

SCHOOL IN PREVENTION OF SOCIAL-PATHOLOGICAL PHENOMENA IN PUPILS FROM SOCIALLY-DISADVANTAGED AND EDUCATIONALLY LESS INSPIRING ENVIRONMENT

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Abstract: *One of the major problems related to the growing number of social-pathological phenomena is the extent of drug consumption in primary school children. This problem is especially serious in children from socially handicapped and educationally less inspiring environment, dominated by Romany pupils. Family education in this environment does not establish the conditions necessary for desired structuring and stabilization of health-favouring attitudes. Therefore, the paper puts emphasis on responsibility and the shaping potential of primary school in the process of health-oriented education.*

Key-words: *prevention, social-pathological phenomena, education, primary school*

The undesired social-pathological phenomena include facts, activities and forms of behaviour that do not correspond with what is generally acceptable, standardized, expected and required. The group of socially undesirable phenomena and problems encompasses a large number of conduct types of various degree of social impact, ranging from criminality, delinquency, suicides, prostitution, aggressive behaviour, and chicane to pathological addictions (gambling, various cults, drugs, Internet, workoholism, etc.).

What is extremely alarming is the growing number and frequency of various social-pathological phenomena appearing as early as the ontogeny stages which are crucial for the personality development. In the period from 1989 to 2001 the crime rate connected with children and the youth from 6 to 18 years of age boosted by 76 % (Zelina, 2004). In this connection, it is necessary to point out the experiences of children with drugs (alcohol, cigarettes). Chmelová (2003) maintains that the first-cigarette age has dropped from 12,94 to 10,35 years of age. Nociar (2004) gives the following first contact age: beer – 9.4 years, wine 10.1 years, hard drink 10.7 years. What is interesting is the almost linear significance: it means that the

respondents who admitted smoking also admitted alcohol consumption in 87 %. On the other hand, from among those who do not consume alcohol 85 % stated that they had never smoked a cigarette. The data on drug addiction in the Slovak Republic, published in 2006 (NMC, GSVMDZKD – governmental agency) indicate several alarming facts, such as 52.5 % smoking experience among pupils of the age between 10 and 15 years (57 % boys and 47.6 % girls), and 70.3 % first contact with alcohol under the age of 15.

Social pathology in children brought up in socially disadvantaged and educationally less inspiring environment, dominated by Romany children, has been a long-term problem. The socially disadvantaged environment imposes obstacles to meeting 'standard' educational requirements and needs (books, toys, sport equipment, trips, hobby circles, free time structure and contents, etc.) The educationally less inspiring environment is frequently connected with the socially disadvantaged environment, and is characterized by the lack of positive impulses (bio-psychical and socio-cultural) so important for healthy development of children. A combination of these adverse factors restricts the possibility to meet the fundamental biological, psychical, and social needs of children, which results in educational deficiencies and problems as early as the beginning of their school attendance. By implication, it seriously hampers a balanced development of cognitive, affective and psycho-motor facets of human personality. The consequences of social, cultural and linguistic incompatibility are manifested in children falling behind in terms of their mental and emotional development, in their social and educational maladjustment, including unpredictable and aggressive behaviour, impoliteness, using dirty words, truancy, thefts, and other socially undesired phenomena.

The etiology of social pathology in Romany children and youth, including the problems with drugs, stems from the family environment. In our view, the key factor is the identification of Romany children with the behaviour of their parents, with the overall life-style of Romany families. Bačová (1990) maintains that Romany family is a unique demographic type characterized by:

- *The beginning of sexual life at an early age, also including the age of girls who become mothers;*
- *High number of children;*
- *Lower proportion of people in the post-productive age;*
- *Multimember households;*
- *Higher proportion of complete families with children under 15;*
- *Several generations of relatives living in one household;*

These characteristics can be further completed by:

- *Economic constraints due to a bad social situation in families;*
- *Permanently high unemployment rate;*
- *Lack of trust in institutions outside the community, including school which is perceived as a repressive institution;*
- *Low education level of parents;*

- *Immaturity of Romany mothers (they give birth to children at a very young age, frequently as soon as they become sexually mature) implying their inability to bear the responsibility for the education of their children;*
- *Inappropriate role of education in the value system of Romany parents;*
- *Specific language development of Romany children (they cannot speak Slovak as the language of education) due to the absence of any pre-school education;*
- *Poor care of children;*
- *Early contact with drugs (alcohol, cigarettes, volatiles);*
- *Excessively aggressive and asocial behaviour;*
- *High crime rate;*
- *Excessive concentration on the immediate reality; lack of sense of planning and fulfilling the goals;*
- *High dependence of the system of social support.*

Without excessive generalization, Romany family can be characterized as a multimember one with permanently low economic, educational, cultural, and hygienic levels. The psychosocially and culturally determined life of Romany family is reflected in the structure and the contents of the education of Romany children which, unfortunately, also includes drugs (alcohol, cigarettes, volatiles). A dysfunctional family which fails to fulfil its educational functions significantly restricts the level of social integration, the development of socially acceptable habits, skills and values, insufficiently develops individual responsibility for one's own conduct, which, consequently, increases the frequency of socially pathological phenomena. The children from this environment suffer from an educational deficit as a risk factor. This may lead to socio-cultural resistance. The problem of social integration of Romany children is also manifested in the absence of motivation to learn, and in poor school results.

Ďuríčeková (2000) provides some data concerning the education of Romany children:

- They fail to reach the final, the 8th year of primary school, 30 times more frequently than other children;
- Almost 90 % of Romanies finish their study at the level of primary school;
- The grade for behaviour is reduced in Romany children five times more frequently than in other children;
- About 22 % Romany children fail at the end of the first year of primary school;
- Romany children fail at the end of school-year 14 times more frequently than other children;
- 25 % Romany children fall within the class of verbal debility;
- 42 % Romany children attend primary schools for mentally handicapped children.

Vašečka (2002) maintains that only 6.5 % Romany students successfully graduated from secondary professional schools and only 0,6 % of Romany students have a university education.

Hornák (2001) explored the influence of the environment on success at school:

- 23.81 % Romany parents admit illiteracy and 26.9 % semi-illiteracy;
- 93 % pupils with poor results (hereinafter PPRs) come from the families with the lowest income;
- in the examined sample of Romany families, the unemployment rate among Romany mothers is 100 %;
- In the PPR group, 46.34 % Romany fathers and 59.52 % mothers did not finish primary school;
- In the PPR group, 58.14 % parents do not care of the school results of their children; 20 % were not able to answer this question.;
- In the PPR group 90.70 % pupils speak Romany as their mother tongue.

Hroncová and Šebiana (2006) shows the correlation between criminality and education in the Romany community. The authors point out that the highest crime rate is among Romanies with less than primary school education. The crime rate proportion of children and young Romanies amounts to 35 % to 40 %. More over, the proportion of children from 6 to 15 is higher than that of young Romanies between 15 and 18 years of age. Tolerance of Romany families to socially undesired phenomena, the absence of relevant health-awareness, and a different value system are reflected in the high failure rate at school. The findings point out grave social isolation of the Romany community.

A monitoring of Romany children (1012 respondents – Romany pupils attending the 3rd year of primary school, without regard to their age) was implemented with the aim to identify, analyze and evaluate the first contact period and the experiences with drugs (alcohol, cigarettes, solutions) in their families and their community (Liba, 2006). It was found out that alcohol and cigarettes (rarely volatiles – toluene) are consumed at an early school age, or even pre-school age; characteristic is the absence of awareness of the harmful effects of alcohol and cigarettes perceived as an integral part of life. The monitoring results correspond with those obtained by Hroncová et al. (2004). It should be noted that the relevance of the data in both of these research projects may be impaired by the approach of Romany children (parents), in particular, by their inclination to tell half-truth or to cheat, and by various misunderstandings, unwillingness to co-operate, and the lack of trust.

In spite of these limitations the obtained data enable us to identify the tendencies and to draw some conclusions:

- Poor care of children;
- Lacking awareness of the harmful effects of alcohol and cigarettes;
- Early beginnings of drug consumption – early school age, or even pre-school period.
- Dominant position of boys (in our sample) in relation to alcohol and cigarette consumption;
- Tolerance of Romany families to drug addiction;

- Limited health awareness, ignoring the psycho-hygienic tenets, the principles of healthy diet, and the individual and community hygiene;
- Insufficient utilization of the educational potential of school;
- A kind of bias of teachers, manifested in low expectations in relation to Romany children.

These facts restrict the structure and the range of social contacts with non-Romany population, which, no doubt, negatively influences the psychosocial development of children. What is therefore needed – despite negative experiences with the achievements of social institutions, also including school – is a comprehensive analysis, evaluation, comparison, redefinition and modification of everything what has been considered to be relevant primary prevention. There is hardly any universal scheme, especially in view of the considerable heterogeneity manifested in and determined by specific local communities. In spite of the multiplicity of factors affecting the above-mentioned problems, one can identify the crucial condition for positive development, that is to say, the education. Portík (2003) maintains that any change in the social position of the Romanies and the elimination of their problems in relation to the majority is preconditioned by education. School and teachers are the key factor for a purposeful, comprehensive and continuous information- and formation-oriented influence upon Romany children.

Based on the experiences of teachers, published data, and recommendations (for example, Hroncová et al., 2004, Liba, 2007), we are presenting here some tenets that should be observed by school in the process of health-oriented education as an indispensable part of primary prevention, covering not only drugs but also broader social-pathological phenomena.

The tenets take into consideration and emphasize the specific situation of Romany children:

- Reflecting individual and group needs of Romany pupils in terms of their specific local conditions due to the existing internal atomization of the Romany ethnic group at both social and geographic levels;
- Adapting the contents and methods of education to the specific features, habits, abilities, experiences, trains of thought, and the study pace of Romany children;
- Direct help in organizing free time activities, reflecting the natural inclinations of children; supporting their interests;
- Using well-known and positive models; appreciation of achievements;
- Explaining social norms, development of communication and social skills, and the ability to resolve conflicts;
- Flexible application of strategies, knowledge, programmes, and conceptions pursuing health-oriented activities in the environment characterized by a different linguistic, social, and cultural levels;
- Organizing social activities attended by both parents and pupils, with the aim to present the importance of education and the need to take care of one's health.
- Purposeful gradual and post-gradual teacher and teacher-assistant training; education of prevention coordinators, and other educational workers.

- Preferential treatment (teaching load, salary) of teachers, taking into consideration the unequal working load as a consequence of the actual situation in Romany classes or classes with Romany majority;
- Increasing the number of education classes with participation of assistant teachers as supporting pedagogical workers.
- Introduction of compulsory one-year-long pre-school education, or the so-called zero year of school education as an instrument for increasing the effectiveness of Romany children integration during the initial years of primary school attendance;
- Use of / modified restoration of “all-day education system” as a supporting strategy in Romany children education;
- Possible application of the concept of compensating education as a system of activities contributing to the education of the disadvantaged part of the population (compensating curriculum as a form of an internally differentiated system of education procedures),
- Possible purposeful application of some elements of positive discrimination aimed at reducing the existing disadvantages and developing the conditions for equal opportunities. Although this kind of measures pursues the idea of improved education of the Romany minority Slovak legislation does not provide much space for their implementation; moreover, this field is a source of numerous misunderstandings and adverse acceptance on the part of the majority population;
- Socially preferential treatment of the families clearly supporting the education of their children (school attendance, school results);
- Purposeful and continuous health-oriented education (universal prevention) as an integral part of school curricula;
- Development, support, and updating of the health-oriented education and information system;
- Cooperation with consultation agencies and institutions, aimed at the social integration of Romany children
- Coordination of all prevention-oriented institutions – local administration, municipalities, health-care institutions, mass-media, school system, police, church, civic organizations and foundations, etc .

The etiology of Romany social pathology, including drug addiction, is primarily determined by psychosocial factors, mainly the family environment. Any success in struggling the drug-addiction problems in Romany children is conditioned by purposeful and continuous cooperation between school and Romany families. Otherwise, the efficiency of any and all measures is questionable. Our past and present experiences tell us that there is no universal educational strategy compensating for cultural and educational disadvantages of Romany children. We must realize that school environment which views children as a homogenous social group, and applies identical educational objectives, forms, methods, instruments and criteria, does not establish the necessary conditions for reflecting specific socio-cultural characteristics of Romany pupils. Any success is conditioned by adapting the curricula to special pedagogical needs and specific characteristics of disadvantaged pupils. This principle is an imperative for all those who participate in the process of education. The curricula in terms of their contents

and the related implementation process should guarantee a differentiated system of procedures; the supporting educational approaches should emphasize individual-oriented education, starting as early as the pre-school level. A compensating and differentiating education must be set in a broader context, reflecting the family and the community in which pupils live; teachers should be able to approach the curriculum as an open system to be adapted to the specific requirements and needs of a particular ethnical group, for example, the Romany ethnic group.

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ŠKOLA V PREVENCIÍ SOCIÁLNO-PATOLOGICKÝCH JAVOV U ŽIAKOV ZO SOCIÁLNE ZNEVÝHODNENÉHO A VÝCHOVNE MENEJ PODNETNÉHO PROSTREDIA

Súhrn: V komplexe problémov, ktoré súvisia s nárastom sociálno-patologických javov, je závažným vysoká frekvencia kontaktov s návykovými látkami u žiakov mladšieho školského veku. Vymedzený problém je osobitne komplikovaný u detí zo sociálne znevýhodneného a výchovne menej podnetného prostredia, kde dominuje zastúpenie rómskych žiakov. Rodinná výchova v tomto prostredí nevytvára podmienky pre zodpovedajúce štruktúrovanie a stabilizáciu prozdravotných postojov, preto zdôrazňujeme zodpovednosť a formatívny potenciál primárnej školy v procese výchovy k zdraviu.

Kľúčové slová: prevencia, sociálno-patologické javy, edukácia, primárna škola