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Edukacja zdrowotna jako istotny standard w profilaktycznej opiece zdrowotnej nad uczniami w środowisku nauczania i wychowania w województwie lubelskim

Health education as an essential standard in healthcare prevention for students in education environment in Lublin Province

Streszczenie

Wstęp. Edukacja zdrowotna jest procesem, w którym ludzie uczą się dbać o zdrowie własne i innych, w tym w szczególności dokonywać wyborów sprzyjających zdrowiu. Spośród wielu standardów postępowania w profilaktycznej opiece zdrowotnej nad uczniami w środowisku nauczania i wychowania, edukacja zdrowotna nabiera coraz większego znaczenia i stanowi istotny element promocji zdrowia. Pierwsza międzynarodowa Konferencja w Ottawie (1986 r.), zakończona podpisaniem Karty Ottawskiej, podkreśliła znaczenie promocji zdrowia jako procesu umożliwiającego ludziom zwiększenie kontroli nad własnym zdrowiem oraz jego poprawę i wskazała na edukację zdrowotną jako jej podstawowe narzędzie.

Cel. Celem badania, skierowanego do pielęgniarek/higienistek szkolnych w województwie lubelskim, była ocena realizacji wybranego standardu w profilaktycznej opiece zdrowotnej nad dziećmi i młodzieżą szkolną, a mianowicie edukacji zdrowotnej.

Materiał i metody. Badaniem ankietowym objęto 413 pielęgniarek/higienistek szkolnych, co stanowiło ok. 90% wszystkich, które realizowały profilaktyczną opiekę zdrowotną u dzieci i młodzieży w wieku szkolnym. Ocenie poddano m.in. zakres, tematykę oraz formy prowadzonego wychowania zdrowotnego.

Wyniki. Wyniki badania ankietowego wykazały, że edukacja zdrowotna realizowana była: w ramach szkolnego programu edukacji zdrowotnej; przy okazji przeprowadzania przez pielęgniarki/higienistki szkolne testów przesiewowych, porad ambulatoryjnych czy też innych świadczeń zdrowotnych; w ramach współpracy z innymi podmiotami, np. stacjami sanitarno-epidemiologicznymi; poprzez konsultacje z zakresu wychowania zdrowotnego, udzielane nauczycielom i wychowawcom klas. Barwnym wachlarzem okazały się nie tylko formy edukacji zdrowotnej, ale także ich tematyka. Badanie dostarczyło cennych informacji na temat zakresu, tematyki i form przeprowadzonej edukacji zdrowotnej wśród uczniów województwa lubelskiego, we wszystkich typach szkół, w tym specjalnych, a także będących w sieci szkół promujących zdrowie, czy też niepozostających w tej sieci. Uczniowie w województwie lubelskim w największym stopniu (ok. 90%), obok woj. lubuskiego i zachodniopomorskiego, objęci byli działaniami edukacyjnymi realizowanymi przez pielęgniarki szkolne (dane Instytutu Matki i Dziecka, 2007). Właściwie wdrażany standard w postaci edukacji zdrowotnej przyczynił się do poprawy jakości oraz optymalizacji profilaktycznej opieki zdrowotnej, świadczonej uczniom uczęszczającym do szkół na terenie województwa lubelskiego.

Wnioski. Edukacja zdrowotna to nie tylko przekazywanie wiedzy. Jak wskazują inne badania, uzyskanie odpowiedniego poziomu wiedzy – w tym przypadku o zdrowiu – nie wpływa automatycznie na zmianę zachowań ludzi. Jej cele są bardziej złożone, a ich hierarchia zależy od indywidualnych potrzeb młodego człowieka oraz wpływu środowiska, w którym żyje. Zdrowie i edukacja są ściśle powiązane z sobą obszarami. Inwestowanie w zdrowie, zwłaszcza tych najmłodszych, przynosi wymierne korzyści społeczno-ekonomiczne w skali całego kraju. Zdrowe dzieci lepiej uczą się, a ludzie z wyższym poziomem wykształcenia żyją dłużej i ich życie cechuje wyższa jakość.

Słowa kluczowe: edukacja zdrowotna, promocja zdrowia, uczniowie, pielęgniarka szkolna.

Summary

Introduction. Health education is the process where people learn how to take care about their own and the others' health and especially to make decisions favouring good health. From among many of acting standards in a healthcare prevention for students in education environment, health education takes an advantage as a essential part of health promotion. The First International Conference in Ottawa (1986), where Ottawa Agreement was signed, emphasized healthcare promotion as a process allowing people to increase keeping control of their health condition and indicated health education as the basic for health process.

Aim. The main goal of the study focused on school nurses in Lublin County was the assessment of one of the chosen standards, enforced in preventable healthcare for kids and students, namely in health education.

Materials and methods. There were 413 school nurses involved in the research, which accounted for around 90% of the total number of nurses who realised preventable healthcare system for kids and teens. The assessment included such factors as the scope of research, subject matters, and different forms of health education.

Results. The results of the survey research indicated that the health education was enforced under the frames of National Health Education Program, while making the screening tests, ambulatory advice or other medical treatments by school nurses as well as in cooperation with other health departments (Sanitary and Epidemiology Units) and consultations for a school teachers in health education. The range of performance included not only health education but subject matter as well. The research has brought much interesting information about the scope of research, subject matters, health education forms among Lublin Province pupils in all types of schools promoting or not promoting health. Lublin Province pupils together with Zachodniopomorskie and Lubuskie Province confirmed to a highest degree (90%) their educational training activity, performed by school nurses (data from Institute of Mother and Child, 2007). Well enforced education standard improved the quality of the prophylactic healthcare provided to pupils attending to schools in Lublin Province.

Conclusion. Health education is not only knowledge transfer. According to other research, obtaining of appropriate knowledge, about health in this case, does not affect automatically changes in human behaviour. Health education goals are more complicated and their hierarchy depends on individual needs of a young person and environmental influence. Health and education are closely related fields. Investing in health, especially in the youth health, brings socio-economic benefits in the country as a whole. Healthy children assimilate knowledge better, and people with higher education level live longer with better quality of life as well.

Key words: health education, health promotion, student, school nurse.

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Health education is a process in which people learn how to take care of their own and others' health, inter alia, in particular make health-friendly choices.

Among many of the standards of conducting the preventive health care over students in the environment of teaching and upbringing, health education is gradually gaining more and more significance and accounts for crucial element of health promotion [1, 2].

The first international conference in Ottawa (1986), with the result of signing the Ottawa Card, underlined the significance of health promotion as a process which enables people to boost control over their health and its improvement and it described health education as its basic tool [3].

The goal of the research aimed at nurses/school hygienists in Lublin voivodeship was the evaluation of the chosen standard in preventive health care over children and youth, namely health education.

The survey embraced 413 of nurses/school hygienists, which accounted for approx. 90% of all, who had been executing the preventive health care among children and youth, in the area of the voivodeship. There were evaluated inter alia the scope, the subject matter and the form of school education being conducted.

Responders when asked about **the scope of health education had been executed** among students, answered as the following: I was giving advice during screening tests, ambulatory advice and other health services that were proposed to students; I participated in planning and executing the school health educational programme; I co-operated with Health-Epidemiological Stations in implementation of health education, I gave instructions to teachers in the field of health education and co-operated in this area with class masters.

As for the answer pointed out – *I am giving advice during screening tests, ambulatory advice and other health services that were proposed to the students*, 82% of responders gave the answer: “most often”, and in the second rank (approx. 14%) “often”. An option for “never” was not ticked by any of the responders, which means that nurses/school hygienists always give advice during screening tests, ambulatory advice or any other health services.

Responders realised the programme of health education, which was based on school initiative for health education, on the approximate level of “often” – 32% and “most often” – approx. 31%. The answer “never” did we participate in planning and realising the school programme of health education applied to 4% of the nurses/school hygienists being questioned.

Answers explaining in which percentage nurses/school-hygienists realized the health education through the cooperation with Health-Epidemiological Stations showed as follows: “most often” answered 37% of responders; “often” – approx. 22%; “never” almost 6% of respondents.

At obtained answer – *I give teachers the consultation in the field of the health education, I cooperate in this range with educators of classes*, in approx. 42% appeared the answer “often”; in the further order in approx. 35% “most often”; “never” appeared only just in 0,25%.

Nurses/School hygienists that were embraced with the inquiry research were asked to give the answer which **forms of realizing the health education** they used in their own work. The question embraced following forms: the lecture, the film, the news-sheet/the poster, other educational materials

eg. leaflets, and also not mentioned, and as it turned out eagerly used and various forms of realizing the wholesome education.

In progress of the realization the school-program of the health education, nurses/ school-hygienists used one forms was which **the lecture** – “most often” in 53%; “often” in 29%; the answer “never” appeared in the slight percentage – 0.25%.

Answers explaining in which percentage nurses/ school-hygienists used **the film**, as one realized forms of the health education, showed as follows: “often” answered 27%; of responders “sometimes” and “seldom” on the similar level – approx. 25% and “never” almost 9% respondents.

While realizing the school-program of the health education of the nurse/ school-hygienists used in their own work **the news-sheet/of the poster** “most often” in 39%; “often” in 32% and “never” in the least percentage – approx.1%.

Other than mentioned above in the questionnaire, and also with pleasure used forms of realizing the school-program of the health education were: individual conversations, demonstrations, contests, talks and workshops. Most rarer forms of led driven education were: the internet, meetings with parents, newspapers and medical periodicals and compact cassettes.

Let us observe how **the subject matter** of led **health education** among schoolboys of the Lublin province presented. Nurses/School hygienists embraced with the research mentioned three most often realized themes of the wholesome education aimed at children and young peoples in the environment of the instruction and the education. What we can see from the picture below the most often realized subject matter was: addictions, the personal hygiene and the hygiene of the environments, the rational nourishment with the regard of the stoutness and shortages in the mass of the body, the pre-medical first-aid, adolescence, infections; the most often mentioned themes in the context of the wholesome education were: the sexual moderation among the young people, transplantations of organs, the diabetes and the influence of steroids on the young man.

The results of the research showed that **the range** of the wholesome education realized within the framework of the school-program of the health education had been very diverse and presented itself as follows: during conducting screening tests by nurses/ school-hygienists; ambulant advices; or any other health services; within the framework of the cooperation with other subjects e.g. with Health-Epidemiological Stations; as a result of given consultations to teachers and educators of classes from the range of the wholesome education.

It must be underlined that the highest percentage “most often” on the level 82% were noted down at the answer *I give advice when the opportunity occurs executing screening tests, advice of ambulant and other health services given to pupils*.

There is an essential emphasis on the fact of high percentage of “most often” at the answer concerning cooperation with Health-Epidemiological Stations during realization of the health education in schools and educating wholesome of **all pupils** to whom the respondents executed screening tests, gave ambulant advice or during any other health services aimed at them.

The research proved also very good cooperation between the nurses being questioned and teachers and educators of classes within the framework of given consultations and advices, which is presented by very high common percentage of the answer "often" and "most often" (77%) in the question picturing this cooperation. This simultaneously shows high degree of the engagement of respondents into performed work.

Not only of the form of the health education, but also their subject matter turned out to be a wide range.

Evaluating practical forms during realization of the school-program of the health education it ought to be underlined that adding up answers "most often" and "often", the highest percentage of such answers referred to the lecture (82%), leaflets (74%) and news-sheets/of the poster (71%); with the lowest interest of the film (52%).

The lecture appeared to be this form of educating from the range of the health, which nurses/ school-hygienists have always used in their own work. From other forms, not seized in the survey, individual conversations, demonstrations and contests were of the highest popularity. Conferences, the internet and newspapers and medical periodicals appeared to be of the least interest in the matter of the form of the remittance of the health education.

The subject matter, within the range the ones who were salubriously educated pupils attending schools of the Lublin province presented itself as follows: most often realized themes were addictions, personal and environmental hygiene; with the average interest themes connected with the state of health were appreciated, whereas least the sexual moderation among the young people and the area connected with transplantation. The selection and the interest of the subject matter correlated with the age and needs of the population to which the health education was aimed at. Very young people aged 7-19 years, usually not laden with chronic diseases, are not interested in a subject matter concerning ailments. Their own interests of the subject matter of the health education is directed into the area of addictions, personal and the environment hygiene, the rational nourishment, that is to say sources of the knowledge which can help them in identification of themselves and the circumjacent world. Proper choice of the subject matter of the health education by the nurses/ school-hygienists being questioned testifies about the suitable knowledge and the interpretation of signals that are sent by pupils embraced with the preventive health care in the environment of instruction and education, and also good contact with them.

The research provided much precious information on the subject ranges, the subject matter and forms of health education being executed among pupils of the Lublin province, in all types of schools, including the special ones, and also included in the network of schools promoting the health, or not existing in this network. Pupils in the Lublin province in the highest degree (approx. 90%), close to lubuskie and

zachodniopomorskie province were embraced with educational activities realized by school-nurses [4, 5].

The standard that is properly enforced in the form of the health education contributed to the improvement of the quality and the optimization of preventive health care testified to pupils attending the schools in the area of the Lublin province.

Health education is not only the transfer of knowledge. Like other research point out, the provision with the suitable level of knowledge, in this instance about health, does not influence automatically the change in human behaviours. Its aims are more complicated, and their hierarchy is relative to some individual needs of the young man and the influence of the environment, wherein lives [6, 7].

Health and education are compactly related areas. Investing into the health, especially of these youngest, brings measurable socio-economical advantages in the scale of all the country. Healthy children study better, and people with the higher level of education live longer and their life is characterized by the superior quality.

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