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## **Attitudes of children and adolescents towards health and a healthy lifestyle from the perspective of parents, teachers, and educators**

**Postawy dzieci i młodzieży wobec zdrowia oraz zdrowego stylu życia z perspektywy rodziców, nauczycieli i wychowawców**

### **Abstract**

**Introduction.** It is worth assessing attitudes towards health and a healthy lifestyle of children and adolescents, because during this period of life they are shaped most intensively, very often during testing of various behaviours, including dangerous ones.

**Aim.** The aim of the study was to learn about the attitudes of children and young people, within the education system, towards health and a healthy lifestyle, by assessing the perception of this issue by adults – parents and persons managing the teaching and the educational process.

**Methods and materials.** 52 interviews were conducted with opinion leaders directly related to the environment of functioning of students at individual stages of education covered

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by compulsory schooling.

**Results.** The surveyed parents, and people conducting extracurricular activities, negatively assess the attitudes of students towards health and a healthy lifestyle. Most teachers notice positive attitudes of children towards health, mainly in the cognitive component of attitude, however, they draw attention to deficiencies in desired behaviours. The surveyed psychologists mostly negatively assess the attitudes of students towards health and taking care of it. They notice deficiencies in the scope of awareness of using psychological help among both students and parents.

**Conclusion.** Noticeable, increased awareness of students in the field of health does not necessarily translate into appropriate behaviours in practice, which suggests the need for greater concentration of teachers on the educational process in the area of health education, including attractive experiences that arouse positive emotions. It is necessary to work systematically on appropriate attitudes, especially through interventions in the environment where the student functions, *i.e.*, also in the virtual space, as well as placing model attitudes in the pop culture of new media. It also seems necessary to reflect on the preparation of future and the improvement of currently working teachers in the area of modern, salutogenic understanding of health.

**Keywords:** attitudes towards health, students, educators, healthy lifestyle, health education, health promotion.

### **Abstrakt**

**Wprowadzenie.** Warto dokonywać oceny postaw wobec zdrowia, a także zdrowego stylu życia wśród dzieci i młodzieży, gdyż w tym okresie życia dochodzi do najbardziej intensywnego ich kształtowania, bardzo często w wyniku testowania różnorodnych zachowań, w tym niebezpiecznych.

**Cel.** Celem badań było poznanie postaw dzieci i młodzieży objętych edukacją w systemie oświaty wobec zdrowia oraz zdrowego stylu życia poprzez ocenę postrzegania tego zagadnienia przez dorosłych – rodziców oraz osoby kierujące procesem dydaktyczno-wychowawczym.

**Metody i materiały.** Przeprowadzono 52 wywiady z liderami opinii bezpośrednio związanymi ze środowiskiem uczniów objętych obowiązkiem szkolnym na poszczególnych etapach edukacji w województwie opolskim.

**Wyniki.** Badani rodzice i osoby prowadzące zajęcia pozaszkolne negatywnie oceniają postawy uczniów wobec zdrowia i zdrowego stylu życia. Większość nauczycieli dostrzega pozytywne postawy dzieci wobec zdrowia, głównie w komponencie poznawczym, jednakże zwraca uwagę na braki w pożądanym zachowaniach. Badani psychologowie w większości negatywnie oceniają postawy uczniów wobec zdrowia i dbałości o nie. Dostrzegają braki w zakresie świadomości korzystania z pomocy psychologicznej zarówno

wśród uczniów, jak i rodziców.

**Wnioski.** Zauważalna zwiększona świadomość uczniów w zakresie zdrowia niekoniecznie przekłada się na właściwe zachowania w praktyce, co sugeruje konieczność większej koncentracji prowadzących zajęcia na procesie wychowawczym w obszarze edukowania o zdrowiu, w tym na atrakcyjnych doświadczeniach wzbudzających pozytywne emocje. Należy systemowo pracować nad właściwymi postawami, szczególnie poprzez interwencje w środowisku funkcjonowania ucznia, również w przestrzeni wirtualnej, a także poprzez lokowanie modelowych postaw w popkulturze tworzonej przez nowe media. Konieczny wydaje się także namysł nad przygotowaniem przyszłych i doskonaleniem obecnie pracujących nauczycieli w obszarze współczesnego, salutogenetycznego rozumienia zdrowia.

**Słowa kluczowe:** postawy wobec zdrowia, uczniowie, wychowawcy, zdrowy styl życia, edukacja zdrowotna, promocja zdrowia.

## Introduction

In the process of health education, an important means of teaching and educational influence is the transfer of specific knowledge and the development of health-related skills. However, apart from health education, an equally important and usually more difficult task is to undertake a series of educational interventions, i.e., developing pro-health attitudes and behaviours or promoting a proper understanding of health (Woynarowska, 2017). How health is interpreted, e.g., as a value, potential, disposition or process, determines how consciously we work on it, which *de facto* boils down to working on ourselves. A contemporary, salutogenic approach to health determines the effectiveness of health education (Femiak, 2006). The World Health Organisation (WHO, 1946) assumes that health is a multidimensional construct – physical, mental and social well-being, and not merely the absence of disease or infirmity. For this reason, it is necessary to look at adults' interpretation of this abstract and undoubtedly difficult to define concept of health before interpreting their assessment of their pupils' attitudes. Since the 1970s, the view that health behaviours in the form of a specific pattern, known as a healthy lifestyle, are the main determinant of health has dominated health sciences (Corbin, Welk, Corbin, & Welk, 2006). Of course, lifestyle is also the result of specific socio-economic conditions, which can be understood as certain barriers and limitations, but it should be borne in mind that in Western civilisation, lifestyle depends to a significant and increasing extent on individual preferences and decisions. A healthy lifestyle is a universally desired value, especially in the context of social and economic development, which is why it is promoted in the public media and supported by various institutions (Nowak, 2013). Health-promoting attitudes are encouraged

in cultural and educational institutions, whose tasks include supporting the family environment in this regard.

According to Tadeusz Mądrzycki (1977), attitudes are made up of three parts: cognitive, emotional-motivational, and behavioural, which is also how they appear on the outside. A multi-element concept of attitudes can also be found in the works of other Polish researchers (Nowak, 1973; Marody, 1976), however, these relatively permanent dispositions to evaluate an object, its nature and properties, or relatively permanent behaviours towards that object, pose a significant empirical difficulty. For this reason, some contemporary researchers, such as Gerd Böhner and Michaela Wänke (2004), propose to define the concept of *attitude* as “[...] a summary evaluation of any object that can be thought of” (p. 17).

It is worth studying and assessing attitudes towards health and a healthy lifestyle, especially during ontogenesis, when they are most intensively formed, as well as during periods of instability and testing of various behaviours, many of which are dangerous. Available Polish studies in this area, mainly quantitative and fragmentary, which are extremely difficult to capture in a comprehensive manner, indicate negative trends in the health behaviours of children and young people (Fijałkowska, Oblacińska, & Korzycka, 2019).

The main aim of the study was to learn about the attitudes of children and young people in the education system towards health and a healthy lifestyle by assessing the perception of this issue by adults, parents, and those responsible for the teaching and educational process. The adopted concept of qualitative research also allows for the search for the real causes of the attitudes of students as assessed by their parents and specialists in the field of education. At a deeper level of interpretation of the respondents' statements, it was also possible to learn how the respondents, in particular specialists (teachers, educators, pedagogues, school psychologists), understand the contemporary concept of health, which is extremely important information from a practical (pedagogical) point of view, as the way health and its determinants are interpreted determines teaching and educational work in the field of health education.

## Method and material

In a qualitative study conducted in the Opole Province, a procedure involving stratified sampling and the snowball method, commonly used in social research, was adopted. A total of 52 in-depth interviews were conducted with opinion leaders directly involved in the environment of school-age children at various stages of education. Among the six parents surveyed, those whose children attend kindergarten, primary school and secondary school were selected. The most experienced people in working with children/young

people were also selected: kindergarten teachers (5 people) primary school teachers in grades I–VIII (10 persons) secondary school teachers (general secondary schools and technical schools) (5 persons), persons conducting various extracurricular activities in their free time in the extracurricular system (10 persons), educators (8 persons) and psychologists (8 persons) working in schools and psychological and pedagogical institutions. In selecting the group of respondents, an effort was made to reflect the environment of non-professional educators (parents) as well as professionals (people who take on the role of educators in their work) who accompany children in their development at various stages of education. This selection aimed to capture age-related trends. A standardised but unstructured interview technique was used, which means that each respondent was asked the same questions in the same order, while the scenario allowed for complete freedom of expression. The interviews with the respondents were recorded with their consent (audio recording), and full anonymity was ensured. The interviews were transcribed, which formed the basis for the interpretation of the text within a hermeneutic approach. The methodology of this study was based on the philosophical foundations of phenomenology (Pilch, Bauman, 2010). According to Krystyna Ablewicz (1994), adopting a phenomenological attitude is a transition from the theoretical world to the everyday world, from a natural to a reflective attitude. According to Alfred Schütz, a researcher is able to understand a person in action better than they understand themselves. This can happen when the researcher has access to external signs of the subject's internal experiences, to which the subject themselves does not have access (as cited in Zemło, 2016).

The study was conducted as part of the project *Dobrostan psychofizyczny dzieci i młodzieży z województwa opolskiego* [Psychophysical well-being of children and young people in the Opole Province], commissioned by the Department of Health and Social Policy of the Marshal's Office of the Opole Province. This research project received a positive opinion from the Scientific Research Ethics Committee of the Opole University of Technology, No. 2/2023.

## Analysis and interpretation of results

### *Parents*

The majority of parents surveyed have a negative view of the attitudes of children and young people. They pointed to modern technologies that keep young people at home and encourage a sedentary lifestyle:

[...] children don't go outside, they all sit at home in front of the computer and frown [parent-secondary school-1].

All parents recognise the important role of schools in shaping attitudes towards health and healthy lifestyles. It is worth noting that parents whose children are at lower stages of education appreciate the various activities undertaken by educational institutions in this area, while parents of secondary school students blame schools for neglect.

It is the school's fault, because there used to be various extracurricular activities encouraging children to exercise. PE is boring [parent-secondary school-1].

[...] and the nursery school really values a healthy lifestyle. The nursery school has a dietitian and a cook, and even the Christmas presents contain healthy food and toys [parent-nursery school-5].

Parents of preschoolers and primary school students pay attention to the activities of educational institutions in shaping pro-health attitudes. They recognise the importance of health education in preschools and schools in this area.

Teachers report that children consume too much sugar, which is why they are running campaigns to discourage children from bringing sweets to school [parent-primary school-2].

Children learn about this in nursery school, we talk about it a lot, and they are interested in the subject [parent-nursery school-4].

A parent of a vocational school student notes that sport can be a factor that promotes healthy behaviour, while also recognising the problem of obesity among teenagers and unhealthy eating habits.

I have a son who is an athlete, so he exercises and trains a lot. He takes care of what he eats, he has to be in shape and look good, he takes care of that himself and I have no problem with that. I see other children eating fast food, hot dogs, hamburgers and *Žabka* [Froglet], where you can buy energy drinks, and it's completely uncontrolled. I see a problem with obesity among teenagers [parent-secondary school-6].

### ***Leisure time animators***

Leaders of extracurricular activities also mostly recognise the problem of negative or indifferent attitudes towards health among young people.

They are becoming increasingly indifferent. They do not feel the need to take care

of their lifestyle. They just want to be able to sit at home. It is difficult to encourage them to be active outside the home [animator-9].

We encounter an attitude that they do not want to. They say that their legs hurt, and they sit on their phones [animator-10].

Respondents note that parents do not have enough time to work with their children in this area. However, some point out that participation in extracurricular activities is due to the efforts of parents.

Awareness has increased compared to a few years ago. Parents' awareness has increased. It is better than a few years ago [animator-16].

There is a small percentage of children who attach great importance to a healthy lifestyle, but they learn this from their parents. My opinion is that most of them lead unhealthy lifestyles [animator-13].

One of the respondents notes that everything depends on the level of awareness and place of residence. They believe that older teenagers are more aware of the importance of exercise and healthy eating in human life than younger children.

There is this awareness related to mental health, but when it comes to younger children, it's the opposite. Kids play on computers and phones, and for them, it has had the opposite effect; the pandemic has made them even more glued to their tablets and phones. Less exercise and a healthy lifestyle, and more passive attitudes [animator-14].

One of the respondents referred to a scouting organisation as an example of a remedy for problems in shaping proper attitudes towards a healthy lifestyle.

[...] these people want to do something more; they prefer this kind of service attitude. [...] Their activity is caused by being in the scouts. [...] Internal rules impose on them a healthy lifestyle. They are a bit different from their peers [animator-15].

### ***Kindergarten teachers***

The statements made by kindergarten teachers are more optimistic. Virtually all respondents have positive attitudes towards health among preschool children. They emphasise the children's knowledge, skills and, above all, their activity and openness to health issues. However, they have a rather schematic and narrow view of a healthy lifestyle,

reducing it to behaviours related to nutrition and physical activity. One of the respondents claims that children of this age do not have pro-health attitudes because they choose sweets, but she has no reservations about their level of physical activity, which is largely due to the natural mobility of preschool children.

They are very active, enjoy exercising, like fruit and vegetables, and enjoy learning about healthy lifestyles [n-1 kindergarten-18].

It is worth noting that virtually all kindergarten staff emphasised the importance of their work and the numerous achievements of the kindergarten community in shaping pro-health attitudes. Their commitment to health education is certainly a result of the fact that most of the respondents from this group participated in the Health Promoting Kindergarten programme, which requires them to undertake a number of activities related to developing appropriate attitudes towards health and a healthy lifestyle.

We implement three health programmes at our facility, so I believe that the level is high [n-1 kindergarten-17].

Our kindergarten belongs to a network of health-promoting kindergartens. We have received a national certificate and we have many activities in this area. I think we are doing a good job and our children know how to take care of their health [n-1 kindergarten-19].

We are a Health Promoting Kindergarten, so we undertake a lot of activities in the kindergarten [when it comes to] healthy eating, physical activity and mental health. Three- and four-year-olds are still passive participants, but the older ones are very active. They remember what salads we make and what juices we drink. They know the health benefits. The five- and six-year-olds are very good at this and know why we are doing it all. It is at a high level here [n-1 kindergarten-21].

### ***Primary school teachers***

Out of ten teachers surveyed representing primary schools, six definitely see positive attitudes towards health among their students. They draw attention to high and even growing awareness of healthy lifestyles. They interpret the issue of healthy lifestyles slightly more broadly than kindergarten teachers, but still too narrowly. Apart from basic elements such as healthy eating and physical activity, issues such as mental health, rest and interpersonal relationships appear only sporadically in their statements. They describe students' attitudes through the prism of their numerous educational interventions in this area.



They are very aware because the school runs many campaigns here. For example, [...] five times a week, they have fruit and vegetables. The school has joined a three-year project and will receive a Health Promoting School certificate. They talk about healthy eating. The children are on a programme with healthy milk and vegetables. Discussions are held during [form] lessons. I think that awareness is greater than in previous years [n-1 primary school-52].

We are a Health Promoting School and we have a certificate. There are many activities promoting a healthy lifestyle. We participate in a fruit and vegetable programme. Trips are organised, e.g., to agritourism sites. There are many activities on this topic in early education, nature, biology and form lessons. Health is one of the main topics every year. After the pandemic, there were problems with children, but this year, there has been an improvement. There are individual problems, but overall it is not bad [n-1 primary school-46].

There is a noticeable increase in interest in physical activity. They were happy when we introduced additional SKS classes. We have no problem with students participating in them [n-1 primary school-48].

Children are becoming more and more aware of what a healthy lifestyle means, that it is important to eat properly, that you need to rest, and that you should eat five meals a day with vegetables and fruit. All this is implemented as part of the programmes. Not only in schools, but also at home, there is an awareness that physical activity, healthy eating and good peer relationships at school and in the family are important. This leads to a healthy lifestyle. This awareness is growing [primary school teacher-49].

We have been a Health Promoting School for twelve years. We have two certificates. We promote mental and physical health and healthy eating. We had communal breakfasts where the children brought their own food, prepared it together with their teachers and ate it together. At our school, children in grades 1–3 can always have breakfast with their teacher, and this is also practised in grades 4–8. We place great emphasis on mental and physical health. We have a project and also children with disabilities [...]. We strongly emphasise that mental health is important for all children [n-1 primary school-51].

Participation in the Health Promoting School programme certainly confirms the positive attitudes of teachers themselves towards health education. This is very important in the context of effectively developing students' knowledge, practical habits

and positive attitudes towards health and healthy living. The health promotion programmes mentioned by the respondents do indeed determine greater involvement on the part of the teaching staff, a systematic approach and, consequently, the quality of health education activities.

Several teachers who assessed students' attitudes noted in a negative tone that students are aware and knowledgeable, but do not exhibit pro-health behaviours in practice. According to them, the reasons for these undesirable phenomena are: the COVID-19 pandemic, patterns learned at home and the widespread culture of consumption.

After the pandemic, there has been a decline in physical activity. Encouraging children to exercise is problematic. [...] When it comes to healthy eating, they still prefer unhealthy foods, such as crisps and snacks [n-1 primary school-44].

It is striking that they have a lot of knowledge about healthy eating. However, this does not translate into practice. I work in an after-school club and observe children's behaviour. [...] I see what they have in their lunchboxes at school [n-1 primary school-50].

[...] in general, however, fewer and fewer children want to do such things. When I wanted to take the junior high school children to the swimming pool, the issue of make-up, mascara, I don't know how, embarrassment, and being uncool came up [n-1 primary school-43].

### ***Secondary school teachers***

Teachers representing secondary schools predominantly notice negative attitudes towards health among their students.

In theory, they declare that it is necessary to eat healthily, and many of them go to the gym. They talk a lot about needing the right amount of protein, but they bring food bought at Żabka to class, lots of crisps, hot dogs, and, what is a plague today, lots of energy drinks. It is less common to see young people bringing sandwiches from home [n-1 secondary school-34].

I have athletes at my school, many of them play sports. Unfortunately, some of them smoke cigarettes. Some abuse nicotine and probably other stimulants, because we have received such reports. They use their phones a lot, which is worrying. Some are addicted to computer games [n-1 secondary school-33].

One of the teachers claims that nothing has changed in this regard for years. He has not noticed any changes during his years of working at the school. He believes that there is a full, diverse spectrum of attitudes towards a healthy lifestyle: from negative, through moderate interest (this group is the largest), to positive (a small group of students who are interested in this topic). Another respondent, who sees positive attitudes towards health among students, attributes them to organised physical activity. It is also worth noting that only one respondent mentioned activities organised by the school to promote healthy attitudes and habits.

Many students are aware of the importance of taking care of themselves and they do so by participating in sports outside of school. Most of them play sports [n-1 secondary school-30].

Awareness is growing as we discuss these issues. They know that fast food is unhealthy, and this awareness is very high. When we organised our class Christmas party, we eliminated all sweetened drinks, crisps and other unhealthy products. Things are getting better [n-1 secondary school-32].

### ***Educators and school psychologists***

School teachers also notice an interest in physical activity.

Children in primary school have not yet developed habits, but I notice sport, i.e., physical activity [teacher-29].

Children are eager to participate in physical activities [teacher-26].

There is a group that is physically active. Bicycles, rollerblades, training, sports clubs – a large group participates in these activities [teacher-28].

Specialists also note interest in the various activities offered by the school in the area of promoting healthy lifestyles. According to them, the students' attitudes are generally positive. Like other education professionals, teachers point out that increased awareness of health issues among students does not necessarily translate into appropriate behaviour in practice.

They eagerly participate in classes where we talk about depression. We have a teacher and a psychologist, so there is interest, especially in the older grades [teacher-22].

Many children participate in comprehensive classes. There are children who, due to disorders, e.g., in motor coordination or other areas, are not very keen to participate in these activities. Nutrition varies. Our nurse is working on this because many children still eat snacks instead of healthy sandwiches. Children are very knowledgeable about psychoactive substances, their negative consequences and the use of the internet [educator-24].

Two of the eight school teachers surveyed clearly expressed negative views on children's attitudes towards healthy lifestyles. Two people also pointed out the role and responsibilities of parents in health education.

Negative. Some care about their diet, bring fruit and vegetables to school. They also get vegetables at school. I see this especially in younger children. Older children, on the other hand, often buy crisps and crisps sticks from vending machines, go to the shop, and also to McDonald's, and drink energy drinks. Some obese children sit on the benches during PE lessons; there are various cases [teacher-27].

One third are students who do not want to be active, they get very tired. They prefer to play on their phones [teacher-28].

The psychologists surveyed mostly have a negative view of students' attitudes towards health and self-care. They see a lack of awareness of psychological support among both students and parents. One psychologist believes that students today are more aware of the risks, but their attitudes towards health and life are the same as in the past. There is some variation; one person noted that, on the one hand, there is an increase in obesity among children, while on the other hand, calorie counting is fashionable. There was also information that students lack knowledge about emotions and ways of solving problems in difficult situations.

There is more and more talk about the help of psychologists and child psychiatrists. Secondary school students know a little more about this, at least in theory. They know who to turn to and what their needs are because they have more meetings with the school counsellor. In primary school, children have little knowledge about this [psychologist-39].

There is a whole spectrum: from pro-health attitudes to neglecting health. This mainly manifests itself in a dislike of PE lessons and a reluctance to participate in physical activities such as games and play. There is little physical activity among children at school, but there are those who are provided with physical activities

and these children participate more often and more willingly [psychologist-38].

Awareness is very low when it comes to spending time in front of screens. Children spend a long time in front of screens and then have problems concentrating. A five-year-old child already spends five hours in front of a phone. Many obese children eat unhealthily and do not feel the need to exercise. However, some children are very active in sports, practice and train. When it comes to mental hygiene, we see very big difficulties [psychologist-40].

Some young people care about their mental and physical health, who also use our counselling centre, coming for visits, aware of how important it is for their further development. However, there are some young people who, even when they come to the counselling centre, 'drop out' because they are unable to undertake this form of work on themselves and continue to escape into addictions such as computers, drugs, alcohol and cigarettes, and then it is difficult to help them further [psychologist-41].

Undoubtedly, the value of health increases with age and experience, so it is not surprising that adults speak negatively about the younger generation (CBOS, 2013). It is natural and common for each older generation to be critical of the behaviour of the younger generation. Taking on the role of a parent, teacher, or educator is particularly conducive to valuing health in the context of caring for a child. This is probably because the respondents – middle-aged adults – experienced slightly different behaviours in the past, as they functioned in a completely different socio-cultural reality. Currently, we are dealing with a much broader and different catalogue of health-related behaviours, both anti-health and pro-health. An example is the problem of screen use, which was mentioned by all groups of respondents (Lange et al., 2023).

Attitudes towards health or a healthy lifestyle can be inferred from behaviours that are naturally picked up by the respondents. Negative attitudes towards the sedentary lifestyle of children and young people, which is a consequence of the development of technological civilisation, consumer culture and even pandemic isolation, are consistent with recent research reports in Poland, which reveal an increase in anti-health behaviours, particularly in the context of physical activity – one of the main elements of a healthy life, which largely integrates the others (WHO, 2018; Rzecznik Praw Dziecka [Children's Rights Ombudsman], 2023).

The respondents willingly and spontaneously referred to the causes of problematic or unhealthy behaviours. They usually looked for someone to blame, shifted the blame and identified numerous external factors, which is a natural phenomenon. It is also worth noting that teachers and educators, especially those teaching at lower levels of education,

emphasised their contribution to the promotion of health education in the form of various campaigns and programme activities. Their statements indicate the intentional nature of health education, which has been part of the core curriculum for many years, something of which teachers are aware. *Notabene*, the importance of the issues discussed is highlighted by the mass media, which are the main source of knowledge for modern parents. Currently, attitudes towards health and specific health behaviours are strongly influenced by highly diversified new media, which can be a source of reliable information, but can also provide scientifically unverified or completely false facts. A good example of the information war in social media on health, which has recently generated extremely different attitudes among parents, is the issue of vaccination in the context of the COVID-19 pandemic. Research in this area demonstrates how different the information-seeking strategies were among supporters and opponents of vaccination (Mierzecka, Brylska, Gromova, & Łączyński, 2023).

In an era of widespread access to information and the unquestionable popularity of health-related content (pro- and anti-health behaviours), especially in the mass media, the level of awareness among all social groups is gradually increasing. Of course, social media is dominated by the cult of the body and psychophysical fitness. This is reflected in studies of attitudes towards health conducted among children living in Australia. They overestimate the correlation between body weight and health and generally associate human health exclusively with diet and physical activity. In discussions about health, they refer to body aesthetics and the negative consequences of obesity. The authors of this qualitative research point to the need to popularise thinking about health in more positive terms (Velardo & Drummond, 2019). A negative narrative can also be observed in own research. When asked about their attitudes towards health, many respondents' answers were negative. However, the respondents emphasise that the problem is not low awareness (according to the three-component theory of attitudes, this is a cognitive component), but rather the lack of socially desirable behaviours or aversion to them. Therefore, some theorists believe that the emotional-evaluative component of attitudes is the most important, while the other components may or may not be present (Nowak, 1973). It therefore seems important to implement educational measures aimed at evoking positive emotions associated with health and health-promoting behaviours.

The foundation for effective health education is a proper understanding of health. The holistic concept promoted in scientific communities is often reduced in everyday life to the purely biological state of the body or mental well-being, which can also be observed in our research. From a pedagogical point of view, it is desirable to recognise the processual, dynamic nature of health in a biopsychosocial context, which assumes that different areas of well-being interpenetrate and interact constantly. In the numerous external projects and programmes operating in institutions mentioned by the respondents, including the Health Promoting School, great importance is attached to solving

previously identified health problems in the school community and planning a series of appropriate measures with specific success criteria (Woynarowska, Woynarowska-Soldan, 2019). Comprehensive programmes implemented in schools certainly increase the effectiveness of health education, as they require methodical and well-thought-out action. Of course, in order to assess a change in attitude towards a particular aspect of health, it is necessary to identify how success is to be achieved, mainly due to the definitional and measurable nature of attitudes.

There are many methods for shaping pro-health attitudes. Teachers distinguish between systemic activities, which are indeed highly desirable due to the effectiveness of the interventions carried out, and these are the basis for health promotion, which is currently defined as a combination of health education and public health policy (Tones, Green, 2004). According to some researchers, health-promoting policies at the local level, and therefore also at the school and kindergarten level, leading to the creation of environments that support health and healthy choices, are a key solution (Cianciara, 2011). The use of modelling, i.e., demonstrating specific pro-health behaviours through personal example, is also important in this regard (Chruściel, Bednarek, Szulc, & Augustowska-Kruszyńska, 2024). However, the respondents in this study do not indicate this method.

Based on the statements obtained, it can be concluded that kindergarten teachers have a highly positive attitude towards health education. The study shows that health education is most prevalent at lower levels of education, while in secondary schools, few activities are undertaken in this area. This fact coincides with the low popularity of the nationwide Health Promoting School programme among secondary school teachers. Among kindergarten teachers, however, this programme was so popular that in recent years it has been diversified into the Health Promoting Kindergarten programme.

## **Summary and conclusion**

Concern for human health is present in all dimensions of social life. It has an important place in the legal systems of all European countries. In Poland, in recent years, there has been a strong trend towards the development and strengthening of health education, including in the education system (Nowak, 2019). Like health, a healthy lifestyle, understood as a pattern of systematically manifested pro-health behaviours, is perceived in our civilisation as a positive value and highly desirable from the point of view of social development. This is undoubtedly a phenomenon of the last five decades, a culture-forming phenomenon and a factor of socio-economic development, determining the high standard and quality of life of people. Parents and teachers raised in this context naturally have a strong tendency to persuasively promote pro-health principles and habits, which

in turn conflicts with the model of the Polish Health Promoting School, developed through research and experience over the last 30 years by Barbara Woynarowska (2009). This concept assumes, among other things, the pursuit of a healthy environment with an atmosphere of friendly, unrestricted discourse (Woynarowska, 2006).

Although this study reveals the world of values of students, which manifest themselves in real situations in relation to educational activities, it also reveals the world of values of educators. The adults surveyed formulate assessments that have an emotional tone, which can be explained by a sense of responsibility for educating children to be healthy or to follow a specific lifestyle. This model is clearly identified by all the groups of respondents surveyed.

Respondents representing different professional backgrounds perceive a variety of attitudes towards health among children and young people, but their observations are dominated by negative assessments. A certain cause-and-effect relationship is evident. The lower the level of education, the more health education and health promotion activities are offered to students in schools, and thus, there are more positive observations regarding these attitudes among the respondents.

It seems that assessing attitudes towards both pro-health behaviours and the concept of health itself, which is difficult to grasp holistically, is a positive experience of self-reflection for the respondents, as it demonstrates the effectiveness of their educational and teaching activities. However, this research experience leaves something to be desired. It is worth remembering that an effective health educator is a reflective practitioner who develops by seeking new forms, methods and means of pedagogical influence (Szymczak, 2009). It is easy to see that the teachers' assessment stems from their colloquial definition of health, reduced to specific behaviours and states of the body. It therefore seems necessary to consider the preparation of future teachers and the improvement of those currently working in the field of contemporary, salutogenic understanding of health.

Respondents noted that the noticeable increase in students' health awareness does not necessarily translate into appropriate behaviour in practice. This suggests that teachers need to focus more on health education and training, including through attractive experiences that evoke positive emotions. The respondents' statements suggest that systematic work should be done on developing appropriate attitudes, particularly through interventions in the student's environment, including the virtual space, and by promoting model attitudes in the pop culture of new media.



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