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PROMOTION OF CHILDREN'S AND ADOLESCENTS' HEALTH IN THE PROCESS OF EDUCATION

Abstract: On the one hand the achievements of modern civilisation make life easier in almost every area of human functioning, on the other hand they can cause various difficulties – both in the physical health of the individual and their psychosocial functioning. This is reflected in contemporary literature on the subject and statistical data indicating an increase in the prevalence of health problems in the group of children and adolescents. Over the last hundred years, health ceased to be a negative category meaning only the state of absence of physical illness, and began to be treated in a processual and holistic way. Therefore, the emphasis has been shifted from medical interventions focused on the treatment of the already existing disease to activities focused on developing and

strengthening health in the biopsychosocial dimension. The article addresses the issue of children's and adolescent's health in the context of changes that have occurred in understanding it, and consequently also in the area of activities undertaken for its benefit. The article points out the need for actions in the area of health promotion (including health education) which, having a long-term and systemic nature, should be an integral element of the education process. Thus, attention was drawn to the role of parents and teachers as persons responsible for shaping the health of the future generation.

Keywords: health, health promotion, prevention, health education, children and youth, upbringing.

INTRODUCTION

Currently, children and adolescents are more exposed to stress-related damage than previous generations. They live in a world of constant changes and challenges, which either they cannot meet or they pay the high somatic and psychosocial price for accomplishing them (Pilecka, Fryt, 2011).

Research by Vanaelst (2012) showed that nearly half of the 4,000 children examined had at least one of the psychosomatic or emotional stress symptoms (Wojtyna, Stawiarska, 2013). The results of the HBSC study (2014)¹⁾ showed that almost 40% of the teenagers surveyed experience recurring ailments of a psychological or somat-

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¹⁾ The results of HBSC 2014 research were presented in the collective study: J. Mazur (eds.). (2015). Health and Health Behaviours in School-aged Children in Poland. HBSC 2014 research results. Warsaw: Institute of Mother and Child.

ic nature. Statistics report that around 300 teenagers in Poland take their lives each year (a threefold increase in the number of suicides over the past 30 years) (Pietryga, Kozik, 2012). Depression is one of the most common disorders among adolescents (Kichler, 2012). An increase in anxiety disorders is also observed in this group (Wojtyna, Stawiarska, 2013). The above data indicate that the prevalence of mental disorders among children and adolescents is high – almost half of young patients who come to the family doctor suffer from non-somatic problems (Wolańczyk, Komender, 2005), moreover, these problems increase with age (HBSC, 2010² ; HBSC, 2014; Janas-Kozik, 2017). The fact that since the beginning of the 21st century, there has been an improvement in physical health with a simultaneous deterioration in mental health is a kind of paradox (Namysłowska, 2013). The latest HBSC report (2014) shows that there has been a significant improvement in some health behaviours – e.g. the percentage of young people undertaking physical activity and regularly eating breakfast has increased, on the other hand, higher rates of school stress, difficulty communicating with mother, and consumption of marijuana and hashish as well as school bullying has been reported. Data on the percentage of children and adolescents requiring specialist assistance (psychiatric, psychological) are quite consistent in many countries and oscillate around 10% – in Poland this percentage is a minimum of 9% (Janas-Kozik, 2017; Namysłowska, 2013). It is also worrying that in Poland the percentage of young people taking sedatives without medical consultation has been one of the highest in Europe for several years (Tabak, 2014).

Current medical achievements allow to eliminate somatic ailments to a varying degree, but the modern world requires from the individual not only good physical but above all, psychosocial functioning. Therefore, when addressing the issue of children and adolescent health, it should not be formulated in a reductionist way, focusing only on the somatic aspect – it is vital to bear in mind its holistic, and thus also psychological and social dimension. On the one hand, the modern world makes life easier, on the other hand it creates challenges that can be both a chance for development as well as a threat to it. A young person must learn to live in the world around them.

The above considerations and collected data indicate:

1. the increase in the prevalence of problems in the group of children and adolescents, especially in the field of psychosocial health,
2. the growing need to implement interventions aimed not so much at treatment as at preventing the occurrence of various problems (prevention) and promotion of health in terms of – not only physical but holistic.

Health promotion and prevention are perceived as qualitatively different approaches (Ostaszewski, 2003), however complementary to each other (Rosińska, 2011), in practice often co-occurring. In those operations, apart from providing knowledge about what is beneficial or harmful to health, it is also important to develop skills that will help people use this knowledge effectively and will contribute to shaping biopsychosocial health (Young, Williams, 1990). It is therefore essential to launch a process in which children and adolescents will learn “how to live” – they will become aware of how to preserve and improve their own health; and in case of illness, how to actively participate in its treatment (Woynarowska, 2015). The process of shaping and

² The results of the HBSC 2010 research were presented in the collective study: J. Mazur, A. Małkowska-Szcutnik (eds). HBSC Test Results 2010. Technical Report. Warsaw: Institute of Mother and Child.

strengthening the health awareness of children and adolescents as well as life skills in a broad sense is a challenging task which, in order to be effective, should be an integral element of the educational process preparing students for participation in the life of adult society (Ostaszewski, 2015; Woynarowska, 2015).

The concept of “education” has been a subject of reflection for years. The research and empirical analyses conducted so far have not brought definitive solutions in this area, but some features of education that refer to understanding it – not as an act, but as a process – can be distinguished (Łobocki, 2006). Education takes place every day, through the child’s interaction with parents, teachers, peers, people from the local community, so it can be treated as a process of shaping a young person (Wosik-Kawala, 2018), that is not autonomous but connected with the whole life cycle (Zubrzycka -Maciąż, Wosik-Kawala, 2015). Due to the issues discussed – i.e. developing and enhancing children’s and adolescents’ health through activities based on the idea of health promotion, education is primarily understood as a process of conscious influence on the holistic health of the individual, taking into account their subjectivity – and thus their personal responsibility and individual activity in favour of their own health. According to Ostaszewski (2015), the approach in which there is a hierarchical order – “at the top” upbringing and education, while “at the bottom, aside” health promoting actions – is wrong. In his opinion, effort should be taken to develop a common ground where those two systems will be implemented in everyday practice.

EVOLUTION IN THE APPROACH TO HEALTH AND ITS SHAPING IN A GROUP OF CHILDREN AND ADOLESCENTS

“Prevention is better than cure” is a well-known and commonly used phrase. This Latin maxim, known since antiquity, in its original form sounding “*morbum evitare quam curare facilius est*” is attributed to Hippocrates, who can be considered a precursor of preventive health care. For a long time, the term prophylaxis concerned the identification and reduction of factors underlying various diseases or dysfunctions (negative prevention), and therefore referred to a kind of “evil” that can be prevented (Salamucha, 2016). That attitude resulted first of all from the fact that the very concept of prophylaxis, derived from the Greek *prophylassein*, means: “prevent, beware” and secondly, it was associated with the fact that for decades the assumptions of the biomedical model, in which health was treated as the absence of disease, dominated, and any interventions were undertaken primarily when health deprivation occurred.

The shift from the negative understanding of health and assumptions typical of the pathogenic model, as well as the focus on health and the mechanisms determining it were reflected in the salutogenic concept and the biopsychosocial model. This means that the emphasis has been moved from the disease and the factors lying at the root of it (treatment, negative prevention) to health and the possibilities of enhancing it (positive prevention, health promotion). Thereby, the concepts of initiatives supporting the health of children and adolescents and their strategies have changed over the years and have been stimulated by the need to search for more effective solutions that, in addition to focusing on somatic health problems, would also include psychosocial development (Woynarowska, 2002).

Health promotion and actions taken in its area (health education) are the response to the change in the approach to health and the possibility of shaping it. It is an in-

terdisciplinary field of research and practice as well as a health movement established and monitored by the World Health Organization, which sets health as the common good and right of every individual, also in the social dimension, as the priority objective. Already in 1948, the World Federation for Mental Health was established, recognizing health as a special value that should be protected and supported. However, it was only in 1986 in The Ottawa Charter for Health Promotion that health promotion was defined as: “a process enabling each person to increase their impact on their own health in the sense of its improvement and maintenance” (Miturska, Kurpas, Kaczmarek, 2009).

Health promotion can be implemented at many levels³⁾. In recent decades, a trend associated with the need for specific actions focused on the development of the individual's psychosocial skills has emerged. Its character relates to activities focused on: (a) the development of individual resources, life skills and the disposition of the individual, including the ability to satisfy their needs, accomplish life tasks and solve problems, (b) create favourable health conditions (Czabała, 2000, as cited in: Woynarowska, 2008).

These issues are regulated in both international and national documents.

In recent years, the World Health Organization has published several documents⁴⁾ on health issues presented in accordance with the life-course perspective, i.e. through the entire life cycle. Thereby, it emphasized the importance of taking actions at various stages of life – from conception to old age, not only by helping sick people, but also by implementing actions in the area of prevention and health promotion. The current policy framework and strategy of the World Health Organization – Health 2020, as the main courses of action, recognizes: (a) supporting health through the entire life cycle, from the earliest years of a child's life, (b) promoting physical and psychosocial health, primarily through peer education and school initiatives aimed at increasing health awareness.

Regulations regarding the protection of children's and adolescents' health can also be found in Article 68 of the Constitution of the Republic of Poland⁵⁾ and in Article 4 of the Mental Health Protection Act⁶⁾. According to the above documents, children and adolescents should also be the recipients of health protection measures. These measures should include health promotion and disease prevention (Article 2.1) and should be implemented, among others, by educational establishments (Article 4.2). Measures in favour of children's and adolescents' health were also given attention in the Health Promotion and Prevention of Problems of Children and Adolescents Pro-

³⁾ The Ottawa Charter for Health Promotion (1986) determines a wide range of activities undertaken as part of health promotion. They cover issues related to the creation of public health policy and the expansion of the healthcare sector, as well as refer to a narrower scope of activities – creating environments supporting health (at the level of associations, local communities) and developing individual skills.

⁴⁾ Child and adolescent mental health policies and plans, Mental Health Policy and Service Guidance Package, WHO, Geneva, 2005; Global Mental health action plan 2013–2020; Health 2020: A European policy framework supporting action across government and society for health and well-being, WHO, Paris, 2013.

⁵⁾ Constitution of the Republic of Poland of April 2, 1997, Dziennik Ustaw [Journal of Laws] No. 78, item 483

⁶⁾ The Mental Health Protection Act of 19 August 1994, Dziennik Ustaw [Journal Of Laws] No. 111, item 535, as amended

gram for 2013–2016, in which the priority goal was to support somatic and psychosocial health, as well as to prevent the health problems most common within that group.

Considering issues of children and adolescent health in the context of health development and enhancement, it is worth noting that it is a complex phenomenon and the activities conducted to contribute to it require the cooperation of various entities. According to Fijałkowska and Maciejewski (2015), teenagers' health depends on the external conditions in which they live – including home environment, school or place of residence. Parents and teachers establish the basis of the child's functioning, shape their way of thinking and experiencing – also in relation to health. Therefore, the effectiveness of the actions taken depends to a large extent on the behaviours of adults in the child's environment (Wojcieszek, 2019). In this sense, actions for the health of the young generation should be treated as integral elements of the upbringing process, which should be implemented towards children and adolescents from the earliest years of their lives, in everyday situations, in their natural environments – therefore they should combine family, school environment and local community influences (Ostaszewski, 2015; Śliwa, 2015; Woynarowska, Sokołowska, 2015).

SHAPING CHILDREN AND ADOLESCENT HEALTH FROM THE PERSPECTIVE OF HEALTH PROMOTION AS A CHALLENGE IN THE PROCESS OF EDUCATION

The individual's way of thinking, experiencing and behaving starts to shape from the day of birth. This applies to various issues – including health. For that reason, childhood and adolescence are important periods for developing health awareness and responsibility for one's own holistic health. The functioning of the individual is influenced by various environments – family, school, peer, as well as mass media and new information technologies. Considering the multiplicity of determinants of the individual's functioning, education has a special role in shaping health (Bulska, 2017). This process should be focused on developing personal and social skills conducive to well-being and positive adaptation to the tasks and challenges of everyday life, and should prepare the individual to participate in health promoting activities by creating a healthy environment at home, school and in the local community (Woynarowska, 2015).

In this regard, health promotion refers to thinking in terms of resilience processes and is reflected in the assumptions of the Functional Health Model developed by Helena Wrona-Polańska (2003). In the concept of resilience, health is associated with mental resilience, which is understood as the personality traits or abilities of the individual, thanks to which they are able to flexibly adapt to new life situations and, if necessary, deal with adverse experiences (Pilecka, Fryt, 2011). The Functional Health Model assumes that health is a function of creative stress management and resources possessed by the individual, while resources, perceived as potential in the individual, affect health directly and indirectly through “creative” and thus flexible coping with stressful situations (Wrona-Polańska, 2003). Both concepts address the issue of factors underlying positive adaptation and maintaining health despite the emergence of threatening factors (e.g. difficult, traumatic, stressful situations); thus, they emphasize the importance of the individual – their resources and life skills – in shaping health.

They also refer to the holistic (biopsychosocial) understanding of health. Therefore, they show the role of parents, teachers and all people in the child's environment who, through appropriate educational and pedagogical interactions integrated with health activities (Ostaszewski, 2015) should shape and enhance what makes young people more resistant to threats (Ostaszewski, 2014). The literature on the subject indicates that the basis of effective initiatives that promote children's and adolescents' health is the assumption that every child is able to develop internal mental immunity (Pilecka, 2011), which will allow them to function optimally in everyday life and situations requiring new forms of adaptation.

Therefore the key point is to launch a process in which children and adolescents will have the chance to develop personal and social skills in order to:

1. achieve a much better performance than might be expected from knowledge on risk factors,
2. maintain good functioning despite stressful situations,
3. regain health in case of its deprivation (Borucka, Ostaszewski, 2008; Mudrecka, 2013).

In this process, health education plays an important role, which is an integral part of health promotion (Majewicz, 2011). It is the fundamental right of every child because it is focused on their health and quality of life. Health education is not reduced to providing young people with knowledge about factors which are or are not harmful for their health, but above all it is a process of shaping skills that allow them to function optimally in the surrounding world⁷. Actions taken in the area of health education should therefore focus on the transfer of knowledge and creating opportunities for putting it into practice – in and outside the school environment (Woynarowska, 2015). Education understood in this way is to prepare the student for the role of an active citizen who, with health awareness, will act for their own and social health.

Achieving health promotion goals through health education – and thus increasing health awareness and responsibility for one's own and social health requires starting the process of acquiring life skills and using internal and external resources. This process should take into account several interconnected elements:

1. Understanding health as a process, taking into account its biological, psychological and social dimension.

The individual is constantly moving on the health-illness continuum, trying to maintain their focus on health. Therefore, they strive to maintain a balance between genetic and psychosocial possibilities (resources, life skills) and the requirements of the environment. Health understood in this way has a specific course in time and varies depending on the requirements and the assessment of the possibilities to cope with them (Pilecka, 2011). Considering the contemporary – holistic and processual approach to health, health-promoting initiatives should (Majewicz, 2011; Tabak, 2014; Woynarowska, 2002; Woynarowska, Sokołowska, 2015):

- cover programs promoting physical health (e.g. concerning eating habits, physical activity) as well as psychosocial health (shaping life skills and developing health potentials);
- have a systemic character (involving various entities);

⁷ Skills for Health, Skills-based health education including life skills: an important component of a child-friendly/health-promoting school, Geneva: WHO, 2003 (document 9).

- be long-term (process and spiral). Meeting the above assumptions requires:
 - integrated actions as part of the educational, didactic and preventive program of school (Ostaszewski, 2015);
 - cooperation of parents, teachers and the local community (Korzeniowska et al., 2013; Woynarowska, Sokołowska, 2015);
 - making use of various circumstances that may contribute to shaping life skills and the development of the individual – formal and informal programs (the so-called hidden curriculum or school ethos) and pedagogical situations taking place at school and outside (Woynarowska, 2015).
2. Taking into account the significance of creating health-supporting environments (family, school, the local community)

Parents and teachers are treated as “the first health educators”, the health of children and adolescents depends on their behaviour and the actions they take (Wojcieszek, 2019). Researchers looking for health protection factors point to the importance of family and school environments. These environments participate, through the educational process, in shaping the resources and life skills that determine mental resilience (Galambos, Ehrenberg, 2009). Initiatives promoting the health of children and adolescents require from parents and teachers on the one hand – health awareness, and on the other – awareness of their own role in shaping the health of the young generation. The implementation of health promotion objectives through health education requires specific skills from teachers (Woynarowska, Sokołowska, 2015). Acquiring and developing them can only take place in the process of constant personal and professional development. Particular attention is paid to the need to improve qualifications, inter alia, in diagnosing the needs of students, coordinating activities in the field of health education, applying teaching methods that increase students’ initiative and activity. Besides the important role of the school and family environment, their cooperation is also vital. It may be reflected, for example, in agreeing on the topics tackled and the ways of their implementation, inviting parents who are properly prepared to implement some issues, organizing health-related projects collaboratively. Involving school employees who are not teachers as well as interacting with the local community is also important⁸⁾. The first case relates to working with a school counsellor, psychologist or school nurse, for example. Their activities can have the character of individual work (work with the student, his parents), group work (implementation of some programs, thematic blocks) and consultative work (conducting consultations for teachers and parents). In the second case, however, it is important to know that the child lives in the community, which should also be included in the health-promoting activities. Particular attention should be paid to cooperation with prominent people and organizations operating in the local community. These activities

⁸⁾ The above issues are also included in the Regulation of the Minister of National Education of 26 July 2018 on the curriculum for pre-school education and the core curriculum for general education in primary schools, including students with moderate or severe intellectual disability, general education in stage I sectoral vocational schools, general education in special schools preparing for employment and general education in post-secondary schools. Dziennik Ustaw [Journal of Laws] of 2018, item 1679, p. 100.

can be implemented, e.g. by organizing various campaigns or campaigns promoting health and bringing together school employees, students with families and representatives of the community.

Therefore, issues of health should be – in accordance with the habitat approach – an area of interest for every social system in which the individual functions (Woynarowska-Soldan, 2016).

3. Raising awareness and personal responsibility of children and adolescents for their own and social health.

An important role in health-promoting activities is played by the health awareness of the individual and their beliefs about health, which are determinants of activities focused on its development, maintenance, and in the event of ill health – recovery. Currently, the literature emphasizes the importance of the subjective dimension of health (sense of health), which does not always correspond with objective health (Juczyński, 2012). This is in line with the concept of empowerment, which is one of the overarching ideas of health promotion, drawing attention to the role of the active participation of the individual in the process of its creation (Cianciara, 2010, Synowiec-Piłat, 2009). This process aims at taking the control over their own health by the individual, through acquiring health competences, manifested in the ability to make appropriate decisions and proper resource management (Cianciara, 2010). Therefore, health competences refer to both the acquisition of knowledge as well as the acquisition and development of skills, enabling the individual to adapt to new life situations and, if necessary, help cope with adverse experiences (Pilecka, 2011; Woynarowska, 2015). According to Hiroshi Nakajima – former Director General of the World Health Organization: “Health is a prerequisite for school achievement, good quality of life and economic productivity. By equipping children with knowledge, skills and appropriate attitudes towards health, we can increase their chance for a healthy life and their ability to act for the benefit of health of the communities in which they live” (Borzucka-Sitkiewicz, 2006, p. 8).

SUMMARY AND CONCLUSIONS

The modern world poses a number of challenges that may lead to the development of the individual, but also pose a threat to them. The data presented in this article indicate the prevalence of health problems among children and adolescents and their growth progressing with age. This is an alarming tendency and should be a source of reflection on the possibilities of shaping and supporting the health of the young. Currently, it is emphasized in the literature that, apart from sharing knowledge, it is important to shape psychosocial skills that foster adaptation to the surrounding reality (Woynarowska, 2015; Pilecka, Fryt, 2011; Bissinger-Ćwierz, 2014).

This approach is the result of evolution in the understanding of health that has taken place in the last decades and has led to the transformation of the ways of interaction currently focused on developing and maintaining health. The idea, initiated years ago, that the human being is an active creator of health, today is reflected in activities in the field of health promotion. The actions in question are focused on shaping mental resilience, including psychosocial competences and skills, as well as developing individual health capabilities. This viewpoint is reflected in legal regulations – The Act

on the Education System⁹⁾ obliges teachers to act “[...] in ways that are in the best interests of students, and therefore with care for their health as well as their moral and civic attitude, respecting personal dignity” (Article 5); it also obliges to develop the objectives of education and teaching in relation to: knowledge, professional skills as well as personal and social competences (Article 4, point 25).

Adopting this perspective indicates the essence of education in the process of shaping and enhancing holistic health – since it is important not only what the child knows and can do in a cognitive sense, but above all – how they function as a young person performing various roles in their life. Therefore, in the process of education, the problems of the contemporary world should be taken into account and, consequently, a strategy that starts from the student’s personality and subjectivity, then formulates competences and skills, and finally selects the content and methods of pedagogical work should be adopted (Bissinger-Ćwierz, 2014, p. 105).

Addressing the issue of health promotion, and thus enhancing and shaping health by increasing health awareness and responsibility for one’s own health as well as social health, in the process of education, it is worth noting that alongside the dominant trend – focused on the implementation of targeted health activities – there is a second trend which perspective seems to be underestimated, that indicates that education is not an autonomous process, but it is related to the overall functioning of the individual (Zubrzycka-Maciąg, Wosik-Kawala 2015). In order for health promoting initiatives to be effective, their character should be systemic and long-term, they should make use of a variety of situations that could contribute to shaping life skills and the development of the individual, they should also be undertaken from an early age. Therefore, health awareness of people in the child’s social environment and awareness of their own impact on a young person – not only intentional but also unintentional – is important. Therefore, these include formal, planned programs, as well as those happening spontaneously in a given relationship (e.g. student-teacher, parent) or community (e.g. hidden curriculum).

The issue of health should therefore be of interest not only to clinical doctors and psychologists (in the context of disorders and dysfunctions) or health psychologists, for whom it is the basic area of reflection and analysis, but also – and maybe primarily – pedagogues, educators, parents and every adult who is responsible for the development and health of the next generation. This postulate results from the assumption that health, especially in the context of its promotion, should be spoken of in a processual aspect, taking into account its biological, psychological and social dimension – since it is a consequence of the lifestyle, functioning, perception and understanding of oneself and surrounding reality. Therefore, the promotion of health should be treated as an activity relating to the whole human life, but taking into account individual development stages, regularities typical for them as well as the needs and capabilities of the individual.

⁹⁾ The Act on the Education System of December 14, 2016, Dziennik Ustaw [Journal of Laws] of 2018, item 996, 1000, 1290, 1669 and 2245 and of 2019 item 534 and 730.

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PROMOCJA ZDROWIA DZIECI I MŁODZIEŻY W PROCESIE WYCHOWANIA

Streszczenie: Osiągnięcia dzisiejszej cywilizacji z jednej strony ułatwiają życie niemal w każdym obszarze funkcjonowania człowieka, z drugiej mogą stać się przyczyną różnorodnych trudności – tak w zakresie zdrowia fizycznego jednostki, jak i jej psychospołecznego funkcjonowania. Znajduje to odzwierciedlenie we współczesnej literaturze przedmiotu oraz danych statystycznych, wskazujących na wzrost rozpowszechnienia problemów zdrowotnych w grupie dzieci i młodzieży. W ciągu ostatnich stu lat zdrowie przestało być kategorią negatywną oznaczającą wyłącznie stan braku choroby fizycznej, a zaczęło być traktowane procesualnie i holistycznie. Akcent został więc przeniesiony z oddziaływań medycznych skoncentrowanych na leczeniu zaistniałej już choroby, na działania ukierunkowane na

rozwijanie i wzmacnianie zdrowia w wymiarze biopsychospołecznym. W artykule podjęto problematykę zdrowia dzieci i młodzieży, w kontekście zmian, jakie zaszły w jego rozumieniu, a w konsekwencji także w obszarze działań podejmowanych na jego rzecz. Wskazano na potrzebę działań z obszaru promocji zdrowia (w tym edukacji zdrowotnej), które mając charakter długofalowy oraz systemowy powinny stanowić integralny element procesu wychowania. Zwrócono tym samym uwagę na rolę rodziców i nauczycieli jako osób odpowiedzialnych za kształtowanie zdrowia przyszłego pokolenia.

Słowa kluczowe: zdrowie, promocja zdrowia, profilaktyka, edukacja zdrowotna, dzieci i młodzież, wychowanie.