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HEALTH CULTURE OF THE CHILD OF PRESCHOOL AGE – KNOWLEDGE, SKILLS FOR A HEALTHY WAY OF LIFE AND POSITIVE ATTITUDE TO HEALTH

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The present study, being theoretical in its nature, aims at outlining the contours of the concept and terminology apparatus of competency-based approach in the context of health education for preschool-age children in the Bulgarian educational system, as follows: "Key Competencies", which are identified as the base for the sustainable and health development of a preschool child. These are defined as a combination of knowledge and skills, attitudes and valuation relations, the lack of which makes it impossible to execute certain activity and behavior. "Expected Results" from health education as stipulated in Ordinance No. 13 of preschool education and its aspects of content: physical, social and mental health, which are deducted in the so-called fields of competence. The expected results are formulated, specified and operationalized on the basis of the existing taxonomies specifically described in three categories - theoretical knowledge, practical experience, skills and attitude of the child of preschool age. The above are a necessary condition for the achievement of positive health culture, which will cause higher levels of health literacy, as a result of health education and individual behavior of the child, which reflects mastered significant health and hygiene knowledge, as well as personal, cognitive and social skills - orientated towards communication and directed towards environmental protection. The above determine the child's motivation and ability to understand and use information in ways that encourage and maintain a healthy lifestyle as a lasting habit and a life stereotype. The tasks to be used for the achievement of the objective are as follows: To determine the nature and objectives of health education within the Bulgarian preschool educational system; To specify the ways and forms of implementation of the health education, which provide preschool children an opportunity to acquire not only health knowledge and endorsing health values, but also to adopt healthy behavior based on perceptive training; To follow the connection of the competency-based approach and framework requirements for the results from health education, with a focus on the fields of competence at preschool age.

Key words: *Health education, preschool age, key competencies, expected results, knowledge, skills, healthy way of life, health culture.*

The World Health Organization (WHO) considers early child development as the most important phase of life, which determines the quality of well-being, studies and behavior throughout life. According to WHO *health* is the main indicator of the quality of life and one of the most exigent issues in the world today. (About the Sustainable Development Goals (SDGs))

The present study, being theoretical in its nature, *aims* at outlining the contours of the concept and terminology apparatus of competency-based approach in the context of health education for preschool-age children in the Bulgarian educational system.

The *tasks* to be used for the achievement of this purpose are as follows: (Ordinance No. 13)

1. *To determine the nature and objectives of health education within the Bulgarian preschool educational system;*

2. *To specify the ways and forms of implementation of the health education;*

3. *Competency-based approach and framework requirements for the results from health education at preschool age high health culture, awareness and responsibility for preservation and protection of life and health, and achievement of a healthy lifestyle;*

In 2016 Bulgaria ratified a document setting the direction of health education. With this document our country entered into engagements connected with the realization of the WHO Policy, and Ordinance No. 13 on *civil, health, ecological and intercultural education* entered into force as of 11.10.2016. A document, which determined the state educational standard for *health education (Art. 1)* at preschool age – an element of the interdisciplinary complex of civil, ecological and intercultural education of the child at preschool age, directed towards the acquisition of social, civil and intercultural competencies and of competencies connected with the health and maintenance of sustainable environment. (Art. 3. (1))

Nature and objectives of preschool health education

Health education is directed towards the development of skills for creation or maintenance of a healthy style and living conditions, and for the voluntary adaptation to behavior that is favorable to health. (Art. 3(3)) Directed towards a wide circle of topics, such as emotional and mental health, social, physical health, covering as a whole multi-dimensional actions and processes intended for the training and building of the persons or social groups. (Ivkov, 2014) Also considered as a process of lifetime learning for people on how to live their life in

order to maintain and improve their own health and the health of others, acquisition of skills and habits and development of views, convictions, values, motives, self-awareness and behavior for health protection. (Koleva, 2004)

The *objectives* of health education at preschool age are the development of an autonomous and active person: 5. (Ordinance No. 13 on preschool education)

Art. 4\1(g) taking independent decisions regarding his own development, showing initiativeness and ability to set goals, to plan and to ground his actions;

Art. 4\1(i) selecting adequate information, products and services for improving health and maintaining a healthy way of life for himself and for the others;

Art. 4\2(c) endorsing a sustainable, inclusive, democratic and healthy environment free of the different forms of aggression and discrimination;

Art. 4\2(d) building and maintaining a positive psychological climate and opportunities for choices connected with health, ecology, civil participation, inter-cultural tolerance, mutual understanding, consideration, and respect;

d) achieving high health culture, awareness and responsibility for preservation and protection of the life and health, and achievement of a healthy lifestyle; (Borisov, Popova, Georgieva, & Shopova, 1998)

Ways and forms of carrying out health education at preschool age

The holistic and transversal nature of health presumes the following ways of realization of the fields of competence connected with the health of a child at preschool age, as specified in Ordinance No. 13 of the Ministry of Education and Science: 7. (Ordinance No. 13 on preschool education)

- Health education should be realized through integration in training of seven educational fields: Bulgarian Language and Literature; Mathematics; Environment; Arts; Music; Construction and technologies; Physical Education (Ordinance No. 5 of 03.06.2016 on preschool education)

- Integration the health education in the educational core elements of the educational field "Environment": "Self-recognition and Communication With Others", "Healthy and Social Environment", "Cultural and National Values", "The World of Nature and Its Protection" (Enclosure No. 3) (Ordinance No. 5 of 03.06.2016 on preschool education)

- Integrated into additional forms of pedagogical interaction (workshops, interest corners, etc.);

The ways and forms of realization of health education are in harmony with the recommendations of WHO, UNICEF, and UNESCO: (Europe 2020: A strategy for smart, sustainable and inclusive growth)

- they provide an opportunity to children to acquire not only knowledge of health and endorsing health values, but also adopting healthy behavior;

- they offer a planned program that follows the development of children during their kindergarten (school) period. This program should correspond to the age and stages in the child development and relies on local cultural values;
- to plan enough time for work on health issues in order to achieve not only improvement of knowledge, but also changes in attitudes and behaviors;
- to be based on perceptive training, by using methods of acting learning as a role-playing game, small-group discussions, case study, educational broadcasts, as well as public activities outside the kindergarten, which aim to support children upon exploring and implementing healthy behavior;
- to include health messages, which are easy to comprehend and to be passed from one child to another, and from children of the family and of the community; (Mihaylova-Alakidi, & Lyochkova, 2012)

Competency-based approach and framework requirements for the results from health education at preschool age

The public expectations and changes have brought a new educational paradigm, which inspires, motivates and encourages children to develop their talents and potentials by applying a competency-based approach. An approach focused on the development of *life skills* and direction of the preschool child towards all health aspects: physical, social and mental health, with a special focus on active methods. An approach used to develop *key competencies* through provocation of independence and formation of practical skills in support of stable development and a healthy way of life. The national strategy for lifetime learning outlines the contours of the concept and terminology apparatus of a competency-based approach: (National Strategy for Lifelong Learning (NSLLL, 2014-2020)

a) "*Key Competencies*"

They are developed through lifetime learning – from an early child age and throughout the entire life as an adult – through formal, non-formal and informal learning under all conditions, including family, school, neighbourhood and other communities. (Council Recommendation of 22 May 2018 regarding the key competencies for lifelong learning) They are identified as the basis of stable and healthy development of the child at preschool age. They are determined as a combination of *knowledge and skills, attitudes and valuation relations*, the lack of which makes it impossible to implement a given activity and behavior. The Reference Frameworks determine eight key competencies, which in recent years in Bulgaria have been endorsed as an integral part of the program system in the preschool institution: *competencies in the field of the Bulgarian language; skills for communication in foreign languages; mathematical competence and basic competencies in the field of natural sciences and technologies; digital*

competence; learning skills; social and civil competencies; initiativeness and initiativeness; cultural awareness and skills for expression through art;

The above are used for the realization of an interrelation between: *individual competencies* (individual experience) of the child and institutional competencies, i.e. those included in the educational strategy of the Ministry of Education and Science, and the State Educational Standards.

As a result of the above, they point out a number of Bulgarian scientists in the field of preschool education in Bulgaria, such as V. Gyurova, D. Gyurov, S. Karakehayova, I. Koleva, P. Konakchieva, L. Spiridonova, M. Stoyanova, etc., there is confirmation of the significant role of these competencies towards *the life and health of the child at preschool age, the child's personal expression and development, civil awareness, social closeness and integration, security, good education with the purpose of fair, sustainable and traceable development of the child.*

b) "results from the training"

The reconstruction of the Bulgarian educational system towards a competency-based approach is characterized with the transition from acquaintance of knowledge to mastering of competencies, with the development of new plans setting *fields of competencies*. In this connection, the plan-scheme of *the health education*, as stipulated in Ordinance No. 13 of the Ministry of Education and Science, contains 6 *fields of competence*, which are common for all levels of education. There are normatively set requirements for the preparation of the child at preschool age – a combination of knowledge, skills, relations and experience, which determine the meaningful part of physical health, mental and social health. There is interest in the definition of the fields of *"Mental health and personal development"*, *"Prevention of the use of psychoactive substances"* and *"Sexual health and sexually transmitted infections"* – an innovation, the formulation of which is age adequate to the child at preschool age and may be followed up in Table No. 1 below.

The results presented above from the training and health education are formulated, specified and operationalized on the basis of the existing taxonomies. Some of the most applicable results in the training are those of the cognitive objectives of B. Blum (1956) and the taxonomy of R. Ebel (1970), being specifically described in three categories, namely: *theoretical knowledge, practical experience, skills* and *attitude* for the maintenance of such behavioral models, socialization and adaptation, which provide an opportunity to the child to achieve well-being in all fields of functioning through adequate paths and by adequate means.

Table 1

**Framework requirements for the results from the training in health education,
Enclosure No. 2 to Art. 14, para 2, item 2, Ordinance No. 13
(Ordinance No. 13 on preschool education)**

Field of competence	Knowledge, skills and relations
Mental health and personal development	Aware of his own worth and uniqueness, and those of the other people; Capable of finding and describing differences and similarities with the other people
Field of competence	Knowledge, skills and relations
Physical development and efficiency	Names main parts of the human body; Shows positive attitude towards the development of motive skills, strength and resilience
Prevention of the use of psychoactive substances	Knows and names objects and substances prohibited for children
Safety and first aid	Names things (objects, activities, behaviors), which are dangerous in the surrounding environment; ability to seek and find help whenever needed
Sexual health and sexually transmitted infections	Has a positive attitude towards his own body; has an idea of his own sex; has elementary ideas of the difference between sexes
Personal hygiene	Demonstrates, lists basic hygiene habits; Shows elementary skills for observing a healthy daily regime; Understands the importance of hygiene habits for health; Knows and describes hygiene habits for the maintenance of the health of teeth and oral cavity
Nutrition	Knows basic rules for healthy nutrition; Explains the meaning of food as a source of energy for everyday functioning, growth and development; Has an idea of healthy and harmful foods; Observes a healthy nutrition regime

c) "*knowledge*" – a combination of facts, principles and theories concerning the elements of the complex term of health: *physical health, mental health, social and spiritual health*. Knowledge of health is the basis to be used for the building of health-related skills, habits and behavior of the child. They should be related to the age needs and specifics, and should reflect the child's life. (Karakehayova, 2017) Upon turning competencies into the base of the educational process it is necessary to pay attention to and to acquire the second element, namely:

d) "skills" – they guarantee the universality of the child's experience, opportunities for application of own strategies in various situations upon the lack of a strictly defined scheme by laying the foundations of the healthy social and emotional development of children, which supports them into becoming happier, into feeling more secure and loved people. They guarantee the connection between health and the necessary habits for nutrition, personal hygiene and environmental hygiene, for sleep and rest, for practicing sports and becoming healthier, for the humane and positive attitude towards displays of the "living", habits for having a healthy lifestyle. These are considered an objective of training, namely to provide the child with skills to act. (Vitanova, 2006) Besides the conditions of the environment, those also depend on the child's predispositions and purpose upon the future social role of a student.

e) *emotionally positive and appraisal attitude* is the part, which is connected with the motivation for an activity in certain life or cognitive situations, and reflects the development of the cognitive and emotional-will scheme. Attitude towards the system of ideas for: *health and life (biological)*; *human rights (social, cultural, economic, legal)*; *honour and valour (moral)* for the common human values, interpersonal relations and experience. (Gyurov, Gyurova, Koleva, & Peev, 2008) The emotional status of children is a main factor for the formation of ideas and skills at preschool age. The child's orientation in the world is realized on the basis of *experiences, where the child demonstrates his own point of view*. This includes self-knowledge, own independence, critical thinking and creativity, self-confidence in order to each person to be able to take the best decisions in different situations, and to independently develop and show the full richness of his person. (Karakehayova, & Kaloferova, 2018) The awareness of health and the upbringing of a values-orientated attitude towards it is a quite complex and slow, prolonged and responsible process. The beginning of this process is set with the very beginning of the human life, as initially this attitude is subconscious, for health is invisible until one feels all aspects of a developed disease.

The examined categories are a necessary condition for the achievement of a *positive health culture* and the approbation of a *healthy way of life of the child at preschool age*, connected with health protection, preservation and restoration.

The positive health culture shall provoke higher levels of *health literacy*, which is the result of the health education and individual behavior of the child, thus reflecting mastered significant health and hygiene knowledge, as well as personal, cognitive and social skills (Terzieva, 2010) – orientated towards communication and directed towards environmental protection. Those are determinant for the motivation and ability of the child to comprehend and use

information in ways that encourage and maintain a healthy lifestyle as a permanent habit and a lifestyle stereotype.

The term *healthy lifestyle* reflects the wide spectrum of a system or life activities of the child, which are connected with the nutrition regime and culture, physical efficiency and work capacities, (Borisov, Popova, Georgieva, & Shopova, 1998) behavioral characteristics, organization of respite and relaxation, rules for caring for one's physical health with the purpose of seeking the own mental balance under the conditions of personal surroundings. (Viegerova, 2011) It may be defined as established models of behavior, which ensure the realization of the physical, mental and social well-being of the child. Activities aimed at the preservation and improvement of the child's health. The child's healthy lifestyle is a source of his everyday activity when at preschool age from a biological and social point of view.

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КУЛЬТУРА ЗДОРОВ'Я ДИТИНИ ДОШКІЛЬНОГО ВІКУ – ЗНАННЯ, НАВИЧКИ ЗДОРОВОГО СПОСОБУ ЖИТТЯ І ПОЗИТИВНЕ СТАВЛЕННЯ ДО ЗДОРОВ'Я

Б. М. Калоферова

Теоретичне за своїм характером дослідження ставить собі за мету змалювати контури понятійно-термінологічного апарату компетентнісного підходу в контексті санітарної освіти дітей дошкільного віку в болгарській освітній системі як: «ключові вміння та навички», які ідентифікуються як основа сталого та здорового розвитку дитини дошкільного віку. Вони визначаються як поєднання знань і умінь, поглядів і оціночних відносин, без яких неможливе здійснення певної діяльності і поведінки. Очікувані результати санітарної освіти відповідно до Положення № 13 про дошкільну освіту і її змістовні аспекти: фізичне, соціальне і психічне здоров'я, які виведені в так звані області компетентності. Очікувані результати сформульовані, конкретизовані і операціоналізовані на основі існуючих таксономій, конкретно описані в трьох категоріях: теоретичні знання, практичний досвід, вміння і відношення дитини дошкільного віку. Вони є необхідною умовою для досягнення позитивної санітарної культури, яка виведе санітарну грамотність на більш високий рівень, завдяки санітарній освіті і індивідуальній поведінці дитини, що відображає отримані знання про здоров'я і гігієну, а також особисті, пізнавальні і соціальні вміння – орієнтовані на комунікацію і охорону довкілля, що визначають мотивацію і здатність дитини розуміти і застосовувати інформацію так, щоб сприяти і підтримувати здоровий спосіб життя як міцну звичку і життєвий стереотип. Визначені наступні завдання, шляхом яких буде досягнута поставлена мета:

визначити сутність і цілі санітарної освіти болгарської дошкільної освітньої системи; вказати способи і форми здійснення санітарної освіти, які дають можливість дітям дошкільного віку отримати не тільки знання про здоров'я і які стверджують здоровий спосіб життя цінності, але також дотримуватися здорової поведінки, ґрунтуючись на перцептивному навчанні; простежити зв'язок компетентнісного підходу з рамковими вимогами до результатів санітарної освіти, з акцентом на областях компетентності в дошкільному віці.

Ключові слова: санітарна освіта, дошкільний вік, ключові компетенції, очікувані результати, знання, навички, здоровий спосіб життя, культура здоров'я.

КУЛЬТУРА ЗДОРОВ'Я РЕБЕНКА ДОШКОЛЬНОГО ВОЗРАСТА – ЗНАНИЯ, НАВЫКИ ЗДОРОВОГО ОБРАЗА ЖИЗНИ И ПОЗИТИВНОЕ ОТНОШЕНИЕ К ЗДОРОВЬЮ

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Настоящее теоретическое по своему характеру исследование ставит своей целью обрисовать контуры понятийно-терминологического аппарата компетентностного подхода в контексте санитарного просвещения детей дошкольного возраста в болгарской образовательной системе, как: «ключевые умения и навыки», которые идентифицируются как основа устойчивого и здорового развития ребенка дошкольного возраста. Они определяются как сочетание знаний и умений, взглядов и оценочных отношений, без которых невозможно осуществление определенной деятельности и поведения. Ожидаемые результаты санитарного просвещения согласно Положения № 13 о дошкольном образовании и его содержательные аспекты: физическое, социальное и психическое здоровье, которые выведены в так называемые области компетентности. Ожидаемые результаты сформулированы, конкретизированы и операционализованы на основе существующих таксономий, конкретно описаны в трех категориях: теоретические знания, практический опыт, умения и отношение ребенка дошкольного возраста. Они являются необходимым условием для достижения положительной санитарной культуры, которая выведет санитарную грамотность на более высокий уровень, благодаря санитарному образованию и индивидуальному поведению ребенка, что отражает полученные знания о здоровье и гигиене, а также личные, познавательные и социальные умения – ориентированные на коммуникацию и охрану окружающей среды, определяющие мотивацию и способность ребенка понимать и применять информацию так, чтобы способствовать и поддерживать здоровый образ жизни как прочную привычку и жизненный стереотип. Задачи, путем которых будет достигнута поставленная цель, следующие: определить суть и цели санитарного просвещения болгарской дошкольной образовательной системы; указать способы и формы осуществления санитарного просвещения, которые дают возможность детям дошкольного возраста приобрести не только знания о здоровье и утверждающие здоровый образ жизни ценности, но также придерживаться здорового поведения,

основываясь на перцептивном обучении; проследить связь компетентностного подхода с рамочными требованиями к результатам санитарного просвещения, с акцентом на областях компетентности в дошкольном возрасте.

Ключевые слова: санитарное просвещение, дошкольный возраст, ключевые компетенции, ожидаемые результаты, знания, навыки, здоровый образ жизни, культура здоровья.

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