

# SOCIAL HEALTH POLICIES IN SCHOOL

**Roxana MAIER**

Hyperion University, Faculty of Journalism,  
Psychology and Educational Sciences, Bucharest, Romania  
Tel: 0040 – 21- 327465 E-mail: roxanamaierpsiho@gmail.com

## **Abstract**

*The study highlights the role the social health policies can have in school. If, besides the learning process in the student's education one introduces activities that target the health, these will contribute to creating, in the future a healthy, balanced and functional nation. The understanding of the importance of health starts from relevant information about the development of the student and the implementation of activities that create a consequent case for keeping one's health. At this study we had students from three different classes of study, one class per each study cycle. The results targeted the responsibility for one's own health, development and wellbeing, and to the team teacher-student one has invited as educational partners the parents of the participant students.*

**Keywords: social health policies, student, parent, teacher**

## **INTRODUCTION**

The social policies are community policies which have, as primary task, the relaunch of social strategies and the improvement of the living levels of the population in a community. One of the pursuits of school should also be the implementation of social policies in order for the students to have access to their meaning and to the effect they can have in day to day life. Health policies substitute the social ones through the role they have in the social dynamic. According to the social solidarity principle, all citizens, no matter the capital they dispose of, have the right to an adequate protection of health, through the compulsory health insurance. What is missing, though from this structure are the activities centered on health, activities that have a role in health education. The educational space would not be whole, no matter the subject, if it does not involve the parents in an educational partnership type of relationship. Thus, the child-parent-teacher team goes through each stage building a reality in which the child develops oneself, finds his or her place and role and becomes a responsible adult. The preoccupation for health is one that is natural, but in the lack of an educative space in which prevention is clearly defined and approached, the preoccupation towards health will be reduced to finding solutions for a deteriorated health, instead of finding solutions to keep it unaltered for as long as possible. It is from this point that the social health policies would be appropriate to find themselves in school curriculum. Throughout our development, the educational process developed having as a central space the family, seconded very closely by the school. In the

educational space, the counseling professor finds its role as well, and one of its attributes is to create an endeavor which is centered on the student's health – from prevention up to the acclimation to different issues tied to the alteration of one's health. In education, the main aspect that is valued is that of the study, which is based on questions, and from the search and finding of answers appears the transformation.

Illness generates dysfunctional consequences in the activity of groups and structures in which people are integrated. Any society tends to value health as a functional resource and to elaborate a schedule, a protection system against disease, organized in such way that it ensures prevention, but also the transgression, the nursing and the reestablishment of the balance of those affected. Thus, health policies are a form of social protection, and the programs with such a content initiate, first and foremost, prevention programs against the risk of disease, in order to maintain one's health as robust as possible, and, in the long term the construction of one's social security. The latter refers to the protection ensured by society for its members, through a series of public measures against social problems caused by the loss of the severe cutback of earnings due to illness, disability, old age or death.

A few of the advantages of the implementation of health policies are the disclosure of the importance of keeping the health at population level, the awareness towards the role of health in each of our lives – both by keeping it, but also by recovering in case of illness, choosing a healthy lifestyle. “In order for the student to understand health as a value, and for him or her to attend and keep it there are a few necessary endeavors, which concern the prevention side, but also the intervention side in case of sickness. The orientation towards healthy habits is conceived as an educational action, in which the psychological preparation of the pupils/young people is made for the choice and development of efficient solutions for staying healthy or for getting over the illness, if the latter comes their way. The psychological preparation refers to the accumulation of knowledge, the formation of habits, the development of abilities, the formation of motivations for healthy choices, the development of self-knowledge and a better contact with the sole possibilities of the body both in terms of its construction and in terms of its healthy build. An important role in this endeavor is played by the school, which is considered a central factor in the orientation and counseling in terms of health, through the instructive- educative process, through the knowledge and the given information, through the continuous preoccupation for the development of the child/youngster, through the development of the self-knowledge, as well as through attracting parents as partners in this endeavor.” (Maier and Marian, 2015, 249). Some of the first objectives for the optimal psychosocial functioning of a person are the promotion of health, the choice of a healthy lifestyle, the promotion of well-being. Health means after Athanasiu a ‘harmonious collaboration between the psychic, body and social forces’. (Athanasiu, 1998, 225)

Social health policies can be implemented in a *mélange* of volunteerism and liberalism, in the sense that volunteerism presumes the familial responsibility

and the one of the own person for wellbeing, while liberalism promotes some social policies centered on meeting certain needs, especially the ones tied to information and its implementation. Results will thus be obtained through the active participation of the parents along with the teachers, through the responsible seconding of these in the projects realized by their children, through healthy, assumed choices for the wellbeing of the children.

Educational counseling, implementation of the health classes are oriented towards students, parents, teachers because “through the word, the actions and the behavior we have, each can build or break down, stimulate or inhibit, cheer or sadden, motivate or discourage, call or banish, accumulate or dispel the will and the wait of those around.” (Șoitu, Vrăjmaș and Păun, 2001, 7)

The social and health policies have been introduced in school through actions on the following dimensions: the dimension of social responsibility and that of health.

### **OBJECTIVES**

The research has followed a series of general objectives:

- To realize a way to inform on age groups, of the parents in liaison with the harmonious development of the child from a physical, psychical and emotional point of view,
- To realize a way to inform that is related to the child’s health – as a starting parameter for its amelioration
- To evidence the relationship between the physical and emotional health of the student,
- To establish an optimization plan of the social and health responsibility.

### **HYPOTHESES**

- The information tied to age and a personalized program on each class makes the health and wellbeing of the children efficient.
- The social responsibility, as well as the one for health will be optimized following a long-term intervention.

### **TOOLS AND SAMPLE**

The sample of students was formed by a class of each study cycle (one first grade, one sixth grade, one tenth grade).

In order to realize the study one has started from the collection of data about the subjects through the completion of work cards by the students, as well as by their parents and their teacher, or the head tutors respectively. The cards followed the showcase of the functional and dysfunctional parts of the class, identifying the formal or informal leaders of the class, data that targeted the intellectual level, the cognitive and emotional development of the children, but also the behavioral issues of the students and the way they relate to each other in class. Starting from this data one has realized for each class a personalized program to

make the relationship, the social implication, the optimization of behaviors related to health more efficient.

### THE RESULTS OF THE STUDY

**Hypothesis 1:** The data obtained from this hypothesis are relevant for bringing the parents in the student-teacher-parent relationship as educational partners that are involved in the process, but also for the building of a program of health prevention. The intervention at the class level carried information about health, self-knowledge – centered on the evaluation of healthy and risk behaviors, the knowledge and the choice of healthy habits, the realization of certain models in terms of health.

**Hypothesis 2:** The data obtained as start parameters in liaison with the student's development, but also to dysfunctional behaviors of the class have formed in an psychoeducative intervention personalized for each class of students. The intervention contained the responsibility for one's own hygiene, health, learning; the responsibility for goods – personal or belonging to others; the responsibility for social opinion; responsibility for taking care of nature.

### RESULTS OBTAINED

Because social responsibility and that for health are strongly connected with the understanding of the personal implication of all involved, the exercises have been structured on the awareness of the role each person has in this endeavor. To this one has added the parent's involvement, in the projects the class or even the school was doing, firstly in order to offer models to realize the activities, but also to bring the parents closer to their children's needs. The results obtained with each specific class draw the attention towards the progress made in the class way of relating, the optimization of the class' well-being, a bigger involvement in projects that partake to the responsibilities in class, but also on tasks at hand, realized by prevention programs having as main subject the health. The results of the study have brought up to the enrichment of the character and moral conscience of the participants to the study, to the building of the responsibility dimension, to what Flo defined as being the intimate center of the person. "The intimate center is formed at the 'contact zone' of our exterior and interior lives and from there, one gradually accumulates, through awareness and education, values and principles. [...] The intimate center is extremely important as it is what confers us – interior orientation, understanding, power, certainty. It consolidates and accumulates continuously in time, through education – in the family, in school and in the community." (Flo, 2001, 31). Because of the fact that the majority of the exercised were realized through a game, thus offering an easy access to the children for their significance, while at the same time realizing that it depends on them to orient themselves towards activities or games that facilitate development. "Humor implies and asks for attention upon the complexity of a speech. He favors the acumen and contributes to the dissipation of the haze of confusions, being a school of acumen, of finesse of the approach of significance". (Danciu, 2002, 184).

### **LIMITS OF THE STUDY**

When the parents have participated as educational partners to the class projects, the progress registered by the students were bigger, but the lack of time of parents has made the objectives to be attained only partially. The progress at each class has appeared rapidly, but from the change, up until it becomes permanent there is a need of a step and of plenty of work. The fact that there was a change in the attitude and the behavior of the students, on the targeted dimensions, made the program continue, but while the presence of the parents has remained rather inconsequent (due to the work schedule) one is looking for solutions for them to be able to realize continuing projects with the children.

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