HEALTH EDUCATION AND ITS STATUS IN BULGARIAN SCHOOLS

Berdzhuhi Lefterova

Abstract: This article aims to represent some basic concepts in health education, which are relevant to its practical implementation. It also outlines the results of a questionnaire survey on the status of health education in Bulgarian schools. The main conclusion from the study is that appropriate introduction of a separate subject in the field of health education for Bulgarian students at primary school age.

Key words: health, health culture, health lifestyle, health education, school, research

In the contemporary busy schedules filled with business and personal commitments, the health education of the younger generation has gained increasing importance. Health is a national and personal wealth and promotes the economic and social prosperity of a country. Therefore the main task of modern public education is the formation of healthy individuals with the necessary competence to preserve and appreciate their public health.

This article aims to present some basic concepts and approaches in health education: the concept of “Health”; “Health Education”; “purpose of Health Education”; “Health Culture”; “Health Lifestyle”; reasons for the reduction in school attendance of modern health education (basic elements and strategies of modern effective health education programmes); approaches to the study of health.

The paper outlines the results and main conclusions of a questionnaire survey on the status of health education in Bulgarian schools.

There are different definitions of the term “Health”, e.g.:
ability of people to identify and realize aspirations, satisfy needs or to change or cope with environment (Ottawa Charter, 1986) (Alexandrova 2004: 71);
- “state of complete physical, mental and social wellbeing and not just absence of diseases and disabilities” (World Health Organization) (World Health Organization);
- condition in which a person does not suffer from pain and is not limited in his or her life activity (Claudius Galen 130-200 years after Christ) (Koleva 1994: 10).

Review the definitions of the term "health" shows that a complex concept which combines different states as well as the human body as well as body.

Similarly, there are different definitions of the term “Health Education”:

- “in contemporary schools, health education reflects the specific needs of students for approved personal experiences; it creates confidence to communicate freely, helping adequate self-assessment” (Alexandrova 2004: 71);
- “an organized learning activity aimed at the acquisition of health and hygiene knowledge, the development of skills and habits, as well as the formation of views, beliefs, values, motives and awareness of health” (Koleva 2002: 89);
- “constitutes impact on knowledge, beliefs, values, attitudes and behavior related to health promotion” (Shipkovinska et al. 2002: 111).

Health Education as a concept associated with different personality parameters - needs, experiences, self development skills and habits, values and beliefs aimed at protecting and improving health.

Different authors indicate different definitions of the main “purpose of Health Education”:

- as a specific medical and pedagogical activity, the purpose of Health Education is to increase the health literacy of the population and achieve a healthy lifestyle (Borisov et al. 1998: 108);
- “contribute to the formation and strengthening of physical and mental health of children and youth for their harmonious development as viable and active personalities” (Strakova 2005).

According to S. Mladenova, the health culture as part of the common culture draws a “system of knowledge, beliefs, values, habits, skills and attitudes to satisfy the need for protection, restoration and strengthening of personal and public health” (Mladenova 2004: 89). This relationship is illustrated in Figure 1.
L. Strakova defines Health culture as “knowledge, skills, attitudes related to all aspects of human health status and procedural in its dynamics in the age plan” (Strakova 2005).


The health of the pupils is a major factor that affects school attendance. For example, attendance decreases when children or family members are sick; the school is clean and warm; children have to work; children are afraid of violence on the way to school, or in it (Alexandrova 2004: 71).

The main idea of modern Health Education Programmes is the integrity of human health. Its aspects are presented in Figure 2.
N. Koleva outlines the main approaches to the study of health: humanistic approach; situational approach; integrated approach; systems-ecological approach; diagnostic approach; “Health promotion” (Koleva 2002: 90).

In the world and in Europe, the so-called holistic (complete) approach has gained growing influence. It accepts „health” as an integral model with bio-psychosocial unit components interconnected with each other. All this determines the application of a holistic approach to health and the establishment of the school as an institution for health promotion. A modern concept of health promotion is based on one understanding of integrity and indivisibility of the problems of education and health (Mladenova 2004: 87).

One of the newer approaches of interest is “Health promotion”. It was approved by the World Health Organization in the 1980s as a “process in which people have the opportunity to increase control on their health or also the process of creating and giving the opportunity to people through self-regulating health behavior to improve their own health” (Mladenova 2004: 88).

In connection with the above, the Information Session for School Health of the World Health Organization published in 2007 is of interest. In Document 9 (Skills for Health) is represented an effective health education program called FRESH – Focusing Resources on Effective School Health. Its four key elements, which will become effective in the future, have been adopted and approved by the International Education Forum in Dakar, Senegal in April 2000 by the World Health Organization, UENITSEF, UNESCO and the World Bank (World Health Organization: 1-2):

1. School policies related to health;
2. Providing safe water and health care as a first step towards a healthy environment for learning;
3. Health education directed at developing skills.
4. Health services and nutrition at school.

It is envisaged that these components can be supported and implemented effectively through the following strategies:

- active collaboration and partnerships between health professionals and teachers (between the health and education sectors);
- effective partnerships in society;
- building understanding and participation of the students (awareness and involvement).

In connection to the implementation of these strategies, Health education is an important component of the following two types of schools (World Health Organization: 41):

- Schools Promoting Health – “foster health and learning with all possible measures as public officials involved in the field of health and education – students, teachers, professionals, parents – provide health care and education in an effort to
improve the health of students and school staff, families and members of the community”;

- Schools – Friends of Children – “encourage and support health, well-fed children are ready to learn, receiving support from their family and community, as well as quality training and learning process, which are oriented at children and include life skills”.

In fact, there are three main ways to introduce health education in order to develop skills in schools:

- through existing subjects – health topics can be incorporated into all existing objects or many of the existing subjects through teaching the teacher;
- carrier subject – health education is placed in the context of related health and social problems within the existing carrier subject (citizenship education, social sciences, sciences for population, etc.);
- separate subject of health education – basic (or separate) object in the wider school plan.

Each of these options has advantages and disadvantages, although they may vary depending on the local situation.

In accordance with the reviewed tasks of health education and basic ways of its implementation in schools was conducted survey of its status in Bulgaria and outlining the main directions for future work in this area.

RESULTS OF THE RESEARCH CONDUCTED WITH THE QUESTIONNAIRE “HEALTH EDUCATION IN BULGARIAN SCHOOLS”

The research included responses of 30 first-year student (20% male and 80% female) at the Faculty of Education of the Sofia University “St. Kliment Ohridski”. The age of the students involved in the study is as follows: 3% – 22 years, 7% – 21 years, 33% – 20 years, 57% – 19 years.

The purpose of this study is to ascertain the status of health education in Bulgarian schools. The main tasks of the study are to establishment of:

1. Does realize health education in school?;
2. What form is implemented health education in school - in school lesson in biology class or other object?;
3. Is it necessary the introduction of a separate subject for health education?;
4. Where students have received the most information about health and its preservation?;
5. What would improve students in health education at school?=

Question 1. In your opinion, is health education included in Bulgarian schools? – Graph 1.
The graph shows that a very large percentage – 50% of the students did not have Health education in schools and a very small percentage – 20% – received such education as a student.

**Question 2.** Which disciplines have had Health education in schools? – *Graph 2.*

The graph shows that 44% of the students had Health education both in class time and in Biology, 23% only in Biology and 2% only in class time.

**Question 3.** Did you have extracurricular activities at school-related health education? – *Graph 3.*

The graph shows that a very large percentage – 50% of the students did not have extracurricular activities at school-related health education and a smaller percentage – 30% – had such extracurricular activities as a student.

**Question 4.** In your opinion, is it necessary for the weekly school curriculum to be designed for separate hours devoted to health education? – *Graph 4.*
Unfortunately, the graph shows that a very large percentage – 50% of the students cannot decide whether it is necessary for the weekly school curriculum to be designed for separate hours devoted to health education. This means that students are not convinced of the need for a separate subject of health education in schools, which determines the need for further educational work in this direction. A very small percentage – 17% – think that separate hours devoted to health education are not necessary.

**Question 5.** What would you improve in health education in Bulgarian schools? – **Graph 5.**

The graph shows that 27% of students would like a bigger emphasis on Health education, 16% recommended a separate subject in Health education, 14% would like increased information concerning health, and 11% would prefer a more active conversation about health. Therefore, the students think that is necessary to pay more attention in school to Health education in every way: improve emphasis, information, conversation, hygiene, more activities and sport, more visits to specialists, as well as inclusion of Health education as a separate subject.

**Question 6.** Where did you get the most information about health and its protection? – **Graph 6.**
The graph shows that the majority of students get the most information about health and its protection as follows: from their family – 26%, from the internet – 20%, from books – 1%, from television – 14%, from newspapers and magazines – 10%. Unfortunately, only 6% of students get information about health from their school. Therefore, the educational opportunities in the area of Health education are not completely utilized by the school.

*Question 7. Do you have a healthy lifestyle? – Graph 7.*

The graph shows negative results from a lack of adequate health education in Bulgarian schools – 50% of students cannot decide whether they are leading a healthy lifestyle and a smaller percentage – 33% – think that they have a healthy lifestyle.

*Question 8. What would you improve in health in your life? – Graph 8.*
The graph shows that a very large percentage of the students – 46% would improve sports in their life. This is an alarming fact – nearly 50% of the students do not play enough active sport that predispose to ill health. 33% of the students would improve their nutrition – it may be poor because of lack of time, money, appropriate environment or other factors. 1% do not get enough sleeping hours.

Finally, it is possible to identify the following main problems based on the results of research of “Health education in Bulgarian schools”:

- More discussions, information, conversations, sport and school activities related to health education are necessary;
- The introduction of a separate subject in school health education is necessary;
- Involvement of more students in sport;
- Creating more quality of books for Health education;
- Increase health knowledge of families of pupils;
- Development of educational Internet and TV resources.

Based on the identified above problems are outlined and guiding the future work in the field of health education in Bulgarian schools.

References


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About the author: Berdžhuhi Lefterova, Assistant professor, Chair “Theory of education”, Faculty of Pedagogy, Sofia University “St. Kliment Ohridski”, berdjuhi@abv.bg.