

HEALTH-RELATED GOOD OF PHYSICAL CULTURE AND HEALTH EDUCATION

ZDROWOTNE DOBRO KULTURY FIZYCZNEJ A EDUKACJA ZDROWOTNA

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In a fast-growing world, it is vital to stop for a moment and pay attention to important health issues, because it contributes to the further development of each individual. Currently, more and more researchers write about health education, especially in the aspect of tasks imposed on the school. It is at school that the work begins, allowing people to develop appropriate habits and instill knowledge that will be the foundation of further life. An indispensable element of this process is properly organized and conducted physical education, which is closely connected with health.

Key words: health, health education, physical culture, school, teacher.

W szybko rozwijającym się świecie należy na chwilę przystanąć i zwrócić swoją uwagę w stronę istotnych kwestii związanych ze zdrowiem, gdyż to właśnie ono jest gwarantem dalszego rozwoju każdej jednostki. Obecnie coraz więcej się mówi i działa w zakresie edukacji zdrowotnej, zwłaszcza w aspekcie zadań nakładanych na szkołę. To właśnie w szkole zaczyna się praca u podstaw pozwalająca na wykształcenie w człowieku odpowiednich nawyków i zaszczepienie wiedzy, która będzie fundamentem dalszego życia. Nieodzownym elementem tego procesu jest właściwie zorganizowane i prowadzone wychowanie fizyczne, które ściśle łączy się ze zdrowiem.

Słowa kluczowe: zdrowie, edukacja zdrowotna, kultura fizyczna, szkoła, nauczyciel.

У світі, що швидко розвивається, слід зупинитися на мить і звернути свою увагу на важливі проблеми зі здоров'ям, адже це є гарантом подальшого розвитку кожної людини. У наш час все більше говориться і робиться в галузі медичної освіти, особливо в аспекті завдань, покладених на школу. Саме в школі починається робота з основ, що дозволяє людині розвивати відповідні звички та прищеплювати знання, які будуть основою подальшого життя. Неодмінним елементом цього процесу є належна організоване та проведене фізичне виховання, яке тісно пов'язане зі здоров'ям.

Ключові слова: здоров'я, медична освіта, фізична культура, школа, вчитель.

Introduction. Health education evolved from medical sciences, mainly from hygiene and social medicine, and until the 1970s, doctors played the most important role in it. A different approach to health and the determinants of it, in particular, the development of health promotion has brought about significant changes in the concept of health education. The most characteristic changes include a holistic approach to health, with a clear focus on psychosocial health, demedicalization of health education and joining its programming and implementation of representatives of social sciences, transferring accents from knowledge to health skills (including life skills – psychosocial¹) and

competence to act², transferring accents from teaching to learning. Health education is an integral part of health promotion and is the root if it. According to K. Tones and J. Green, the medical model of health promotion was dominated by persuasion – persuading people to specific behaviours to prevent disease. In the model of health promotion focused on empowerment, the function of health education is to strengthen people's ability to act for their health and to create conditions in which people learn (and not taught) about health and diseases. The second important function of modern health education is to influence policymakers, as they create public policy and an environment that supports health. Health education leads to empowering individuals who can change their lifestyle and

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¹ B. Woynarowska: Rozwijanie umiejętności życiowych w edukacji szkolnej. Lider 2003.

² B. B. Jensen: Środowiskowa edukacja zdrowotna – wprowadzenie i podstawowe założenia. Lider 1994.

empowered individuals can create communities. Only in this way, one can expect the social change that is being sought in health promotion.

Health education in the aspect of physical education. It is widely recognized that school health education is an important investment in public health and should be part of every country's health policy. However, this conviction does not translate into practical actions and in most countries, people creating education policy do not treat health education as an important task for the school. At the same time, they usually represent the traditional approach, equating health education with knowledge of hygiene and human somatic health. In recent years, positive changes have taken place in this area in Poland, which initiated the development of the health-promoting school movement. Implementing this new task is not easy, these paths are a new solution in the practice of every school. It is necessary to change thinking, build cooperation between teachers, acquire new knowledge and skills, etc. It requires time and creating the educational infrastructure, thereby improving teachers, counselling and activities supporting the work of the school in the implementation of these educational paths.

However, any change creates an opportunity and new solutions that can be considered:

- the subject 'health and the environment', combining two educational paths – health education and ecological education, and the preliminary talks with environmentalists indicate acceptance of this solution;
- the subject 'health, family and the environment', combining two educational paths: health education and ecological education, and a path or subject – education for family life; this solution would be closest to thinking in terms of health promotion.

However, the questions arise: Will the people creating education policy in Poland accept the new subject and will the group of educators and health promoters growing in Poland as well as prevention be strong enough to convince decision-makers and educators to the need for school health education in Poland?

Analyzing issues related to health education, especially in the school environment, it is impossible not to mention physical culture. We should confidently recognize that physical culture supports health promotion activities and is

strongly associated with it. Physical activity is a key factor in strengthening health in all periods of life. In the documents of international organizations and in numerous publications, physical activity comes first among the behaviours that make up a healthy lifestyle. The concept of health-enhancing physical activity³ is similar to the concept of health training. It means: transferring knowledge and making people aware of the importance of physical activity for their well-being, developing motor skills, movement-related behaviours and physical fitness, shaping attitudes conducive to lifelong physical activity, which helps maintain good physical and mental health and good quality of life, and delays ageing. The physical culture at school in the face of new challenges and threats creates discussions on the need for changes in the implementation of school physical education, which have lasted for many years. However, in practice, in most schools, no significant changes were made (although the world around is changing rapidly). There are still stereotypes strongly rooted in the society and among teachers themselves regarding the function of physical education and the role of its teachers, and in particular measuring the effects of their work by the number of sports achievements of the most successful students. Looking for strategies for the physical activity of children and adolescents, a team of experts in England mentions the following activities, including learning and taking into account factors conditioning physical activity in different periods of a child's life, depending on gender and the environment, including psychological factors (the desire to have fun, the need to be in something «good», the need of autonomy, self-efficacy, willingness to achieve successes (to the best of their abilities), the awareness of personal benefits from physical activity); social factors (modelling physical activity by parents, peers, physical education teacher); environmental factors (the availability of facilities and equipment, «messages» from mass media, recognizing the needs of young people regarding physical activity in a particular environment and enabling them to make their own choices).

³ Riddoch Ch i inni: Young and active? Policy framework for young people and health-enhancing physical activity. Health Education Authority, Londyn 1998.

Currently, young people face the necessity of many choices, they must decide early on many important matters. Shaping people's ability to make health-friendly choices is one of the tasks of health promotion. Physical education at school can contribute to developing these skills. However, it is important to attach more importance to assessing and monitoring physical activity than physical fitness alone. We note the need to create a new model of the role of a physical education teacher, where it is necessary to break the strongly established stereotypes of educating these teachers in methods of their work evaluation, as well as in social expectations.

A change in the perception of the role of physical education teacher is needed, which emerges from the assumptions of modern health promotion described above. This is justified in detail from various points of view by A. Krawański⁴ who points out the need for a healthy approach to physical education and believes that a physical education teacher should be a health creator, should recognize that health is the foundation of activities related to body care. This approach is consistent with the previously described concept of promoting the health of English authors K. Tones and J. Green in which health services exist. Therefore, it can be said that the basis for creating a new vision of school physical education and the role of the teacher of this subject should be shifting accents from their current sport service (identification of potential players for competitive sport, focus on work with sports talented youth etc.) to health service.

In this context, PE teachers should:

- treat all students equally, paying special attention to those at risk of hypokinesia;
- arouse students' interest in their own body, health and physical activity;
- develop students' self-control skills;
- provide all students with a chance to achieve success based on their capabilities;
- create opportunities for learning skills conducive to lifelong physical activity.

Health as an element of promotion and common wellbeing. Health is not an absolute value, especially when it is understood only as physical well-being, idealized to the extent that

higher-order wellbeing is subordinated to it or is neglected. Health, properly understood, however, remains one of the most important parts of wellbeing for which we have a specific responsibility, so that they can be sacrificed only to achieve higher good, as sometimes required to serve the family, neighbor or society as a whole. It is, therefore, necessary to protect and care for health, perceiving it as a physical, psychosocial and spiritual balance of an individual. Destroying health by succumbing to various forms of disorder, most often associated with human moral degradation, is a serious moral and social offence. Therefore, the good, which is health, has such an ethical value that it justifies the society's obligation to act for its protection and care. This is due to the obligation of solidarity that does not ignore anyone – even those who have lost their health for some reasons.

A cultural health model is useful when performing a wide variety of cognitive tasks in the area of health, setting goals for health activities, understanding the actions and motives of others or directing the process of updating goals for health can contribute, from the perspective of verbal products to the implementation of all health projects and the interpretation of their results. It is important that cultural health models are not only complete and logical but also meet human needs, which will undoubtedly contribute to their internal balance.

At the same time, it is also reasonable to state that the implementation of cultural health models may be characterized by contradictions from the perspective of incomplete adjustment to the personality needs of individuals, which would mean that these individuals do not fit into a specific configuration of the cultural health model and it seems that they can be included from the perspective of at least two processes: inheritance through the prism of socialization and the acquisition of so-called within generational within peer groups, following the significant others, learning indirectly from media communications. It should also be noted that health cultural models are not the same as health behaviours. After all, two people with identical sets of culturally acquired health orders may prefer different behaviours, depending on the type of environment. All this makes us reflect that we should take responsibility for health culture. Nowadays, one can observe a growing dependence on pharmaceutical products, which are per-

⁴ A. Krawański: *Ciało i zdrowie człowieka w nowoczesnym systemie wychowania fizycznego*. AWF Poznań 2003.

ceived as elements that are assessed by a human being from the perspective of the influence of the broadly understood social environment⁵. As a result, one can see a growing, «panic» belief in the incorrectness of their lifestyle, because it is often incompatible with the principles defined by the so-called «Professionals» in the field of medical sciences. Creating behaviours related to health – by creating a sense of guilt in people – often creates the belief that they are treated as «consumers» and health as a «good». These attitudes, associated with the current, widespread idea of »maintaining health, as well as the car, in good condition» mean that a person is under a constant, continuous pillory of a particular style or rhythm of life. Obsessive, mechanical application – often changing – of orders, prohibitions, advice from «experts» and duplication of patterns propagated by the social environment, can directly lead to the formation of, for example, bulimia or anorexia.

Threats to the implementation of healthy lifestyle promotion. Speaking of responsibility, it is also worth mentioning the threats to physical activity of children and adolescents in the modern world, because the low physical activity of children and adolescents is a problem that has been talked about for many years. Recently, extremely dangerous competitors have appeared: computer games and the Internet, which are very attractive, accessible and not requiring any physical effort. In the data sets regarding physical activity and time devoted to active classes by students aged 11, 13 and 15 in Poland, it appears that: 65% of students have insufficient physical activity, and on weekdays when they attend school, in their free time 76 % of students spend 2 or more hours in front of the TV (29 % – 4 hours or more), and 32 % sit in front of the computer for 2 or more hours. It is expected that, in the coming years, the percentage of young people spending many hours in front of a computer will increase (in 2002 42 % of teenagers' families had computers) and more and more preschool children are likely to spend time with gadgets. Insufficient physical activity among young people is a problem in all civilized countries. In 2001/2002, among 34 countries participating in the HBSC study⁶, the percentage of adolescents with satisfactory levels of physical activity

was measured by spending at least 60 minutes for moderate and intense physical activity for 5 days a week or more⁷. According to with the survey results, it was the highest in the US, Ireland and Canada (over 50 % boys and about 40 % girls), and the smallest in France, Belgium, Estonia and Norway (only about 30 % boys and 12–22 % girls). Youth in Poland in this respect were in the position near average. The high costs of sports equipment and the use of sports facilities should also be taken into account among the risks to the physical activity of children and young people in Poland. This applies to a significant percentage of children from families with low economic and social status. In 2003, in Poland, 26 % of households, with low current income could afford their children's participation in summer camps with great difficulty, and 25 % did it with difficulty, in 41 % of households with low income did not meet basic needs, therefore children from 48 % of households, for financial reasons, could not participate in summer camps⁸. It can, therefore, be estimated that in half of the families there may be difficulties in obtaining funds for out-of-school physical activity of children.

The role of physical culture in health education. When considering health and responsibility for it, it is important to remember that physical culture concerns all behaviours that follow the rules and norms of conduct adopted in a given social environment and aimed at caring for human health, improving their posture, correcting psychophysical development and the results of these behaviours. It is a sphere of the general culture of a given society regarding physical fitness, endurance, body care and health. Physical culture is implemented through physical education classes in elementary school, secondary schools as well as in college. Participation in physical culture can also be informal – any private human activity associated with practicing sport and concern for physical condition. The goal of physical culture is

⁷ Prochaska J. J., Salis J. F., Long B.: A physical activity screening measure for use with adolescents in primary care. Archives of Paediatrics & Adolescent Medicine 2001, 155, 554) Moderate-to-Intensive Physical Activity (UIAF, MVAP) index was calculated. This is the average number of days per week on which a person devotes at least 60 minutes to physical activity.

⁸ Czapiński J., Panek T.: Diagnoza społeczna 2003. Warunki i jakość życia Polaków Wyższa Szkoła Finansów i Zarządzania, Warszawa 2004.

⁵ Witkowski L., Kultura zdrowotna, 2000.

⁶ HBSC – Health Behaviour in School-aged Children: A WHO Collaborative Cross-national Study

to maintain health, fitness and well-being for many years. In a broader perspective, physical culture goals can be explained by limiting future healthcare expenses.

Forms of participation in physical culture include:

- physical education;
- sports;
- recreation;
- medical rehabilitation.

In Poland, the physical culture program is implemented through physical education classes in public and private schools⁹. «In the world of physical culture, people's activities are a form of their improvement as bio psychic beings and an expression of their attitude towards the subjectified and socialized body. In these activities, people reveal themselves as self-realizing beings, striving to achieve the fullness of their psychophysical abilities, and internal development, overcoming the resistance of body and matter. These activities, open to the world of cultural values and carried out mainly in the category 'I should', aim at full human development in all its dimensions.»¹⁰

Sports psychology is also an important factor in physical culture, resulting in the development of mental features such as diligence and self-confidence. In addition, in the arenas of sports competitions, where the games take place under the watchful eye of arbitrators and the audience, it is necessary to play fair. The most valuable aspect of interpersonal competition are the participants' emotions – joy and euphoria of winnings, jealousy, admiration, anger, and sometimes the fury of the defeated, where the social maturity of the players is clearly seen. A positive sports effect, which is determined by a satisfactory result, is often not only the sum of the skills of selected players but also the mental strength of individuals. Each team (both professional and amateur) needs leaders who can take responsibility at difficult moments. Physical education provides for the needs of the group and individual victories and successes, and educational situations occurring in the competition are situations not found in other

areas of education¹¹. For educators, physical education classes are considered to be a basic place authorized to conduct education in the moral field, supporting the process of raising one's own mental strength and sense of value, the ability to relieve stress and aggression or improve the relationship between children and adults. Movement is also a motivational factor for health-promoting behaviours, avoiding factors destructive to health (i.e. alcohol, drugs, boosters), the evolution of mental traits (e.g. ambition, discipline, regularity), and control over negative behavior.

The priority of physical activity is also an appropriate atmosphere because the wrong atmosphere can have a destructive effect on moral, social and emotional development. In sports, it could be the presence of a non-uniform competition factor, even in the form of unequal competition rules. Only the right situational context can provide the right incentives. K. Zuchora, claims that «physical education must be something more than it used to be, and thus go beyond its current subject framework and become a dynamic process that permeates the whole life of the school and the social environment with which the school cooperates and interacts. It must also be different from what it used to be, it must be actively and creatively involved in the full upbringing process – including its influence on needs and dreams, traditional customs and habits in the family, prejudices and fears, distrust and complexes, physical deficiencies and spiritual deficiencies.»¹² Physical culture enriches the personality of students with valuable life experiences because the child is most effectively reached through the heart, not the mind. Emotional development is needed for independent functioning in the future, which is why both in physical education and general education, the role of teacher's actions corresponding to the student's system of values is important. The teaching profession itself is full of tasks and responsibilities, as working with a young organism – not psychophysically shaped – provides a wide range of possibilities and a number of traps¹³.

⁹ https://pl.wikipedia.org/wiki/Kultura_fizyczna

¹⁰ Bittner I., *Kultura fizyczna jako sfera psychofizycznej aktywności człowieka*, Wydawnictwo Uniwersytetu Łódzkiego, Łódź 1995,

¹¹ K. Parniewska-Wrona, *Kształtowanie osobowości uczniów poprzez wychowanie fizyczne i sport*.

¹² Zuchora K., *Wychowanie fizyczne: bliżej dziecka – bliżej zdrowia*, „*Kultura Fizyczna*” 2001, nr 11

¹³ Czerwiński M., *Znaczenie lekcji wychowania fizycznego w kształtowaniu osobowości uczniów*

Conclusion. Since Ancient times, health and physical fitness have been recognized as important elements of human life as they have always guaranteed survival and development. Similarly today, we place more and more emphasis on education related to preventive medicine and the development of physical education. There is a reason in society that the slogan «healthy mind in a healthy body» applies be-

cause we are aware of the fact that to help people function for many years, Physical education should inculcate the principles of healthy lifestyle in children, stimulate their love of sport or even an incentive to physical activity because these are the elements that can be the key to success in many other areas of life, both professional and private.

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