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*Health education and health promotion in students' opinions*

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**Wychowanie zdrowotne i promocja zdrowia w opinii studentów**

Health education and health promotion are two notions which are used (unfortunately) in most cases interchangeably. It often happens that these expressions are employed without thinking about their meaning. However, one thing is certain. A common element of these two notions is human health as the most important existential value. What differentiates them? Purpose, tasks, contents and perhaps the object of impingements.

Health promotion was born in the 1980s', so it is a relatively young strategy and concept of acting towards health. Along with its appearance, a radical change occurred in attitudes connected with the question of the perception of health and sickness. According to a positive approach, health is '(...) positive state (state of goodness) of physical, mental and social frame of mind, not only lack of sickness or impairment (Karski 1994, p.15).

Health promotion is mainly concerned with social systems, and its basic foundations were formulated in 1986 in the Ottawa Charter, which is a post-conference document of the First International Conference of Health Promotion in Ottawa.

According to the Ottawa Charter, promotion of health is '(...) a process enabling each human being to increase the impingement of his health understood as its improvement and maintaining. In order to achieve the state of complete physical, mental and social goodness (good feeling) both an individual and a social group must know how to determine and realize one's aspirations, satisfy needs, cope with challenges of one's own environment or introducing appropriate changes in it' (the Ottawa Charter 1986, p.7)

This definition emphasizes the role of the will and firm acting towards the improvement of the conditions which facilitate enhancement of health and increasing its potential both by individuals and by the whole society. Therefore, health will reach the highest level in the hierarchy of values and will not be treated as an instrumental value but as an autotelic one (Wojciechowska 2001).

Health promotion comprises several domains of activity: building of public health policies (legislation, finances, production etc; awareness of decision-makers that they bear responsibility for the health of the people who are their subordinates), creation of physical and social work and life environment which is health friendly, encouraging individuals, groups and local communities to be active in work towards health of the society, creating groups of mutual aid, education towards health through working on individual abilities serving health, correct making of decisions and choices, re-orientation of health service whose workers ought to be not only therapists but also advisors (Karczevska 2002).

The strategic aim of health promotion is the improvement of people's health and increasing of average longevity. Among the most important operational aims are: increasing of physical activity of the Polish population, improvement of diet, reducing smoking, reducing the level of alcohol consumption, reducing consumption of psycho-active substances (drugs), increasing the efficiency of health education, promotion of mental health, prevention of circulatory system diseases, prevention of neoplastic (cancerous) diseases, etc.

However, health promotion cannot exist without health education. According to Demel (1980, p. 69) ‘... health education is an integral part of the process of formation of the full personality, and it consists in: creating habits connected directly or indirectly with protection and improvement physical and mental health, acquisition of appropriate skills, work on the will and formation of attitudes which facilitate the use of principles of hygiene, efficient nursing, disease prevention and their treatment, arousing a positive interest in the issues of health through episodic and systematic enrichment of knowledge about oneself and about the rules governing the public health’.

According to Pawlucky (1997, p. 51) ‘... health education is a social process of formation of cultural competences connected with health with a view to prepare a person to participation – adhering to the cultural rules – in health activity’.

The purpose of health education with children and youth is the formation of appropriate attitudes and health behaviours and acquiring an active approach to one’s own health and the health of others (Bielski 1996, p. 142).

‘According to provisions of WHO, UNESCO, UNICEF a feature of the contemporary health education ought to be its versatility which consists in: taking into account a holistic approach to health and the factors which condition health, taking advantage of all circumstances for pro-health education (formal and informal, standard and innovative programmes and pedagogical situations), using various services and possibilities at school and beyond school, tendency to harmonize information which a student receives from various sources (mass media, advertisements, family, school, peers, health service), encouraging children and youth to a healthy lifestyle and creating such conditions at school which would facilitate health’ (Wojciechowska 2001, p. 358).

It is worth emphasizing that health education is not only the transfer of knowledge. It is a process in which the subject learns to use this knowledge in practice, which means take up such actions that enable the increase in the impingement on one’s own health and the health of others by its enforcing and multiplying. Health education leads to the knowledge of the aims of health activities and provides arguments which confirm the advantages of looking after one’s own health and increasing its potential.

It is nowadays thought that health education is an inseparable and complementary element of promotion of health (Barić 1991, Bielski 1996, Karczewska 2002, Wojciechowska 2001, Williams 1989). However, the aims of these actions are various (tab. 1).

**Table 1. Aims of actions (interventions) directed towards health promotion and health education (Barić 1991)**

Health promotion	Health education
<ol style="list-style-type: none"> <li>1. Physical environment – elimination of dangers for health, improvement of living and working conditions.</li> <li>2. Social environment – social norms – consolidation or modification of the existing norms and formation of new ones depending whether they promote health;               <ul style="list-style-type: none"> <li>- perception of norms – change or consolidation of individual perception of norms.</li> </ul> </li> <li>3. Social services – improvement of the existent ones or creating new social services depending whether they promote health and satisfy the needs of society.</li> <li>4. System of social support – support or creating of mutual aid groups.</li> </ol>	<ol style="list-style-type: none"> <li>1. Knowledge – enlarging or correcting of information with regard to dangers to health, diseases, methods of prevention and treatment of specific health problems..</li> <li>2. Attitudes – formation of positive attitudes towards health.</li> <li>3. Skills – formation of skills enabling appropriate behaviour towards health, changes in this behaviour, coping with problems in new real life situations (change of school, birth of a child, unemployment, divorce).</li> </ol>

Source: Woynarowska (1998).

The contents of the table above show that health education as an obligatory element of school curriculum constitutes a pillar of health promotion at school. In order to prepare children for making responsible decisions, choices and actions with regard to development and health – of their own and of other people and the environment – they must know, understand, be able to and want to do it thanks to health education, among others.

Therefore, we see with no doubt that health education and health promotion are two notions which ought to be understood differently.

So, what kind of knowledge do students have with regard to aims, tasks and contents of health education and health promotion? Do they consider health education and health promotion as two terms which are the same or not?

Method and research material

In order to obtain answers to the questions above, in January 2005 we conducted a diagnostic survey among the students of year one and four of daily studies at University School of Physical Education in Wrocław. The technique we employed was an interview and the questionnaire which we prepared to conduct the examination consisted of the following questions:

1. What do you understand under the term health promotion and when was this notion of actions towards health conceived?
2. Which document outlines the basic concepts underlying the assumptions of health promotion?
3. What areas of activity are comprised by health promotion ?
4. What is the strategic aim of health promotion ?
5. Which operational aims of health promotion do you know?
6. In your opinion, health promotion is concerned with individuals or with social systems?
7. What in your opinion health education means?
8. What is the aim of health education ?
9. What are the most important contents of health education ?
10. Do you see any significant differences and similarities between health education and health promotion?

The research comprised 67 persons, of whom 31 were students of year one of daily studies (16 female and 15 male) and 36 students of year four of daily studies (20 female and 16 male). It is worth pointing out that the students of year four of daily studies came from two groups of different specialties: health promotion (10 people, including 6 female and 4 male) and organization of free time (26 people, including 14 female and 12 male). The data obtained in these two groups was analysed separately. In total, we analysed the results of 3 groups. It was a deliberate and purposeful action because we also wanted to find out to what degree the education in University School of Physical Education contributes to the improvement of the knowledge of students with regard to health education and health promotion.

Thus, we would like to point out that the students of year one are only beginners in the process of higher education, without a specific specialty, whereas the students of year four are almost graduates who have realised as part of their 'educational path' the following subjects: Health Education and Hygiene and Promotion of Health. Consequently, we would rather expect the students of year four, regardless of their specialty, to present a higher level of knowledge about Health Education and Health Promotion than their younger colleagues.

## RESULTS OF EXAMINATIONS

According to the students of year one of daily studies, health promotion is a 'campaign' the aim of which is propagation of healthy lifestyles, correct nutrition and active relaxation. For the students of year four – specialty: organization of free time – this means all sort of actions which aim to maintain and improve health, and for the students of year four, daily studies – specialty: health promotion – this term means a process which aims to improve the quality and length of life by systematic control and formation of health habits, customs and behaviours.

Inasmuch as each of the examined groups managed to define the notion of health promotion and we can assume that each way perceiving this term is appropriate and contains some significant elements, we must notice that a majority of the respondents could not determine when the concept of health actions was born. The answer to this question constituted a difficulty not only for the students of year one but also four, regardless of their specialty.

With the students of year one, only 26% of the examined group gave an answer. Unfortunately, all of the answers were incorrect. It was similar with the older students. None of the respondents did not give a correct date when this concept was created, and the answers were given by 50% of the students of health promotion and 19% of the students of organisation of free time.

The examined also had problems with giving the correct answer to questions 2, 3 and 4. The obtained results prove that the best answers were given by the students of year four, daily studies – spe-

cialty: health promotion, although they did not have any knowledge, like the others, as to the areas of activity of health promotion. Not even one person from among 67 respondents gave any answer to question 3 (What are the areas of activity comprised by health promotion?), which means that the knowledge in this regard is very poor.

Question 2 (Which document outlines the basic concepts underlying the assumptions of health promotion?) was correctly answered by 50% of the students of health promotion and 19% of the students of organisation of free time. These persons stated that the basic assumptions of health promotion are contained in the Ottawa Charter. This document is unknown to the students of year one.

As to the strategic aim of health promotion (question 4), it was known for 6% of the students of year one, 70% of the students of health promotion and 8% of the students of organisation of free time.

Operational aims of health promotion (question 5) were closer to all of the examined. The most frequently mentioned are: improvement of physical activity of the Polish population, reducing smoking, reducing the level of alcohol consumption, reducing consumption of psycho-active substances (drugs) and prevention of neoplastic (cancerous) diseases. It is worth noticing that the students of year four of the specialty health promotion knew all of the operational aims of health promotion.

Answers to question 6 (In your opinion, health promotion is concerned with individuals or with social systems?) were various in all of the groups. 68% of the students of year one, 50% of the students of health promotion and 40% of the students of organisation of free time thought that health promotion is concerned with social systems. The remaining persons considered that it regards an individual or social systems and individuals.

Defining the concept of health education was much more difficult for the respondents than the correct deciphering of the term health promotion. While the students of year four, regardless the specialty, could reach the meaning of this concept, the students of year one did not know it at all. It was further confirmed by the answers to questions: 8, 9 and 10. None of the year one students knew the aim of health education nor its contents and the notions of health promotion and health education were the same to them.

The students of year four presented much higher level of knowledge in this regard. In most cases they gave correct answers to the questions: 7, 8, 9 and 10.

According to them, health education is a process of formation of health competences of a person and the most important aim is the formation of health attitudes and habits with children and youth. They did not have any problems with giving the most important principles of health education. Most of them thought these were: personal and environmental hygiene, security and first aid, food and nutrition, mobile activity, work and relaxation, free time, education for social life, mental and social aspects of health and living without bad habits. The notions: health promotion and health education are differentiated by them, although contradictory. Moreover, they can point out the elements which join and divide these two concepts.

## **DISCUSSION OF THE RESULTS OF THE EXAMINATIONS**

Attempts to define health promotion and health education have been made by many pedagogues, psychologists and doctors: Demel (1980), Williams (1989), Woynarowska, Oblacińska (1996) and others. Thanks to the rich literature of the subject we now have no doubts what these concepts mean, what are their aims, tasks, mutual relations and interdependencies. We should agree at one point at least. Health education is an inseparable and complementary element of promotion of health (Williams 1989, Barić 1991, Bielski 1996, Wojciechowska 2001, Karczewska 2002). However, the aims of these actions differ.

Students' opinions in this regard are not always compatible with our expectations. The students of year one do not know the aims of health education nor its contents, whereas health promotion and health education are perceived by them as equal.

For the students of year four of daily studies health education is the first and basic notion of health promotion.

However, it is difficult to relate the obtained information to the research by other authors because research in this regard appears very rarely. The reason for this is probably another direction of research and examinations of scientists of this domain. The subject of the research which is undertaken most

often is competences rather than competences of the present and future teachers (of various specialties) in the range of health education (Frołowicz 2001, Karczewska 2002) et. al.

### CONCLUSIONS

The students of year one do not know the aims of health education nor its contents, while health promotion and health education are perceived by them as equal.

For the students of year four of daily studies health education is the first and basic notion of health promotion. This means that through the activities of health education the strategic and operational aims of health promotion are realised.

In the opinions of year four students, health education and health promotion are differentiated by the range of their impingements. Health promotion comprises whole populations whereas in the range of the actions of health education there are children and youth.

In the opinions of year four students, an element which connects health education and health promotion is the creation of a positive attitude to health and one's own body which will be seen in maintaining, improvement and control of health.

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## SUMMARY

The aim of the research was to diagnose the students' knowledge about aims, tasks and contents of health education and health promotion and also their opinions about mutual relations of these two subjects.

In order to obtain the necessary information, in January 2005 we conducted a diagnostic survey among the students of year one and year four of AWF in Wrocław. The employed research technique was an interview. The examinations comprised 67 persons, where 31 were the students of year I and 36 the students of year IV.

On conducting the analysis of the results of the research it turned out that: the students of year one do not know the aims of health education nor its contents, while health promotion and health education are perceived by them as equal.

For the students of year four of daily studies health education is the first and basic notion of health promotion. This means that through the activities of health education the strategic and operational aims of health promotion are realised.

In the opinions of year IV students, health education and health promotion are differentiated by the range of their impingements. Health promotion comprises whole populations whereas in the range of the actions of health education there are children and youth.

In the opinions of year IV students, an element which connects health education and health promotion is the creation of a positive attitude to health and one's own body which will be seen in maintaining, improvement and control of health.

## STRESZCZENIE

Celem badań było zdiagnozowanie wiedzy studentów na temat celów, zadań oraz treści wychowania zdrowotnego i promocji zdrowia, jak również ich opinii na temat wzajemnych relacji obu przedmiotów.

Dla uzyskania powyższych informacji w styczniu 2005r przeprowadzono sondaż diagnostyczny wśród studentów pierwszego i czwartego roku studiów AWF we Wrocławiu. Zastosowaną techniką badawczą był wywiad. Badaniami objęto 67 osób, z czego 31 stanowili studenci pierwszego roku oraz 36 czwartego roku studiów.

Po przeprowadzeniu analizy wyników badań okazało się, że: studenci pierwszego roku studiów nie znają celów wychowania zdrowotnego oraz jego treści, a pojęcia promocja zdrowia i wychowanie zdrowotne są dla nich tożsame.

Dla studentów czwartego roku studiów dziennych wychowanie zdrowotne jest pierwszym i podstawowym pojęciem promocji zdrowia. Oznacza to, że poprzez działania z zakresu wychowania zdrowotnego realizowany jest cel strategiczny i cele operacyjne promocji zdrowia.

W opinii studentów czwartego roku studiów wychowanie zdrowotne i promocję zdrowia różnicuje zakres ich oddziaływań. Promocja zdrowia obejmuje całe populacje, natomiast w zakresie działań wychowania zdrowotnego znajdują się dzieci i młodzież.

W opinii studentów czwartego roku studiów elementem łączącym wychowanie zdrowotne i promocję zdrowia jest wytworzenie u podmiotów objętych działaniami pozytywnego nastawienia do zdrowia i własnego ciała, które będzie przejawiało się w utrzymaniu, pomnażaniu i kontroli zdrowia.