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### STUDY OF TEACHERS' READINESS FOR HEALTH-PRESERVING ACTIVITIES IN PRIMARY SCHOOL

**O. Ye. Antonova\***, **N. M. Polishchuk\*\***

*The article determines the relevance of the problem of preserving the health of pupils, which states the degree of their viability, vitality, the ability to realize their potential biological and social functions. The essence of the basic concepts of the issue ("competence", "health", "health preservation", "health-preservation competence") are analyzed, their meanings are specified. The authors have developed a structure of health-preservation competence, which is based on the integration of knowledge, skills, values, personal values, aimed at maintaining physical, social, mental and spiritual health – individual (personal) and environmental.*

*Based on the analysis of the psycho-pedagogical and methodological literature, it is pointed out that the effectiveness of pedagogical activity in the field of preserving and promoting the health of pupils depends directly on the level of appropriate teachers' training. The structure of the teacher's readiness for the development of students' health-preservation competence is proposed, which consists of axiological, cognitive, activity and personal components.*

*The results of complex monitoring of maintenance of health-preserving activities in general secondary education institutions are presented. Based on the analysis of the study of teachers' level of readiness for the development of health-preservation competence of elementary school pupils, it is concluded that the level of teachers' readiness for this type of activity is insufficient. The authors identified the main problems of organizational and methodological maintenance of health-preserving activities in general secondary education institutions, outlines directions for further research.*

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\* Doctor of Pedagogical Sciences, Professor  
(Zhytomyr Ivan Franko State University)  
olena.antonova2015@gmail.com  
ORCID: 0000-0002-3240-6297

\*\* Candidate of Pedagogical Sciences (PhD in Pedagogy), Teacher  
(ME "Zhytomyr Regional Institute of Postgraduate Education" of Zhytomyr Regional Council)  
polychuk@gmail.com  
ORCID: 0000-0002-7806-1810

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**Key words:** health, health-preservation, competence, health-preservation competence, teacher's readiness for the development of health-preservation competence, complex monitoring, teacher's activity.

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## ВИВЧЕННЯ СТАНУ ГОТОВНОСТІ ВЧИТЕЛІВ ДО ЗДОРОВ'ЯЗБЕРЕЖУВАЛЬНОЇ ДІЯЛЬНОСТІ В ОСНОВНІЙ ШКОЛІ

О. Є. Антонова, Н. М. Поліщук

У статті визначено актуальність проблеми збереження здоров'я школярів, що визначає ступінь їх життєздатності, життєтворчості, можливості реалізувати свої потенційні біологічні та соціальні функції. Проаналізовано сутність базових понять проблеми ("компетентність", "здоров'я", "здоров'язбереження", "здоров'язбережувальна компетентність"), уточнено їх значення. Авторами вибудовано структуру здоров'язбережувальної компетентності, яка ґрунтується на інтеграції знань, умінь, навичок, ціннісних ставлень особистості, спрямованих на збереження фізичного, соціального, психічного та духовного здоров'я – свого та оточення.

На основі аналізу психолого-педагогічної і методичної літератури зазначено на тому, що ефективність педагогічної діяльності в галузі збереження та зміцнення здоров'я школярів безпосередньо залежить від рівня відповідної підготовки вчителів. Запропоновано структуру готовності вчителя до розвитку здоров'язбережувальної компетентності учнів, яка складається із аксіологічного, когнітивного, діяльнісного і особистісного компонентів.

Представлено результати комплексного моніторингу супроводу здоров'язбережувальної діяльності у закладах загальної середньої освіти. На основі аналізу вивчення рівня готовності вчителів до розвитку здоров'язбережувальної компетентності учнів основної школи зроблено висновок про недостатній рівень готовності вчителів до цього виду діяльності. Авторами визначено основні проблеми організаційно-методичного забезпечення здоров'язбережувальної діяльності у закладах загальної середньої освіти, окреслено напрями подальших досліджень.

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**Ключові слова:** здоров'я, здоров'язбереження, здоров'язбережувальна компетентність, готовність вчителя до розвитку здоров'язбережувальної компетентності учнів, комплексний моніторинг супроводу здоров'язбережувальної діяльності.

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**Introduction of the issue.** One of the leading directions in the development of education in Ukraine is the preservation of the health of students, which determines the degree of their viability, vitality, the ability to realize their potential – both biological and social functions. The category of health has become especially relevant nowadays, having transformed itself into a global problem of the existence of human civilization, leading to a revision of the attitude of the population to their own health and the introduction of a wellness ideology into life. The basis of such changes lies in the formation of the natural life-positions of man concerning the world, himself and his

own health. In this regard, the preservation and promotion of youth health are determined by the priorities of the social program of our country, the strategic goals of which are defined by the Constitution of Ukraine, laws of Ukraine "On Education", "On General Secondary Education", "On Extracurricular Education", "On preschool education", "On vocational education" and other legal documents.

Unfortunately, in recent years, our country has experienced a negative situation with the health status of children of all ages. According to statistics, 20% of healthy children finish elementary school, and only 5-7% finish secondary school. One of the reasons for

this, in our opinion, is a low level of culture of health, valeological illiteracy, inability to maintain and promote health. In the families of modern pupils of secondary school, smoking, alcohol and drugs abuse are common. For example, half of men and 20% of women among adults are prone to smoking. Around 84.4% of population suffers from alcoholism and 18.9% of people per 100k of population representatives are impacted by alcohol psychoses; according to other statistical sources, 6% of citizens of Ukraine are registered alcoholics, and among every 8 alcoholics there is 1 woman. Thus, such family environment is unfriendly for children.

Based on the mentioned above statistical data, we can conclude that there is a direct relationship between the low health status of pupils of GEI and their unpreparedness to lead a healthy lifestyle. One of the reasons for this situation, in our opinion, is that the school does not sufficiently prepare pupils for healthy lifestyles. In addition, pupils do not have enough time due to a number of reasons, including overwork, which has a detrimental effect on their health: 50% of children and adolescents have poor physical training and overall low level of development of their bodies, which causes increased number of cardiovascular and other related diseases. According to the statistics of recent years, there is a tendency to deteriorate the health and physical shape of children and pupils. The results of annual medical examinations showed that in the last 20 years the number of children under 14 years with cardiovascular ailments has increased from 14.5% to 28.2%; diseases of the musculoskeletal system – from 31.9% to 67.1%; with overweight – from 7.0% to 8.2%.

The importance of addressing the issue of preserving pupils' health also lies in the fact that 75% of adult illnesses are known to be a consequence of childhood and adolescence ones. Thus, the future of the

nation's health depends on today's family and school [1].

At the present stage of development of pedagogical science there is an integration of cultural and competent approaches to the training of a qualified specialist. Thus, the concept of competence of health preservation as a quality of personality, which covers knowledge about the structure and functions of the human body, norms and rules of hygiene, value orientations for a healthy lifestyle, experience of health-saving activity is introduced into scientific circulation. The conditions of formation of health-preserving competence are discussed. Health becomes a pedagogical category and its preservation in schoolchildren is an object of pedagogical influence.

The scientific investigation in the field of students' healthcare was covered in the works of domestic and foreign philosophers, physicians, psychologists and educators. Psychological and pedagogical researches on forming the culture of health of an individual, as well as health-preserving competence were carried out by M. Bezrukykh, V. Bezrukova, N. Bibik, T. Boichenko [2], Ye. Vainer, V. Horashchuk, O. Dubohai, H. Zaitsev, O. Ionova [3], S. Kyrylenko, S. Kondratiuk, O. Omelchenko, S. Omelchenko [4], O. Savchenko, H. Sierikov.

An analysis of the psychological, pedagogical and methodological literature on this issue suggests that the effectiveness of pedagogical activity in the field of preserving and promoting the health of students depends directly on the appropriate level of teachers training. However, it should be noted that there is a contradiction between the possibilities of the pedagogical process in addressing the health problems of the younger generation in educational institutions and the unwillingness of a large number of teachers to undertake such activities.

**Aim of our research** is studying the level of teachers' readiness for the development of health-preserving

competence of primary school students, identifying major problems and contradictions, outlining directions for further research.

#### **Research results and discussion.**

At the present stage of the development of Ukrainian society, the problem of preserving the health of an individual is of particular importance due to the dramatic deterioration of the health of young generation. One of the key competences of a person, which must be necessarily formed in each member of community for his/her full life and vital activity, is recognized as a health-preserving competence, which is considered as the basis of being a human, where the basic is the awareness of the importance of health itself and a healthy lifestyle in particular.

As a result of comparing the concepts of "competence", "health", "health preservation" we come to the conclusion that "health preserving competence" should be understood as an integral quality of the individual, which is manifested in its overall capacity for health-preserving activities based on on the integration of knowledge, skills, values, personal traits, aimed at maintaining physical, social, mental and spiritual health – his and his environment.

The social importance of the culture of health of the student youth actualizes the issue of preparing the teacher for the formation of the pupils' health-preserving competence, organization of the appropriate environment in the general education institutions (GEI), mastering and applying the corresponding technologies. Given that, the teacher must be appropriately trained for this type of activity, thus, we have developed a structure for his/her willingness to develop pupils' health-preserving competence, which consists of axiological, cognitive, activity-based and personal components. *Axiological* component is a system of values of an individual, the

leading place among which occupies health, and which motivate the teacher to develop the health-preserving competence of pupils, form a positive attitude towards it. *Cognitive* component involves the presence of a system of knowledge about the theoretical and methodological foundations of the development of pupils' health-preserving competence. *Activity-based* element is characterized by skills of health-preserving activity. *Personal* component, in its turn, implies the development of the teacher's qualities and traits, aimed at maintaining and promoting his/her health, as well as his/her students'.

In order to determine the appropriate level of teachers' readiness for performing mentioned above activities, we conducted a special study, including examining the educators' knowledge on the issue of health preservation and promotion. A total of 563 respondents were enrolled in the survey, who were offered a questionnaire, which covered the level of their knowledge on the organization of health-promoting activities in primary school.

The questionnaire contained 3 blocks of characteristics that were to be evaluated by the teachers. The first block of the questionnaire – *axiological* – covered questions aimed at studying the value-motivational factors that encourage teachers to health-saving activities. The second block – *cognitive* – was aimed at studying the level of mastery of teachers' basic concepts on the problem of health preservation. The third block of the questionnaire – *methodical* – was aimed at studying the level of teachers' proficiency in the methodological tools aimed at the realization of the basic tasks of forming the health-preserving competence of pupils [1].

Control and experimental groups were formed; therefore, the teachers were divided into three levels (average, sufficient, high) by the criteria such as

axiological, cognitive, activity-based and personal.

*Axiological block.* The vast majority of teachers surveyed indicated that they considered health a valuable category (98%). At the same time, among other values, individual and close relatives' health ranked first in the surveys of 94.3% of respondents; 1.8% remained undecided; 3.8% had other priorities.

However, it should be noted that only 60.4% of teachers have a fully- or partially-formed system of axiological values; 13% indicated its absence; 26.4% of respondents didn't answer. The data obtained show that not all the teachers are directly involved in health-preserving activities of the school. Some of the participants haven't determined their personal life values, so it is difficult for them to convince pupils of the necessity to maintain a healthy lifestyle.

Most teachers rated their health as satisfactory (77.3%); good – 15% and unsatisfactory – 7.5%. At the same time, 58.5% of the respondents marked their answers as 100% correct, while 39.7% expressed their uncertainty; 1.8% confirmed that their health esteem was a fake. This indicates that teachers do not pay proper attention to their own health status due to untimely and irregular medical examination, relying on their own axiological knowledge and life experience while diagnosing health failures. Accordingly, 26.4% of teachers say that their health status hinders the productivity of their professional activity; 47.1% of teachers experience health problems from time to time, and only a third of those surveyed feel themselves healthy. At the same time, 60.3% of teachers promote a healthy lifestyle; 26.4% of respondents allow themselves to have bad habits. Almost unanimous respondents are of the opinion that teachers who have bad habits do not

have the moral right to promote health and healthy lifestyle among pupils (86.8%). However, there are some that are not so categorical (9.4%), and 3.8% of teachers even believe that bad habits are not an obstacle to promoting a healthy lifestyle. It is clear that this percentage can be much higher among teachers of other specialties. Nevertheless, the majority of respondents have methods of relieving psycho-emotional tension (fully – 30.1%, partly – 62.3%). It is clear that having proper techniques allows oneself to maintain a working condition and in some way compensate the harmful effects on unhealthy lifestyle.

*Cognitive block.* The analysis of the level of formation of relevant knowledge, skills and abilities of teachers directly engaged in health-preserving activities (teachers of biology, basics of health, physical education, classroom leaders) allows to state that all these tasks are not fully implemented and properly organized. In general, all the interviewed teachers have a desire to carry out activities aimed at shaping and maintaining their own health and the health of others, as well as to promote healthy lifestyles among others (87% of the respondents). However, 70% of participants are fully prepared to carry out health-preserving activities; partly – 26.4%. Only about 4% of teachers are not ready for this type of activity. At the same time, they believe that just over 54% of respondents are well-informed about the scientific foundations of healthy lifestyles, while others have certain difficulties (35.8%). About 10% of those surveyed do not have the necessary data as a whole: they are language and literature, history, teachers, physical education, etc. – without specialized biological training and, therefore, unable to perform high-level health-preserving activities. 60% of respondents have

technological readiness to carry out health-preserving activities; 24.5% claim to be partially ready. However, only 54.7% of respondents lack knowledge of the basics of health promotion for proper work with pupils;

24.5% are objectively lacking the information; 20.7% indicate its total insufficiency.

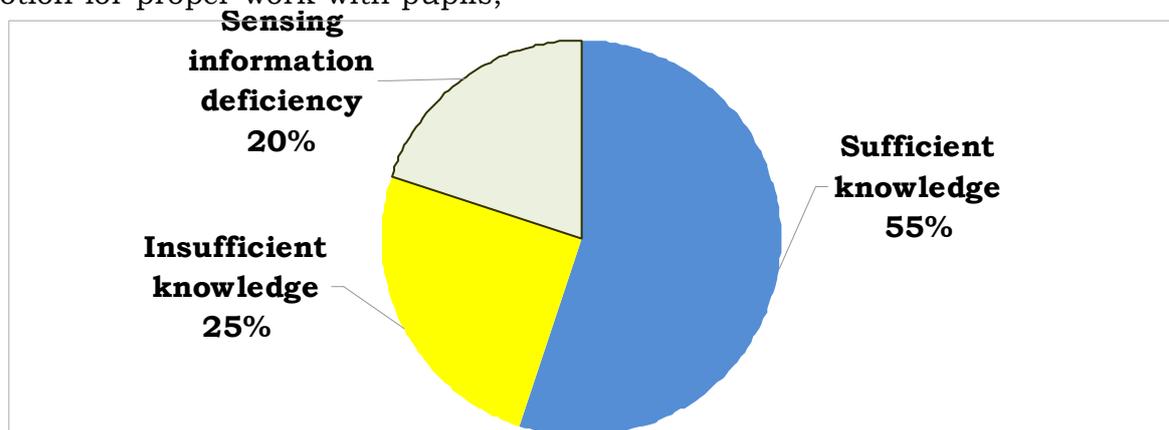


Fig. 1. Teachers' level of knowledge on the basics of health preservation

*Methodical block.* Achieving positive results in health-preserving activities is impossible without the use of effective teaching methods. In order to help pupils gain knowledge, form attitudes and consolidate skills in the learning process, it is necessary to use a wide range of methods that actively engage pupils in the learning process. In this case, the selected forms and methods must meet the goals and objectives of health-preserving and promoting activities. For example, it is advisable to use storytelling, lectures, conversations, working with text, and to enlarge pupils' knowledge. Implying a proper attitude requires discussions and round-table talks as the most effective means of influence. Skills are best formed in the process of observing and applying acquired knowledge, when pupils have the opportunity to undergo intense practical involvement in the corresponding activities. Therefore, modeling and use of situational analysis, various exercises, and role-playing games are effective for skills formation, which will allow pupils to monitor the environment and then apply the skills. Unfortunately,

the majority of teachers consider the relevant activity lightly enough, not identifying it as the main direction of educational activity. In addition, some teachers (about 30%) do not have sufficient methodological skills to assist in choosing appropriate forms and methods of interaction with students.

The task of the modern school is to create an educational environment for the development of a healthy child, as well as the formation of pupils' conscious attitude to their lives, the acquisition of healthy lifestyle skills. Practical experience is important while developing these skills, which can be gained through the implementation of appropriate exercises, actions and development of behavior patterns. Formation of the real life skills is ensured through the introduction of interactive teaching methods such as: group learning, brainstorming, role-playing games, discussions, debates, quizzes, situational analysis and more. Unfortunately, a large proportion of teachers (around 47%) do not have interactive teaching methods approved, thus, their activity is

limited to verbal, often reproductive ways of interacting with pupils.

The process of teaching pupils to be healthy in GEI is presented in various forms, which play an important role in shaping motivation for a healthy lifestyle. Among them there are optional courses on healthy lifestyle formation and risk behavior prevention, namely: "School against AIDS", "Promoting peer-to-peer educational work" among young people of Ukraine on healthy lifestyles. However, on the question "Are you aware of the existence and work in your area (city, district) of innovative projects, such as "School of Health", "School against AIDS", "Dialogue", "Promoting peer-to-peer educational work" or other projects on the formation and development of health-preserving competence?" – only 37.7% of participants responded positively. Thus, even health care teachers do not have valid information about these important nationwide projects. About 45% of the respondents also have data about the work of the Social Psychological Assistance Service in a particular settlement. It is clear, that other categories of teachers are also unaware of these initiatives and cannot engage pupils [5].

Insufficient involvement of teachers and parents of pupils in health-preserving activities must be noted. Parental support is of great importance as it is primarily the family's responsibility for the child's health. It plays a leading role in the formation of value orientations, the assimilation of moral and ethical norms, the development of models of behavior and making life decisions of their children; involving parents in formation of health-preserving competence of their children improves the total quality and integrity of overall level of health of young generation; the increasing role of parents in the process of raising

children; the support of teachers introducing the subject; closer contact between school and family; improving relationships between adults and children. Involving parents in partnerships is beneficial for both the students themselves and their families, as taking care of the health of the child is a shared task of the school and the family. Although all respondents indicate that they have a trusting (70%) and friendly (30%) relationship with the parents of the pupils, this area of work is not fully developed.

While studying the state of teachers' readiness for the development of health-preserving competence of primary school pupils, we've cooperated with the Information Center for Monitoring and Evaluation of Preventive Education of Children and Youth, and carried out a comprehensive monitoring of the support of the educational subject "Fundamentals of Health" in order to check the effectiveness of its implementation and improve the system formation of health-saving competence of student youth in the education system. All regions of Ukraine were covered by the monitoring, its tasks were to assess the level of pupils' awareness; their attitude to life and their own health; acquisition of real-life skills, safe behavior and healthy lifestyles; acquainting students with the basic principles, ways and methods of preserving all components of health.

The results of the monitoring indicated that among the actual life skills of pupils' hygienic ones are the most formed (up to 92% in 6th grade), but their development decreases somewhat with the age of the child (87% in 7th grade). Eating skills were the least developed (46% in grade 6), and they continued to drop down by age (38% in grade 7).

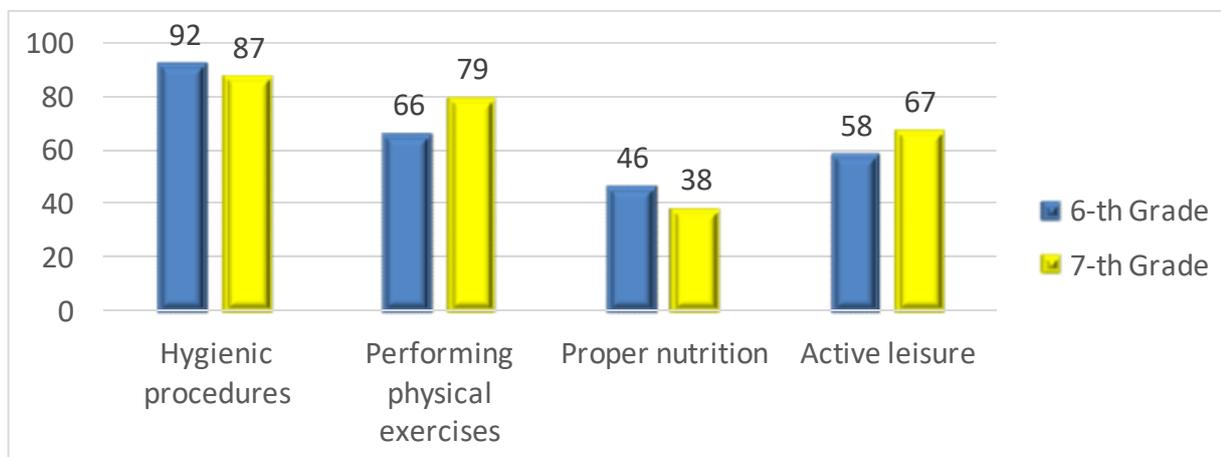
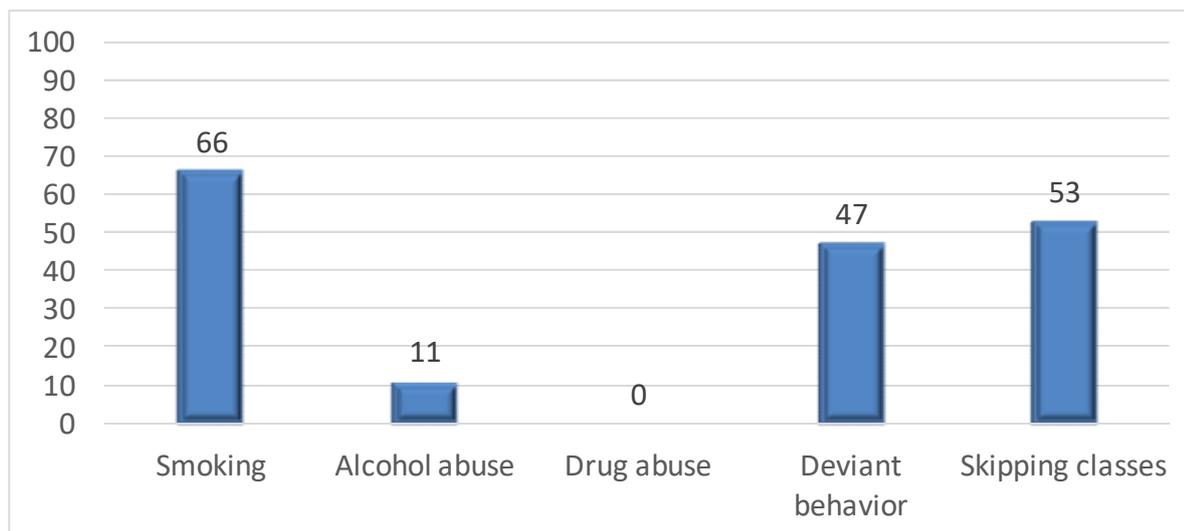


Fig. 2. Level of formation of pupils' actual life skills

Secondary school-age children are quite mobile (from 66% to 79% regularly exercise), but only slightly more than half (58% of sixth-graders and 67% of seventh-graders) take active rest. It should be noted, that the desire for mobility increases from 6 to 7 grades.

Among the bad habits smoking was the most common (66%), lack of exercise without good reason took the second place (53%), and deviant behavior was the rarest (47%). 11% of pupils abuse alcohol: both boys and girls in the city and in the countryside.



Pic. 3. The most common cases of bad habits among pupils

Among the factors that influence the behavior of the child and his or her positive attitude towards his/her own health and its preservation, 70% of the respondents named the example of parents, 62% - school and classroom educational activities, as well as the

influence of friends. Lessons and tutorials provide only 50% health preservation rate.

The analysis of the monitoring results shows that:

- motivation for health-preserving behavior is formed in students, mainly

at the average level (they do not fully understand the importance of maintaining their own health, in their system of values the health and its preservation are far from the first place);

- knowledge about health issues is superficial for children (they have received some information about life preservation and health promotion,

but they do not always correctly interpret the phenomena or subjects of the discussion);

- not all students are involved in active health-saving activities; they do not always have basic skills of health-preservation;

- among the personality traits that they lack in order to lead a healthy lifestyle, first of all, there are strong-willed qualities (most of the respondents (70%) said that it is very difficult to change an unwanted habit, for it is necessary to have appropriate strong-willed qualities).

Taking into consideration everything mentioned above, we can conclude that the level of health-preserving competence of primary school pupils is generally at an average level.

**Conclusions and research perspectives.** The analysis of teachers' readiness for the development of health-preserving competence of primary school students, the real state of students' health-preserving competence formation and organizational and methodological provision of health-preserving activity in GEI indicated certain problems and disadvantages:

- not all general education institutions are provided with trained educators for teaching the basics of health- and healthcare-related activities (about 58% of the total need);

- most teachers reduce lessons to simple transfer of information to pupils, only periodically using interactive technologies;

- many educational establishments do not carry out adequate work to create appropriate educational and methodological support, in particular, the office of the basics of health;

- only 54% of respondents have good knowledge of the scientific bases of health preservation.

The results showed the need for special and advanced training of teachers of various specialties in health-preserving activities.

Thus, the need to overcome the shortcomings identified in the course of the study of teachers' preparedness for the development of students' health competence requires additional efforts by both the administration of general education institutions to increase attention to the organization of healthcare activities with pupils and postgraduate pedagogical education training and retraining of teachers, capable of developing the health-preserving competence of primary school pupils.

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