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## **Health Promotion and Health Education at School during COVID19 Pandemic**

Education is a multidimensional category, which is diversely linked to other areas of social life. There are many planes on which we can analyze its various components. Participants of numerous discourses on changes in the education system often expect from it primarily to be highly effective, adaptable to the existing reality, and overtake the changes taking place in different areas. As A. M. de Tchorzewski (1999: 34) writes, the crisis of the past,

(...) it is particularly difficult for the teacher, because his personality formation has been shaped in the conditions of the past, and it is up to him to mediate between the "old" and the "new". (...) Therefore, the fundamental duty of the teacher becomes an understanding of the processes of world variability, based on contextual thinking, free from traditional pedagogical thinking patterns, and directed at observation and analysis and exploring areas seemingly far from educational processes. (de Tchorzewski, 1999: 34)

The school is also an educational environment in which statutory activities include care for the proper, sustainable development of children and young people. This institution is the best place to take multi-directional and multifaceted actions in the field of health promotion and health education, especially now when the whole world is operating in uncertain times related to the COVID19 pandemic, which is an infectious respiratory disease caused by SARS-CoV-2 infection. It was first diagnosed and described in December 2019, in central China (Wuhan city), during a series of illnesses brought beginning a pandemic of the disease.

The implementation of health education at school has evolved with a change in the understanding of the concept of health, which is defined according to the socio-cultural context. Health is not just about well-being and lack of illness. Health is a resource that everyone can use in their daily lives, and using its potential allow to achieve a satisfactory life in economic and social terms. Health is also a resource for a society, because according to the WHO, only healthy representatives are capable to create goods, to develop and thus to achieve a prosperity. Because of this, a healthy society is counted as a one of the country's natural resources.

Modern thinking about health is associated with the adoption of a certain paradigm, which is model of health.

There are many health paradigms in the literature depending on sciences types, e.g.:

1. in pedagogy and psychology: biomedical and biopsychosocial paradigm;
2. in sociology: sociomedical and socio-ecological paradigm;
3. in medicine: medical and socio-ecological paradigm, sometimes holistic.

Health promotion is dominated by a biomedical and socio-ecological paradigm.

Teachers most often prefer the biomedical paradigm in their educational activities, which focuses on the individual who is responsible for their own health and who should follow the guidance from experts, determining what behaviors are conducive to health and what are harmful. The concept of health education based on behavioral features, although often used, does not produce the expected high results.

It means that usually healthy people tend not to have a sufficiently strong motivation to give up on their tastes for unattractive behavior leading to distant and uncertain health benefits (Słońska, 1999: 306). In particular, for young people, the long-term perspective of health disorders is not a sufficient argument to change anti-health behaviors related to, for example, diet or personal hygiene.

On the other hand, the socio-environmental paradigm imposes, among other, the need for holistic treatment of human and his health, as well as the treatment of health problems in the broad context of daily functioning (Słońska, 2001: 71).

Educational activities undertaken by teachers in accordance with the above-mentioned recommendations should influence on the health's shaping factors in such a way as to increase the health potential of the individual in all its dimensions: physical, mental and social.

The teacher in the health education process should lead to an increase of students' knowledge level about health, taking into account its socio-economic determinants and knowledge and skills related to a healthy lifestyle in different conditions. Also, very important is the development of awareness about the link between population health and the socio-economic development of the country.

Conferring the most complete ranking of environmental impacts have taken place along with the development of the contemporary vision of health promotion.

In line with its underlying assumptions, effective impact on human health requires not only increasing the level of health knowledge of individuals, but also shaping their life skills which serve health, e.g. the ability to cope with a stress, but also interventional environmental measures aimed at increasing the impact of health support factors and reducing or eliminating those that harm health.

In the development of health promotion's idea, several stages can be enumerated (Słońska, 2001: 72).

*The first stage/dimension of health promotion* falls in the 1970s. The main educational activities focused on informing about various risk factors or diseases that threaten people. Health education in schools boiled down to providing information on the dangers of smoking cigarettes or diseases resulting from improper nutrition.

In the 1980s, *the second dimension of health promotion* was observed, consisting in the highlighting the importance of state health policy activities and strengthening the individual's respective skills.

*The third dimension of health promotion* emerged in the 1990s and its greatest value was reaching out to specific individuals through various projects, e.g. a school promoting health, a healthy workplace and finally, the habitat concept of health.

In 2000, it proved necessary to preserve these trends and to highlight *the fourth dimension of health promotion* by moving "from words to action", responding to the global trend of mass social change, which undoubtedly has an impact on the health of individuals and groups (Karski, 2003: 14–15).

The year 2020, when the fight against the unknown and dangerous SARS-CoV-2 virus has begun worldwide, is facing the need to identify *the fifth dimension of health promotion*, in which people should be taught the right attitudes towards the health threat, which is COVID 19 pandemic. Threats that equally affect physical and mental health. Observing the reality of pandemic times, it is possible to identify many aspects of everyday human's life that require health education. These are issues related to changes of behaviors regarding personal hygiene, types of nutrition, physical activity, healthy sleep, social distance or finally coping with a stress.

The results of the study "Remote teaching and adaptation to social conditions during the coronavirus epidemic" clearly show that in all groups of respondents (students, parents and teachers) the level of subjective mental and physical well-being decreased.

Students, parents and teachers say that their current mental and physical well-being is worse than it was before the pandemic.

Among students, parents and teachers there are clearly visible signs of digital media abuse. Overworking, overloading information, reluctance to use a computer and the Internet, and irritability due to the constant use of information and communication technologies are the most common symptoms of digital fatigue. Almost a third of students participating in the study often or all the time felt sadness (28.9%), loneliness (27.4%) and despondency (28.4%) (Pyżalski, 2020).

Too frequent use of digital on-screen tools (smartphone, tablet, laptop, computer) negatively affects the mental and physical health.

The data obtained by J. Pyżalski's research team coincides with the conclusions of a report prepared by the Digital Centre (Centrum Cyfrowe) that the time of the coronavirus pandemic is the time when teachers experience the stress of remote learning (Centrum Cyfrowe, 2020).

Therefore, doctors are recommending everyone not to give up on possible physical activity, eat healthy, limit the time spent tracking the latest information about pandemic's development, try to take care of social relationships with usage of phone or other means of remote communication, and do not neglect an external appearance during remote learning or work.

In order to improve this situation, first of all it is necessary to use gained experience, try and test concepts and tools, which will quickly allow people to learn the appropriate attitudes related primarily to personal hygiene, sanitary regime and digital hygiene. This will not be an easy task due to various habits, which during

a pandemic time become especially dangerous for humans. Adults should be reached through health education accomplished by various health campaigns of the Ministry of Health, sanitary-epidemiological station, and other similar institutions. On the other hand, teachers in schools are faced with the greatest challenge, as they are particularly responsible for promoting health during this period. The direct recipient of these educational activities is a person with varying degrees of health activity and commitment to caring for his own health.

M. Demel (1980: 172–192) distinguished four stages of health education corresponding to typical stages of development:

1. *Stage of hetero education* (period of early childhood), in which the child is a responsive “subject” of protective and nursing procedures. The forms of child behaviors are results of the execution of commands and imitation. The aim of this stage of health education is to introduce into the habit certain physiological mechanisms and certain stereotypes of reacting and acting in the field, e.g. hygiene.
2. *The intermediate stage* (period of pre-school and early school) is characterized by the successive “objectification” of the child. His/her participation in the effort for his own health increases, awareness and a sense of responsibility develop. This stage requires the application of specific rules. Here are a few of them:
  - a) to know the state of health education of pupils/students, which is the result of the influence of the family environment, and if necessary, to undertake re-education, i.e. removal of bad habits, straightening of erroneous terms, correction of defective attitudes;
  - b) to rationally use the rules arising from the laws of educational psychology and didactics.
3. *The stage of self-education* (period of adolescence) is a period of conscious self-upbringing. There are the first symptoms of the life program, criticism arouses, self-control increases. Developed and mechanically established customs, habits and attitudes are now verified in the context of the acquired knowledge about life. The attitude towards oneself, towards one’s body, in one’s psyche, is rebuilt, and the sense of responsibility for one’s own and others’ health increases. During adolescence and juvenescence, systematic, discreet self-education leads to the formation of human, as a conscious co-creator of his health and an active participant in the struggle for public health.
4. *The stage of reverse hetero education* (concerns adults) is characterized by the fact that the alumnus acts as an educator of others: parents, siblings, colleagues. This is about the impact of alumni on their home environment and the wider social environment. This is the highest stage, but it turns out that some elements of this level can already be achieved in kindergarten, as some children can move some behavior’s forms from kindergarten to home and vice versa – from home to kindergarten.

However, a conscious educational role is performed by human only when he understands the meaning of health practices, masters their technique and implements in to them (Demel, 1980).

According to Z. Słońska, the effectiveness of health education's impact depends not only on the provided knowledge, but also on the economic and social context of that message, which requires knowing the characteristics of the collective affected. Therefore, an extremely important role to play in promoting health has school education (Słońska, 2001: 75).

In the Regulation of Ministry of National Education from 2017, in the preamble to the core curriculum for general education the importance of health education was highlighted by writing:

An important role in the education and upbringing of primary school pupils is played by health education. The school's task is to shape health-promoting attitudes, including the implementation of hygienic behaviours which are safe for themselves and others, and furthermore to strengthen knowledge of the proper nutrition and the benefits of physical activity and prophylaxis (...) (MEN 2017).

Based on theoretical and legal assumptions, the school is expected to take multi-directional actions in promoting a healthy lifestyle, not only in communicating of information, but also in a practical and environmental approach. School is, in fact, a habitat where children not only learn, but also participate in various forms of activity. It is well-known that children and young people shape their attitudes by observing the surrounding environment. Therefore, it is extremely important to take care of school infrastructure and the duty to develop a comprehensive and coherent health promotion policy.

Health promotion is carried out at all stages of school education.

It starts in kindergarten and continues in primary and secondary schools. The distributed teaching model obliges every teacher to pursue health education, so it is making them wizards of student health.

The current legislation defines two ways of implementing health education:

1. subject, which is about teaching within the block health education in various subjects,
2. preventive and educational, where the values of a healthy lifestyle are included in the preventive and educational program (MEN 2017).

As an example, in the range of shaping of health-promoting attitudes, within the framework of the science subject, the requirements of the program include appropriate responding of students in the event of the emergence of life-threatening and health-threatening dangers and knowledge of the healthy lifestyle's principles, including healthy nutrition. The specific requirements in the biology core curriculum in the older classes concern knowledge of the digestive system. Within this subject a student recognizes the elements of the digestive system; presents their functions, knows the sources of nutrients' origin (such as sugars, proteins, vitamins, mineral salts, fats), knows their importance for the proper functioning of the body.

To the school's tasks also are included creating proper conditions such as hand sanitizers, adequate length of breaks and places for students, which enable to eat breakfast safely at school.

However, the teacher and the level of his/her readiness to carry out tasks in health education still have an essential role in its system.

Teacher's commitment to promoting health among students is part of his/her professional role. Regardless of the substantive preparation of the subject being taught, his/her task is to bring young people closer to healthy life patterns (Gaweł, 2016: 142). The basic competence of the teacher here is to shape in students' mind ability to take personal choices and decisions about health and health safety. The World Health Organization stresses the need for teachers to be involved in the educational process related to the creation in the younger generation the attitudes and skills related with the preservation and improvement of physical and mental health (Denek, 1996: 9–13) and digital hygiene defined as, a set of actions and activities aimed at optimizing individual somatic, mental and social health in the use of information and communication technologies. Its level depends on self-regulation and control related to internet use and digital on-screen tools, alternatives to the digital world, as well as a developed social backing network. Digital hygiene can be understood as a life attitude resulting from the creative and responsible usage of network resources (Pyżalski, 2020).

In modern health education and its part related to the promotion of a healthy lifestyle in times of pandemic, there is a noticeable change in the pedagogical approach of the teacher. His/her role as a teaching expert gradually takes the form of a guide to health education and an animator of health activities in the field of physical and mental health. This is a role that can be met by teachers who have not only the essential knowledge about health conditioning, but also with their behavior and activities are motivating to similar attitudes.

Undertaken educational activities are adapted to the age, educational stage and subject being taught with usage of activation and interactive methods.

Activation methods are a way of teaching in which the teacher does not pass on ready to serve knowledge, but creates the conditions for self-study (Wojnarowska, 2014: 28).

Getting a new quality in health education requires profound transformations in thinking about education and the role of the teacher. These transformations are somewhat forced by the rate of changes, which are taking place in the reality outside of education. Updating teachers' expectations requires taking into account the multidimensionality of their functioning, as educational reality is intertwined with other dimensions of social, economic and, above all, medical reality. However, there is still a tendency in thinking and analyzing about teachers' competences to idealize the vision of teacher and to list his or her desirable characteristics for the personal development of pupils, society or the teachers themselves.

J. Szempruch defines competences as "the ability and readiness to perform tasks at the expected level, in accordance with standards, and to the professional competence of teachers includes competences: interpretive and communication, cooperation, interaction, pragmatic, information and media" (Szempruch, 2013: 231–232).

According to J. Kunikowski, the most important goal of professional development for teachers is to develop their knowledge and competences. To the main competences of this professional group the author's includes:

1. social and educational competences,
2. praxeological competences,
3. creative competences,
4. communication competences (Kunikowski, 2009: 171–177).

Depending on the adopted classification, it is possible to speak of teachers competences: substantive, didactical, and psychological also called meta-skills of working with other people, pragmatic, interpretive-communication, cooperative, creative, IT-media and self-aggrandizement.

Each of these competences seems to be necessary at a time, when everyone is accompanied by fear for their own health and life, when there are no standards of action, when there are more unknowns than proven information, and when we increasingly ask: what's next? An important element of the teaching competences' typology presented by many authors is the indication of self-education competences. They are among the most important constructs of professional career development of teachers. Continuous education, self-development and self-improvement is an integral part of the professional development of modern's teachers, which determines their daily work, especially during a difficult period of pandemic, when they as themselves also face various health problems.

One may wonder how the accents should be distributed in particular groups of competences in teachers working at different levels of education in order to meet the requirements of health promotion and health education in schools in times of pandemics. Finally, how teachers themselves should take care of their own physical and mental condition.

A well-known sententia says that "*people grow up to the tasks that are given to them*" – it is worth to reflect on that. Contemporary problems related to education and upbringing arise from the fact that these processes, "by their nature (...) cannot renounce either authority or tradition, but nevertheless they must take place in a world whose structure is not determined by authority anymore and is not bound by tradition" (Arendt, 1994: 131).

Anthony Giddens (2007) points out that during periods of tension or so-called watershed moments, there is a growing need for "expert" support to eliminate excess uncertainties and risks" (Witkowski, 2008: 19).

Z. Słońska (2001) stresses that it is necessary to bear in mind that the effectiveness of direct human impact is determined not only by the quality of this influence, which is the way and scope of transmitted knowledge, motivating and shaping skills, but also it depends on the characteristics of the broader context (political, economic, social and health) in which the influence takes place. Therefore, in order to be effective in health education, one must first of all know the characteristics of individuals, the collectivity of organizations affected by the influence, in order to strengthen the young person's sense of agency and responsibility for himself and others.

Currently, in many countries, actions are being taken to professionalize health education and identify necessary competences for practice of health promotion (Woynarowska, 2017: 146–153). Increasingly, it is indicated that the most important competences are hermeneutic competences, which contain a number of components that are not isolated from each other, but rather related in human's action.

The components in question are among others: empathy, empathize with situation, understanding it, seeing and respecting the need for intimacy and distance, verbal and non-verbal communication, acting in a particular situation, inspiring trust, solving specific cases, interpreting educational situations. In addition to these, the ability to reflect, the ability to apply knowledge, self-reflection, oscillation between knowledge and ignorance, seeing the duality of events, acting in conditions of uncertainty (Kaliszewska, 2017: 91–100).

The research conducted by J. Pyżalski's research team clearly indicates that the time of remote education is sometimes difficult, not only because of the new formula of the classes, but above all because of digital fatigue. Prolonged screen time, information overload, as well as isolation from school colleagues can reduce the mental and physical well-being of the subjects studied.

To sum up, health education at school during the COVID 19 pandemic, requires from teachers to use their professional competences in a specific action and in a health-promoting attitudes. In order to do that, it would be necessary to:

1. Using praxeological competences, accurately diagnose the needs of a given environment in the field of health education, effectively plan, organize activities and also evaluate the effects in the educational process.
2. Based on substantive competences, health education should be accomplished through a professional and task-based approach to the value of human health, including care for personal hygiene, physical activity and show the importance of a balanced diet in building the health potential of students.
3. Educational competences (didactical and pedagogical) should help teachers to know the class team and individual pupils in terms of their personal and family situation, which significantly affect the health of the young person. A family member's illness or loss of work undoubtedly cause mental discomfort that threatens health and requires usage of appropriate methods and forms of work with such a student, in order to create patterns of behavior, create a healthy environment and be open to the needs of others.
4. Using social and communication competences during health education classes teachers should pay particular attention to empathy, on the one hand to the social distance recommended by doctors and, on the other hand, to the growing need for contact with others, their own way of expressing emotions, verbal and non-verbal communication with young people, the ability to actively listen, communicate and receive feedback from students.
5. Using smoothly modern sources of information by teachers and their information competences will also allow to start a reliable discussion about negative consequences of the abuse of new technologies. Maintaining an adequate level of digital hygiene – especially during periods of remote education – is key to improving concentration, improving learning outcomes and the quality of teaching itself. One of the necessary changes is to develop guidelines for the time spent in front of the screen by specific age groups of pupils and then adapt to them the tools used in remote learning, whose essence is not solely about the constant contact between the student and the teacher in real time via the Internet (Centrum Cyfrowe, 2020).

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### Abstract

School is an educational environment in which statutory activities include care for the proper, sustainable development of children and young people. This institution is the best place to take multi-directional actions in the field of health promotion and health education, especially now when the whole world is operating in the COVID19 pandemic.

In line with assumptions of health promotion and health education, the effective impact on human's health requires not only increasing level of health knowledge, but also shaping their life skills which serve health, e.g. the ability to cope with a stress, but also interventional environmental measures aimed at increasing the impact of health support factors and reducing or eliminating those that harm health.

School and its teachers are facing the need to create a new dimension of health education, in which people should be taught the right attitudes in the face of the epidemic health threat of the COVID 19 pandemic. Threats that equally affect physical health and prevention of SARS-CoV-2 infection, as well as the threats associated with deteriorating of people's mental health due to prolonged stress and the need of remote work and study, which result in symptoms of digital fatigue.

Teachers have the main tasks in building health-promoting behavioral patterns. The primary competence of the teacher in times of pandemic becomes the ability to shape the right choices for students and make decisions about health and health safety.

**Keywords:** health promotion, health education, COVID19 pandemic, teachers' competences

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