7 % of citizens are inclined to think that our teachers probably or certainly are not role models for a healthy lifestyle for their pupils. Almost the same number (40.2 %) of people are undecided, and only 16.1 % of citizens think that teachers probably or certainly are role models for a healthy lifestyle for their pupils.

The teachers’ role in health and healthy lifestyle education was also evaluated from the point of view of whether or not teachers should actively influence the lifestyles for their pupils. This issue and citizens’ opinions on it were investigated using the following closed question: “Do you think that it is the teachers’ duty to concern themselves with their pupils’ lifestyle?” The respondents were again asked to choose one of the following standard range of answers: “1) completely agree; 2) quite agree; 3) 50/50; 4) rather disagree; 5) completely disagree”.

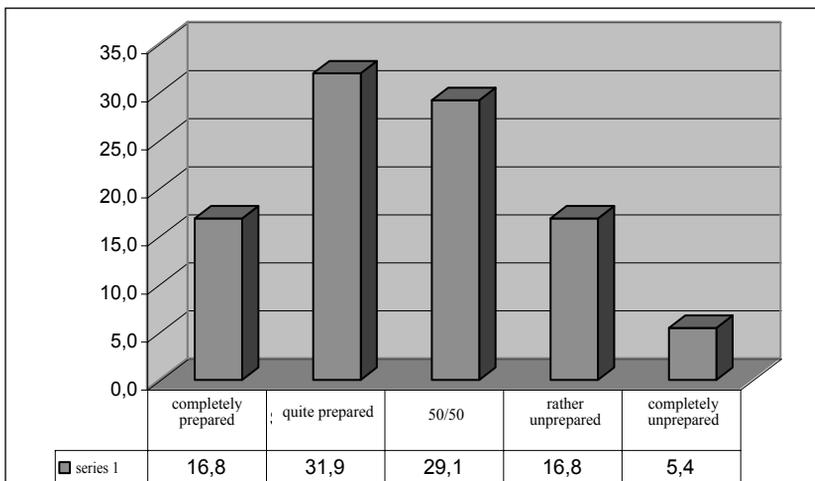


Fig. 10: Is it the teachers’ duty to concern themselves with their pupils’ lifestyle?
(N = 1,792)

Almost half (48.7 %) of Czech citizens are inclined to think that teachers' duties should include the care for a healthy lifestyle of their pupils (the sum of "completely agree" and "quite agree" answers). Another 29.1 % are undecided on the issue, and the remaining 22.2 % think that teachers should not have that duty (the sum of "rather disagree" and "completely disagree" answers).

Opinions on the relationship between health prevention and school education

Respondents were asked to respond to a statement about the relationship between health prevention and education at school. The aim of the survey was to find out how that relationship is perceived by the citizens of the Czech Republic, and where they believe is its focal point. The exact wording of the statement the respondents were to respond to was: *Now please consider what relationship there should be between health prevention consisting in trying to avoid falling ill and education at school. In your own words, describe briefly what form that relationship in your opinion should ideally take.*

As in the case of the previous open question, it was first necessary to conduct a contextual analysis of individual statements, because the variability of opinions was considerable and their range was from 1 to 1182, i.e. 1182 expressions or their variants. On the basis of that contextual analysis, the following categorization of responses that express the ideal form of relationship between health prevention and education at school was construed.

- 1) Positive relationship, an emphasis on cooperation, connectivity, connection between health prevention and education at school. (This category included expressions e.g. positive attitude, strong, near, balanced, equivalent, important relationship, mutual interconnection, connection, harmony, mutual support, continuity, intermingling, complementation, unity, equilibrium, communicativeness, obliging.).
- 2) An emphasis on the need for more information about health prevention in school education, efforts to define the content of health prevention, ideas for topics. (Statements pointing out the need for sufficient information, health prevention promotion, information on diseases, teachers should give enough information about the risk of various diseases to their pupils and lead them to good hygiene and prevention of those diseases, prevention instruction not only at a theoretical level, re-introduction of preventive medical check-ups in cooperation with schools (dentists, general practitioners for children and adolescents), vaccination in schools, teachers should set a good example by not going out to school when they are ill because otherwise risk losing credibility, information on recommended water intake, residential ventilation, prevention of AIDS, hepatitis, etc.).
- 3) Emphasis on introduction of various types of health prevention to school education. (To invite expert lecturers, organize discussion, seminars, workshops, training sessions, cooperation between health care facilities and schools, physicians to come to classes, cooperation with the family, etc.).
- 4) Other opinions. (The most frequently mentioned here was the family as the most

- important place for health prevention, and requests for more PT lessons, emphasis on observing principles of cleanliness at schools, a topic for civics, etc.).
- 5) Negatively worded opinions. (Nonsense, no relationship, serves no useful purpose, etc.).
 - 6) Does not know, does not understand the statement, has no idea, unable to judge.

Opinions in the first three categories are positive in their assessment of the relationship between health prevention and education at school, and some present ideas for its extension or define the content more accurately. Opinions in the fourth category are unrelated to the relationship between health prevention and education at school, or put it at a different level. Opinions in the fifth category are negative with respect to the relationship between health prevention and education at school. Opinions in the sixth category are neutral (respondents do not know, are unable to judge).

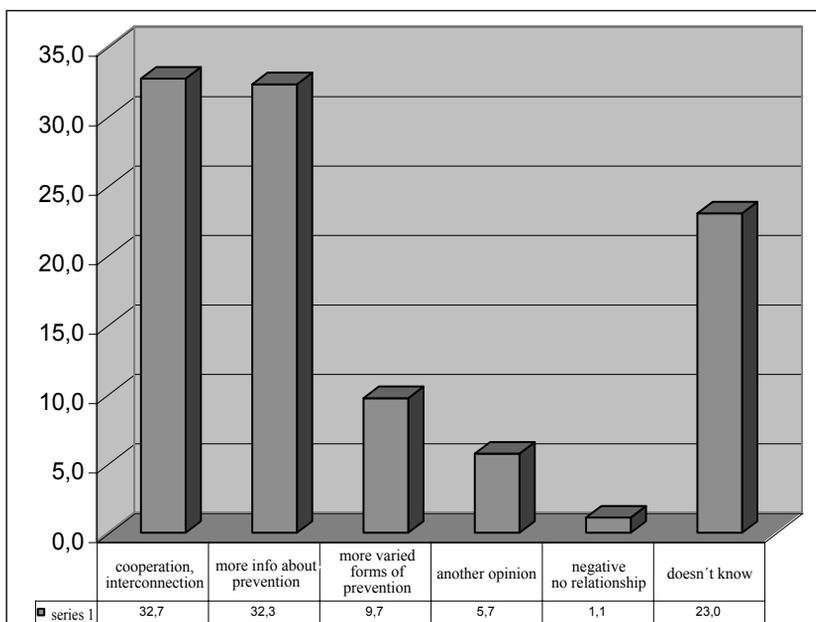


Fig. 11: Perception of the relationship between health prevention and education at school (N = 1,721)

Note - the sum of relative frequencies exceeds 100 % because some respondents mentioned several types of relationship between health prevention and education.

Less than 1/3 (32.7 %) of the population of the Czech Republic see the focus of the relationship between health prevention and education in schools in their interconnection complementation or networking. According to these respondents, health prevention and education in schools are closely connected, influence each other and cannot be separated.

Another 1/3 (32.3 %) of the population wants more space to be given to health prevention in school education, and pupils to be given more information about it. Another frequent comment was the request for re-introduction of preventive medical check-ups in schools, or vaccination of pupils.

The third group of less than 1/10 of citizens (9.7 %) would like to see the introduction of various forms of health prevention to schools, including a closer cooperation between schools and physicians and health care facilities.

It means that three quarters (74.7 %) of the citizens of the Czech Republic (the sum of Categories 1, 2 and 3) believe that health education rightly has a place in schools, and that health prevention and school education should be closely linked and mutually interconnected. This group also recommends that schools provide more information on health prevention, and implement it in a variety of ways.

The group of citizens holding a different opinion makes up 5.7% of respondents. Basically, they mainly believe that health prevention should primarily be done in families, and that, possibly, some attention might be given to it in subjects already taught in school. Only 1% of respondents think that there is no relationship between health prevention and education in schools.

The remaining 23 % of citizens were unable to define the relationship between health prevention and education in schools, and their responses were “I don’t know”, “I don’t understand it” or “I have no opinion about it”.

It follows from an analysis conducted on the basis of the second-order interaction that there is a slight tendency among men to choose the “I don’t know” answer more frequently, and the same is true about the youngest age group (15 to 19-year olds). The connection between this issue and education is more pronounced. While respondents with apprenticeship training were more frequently unable to perceive any relationship between health prevention and school education ($\alpha = 0.001$), secondary school graduates and particularly university graduates put more emphasis on providing more information on health prevention as part of school education ($\alpha = 0.01$). The X^2 in the case of education is 58.347 with 15 degrees of freedom. No statistically significant links with other demographic or social parameters were found.

It means that three quarters of Czech Republic citizens believe that health prevention belongs to education in school, that there is a very close connection between them, and that they mutually influence each other. These citizens also recommend that more information on health prevention be provided by schools, and that more varied forms of presentation be used. Citizens’ opinions on the relationship between health prevention and education depends on their level of education.

Conclusions

Representative research into opinions of Czech Republic citizens about health and healthy lifestyle education and its relationship with the teacher’s profession showed that unequivocally the most important source of information on health for children and adolescents is the family, followed in the second and third places by the school and health care facilities (physicians, hospitals, etc.), respectively. Mass media and peers are considered less important.

Almost half of the population of the Czech Republic believes that teachers are only “half prepared” to teach health education to their pupils. In the remaining answers, positive assessment slightly predominates over negative assessment. About 3/10 of citizens are inclined to think that teachers are completely or quite prepared, about 2/10 hold an opposite opinion and think that teachers are rather or completely unprepared.

For the most part, Czech Republic citizens think that our teachers are not role models for healthy lifestyles for their pupils, or they are to some extent only, and they are inclined to think that it is the teacher’s duty to concern himself with a healthy lifestyle of his pupils. This opinion is held by almost half of the population, about 1/5 of respondents does not agree with it, and the rest half agrees.

It means that three quarters of Czech Republic citizens believe that health prevention belongs to education in school, that there is a very close connection between the two, and that they mutually influence each other. These citizens also recommend that more information on health prevention be provided by schools, and that more varied forms be used for its presentation.

Literature

- Agentura INRES – SONES. *Výzkum názorů a postojů občanů ČR k problematice zdravotnictví a zdravého způsobu života*. Praha : INRES – SONES 2008.
- COAN, R. W. *Optimální osobnost a duševní zdraví*. GRADA : Praha 1999. ISBN 80-7169-662-5.
- HOLČÍK, J. *Zdravotní gramotnost a její role v péči o zdraví*. Brno : MSD 2009, 149 str. ISBN 978-80-7392-089.
- HOLČÍK, J.; ŘEHULKA, E. Potřeba a poslání zdravotní výchovy. *Časopis lékařů českých*, Praha, Česká lékařská společnost J. E. Purkyně. ISSN 0008-7335, 2007, vol. 146, no. 1, s. 3-8.
- KEYES, S. L.; COREY, L. M. *Mental Illness and/or Mental Health? Investigating Axioms of the Complete State Model of Health*. *Journal of Consulting and Clinical Psychology*. 73(3), 539-548, 2005.
- KŘIVOHLAVÝ, J. *Psychologie zdraví*. Portál : Praha 2001. ISBN 80-7178-774-4.
- MACHOVÁ, J.; KUBÁTOVÁ, D. a kol. *Výchova ke zdraví*. Praha : GRADA 2009. ISBN 978-80-247-2715-8.
- MARÁDOVÁ, E. *Výchova ke zdraví: školní vzdělávací program*. Praha : Fortuna 2006. ISBN 80-7168-973-4.
- PELIKÁN, J. *Pomáhat být*. Karolinum : Praha 2003. ISBN 978-80-246-0345-2.
- PRŮCHA, J. *Učitel. Současné poznatky o profesi*. Praha : Portál 2002. ISBN 80-7178-621-7.
- Rámcový vzdělávací program pro základní vzdělávání*. Praha : VÚP 2005. ISBN 80-87000-02-1.
- ŘEHULKA, E. Pokus o koncepci zdravé osobnosti. In *Integrativní funkce osobnosti*, MU : Brno 2000, s. 89- 94. ISBN 80-210-2465-8.
- ŘEHULKA, E. Sebereflexe náročných životních a profesionálních situací u učitelek ZŠ. *Pedagogická orientace*, Brno, Konvoj, 1997, č. 4, s. 7-12. ISSN 1211-4669.

- ŘEHULKA, E. Vrachuvannja profesijných navantažeň včyteliv v koncepciji jich psychologičenoj osvity. *Psychologie* č. 4, Univerzita Kijev, 1999, s. 149-153.
- ŘEHULKA, E.; ŘEHULKOVÁ, O. Problematika tělesné a psychické zátěže při výkonu učitelského povolání. In: *Učitelé a zdraví I*. Brno : Nakladatelství Pavel Křepela, 1998a, s. 99-105.
- ŘEHULKA, E.; ŘEHULKOVÁ, O. Učitelky ZŠ a zdraví. In *Člověk na počiatku nového tisícročia*. Bratislava, SAV, 1998b, s. 80-83. ISBN 80-967228-9-1.
- ŘEHULKA, E. Das Programm Gesundheit im 21. Jahrhundert der WHO und das gegenwärtige tschechische Schulsystem. In *Neue Herausforderungen im Gesundheitsbereich an der Schule*. Brno : Masarykova univerzita, Brno, 2006. s. 66-74. ISBN 80-210-4191-9.
- ŘEHULKA, E. Zdraví jako hodnota v pojetí učitelek základních škol. In *Hodnoty a výchova*. Brno : MSD, spol. s.r.o., 2007, s. 73-79. ISBN 978-80-86633-78-7.
- ŘEHULKOVÁ, O.; ŘEHULKA, E. Zvládání zátěžových situací a některé jejich důsledky u učitelek. In: *Učitelé a zdraví I*. Brno : Nakladatelství P. Křepela, 1998, s. 105-113.
- VAŠUTOVÁ, J. *Profese učitele v českém vzdělávacím kontextu*. Brno : Paido 2004. ISBN 80-7315-082-4.

NÁZORY OBČANŮ ČR NA VÝCHOVU KE ZDRAVÍ A ZDRAVÉMU ŽIVOTNÍMU STYLU V SOUVISLOSTI S POVOLÁNÍM UČITELE

Abstrakt: Ve studii jsou interpretována data reprezentativního sociologického výzkumu, který byl na základě zadaných otázek proveden agenturou INRES-SON. Otázky byly zaměřeny na názory občanů České republiky na výchovu ke zdraví a zdravému životnímu stylu a jejich souvislost s povoláním učitele. Občané ČR považují za nejdůležitější zdroj informací o zdraví v případě dětí a mladých lidí rodinu, na druhém místě školu. Učitelé jsou posuzováni jako více-méně připraveni vychovávat své žáky ke zdraví, ovšem současně se občané ČR domnívají, že učitelé spíše nejsou vzorem zdravého životního stylu pro své žáky, přičemž starat se o jejich zdravý životní styl je zpravidla chápáno jako povinnost učitelů.

Klíčová slova: výchova ke zdraví, výchova ke zdraví a učitelé, životní styl učitelů, připravenost učitelů k výchově ke zdraví, odpovědnost za životní styl žáků