

EDUCATION FOR SANOGENOUS BEHAVIOURS IN PRIMARY SCHOOL CHILDREN

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Abstract: *Education influences health; therefore it is necessary that the education related to this segment, of health, to be started as soon as possible. School has a major role in education, therefore one of the realities on which the speech is built is the health of their children. This study proposes an intervention on short term that brings to discussion the education for sanogeneuous behaviors of children in I-IV grade. Four grades have been involved in this study and the parents of the participant children, in the way they could. The dimensions on which this study has centered are – promoting the health and the well-being, prevention, healthy nutrition, introducing the sport in children's spare time.*

Key words: *pupil, sanogenous behavior, prevention, hygiene, health*

1. INTRODUCTION

School and family are struggling to establish powerful connections between them for a better education offered to the child, so the parents are juridical responsible for their children's education; the school represents only a part of the child's education. The researches point out the influence of the parental attitude towards the children's school results and also the social groups involved in the school institution influence the way in which the education processes are carried out in school [1]. "In this intersection of the family with the school, throughout the mutual interest related to the pupil's education, health is also as a value. In respect of health, we are interested, as professors and also as parents, in the optimal functioning of the child from the somatic, physiological, mental, emotional, social and spiritual point of view. So that the pupil to understand the health as a value and in order to take care of it and keep it there are needed 2 dimensions in respect of the prevention part and the intervention in case of illness. The orientation for sanogeneuous life habits is conceived as an education activity, in which the psychological preparation of the kids/adolescents in order to elect and develop certain efficient solutions to keeping the health or solutions to the disease, if this happens. The psychological preparation refers to the accumulation of the knowledge, building some habits, developing abilities, building certain motivations for the sanogenous election, developing the self-knowledge and a better contact with his body's potential, related to its construction as well as its healthy development. The school has an important role in this, which is considered a central factor in the guidance and counseling on health through the educational process, through knowledge and information provided, by the continuous concern for the development of the child/adolescent, by developing his own knowledge and also by involving the parents as partners in this matter. [2]

Besides the parents and professors, the counselor professor has a major role in health education in school. The fundamental purpose of the educational counseling is the optimal psychological functioning of the person or of the group. One of the first objectives in achieving this purpose is the facilitation/promotion of health and well-being – optimal functioning from the somatic, physiological, mental, emotional, social and spiritual point of view [3]. The educational mentor is interested first of all in those aspects of the pupils' development that lead to defining his identity and guides him to choose options and take decisions which will lead to the harmoniously integration in the world his living. Some of the objectives related to the health education are: the pupils to be capable of identify themselves through descriptions in terms of physical, psychical health, to be capable to identify their role in maintaining their health, to be capable of defining problems related to health and to ask for help in order to solve them, to carry out the important steps in the health prevention, to succeed in adapting to the changes brought by the illness and to find solutions to this for health recovering.

Health education can be done at informal, formal and non-formal level. At informal level, the health education is done at home, in family and at non-formal level, this is an accumulation of data, actions, social-medical influences together with the knowledge received by anyone from the society through adds, short actions of information dissemination, obtained in the secondary socialization process [4].

The knowledge and habits thus gained, have a lacunal or even non-scientific character because there are not constantly performed, nor by the qualified persons in the field and thus, the education at formal level is necessary even more – education carried out in school on the health matter. It is known that currently, there are no specific classes for health education in school so that this is carried out most of times by the form master or by the counsellor professor.

The first step in our change is to understand the fact that this depends on our self, and the landmarks through which we pass in this process are to be aware of the situation in which we are, of our problems or our needs and only then to assume and making the change pursuant to our desires. In order to do all these, it takes time and a lot of work, because the change does not occur immediately. Education classes for healthy behaviors have been done according to the age of the pupils (the characteristics of the pupils' development was taken into account) and on 3 dimensions: information about health, self-knowledge (centered on the assessment of sanogenous and risk behavior), assumed choice of the sanogenous life skills.

2. OBJECTIVES

1. Pointing out some aspects related to pupils' health that can be improved
2. Catching the differences appeared in the pupils' elections in respect of health after a long term intervention
3. To purpose the efficiency of communication following the psycho-educational intervention in the classroom.

3. HYPOTHESIS

1. During the intervention program in the health field, progress is noticed, related to the elections of sanogenous behavior.
2. The psychological counseling process optimizes the personal relations and communication in the classroom.

4. SAMPLE DESCRIPTION

The survey comprised 72 pupils from I-IVth grade, of the same general school. The project has been carried out during 5 months in 2015.

5. WORK INSTRUMENTS

The work instrument was a quiz with an investigation function about the kids' nutrition habits, applied to each classroom. The methods used in the intervention have been the modeling, the drawing, the collage, the story, art-therapy methods in general. These methods have as main function, a function that is mutual to artistic therapies, namely the encouragement and development of a better interpersonal relation and the intensification of the interpersonal communication. The objects, the images built by pupils during the meetings have facilitated the expression of feelings and experiences and have led to building a positive sense of these for the participants.

6. RESULTS

Starting from several indices related to pupils' health, an educational program has been initiated for the sanogenous behaviors. Beyond the actions that concerned health, it has been observed also the optimization of the socializing in the classroom, for each one of them. From the quiz that was applied initially, the following has been ascertained: from 72 pupils, 15 were obese (20, 8%), at 68%, the parents did not know what their children ate at school (because the children received money for food they had the liberty to buy what they wanted or the parents really did not know whether kids were taking food from home or not), from the total of children, 23, 6% practice sport outside the school. The goals established for the program have been grouped as follows: knowing your own body- ratio of height, weight, body muscle, etc., knowledge of sanogeneous behaviors related to each age, knowledge of the relation between the physical and psychological, emotional, intellectual development, the environmental hygiene, the perception about the physician –patient relation. In this endeavor, the parents who wanted to take part of the actions carried out have been introduced.

After the initial investigation, the next step was the implementation of the program with informative function and only afterwards of the one with formative-educative function. It comprised: prevention actions and fight against children's chronicle diseases, organization of a balanced lifestyle, health promotion. Some of the implemented actions, together with the children have been: debates on different matters related on health and sport, contests on story creation, creation of flyers and posters, open lessons sustained by older pupils for the children, attending to different competitions between schools on themes related to health, participation to different sport competitions.

After each work meeting from the project, the analysis has been carried out on 2 levels- the first one of the personal experience (what exactly did he understand, how does he think that these meanings would influence his next choices, what can he do in concrete actions in this sense, how exactly did he felt during the learning experiences, etc.) and the second one what did he believe that he could do in the sense of transmitting forward the information received (responsibility for results dissemination, social involvement, how the learning experience relates with the following steps that he would make, in his personal life, but also as a model for others, etc.). The last phase of the intervention has targeted the integration of the sanogenous behaviors in the day by day life. The pupils have established during the project, what steps should be done in order to attract changes

in respect of their behaviors, but also what steps can they make to be involved in social projects of sensitizing the population for a healthier life. At the end of the program, the initial questionnaire has been applied once more and the changes recorded have been: from the total of obese pupils (15 pupils), 3 have requested specialized help, the parents have chosen to get involved in the school food matter and so the number of parents that did not know what their kids were eating at school has decreased (from 68% to 40%).

In respect of the sport conduct of pupils and their preoccupation for exercise, the children from the classes that have taken part of this project, have got involved in different sport activities: between classes, schools, marathons, bicycle races, outdoor trips.

In respect of the second hypothesis, related to the effective communication in the classroom, the results have been noticed after the first meetings. The real change is defined by a change of attitude. “The change, the evolution of structures, of groups [...] supposes the evolution of the values set, interiorized by the persons that form those groups”. [5].

Related to the evolution of communication and socialization in each class groups, a change has been seen in the first place in working together but also related to the class professors that have mentioned several times the different changes in the dynamic of the class. The child builds his own image related to the other, by the mirroring effect and giving, followed by understanding and acknowledging certain features, abilities and values, belonging to him. The interiorized and personalized data are used in understanding and assuming his own identity, as effect of other peoples’ reactions towards him” [6]. By the analysis of communication and dynamics of relationship in relation to itself and others, the children have discovered the multiple meanings of the experience, the possibility that each experience to be looked from different angles, giving sense and meaning to the things or actions achieved. The proposed exercises have allowed children to exploit their own classroom space, the role that each one of them has inside of it and also of the personal resources and their use for a better dynamic of them with others. The reflection upon the personal experience that each child had during the project, has led to identify certain mutual themes that preoccupied the children from each class, matters related to the evolution in the group, trust in his own person, communication and especially communication with the adults from their life.

7. CONCLUSIONS

The work in such a long term project has a lot of positive parts, found in the results obtained, but it has also some negative parts. Among the negative ones, we mention an aspect related to the work besides the parents and we underline the fact that though there is the wish for collaboration in the project, due to its vast extension, many times the parents could not attend to the activities. The communication with the parents and their attendance to activities was always conditioned by the short time they had at disposal. Another challenge was the work with 4 different classrooms for the same project and the difficulty to find suitable options of schedule in order to perform the activities. Besides these negative aspects, there are the results obtained in respect of the sanogenous behaviors, building of a work space that facilitates the collaboration between parents and school in the health field, building some better health models, improvement of relationships between parents, psychologists and school’s counsellor professor, a practice guide for such projects. The work modalities have been chosen for children pursuant to their age, thus the value of data received to be able to be extended in larger educational contexts (debates, competitions, etc.). The opportunities built by this project have been

materialized in collaborations between classrooms and schools and on other matters, not only on those related to health.

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