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УДК: 373.015.31:613.955]001:378(438)(477)

ХАРАКТЕРИСТИКА ЗАСОБІВ І ПЕДАГОГІЧНИХ УМОВ ЗДОРОВ'ЯЗБЕРЕЖУВАЛЬНОГО ВИХОВАННЯ УЧНІВ (НА ОСНОВІ ПРАЦЬ УКРАЇНСЬКИХ ТА ПОЛЬСЬКИХ УЧЕНИХ)

Анотація. У статті констатовано, що наявні в українському науковому педагогічному просторі визначення поняття «здоров'язбережувальне виховання» є нечіткими і дещо розмитими. Виокремлено функціональні та структурні засоби і педагогічні умови здоров'язбережувального виховання. Засобами практичного втілення здоров'язбережувального виховання розглянуто в дослідженні зміст і форми та методи означеного педагогічного процесу. До педагогічних умов віднесено сукупність заходів, які створюються свідомо задля забезпечення найбільшої ефективності здоров'язбережувального виховання, а саме: теоретичну та методичну підготовку педагогічних працівників до здійснення відповідного виховного впливу; взаємодію і співпрацю різних суб'єктів виховання.

Функціональні та структурні засоби і педагогічні умови здоров'язбережувального виховання (ЗЗВ) об'єднано в чотири групи: змістовий вимір ЗЗВ; технологічний вимір (методи і форми) ЗЗВ; суб'єктно-інституційний вимір ЗЗВ; професійно-компетентнісний вимір ЗЗВ. Коротко схарактеризовано кожен з вимірів.

Визначено, що зміст виховання – це сукупність знань, умінь і навичок, які повинні бути засвоєні в процесі вивчення основ наук. Відображенням змісту виховання є навчальні плани, програми навчальних дисциплін, виховні програми, спеціальні навчально-методичні матеріали. Зміст здоров'язбережувального виховання є доволі об'ємним: він охоплює всі виміри здоров'я – фізичний, соціальний, психічний, духовний. Технологічний вимір (форми і методи) ЗЗВ пов'язаний із потребою формування у вихованців відповідних поглядів і переконань, які можуть стати стрижнем поведінки задля збереження здоров'я. Визначальною умовою ефективності здоров'язбережувального виховання є наявність кваліфікованих фахівців. Найважливішим тереном реалізації здоров'язбережувального виховання є школа, але успішність виховних впливів для здоров'я напруга пов'язана із широким залученням у виховний процес різноманітних державних і громадських структур.

Ключові слова: здоров'язбережувальне виховання, педагогічні умови, засоби виховання, праці українських і польських вчених.

CHARACTERISTICS OF MEANS AND PEDAGOGICAL CONDITIONS OF HEALTH CARE EDUCATION OF STUDENTS (ON THE BASIS OF THE WORKS OF UKRAINIAN AND POLISH SCIENTISTS)

Abstract. The article states that the definitions of the term «health education» in the Ukrainian scientific pedagogical space are vague and somewhat vague. The functional and structural means and pedagogical conditions of health education are singled out. The content and forms and methods of the specified pedagogical process are considered in the research by means of practical implementation of health education. The pedagogical conditions include a set of measures that are created consciously to ensure the greatest effectiveness of health education, namely: theoretical and methodological training of teachers to implement the appropriate educational impact; interaction and cooperation of different subjects of education.

Functional and structural means and pedagogical conditions of health education (HE) are united into four groups: semantic dimension of HE; technological dimension (methods and forms) HE; subject-institutional dimension of HE; professional and competence dimension of HE. Each of the measurements is briefly described.

It is determined that the content of education is a set of knowledge, skills and abilities that must be acquired in the process of studying the basics of science. Reflections of educational content are curricula, programs of academic disciplines, educational programs, special educational and methodical materials. The content of health education is quite extensive: it covers all dimensions of health physical, social, mental, spiritual. The technological dimension (forms and methods) of health care is related to the need to form in students the appropriate views and beliefs that can become the core of behavior to maintain health. The determining factor in the effectiveness of health education is the availability of qualified professionals. The most important area for the implementation of health education is the school, but the success of educational effects on health is directly related to the broad involvement in the educational process of various state and public structures.

Keywords: health education, pedagogical conditions, means of education, works of Ukrainian and Polish scientists.



INTRODUCTION

The problem formulation. The definitions of the concept of «health education» in the Ukrainian scientific pedagogical space (O. Vashchenko,

N. Kozak, S. Kondratiuk, M. Lukianchenko, I. Mordvinova, S. Svyrydenko, etc.) are vague and somewhat vague, they have a varied nature of the reflection of the value motivational component of the studied pedagogical phenomenon, its information-knowledge attribute, in addition, the idea of forming health friendly skills and abilities is formally viewed, and so on. Therefore, the concept of «health education» requires additional understanding of its essence in scientific discourse.

PURPOSE AND OBJECTIVES OF THE RESEARCH

The purpose of the article is to single out the functional and structural means and pedagogical conditions of health education on the basis of critical and constructive analysis of theoretical and educational works of Ukrainian and Polish scientists.

RESULTS OF THE RESEARCH

Under the means of education in its broad interpretation we understand a certain component of the pedagogical process, the implementation of which contributes to the formation of values of students in the process of learning, mastering skills, acquiring appropriate traits and properties of their personality to form a high level of culture (Boichuk Y., 2008, pp. 206). The means of practical implementation of health education include the content and forms and methods of this educational influence. In turn, «pedagogical conditions» are defined as a set of measures that are created consciously to ensure the greatest effectiveness of a particular educational process (summarized by:

(Zhabokrytska O., 2004)). Among the pedagogical conditions of health education of secondary school students in our study we focus on the organization of theoretical and methodological training of teachers to implement health education, as well as optimizing the interaction and cooperation of different subjects of education.

We have grouped the means and pedagogical conditions of health education (HE) into the following groups: the semantic dimension of HE; technological dimension (methods and forms) HE; subject-institutional dimension of HE; professional and competence dimension of HE. Briefly describe each of them.

1. Semantic dimension of HE. By the content of upbringing (education) we mean a set of knowledge, skills and abilities that must be acquired in the process of studying the basics of science; purposefully selected and structured in some way the amount of information that during the educational process must be transformed into knowledge, skills and abilities of learners, their moral principles and beliefs, worldviews in accordance with previously established goals of education (education). The content of education / upbringing is reflected in curricula, programs of academic disciplines, educational programs, special educational and methodical materials. Curricula are considered a «strategy», and educational programs – «tactics» of the educational process (Boichuk Y., 2008, pp. 206-208).

The content of health education is quite extensive: it covers all dimensions of health – physical, social, mental, spiritual. An attempt at a complete and thorough representation of this content would require, as B. Voinarovska notes, a multi volume publication (Voinarovska B., 2008, p. 269). In addition, according to Z. Yavorskyi, in connection with the development of science there is a systematic replenishment, updating and improvement of knowledge about health, which leads to permanent addition and modification of the content of the relevant educational impact (Yavorskyi Z., 2013, p. 22).

Among the important didactic conditions for the effective implementation of the content of health education are the presence of appropriate and high quality reflection of this content in educational (for students) and methodological (for teachers) literature (Dudko S., 2015, p. 7) and mandatory adaptation the content of the proposed information to the age characteristics of the individual to whom the educational influences are directed (Demel M., 1980, p. 129).

2. Technological dimension (forms and methods) HE. Careful study of the content of health education offered in educational and upbringing programs shows that it represents not only the cognitive component, but also the system of skills (expected learning outcomes), which express motivational-value, operational-activity and reflexive assessing the ability of the individual to the health of their own and others. This trend is logical, because the acquisition of knowledge about health and the means of its cultivation does not mean that he will immediately act in accordance with the information received, because the formation of beliefs that motivate him to beneficial health activities or activities does not occur based on simple causal interdependence (new knowledge – desired behavior). The problem is that a person may know how to live «healthy», but at the same time not convinced, not ready or unwilling to change or correct their own unhealthy behavior. From the pedagogical point of view, it is very important to form in students the appropriate views and beliefs (that is intellectual and emotional attitude of the object of education to knowledge of the value of health as «true»), which can be the basis for potential readiness of the student to act, motive its activities and the core of behavior in the context of their own health (Demel M., 1980, p. 114).

Thus, the design of technologies for health education should be associated with the need to identify the feelings of students, that is their stable emotional attitude to the phenomena of reality, which contribute to the transformation of certain actions from mental perception to emotional experiences and can motivate (motivate). «Educate» to actions favorable to their own health and health.

O. Zhabokrytska notes that, for example, the formation of a personal value system of a young person in the context of health is not built «through moralizing», but in line with «voluntary» acceptance of these values through awareness of the real benefits of a healthy lifestyle for their own well being. This, according to the scientist, highlights the need to select the content, methods and forms of health education, which include positive emotions and experiences of the pupil, which strengthens his desire to lead a healthy lifestyle, and volitional sphere that will encourage him to organize, discipline, self-knowledge and self-activity in one's own health (Zhabokrytska O., 2004, p. 6).



S. Kondratiuk represents a rather successful classification of methods of health education in the measurement of the above requirements. To form strong beliefs and, accordingly, motivate students to maintain health, the scientist offers methods that implement the dialogical aspect of education – conversations, stories, educational situations, role playing games, etc. Various activities and practical activities of students to preserve and strengthen their own Health scientist advises to implement on the basis of the use of methods that provide personal and activity aspect of education, among them – rationally organized aerobic exercise regime, hardening procedures, breathing exercises, physical exercises, movement and role playing games, entertainment, health and sports holidays, competitions, etc. (Kondratiuk S., 2003, p. 11).

3. Professional competence dimension of HE. The determining condition for the effectiveness of the functioning of any education system has always been and remains the presence of qualified professionals. The main mission in this area is the teacher.

Summarizing all that has been written about the role of teachers in health education, M. Demel noted that only a teacher represents a compact and comprehensive pedagogical program for the younger generation and only he can link issues related to student health with a set of educational influences schools (Demel M., 1980, pp. 150-151). Assessing the importance of the quality of information offered in the process of health education, M. Demel stressed that it is about knowledge that is trusted, according to which they live, and most importantly, disseminated «with full conviction». Therefore, a «good» school has always made sure that «competent people inform» about health at every stage (Demel M., 1980, p. 114).

4. Subject institutional dimension of HE. The school is the most important area for the implementation of health education. According to

M. Fitsula, the importance of school in the area of involving children and youth in the principles of a healthy lifestyle is due primarily to the fact that only in school can the child's imagination and mind be «planned» for several years, and therefore there is an opportunity to conservation education systematically and continuously (Fitsula M., 2005, p. 131).

The success of educational effects on health is directly related to the broad involvement of various state and public structures in this educational process.

S. Omelchenko notes that a systematic approach in this area of work is provided by subject institutional partnership, that is appropriate interaction of as many subjects of education (teachers, psychologists, health professionals, parents) and social institutions, educational and out of school educational institutions, family environment, cultural and educational institutions, children's and youth associations, public organizations, etc.). Each of these actors and social institutions has a specific role to play, and the school is «a coordinating and regulating factor in health promotion, where the potential of the educational process is used to increase the level of components of a healthy lifestyle». The main principle of effective functioning of such a system is the consolidation of forces to solve the goal (Omelchenko S., 2008, pp. 16-19).

CONCLUSIONS AND PROSPECTS OF FURTHER RESEARCH

The perspectives used to analyze the pedagogical process called «health education» led to the division of functional and structural means and pedagogical conditions of this educational process into four groups dimensions: content, technology (methods and forms), subject institutional dimension and professional competence.

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Received

12.02.2022

Accepted

26.02.2022