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SCHOOL HEALTH EDUCATION IN THE FACE OF THE CHALLENGES OF THE 21ST CENTURY IN THE POLISH EDUCATION SYSTEM

ABSTRACT. Dworak Alina, Rzymelka-Fraćkiewicz Agata, *School Health Education in the Face of the Challenges of the 21st Century in the Polish Education System* [Edukacja zdrowotna w szkole w obliczu wyzwań XXI wieku w polskiej oświacie] *Studia Edukacyjne* no. 79, 2025, Poznań 2025, pp. 171-180 Adam Mickiewicz University Press. ISSN 1233-6688. Submitted: 15.11.2025. Accepted: 30.12.2025. DOI: 10.14746/se.2025.79.11

The life and health of a post-transformation society is determined by the development of civilization, which practically affects all spheres of individual functioning, generating new problems in both the individual and socio-educational dimensions. Dynamic transformations of everyday life extend to all institutions of social life, including the school. The world around us is changing intensely, and the school as we know it is becoming a thing of the past. Observation of the attitudes and behaviors of the younger generation, as well as the rapid and accelerating transformation of the surrounding reality, have become the inspiration and urgent need to take educational and upbringing measures, as part of the process of socialization of the younger generation, in which, in addition to the family, the school and the educator must not be absent. The school as an educational space is a place where health promotion and health education is the primary goal. The school of the 21st century is a modern one, safe and open to the challenges of comprehensive education. Therefore, the challenge for the modern education system is to develop the capacity to make health-promotion choices. This is the task for health education, which should become a major task for the school and the teacher at the center of school health education.

Key words: school health education, Polish education system, post-transformation society, younger generation, civilizational changes

Introduction

The dynamic pace of social development has become a characteristic feature of the generation at the turn of the 20th/21st century. Periodically in-

tensifying crises on all levels of social functioning, reinforced by the intensity of the processes taking place, require society/individuals to be able to assimilate, adapt and transform these changes. Modern society dominated by globalization and consumption generates changes in lifestyle, undertaken behaviours, including those in the area of health.

School as a social institution and the basic organizational unit of the educational system, is established for the upbringing and education of children and adolescents, as a community of teachers and students, it is a form of cultural transmission using appropriate teaching and learning activities (Miler-ski, Śliwerski, 2000). The school as an institution performs specific functions and tasks, the recipient of which is the child/young adolescent. The school period is a period of progressive physical, mental and social development, determined by the student's health condition, physical and motor skills, mental, emotional and social development. Therefore, it is incumbent on the school as a teaching institution to impart knowledge about health. Hence, it seems obvious that the place of health education is at school. This is where the most important, earliest and most effective stage of health transformation should take place. Conscious choice of pro-health behaviours, conditioning control of one's health by developing and improving life skills, creativity, critical thinking in solving new problems taking into account health culture and health promotion are priority expectations from modern education. According to Barbara Woynarowska, education can influence health, health can influence education, and health and education are determined by the same factors (Woynarowska, 2022).

Statistics in recent years have noted changes in the health situation of children and young people. These are both favourable situations related to health improvement, but also new threats or health problems have appeared. The attitudes and behaviours of the young generation in times of dynamic changes in the surrounding reality impose an urgent need to undertake educational and upbringing activities as an element of the process of socialization of the young generation. This is a task for the school, and specifically for school health education. The school as an educational institution, in which education, care and upbringing should be permanently enriched with issues devoted to health, its protection, strengthening and intensification.

In considering the issues of health, environment and education, one cannot ignore the works of Maciej Demel, who wrote "Health needs to be worked on and this work has a pedagogical character. It is about developing lasting hygienic and cultural habits, appropriate attitudes towards the issue of physical and mental health, and finally a certain amount of knowledge and skills" (Demel, 1980, p. 6). Maciej Demel's words impose on pedagogy the implementation of new educational reforms taking into account the changing expectations

and needs of society. The role of the school as an environment for acquiring and shaping health skills and competences, appears with the construction of the assumptions of the new core curricula of general education.

The aim of this article is to indicate the threats existing in the modern world in the context of globalisation, which determine lifestyles. The observed situation calls for corrective, compensatory/supportive and educational/promotional measures, in which school health education, with teachers competent in the subject in question, plays a key role. Taking into account the limited framework of this article, based on the analysis of the literature on the subject and available research, selected health risks are presented in a global aspect, indicating the need to take actions for good biopsychosocial performance in a dynamically changing social reality, and what health education is to serve.

Threats to the Health and Development of the Contemporary Generation

Globalisation and the consumption that accompanies it are complementary, and what distinguishes them is the intensity and extent of the changes taking place, which affect practically all aspects of life, encouraging changes in lifestyles, thus determining health, an increase in the incidence of civilisation-related, environmental diseases. It is the growing process of globalisation that determines the lifestyle of today's young generation, resulting in behaviours that often pose a risk of addiction and/or consequences for health and development. The present-oriented young generation lives in accordance with the spirit of the consumption ideology, not postponing anything for later, even if later means tomorrow (Melosik, 2011). The consequence of the changes taking place are new addictions, defined as behavioural addictions, addictions to activities which are perceived as addictive, compulsive behaviours, which a person cannot control, but manifests high demand for the frequency and intensity of their performance.

The lifestyle of the 21st century generation is determined by popular culture, based on the principle of universalisation, creating mass culture, the essence of which, as stated by A. Kłosowska (2005, p. 95), consists in "transmitting to great masses of recipients identical or analogous content coming from few sources and to uniform forms of entertaining, amusing activities of large masses of people". It can therefore be concluded with high probability that the message of mass culture is reflected in a similar shape of lifestyle represented by representatives of different social groups (Peret-Drażewska, 2015).

In the face of the ongoing changes, a category of a global teenager is emerging, whose identity is shaped by popular culture and the ideology of

consumption (Melosik, 2007). As Anna Biała (2009) writes, young people, brought up among new inventions, various gadgets and “technological wonders” acting as accelerators of the pace of life, naturally find themselves in this world. Adam Łaszyn (2009) characterizes contemporary youth as follows: “Their world is speeding up. Children of this digital era expect things and matters to move fast. Frequent change is their lifestyle. (...) ...they do not have time to read books or glue together model airplanes, because long work is unacceptable to them. Instead, they can watch TV, surf the Internet, listen to music, talk on the phone to friends and do homework at the same time. (...)”. The everyday presence of media in the life of young people, the scope and interrelationships that exist between them, the possibility of contact and communication with people and places practically all over the world allow us to say that the childhood of the contemporary generation is called: televised, media-oriented, “online”, and the children themselves are becoming inhabitants of the “global village” (Izdebska, 2007).

Citing the Monitoring Report on Children and Youth Internet Presence (March 2025), it shows that 2.7 million (83%) children and youth aged 7-14 use the Internet, 2.6 million of them use mobile devices for this purpose, their main online spaces are social networking and streaming platforms, and as many as 92% use instant messengers. Statistically, 1/3 of children in Poland aged 7-12 use TikTok (760 thousand), slightly fewer use Facebook (580 thousand), and 1/8 use Instagram (290 thousand). In terms of instant messaging, Messenger is used by 900,000 representatives of this age group, and WhatsApp by 700,000. According to data for the last quarter of 2024, 91.54% of the youngest group of Internet users (7-14) connected to the Internet at least once a day and spent as much as 4 hours 29 minutes there. As many as 89.63% (2.47 million) of the youngest users reached for a phone or tablet for and spent 4 hours 8 minutes on it daily, while only 29% (780,000) of the youngest population chose a personal computer, spending 1 hour 23 minutes on it. The characteristics of Internet use by young people (15-18) are similar to the behaviour of the youngest group. 90.28% of young people visit the Internet every day, 88% of this population uses mobile devices, and only 32% use personal computers. They spend an average of 4 hours 28 minutes online per day, with an average of 9 min per page view.

The permanent availability of virtual reality has its consequences for the bio-psycho-social functioning and lifestyle of the young generation. Disruption of the circadian cycle leads to sleep disorders, irritability, nervousness, decreased mental efficiency, concentration disorders, attention disorders, thinking disorders. The loss of direct interpersonal contacts, bonds with family, siblings, neglect of school duties, results in deprivation of needs, violence or aggression.

For proper development and health, physical activity is essential, which is a basic biological need, being at the same time an essential component of a healthy lifestyle. Currently, the term physical activity for health is used, defined as movement that allows maintaining/improving health and well-being. As part of the international project Global Matrix 4.0, the physical activity of children and adolescents in Poland was analysed. A summary of the best available data suggests that less than 20% of children and adolescents in Poland are moderately or intensively physically active for at least 60 minutes a day every day. This percentage is down on previous editions of the report!

The cause of low physical activity and predominant sedentary behaviours characterised by immobility or low physical activity is compulsive use of a computer, smartphone or tablet. Given the changes in the lifestyle of the young generation, it is easy to overlook the changes related to inappropriate behaviours and eating habits, overconsumption, with subsequent eating disorders, overweight and obesity. Obesity is recognised as the 21st century epidemic with a global reach, and in highly developed countries the increase in the percentage of people with this health problem is increasing at an alarming rate. Obesity has been recognized as a disease and is listed in the International Classification of Diseases (ICD 10 classification). According to the Polish Society for the Treatment of Obesity, in Poland overweight or obesity occurs in: 12.2% of boys and 10% of girls of preschool age and 18.5% of boys and 14.3% of girls of school age. In turn, the World Health Organization (WHO) Report indicated that overweight and obesity were recorded in 32% of Polish children aged 7-9. This ranks 8th among the surveyed countries in Europe.

The problems of the instant generation are a challenge to take preventive, corrective and educational measures, with a special role for health education. In the process of educating the young generation, Ewa Krzyżak-Szymańska (2018) draws attention to the need to educate towards the proper use of new technologies, achieving the set goals while indicating the ways of using them in socialisation and appropriate adaptation to the changing technological reality, taking into account bio-psycho-social well-being.

School and Teacher in the New Educational Space

In the 1950s, Marcin Kacprzak said, "A student should leave school healthier than when they came to school" (Woynarowska, 2010, p. 233). Marcin Kacprzak's postulate imposes on the school, in addition to strictly educational activities, activities aimed at protecting and multiplying the potential

of health. This is the creation of such conditions for learning and work in the setting, which is the school, that they are conducive to good bio-psycho-social well-being, i.e. health.

The basic aims of an educational institution such as a school are education, care and upbringing, which should be permanently enriched with issues relating to health, its protection, strengthening and enhancing health, i.e. the process of health education.

Attempts to include health education in the school curriculum have their own tradition. In the 1990s, progress was made in the status of health education in schools, thanks to the development of the health-promoting school movement. In 1997, health education was included in the core curriculum of all types of schools for the first time in the history of education in Poland, and in 1999, as a result of the structural and curricular reform of the education system, the educational path "pro-health education" was introduced, which was abandoned in 2008, considering that this education would be implemented during biology and physical education classes (Woynarowska, 2017). The breakthrough period for Polish education was 2009, when the Ministry of National Education introduced new core curriculum as part of the curriculum reform, emphasising the importance of health education. For the first time, the new core curriculum included an area related to health, implemented in many subjects, with physical education being a key subject. In educational circles, there has been a long-standing discourse about the right model of health education in schools. Despite many efforts, it has not received a separate subject, and the adopted model is content covered in many subjects, with the leading subject being physical education.

On 6th March 2025, the Minister of Education Barbara Nowacka signed draft regulations on the core curriculum for the health education subject, which will be implemented in schools from September 1, 2025. The subject will be optional and will replace the subject of family life education. It will be implemented in grades IV-VIII of primary school and in upper secondary schools: in general secondary school, technical school and vocational school of the first degree. - in primary schools in grades IV-VIII. The main objective of the health education subject is to shape students' competences related to lifelong health care and to build their own and their environment's health potential. Detailed requirements regarding knowledge and skills have been included in 11 thematic sections.

Health education is an important task of the school, and the school curriculum and the educational and preventive program of the school should create a coherent holistic whole taking into account all the requirements described in the core curriculum. Their preparation and implementation is the task of both the entire school and each teacher.

The priority role in this respect should be played by the teacher/educator, who becomes a key figure determining the behaviours, beliefs and attitudes of pupils towards their own health and the health of others. The duty of the teacher in the field of health education was expressed by Father Grzegorz Piramowicz who wrote in his work "Teacher's duties and a selection of speeches and letters": "The teacher should not be understood as being called upon only to teach children to read and write and somehow pass the school time. His aim is more noble, to contribute to the happiness of people through good education as regards health, ..." (Demel, 1968, p. 105). Piramowicz (1988) preached that health, as the greatest human good, is easier to maintain than to regain. He therefore encouraged people to take care of their health throughout their lives. He designates the teacher as a significant person for multiplying the value of health, who, with their own pro-health attitude, is to encourage children and young people to take care of their own health. As Marian Niezgoda (2005) aptly states, teachers have always been educated people with general and specialised knowledge, which made them stand out in a given community in their local environments.

In 1787, the first Polish textbook written by Grzegorz Piramowicz was published and its author discussed the teacher's duties with regard to "education as to the body, that is, as to health and strength". Since then, many concepts, proposals and initiatives have been put forward in Poland, including practical solutions focused on health, its protection, disease prevention, giving rise to health science/teaching (Woynarowska, 2017).

The teacher, who is at the centre of school health education, creates specific patterns of behaviour by becoming a health educator. In order to properly fulfil the role of a health educator, he or she must have competences, understood as knowledge and skills, allowing him or her to effectively fulfil the assigned tasks. Speaking about teacher competences, one should mention specialist, didactic and psychological competences, which determine an increase in motivation to work and taking actions that bring the intended results (Hamer, 1994).

A teacher's readiness to implement health education at school is determined by, among other things: the level of competences acquired in this area, which result from the educational background, including the ability to construct health education programs, awareness of the value of available educational programs and the ability to select the methods and resources used (Lewicki, 2006).

The task of a teacher-educator is not only to introduce the student to the world of health culture, but they should actively participate in it, creating a model that is the basis of their authority, inspiring themselves and the students to take action to shape pro-health attitudes towards health (Kijo, 2010).

In view of the changes taking place, there is a need for teachers, educators, and pedagogues to acquire competences to achieve health-related goals. This fact imposes on institutions and universities preparing for the profession the obligation to develop programmes and implement them into the educational practice of teachers, so that their educational and activity towards the young generation takes into account all activities for the benefit of health.

The sources of teachers' qualifications and competences in the field of health education include basic studies, postgraduate studies, specialist methodological workshops, methodological conferences devoted to health education, and self-education using available magazines or television programmes (Lewicki 2006).

In Conclusion

The modern school, which has faced new requirements, has therefore forced the need to change the way we think about teacher education, in which the student/pupil becomes an active partner in the education process, including in the field of health education and prevention. In this context, the Polish school is introducing a new subject from 2025 – Health Education, which is to include appropriate preventive and educational content in the area of physical, mental, social and sexual health. It is also to contain elements preventing all types of addictions. This subject is a response, of people responsible for the education and upbringing of the young generation, to the needs emerging among the social group in question.

Today's school is becoming, on the one hand, a place for creating needs related to the future, and on the other hand, a place for locating the intentional expectations of young people and their parents with regard to functioning in reality and in the future. School has become an institution that is required to prepare young people well for life/social functioning in an unknown future – including the correct recognition of contemporary situations of threats to our psychophysical health.

Authors contributions

The authors confirms being the sole contributor of this work.

REFERENCES

Studies

- Biała, A. (2009). *Młodzież w kulturze instant*. W: G.E. Kwiatkowska, M. Filipiak (Eds), *Psychologiczne i społeczne dylematy młodzieży XXI wieku*, Lublin: Wydawnictwo Uniwersytetu Marii Curie-Skłodowskiej
- Demel, M. (1968). *O wychowaniu zdrowotnym*. Warszawa: Wydawnictwa Szkolne i Pedagogiczne
- Demel, M. (1980). *Pedagogika zdrowia*. Warszawa: Wydawnictwa Szkolne i Pedagogiczne
- Hamer, H. (1994). *Klucz do efektywności nauczania*. Warszawa: Wydawnictwo Veda
- Izdebska, J. (2007). *Dziecko w świecie mediów elektronicznych. Teoria, badania, edukacja medialna*. Białystok: Wydawnictwo Trans Humana
- Kijo, P. (2010). *Wartościowanie zdrowia i zachowania zdrowotne wśród przyszłych nauczycieli i pedagogów wychowania fizycznego*. W: D. Bilski (Ed.). *Szkoła jako środowisko edukacji zdrowotnej*. Łódź: Wyższa Szkoła Edukacji Zdrowotnej i Nauk Społecznych
- Kłoskowska, A. (2005). *Socjologia kultury*. Warszawa: Wydawnictwo Naukowe PWN
- Lewicki, Cz. (2006). *Edukacja zdrowotna – systemowa analiza zagadnień*. Rzeszów: Wydawnictwo Uniwersytetu Rzeszowskiego
- Melosik, Z. (2007). *Teoria i praktyka edukacji wielokulturowej*. Kraków: Oficyna Wydawnicza Impuls
- Milerski, B., Śliwerski, B. (Eds) (2000). *Pedagogika. Leksykon PWN*. Warszawa: Wydawnictwo Naukowe PWN
- Ogińska-Bulik, N. (2010). *Wprowadzenie*. W: N. Ogińska-Bulik (Ed.), *Zachowania ryzykowne i szkodliwe dla zdrowia*. Łódź: Akademia Humanistyczno-Ekonomiczna w Łodzi
- Peret-Drażewska, P. (2015). *Styl życia współczesnej młodzieży jako kategoria teoretyczna*. W: K. Segiet (Ed.), *Młodzież w dobie przemian społeczno-kulturowych*. Poznań: Wydawnictwo Naukowe UAM
- Piramowicz, G. (1988). *Powinności nauczyciela*. Warszawa: Wydawnictwa Szkolne i Pedagogiczne
- Woynarowska, B. (2007). *Edukacja zdrowotna – podstawy teoretyczne i metodyczne*. W: B. Woynarowska (Ed.), *Edukacja zdrowotna. Podręcznik akademicki*. Warszawa: Wydawnictwo Naukowe PWN
- Woynarowska, B. (2017). *Terminologia, cele i koncepcje współczesnej edukacji zdrowotnej*. W: B. Woynarowska (Ed.), *Edukacja zdrowotna. Podręcznik akademicki*. Warszawa: Wydawnictwo Naukowe PWN
- Woynarowska, B., Kowalewska, A., Izdebski, Z., Komosińska, K. (2010). *Biomedyczne podstawy kształcenia i wychowania*. Warszawa: Wydawnictwo Naukowe PWN
- Woynarowska, B., Woynarowska, M. (2022). *Związki między edukacją a zdrowiem*. W: M. Woynarowska, B. Woynarowska (Eds), *Szkoła i zdrowie jej uczniów i pracowników*. Gdańsk: Wydawnictwo Harmonia

Internet sources

- Institut Cyfrowego Obywatelstwa <https://cyfroweobywatelstwo.pl/wp-content/uploads/2025/03/RAPORT-INTERNET-DZIECI-2025.pdf/>: [access: 29.04.2025]
- Łaszyn, A. (2009). *Szybki puls nowej generacji*, <https://alertmedia.pl/baza-wiedzy/czytelnia-pr/szybki-puls-nowej-generacji/dostep>; [access: 24.03.2025]

- Otyłość u dzieci – same z niej nie wyrosną* / <https://pacjent.gov.pl/aktualnosc/otylosc-u-dzieci-same-z-niej-nie-wyrosna/>; [access: 26.04.2025]
- Podstawy programowe do przedmiotów: edukacja obywatelska i edukacja zdrowotna podpisane przez Minister Edukacji <https://www.gov.pl/web/edukacja/podstawy-programowe-do-przedmiotow-edukacja-obywatelska-i-edukacja-zdrowotna-podpisane-przez-minister-edukacji>); [access: 28.04.2025]
- Raport o stanie aktywności fizycznej dzieci i młodzieży w Polsce w ramach projektu Global Matrix 4.0 / <https://www.activehealthykids.org/wp-content/uploads/2022/10/Poland-report-card-long-form-2022.pdf/>; [access: 26.04.2025]