EDUCATION FOR REAL LIFE. CASE STUDY: EDUCATION FOR HEALTH – "ELENA CUZA" NATIONAL COLLEGE (CRAIOVA)

Oprea-Valentin BUȘU [1], Elena-Cristina ANDREI [2], Violeta STĂNĂȘEL [3]

Abstract

Today's society is in constant evolution, characterized by an extraordinary dynamics even from day to day. As with other sectors of activity, the education system is subject to many changes, such as the implementation of new educational reforms. Currently, the educational process is a complex one that encompasses both mandatory subjects and optional ones. The role of optional subjects is to provide students with the opportunity to discover and develop their skills, as well as to gain new knowledge and learn to use them in everyday life. The Health Education discipline is not limited to information about the state of health of the human being, but it also promotes a series of ideas and tips on the importance of maintaining a clean environment, highlighting the nature-human interrelation. Also, this discipline addresses other topical issues such as: food hygiene, human metabolism, lifestyle, oral cavity hygiene and disease prevention.

Keywords: *Health Education; curriculum.*

Introduction

The Romanian education system has benefited from the implementation of reforms aimed at introducing optional subjects. They provide students with the opportunity to gain knowledge in new areas, necessary in contemporary society. At the same time, we note that attempts are being made to discard the traditional educational system set in place during the communist period. Thus, a learning style based on logical thinking, rather than on mechanical learning, which resulted in the mere reproduction of the accumulated information without being passed through a filter of thought, is promoted.

Education is a complex process that aims, in addition to the accumulation of theoretical notions in mandatory disciplines, to bring about knowledge whose applicability can lead to an increase in the quality of life, as well as to the efficiency of inter-human relations. The necessity of introducing optional disciplines to the

[1] Junior Lecturer, PhD, Teaching Staff Training Department, University of Craiova, Romania, e-mail: valentin_busu@yahoo.com, corresponding author.
[2] Student, Faculty of Dentistry, University of Medicine and Pharmacy of Craiova, Romania, e-mail: andreicristina2201@gmail.com.
[3] School teacher, Deveselu Olt, Romania, e-mail: vyoleta_eta@ahoo.com.

school curriculum has as main purpose the pupil's harmonious development from an intellectual, social and emotional point of view. Contemporary society is distinguished by the rapid evolution of scientific discoveries, which lead to the reformation of the education system (Stoica, 2001, p. 11).

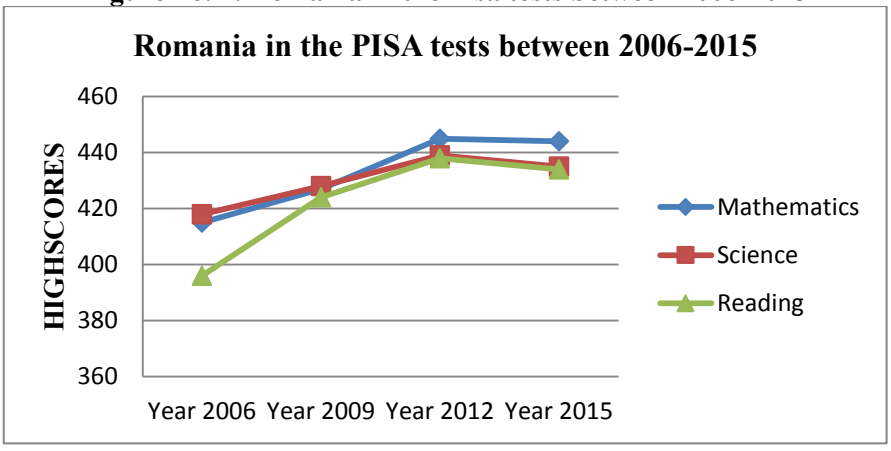
Over time, the Romanian educational system has undergone numerous changes in a very short time frame, resulting in an instability that affects several sectors: educational, economic, social, cultural. This consequence arose because of the sudden changes that led to the disruption of both the pupils and the teaching staff. It is inevitable and even necessary to reform the education system over a certain period, but this reform must be gradual, leaving room for accommodation to the new regulations.

Following the application of PISA tests in Romania, a slight improvement in educational quality was noticed between 2006-2015. The increase in school performance has mainly focused on mathematics and science. Unfortunately, the humanities have not achieved any outstanding results. In 2015, Romania ranked 48th out of 72, with a constant increase between 2006 and 2009, but not from 2012. Comparing to the results of 2012, there is a decrease in the results of 2015, a fact which triggers an alarm signal, and as incriminated factors can be the frequent changes in the education system within a short period of time. Another example of a decrease in school performance due to education reforms is a country that has long been a leader in PISA tests: Finland.

Table no. 1. Comparative Analysis of the scores obtained by Romania in the PISA tests (2006-2015)

	Mathematics	Science	Reading
Year 2006	415	418	396
Year 2009	427	428	424
Year 2012	445	439	438
Year 2015	444	435	434

Figure no. 1. Romania in the Pisa tests between 2006-2015



Education for real life

Thus, Romania still fails to discard the mechanical learning system specific to the communist period. It is important for Romania to adopt a learning style based on analysis and critical thinking in relation to all the notions to which the student is exposed. Regarding the pre-university education system, we can say that the reforms in recent years have also brought about some advantages: the introduction in the curriculum of auxiliary disciplines aimed at identifying and developing the student's skills, the compatibility of the Romanian curriculum with the European one, improving student-teacher communication, administering exams that rigorously test the student's accumulated knowledge during school years, providing alternative educational material on the market (Stoica, 2001, pp. 13-14).

According to the World Health Organization (WHO), health education is "the most effective weapon for insuring population health", and its exclusion from the school curriculum only deprives the public of the right to be properly informed about health issues, but also to prevent the spread and worsening of diseases.

The optional Health Education discipline provides that, in addition to acquiring theoretical information about different pathologies, pupils should be able to apply the three types of prevention: primary, secondary and tertiary prevention (Pătroi, 2014), whose main objective is to combat disease.

This discipline addresses mainly teens, which is considered a difficult age (Ilie, 2017, p. 30), representing at the same time the foundation, a starting point for both professional and personal growth. This requires teachers to know how to approach learners at this stage of development and to seek to make classes attractive, but also to provide the necessary information clearly and accurately.

Until 1990, "health education" was often confused with "sanitary education." It is true that there are similarities between the two disciplines, but the major difference is that "health education" encompasses several new factors related to the maintenance of health (external environmental factors, nutritional factors), unlike the "sanitary education", related strictly to medical objectives. (SNSPM, 2006, p. 3).

To appreciate the usefulness of this discipline, but also to identify the needs of high school students in terms of the accumulation of new information in various fields, we administered a questionnaire containing 9 questions to a sample of 52 pupils in the 9th-12th grades at the "Elena Cuza" National College (Craiova). The questionnaires were distributed to a class of students who benefited from this discipline in the school curriculum and in another class that did not have the discipline Health Education.

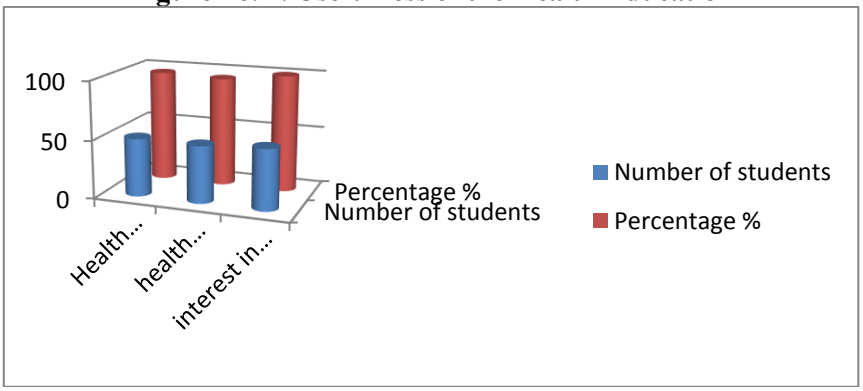
Based on the answers to the questions, the following occurred:

- 96% considered the Health Education discipline useful in the current curriculum;
- 94% believed that the accumulated information on health education will help them prevent diseases from occurring;
- 100% expressed their interest in learning "First Aid" during the Health Education discipline;

Table no. 2. Interest in learning Health Education discipline

	Health Education discipline useful	Health education will help them prevent diseases	Interest in learning "First Aid"
Number of students	50	49	52
Percentage%	96%	94%	100%

Figure no. 2. Usefulness of the Health Education



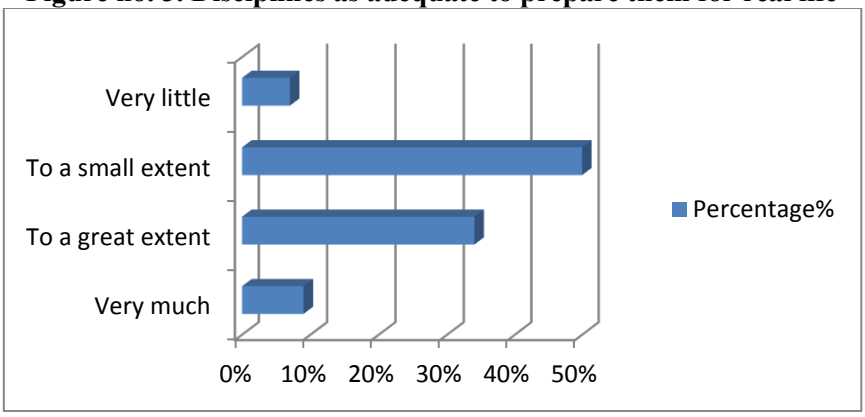
• In the case of the assessment of the school disciplines as adequate to prepare them for real life, the pupils answered:

- ✓ Very much 9%;
- ✓ To a great extent 34%;
- ✓ To a small extent 50%;
- ✓ Very little 7%.

Table no. 3. Disciplines as adequate

	Very much	To a great extent	To a small extent	Very little
Percentage %	9%	34%	50%	7%

Figure no. 3. Disciplines as adequate to prepare them for real life



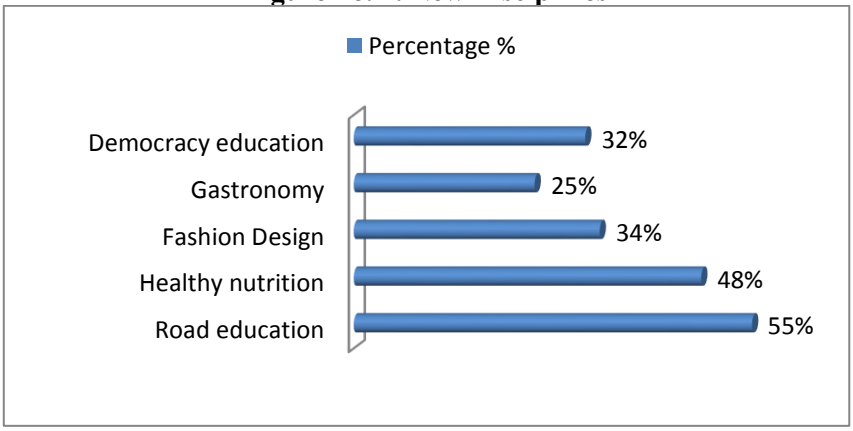
• Students considered it useful to introduce the following disciplines in the school curriculum:

- ✓ Road education 55%;
- ✓ Healthy nutrition 48%;
- ✓ Fashion Design 34%;
- ✓ Gastronomy 25%;
- ✓ Democracy education 32%; (Other variants proposed by students: Drama and Astronomy).

Table no. 4. New Disciplines

	Road education	**Healthy nutrition**	**Fashion Design**	**Gastronomy**	**Democracy education**
Percentage%	55%	48%	34%	25%	32%

Figure no. 4. New Disciplines



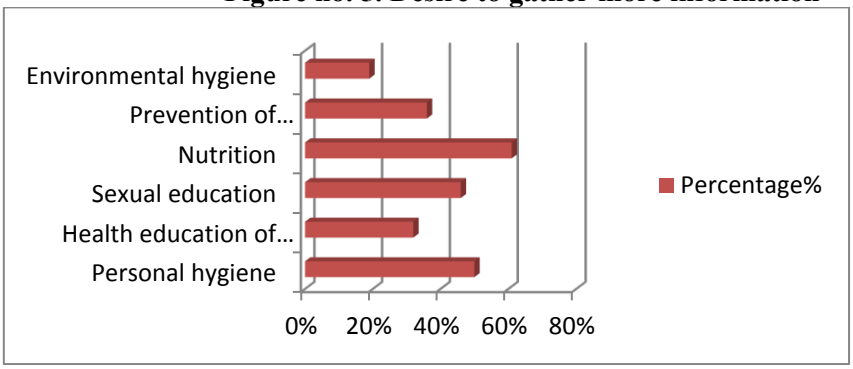
• Within the Health Education discipline, students expressed their desire to gather more information about:

- ✓ Personal hygiene 50%;
- ✓ Health education of oral cavity 32%;
- ✓ Sexual education 46%;
- ✓ Nutrition 61%;
- ✓ Prevention of pathological conditions 36%;
- ✓ Environmental hygiene 19%.

Table no. 5. New Disciplines

	Personal hygiene	Health education of oral cavity	Sexual education	Nutrition	Prevention of pathological conditions	Environ-mental hygiene
Percentage %	50%	32%	46%	61%	36%	19%

Figure no. 5. Desire to gather more information



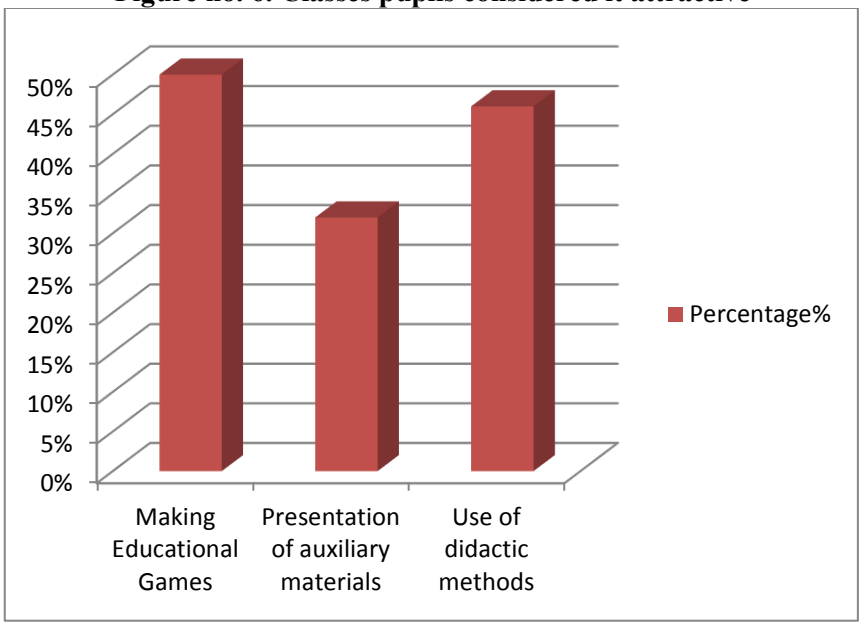
• During the Health Education classes pupils considered it attractive:

- ✓ Playing Educational Games 46%;
- ✓ Use of auxiliary materials (films, plans, dummies) facilitating the understanding of the theoretical notions 59%;
- ✓ Use of teaching methods that allow pupils to express their opinions, but also trigger interest in a certain topic 40%.

Table no. 6. It attractive

	Making Educational Games	Presentation of auxiliary materials	Use of didactic methods
Percentage%	50%	32%	46%

Figure no. 6. Classes pupils considered it attractive



Following discussions with students, we were able to identify their desire to have access to disciplines that can help them in real life and give them the opportunity to put theoretical notions into practice. Most pupils considered that Health Education will help them throughout their lives, being highly useful to them, and raising awareness of the seriousness of medical conditions, recognizing forms of disease, preventing illness, and implementing a healthy lifestyle. In the case of the group of students who did not study this subject, we noticed their curiosity about: possible ways of transmitting diseases, ways of prevention, but also knowledge of symptoms related to various diseases.

In terms of choosing the teaching strategy, it was done by reference to the established objectives, the students' learning style, the available material resources, and the time allocated (Frăsineanu, 2015, pp. 95-96). The course development focused on two components:

A. The theoretical component: acquisition of knowledge in the medical-sanitary field;

B. The practical part: practical activities that make possible the implementation of the assimilated theoretical notions.

The type of learning observed in students in this class was based on:

1. Learning concepts: the concept of *disease*, the concept of *prevention*, the concept of *health*. This category relies on a high professional training of the teacher, but also on the application of training methods that eliminate the possibility of confusing different processes (Stoica, 2001, p. 111). Thus, the transmission of knowledge must be clear, accurate and concrete without leaving room for

interpretation. For a certain concept to be correctly understood, H. Klausmeier (1994) presents four levels:

1.1. the concrete level, which requires the student to be able to recognize the subject / notion;

1.2. the identification level, when the student recognizes the subject / notion even if it is placed in various temporal and spatial situations;

1.3. classification level: involving hierarchy, ordination, separation;

1.4. the formal level, when the student can define, exemplify and distinguish the notion learned from other notions that may have some common features.

Of course, there are other concept-building techniques, among which we mention the Zig-zag model implemented by G. Schaffer, which is based on the associative theory. Associative theory is characterized by the acceptance of the concept by the student (the concept conveyed by the teacher) and the association of the concept with other already learned concepts or prior experiences. All this will lead to the emergence of a new concept consisting of the name of the concept, the scientific core, but also the connection with other concepts.

2. Learning by opinions: Students were given the chance to discuss and clarify their concerns by requesting the opinion of a person working in the medical sector.

3. Learning the selection and decision-making capacity: selecting healthy habits and decision-making about the adopted lifestyle. (Frăsineanu, 2015, p. 99).

The objectives of Health Education run as follows:

- medical-sanitary training of a large sample of the population;
- to generate theoretical and practical knowledge in the medical-sanitary field;
- preventing diseases;
- knowledge of harmful factors (environmental factors, food factors, hereditary factors) that can lead to diseases;
- awareness of the negative consequences of not observing a healthy lifestyle;
- gathering useful information about hygiene standards in a medical practice; patient rights; malpractice;
- advice about maintaining a clean environment; avoiding pollution; the negative effects of pollution on the human body;
- advice about a healthy diet; food hygiene; factors related to metabolism.

To make the Health Education classes more attractive to students, the following methods were implemented:

- use of teaching aids: drawings, pictures, diagrams and educational videos;
- developing educational games: IMAGINATION GAME: students are divided into groups of 5; each group owns a clinic with 5 practices (different specializations); a suggestive name is chosen for the polyclinic; each student motivates the choice of the medical specialty; each student presents the most interesting aspects of the chosen specialization, then the most difficult part.

We chose to put into practice an educational game to check how students understand the importance of choosing a healthy lifestyle, but also to engage their imagination in the way of simulating a medical setting. If in the first stage of the

game, when they were forced to present the interesting aspects of the specialty they chose, there was a long list of features; in the second stage there was a breakdown that required time to think and solve the problem. They have become aware of the fact that whatever profession / trade they will choose, it involves difficulties but also satisfactions and sacrifices.

Although we tend to associate playing games with childhood, it occupies an essential place both in adolescent and adult life. Frequently, the game-learning technique achieves noticeably better results, being both enjoyable and relaxing. The game has the role to train the psychic and physiological functions of the human being and has a gradual development, correlated with the age and needs of the individual. (Ardelean, 2014, p. 14). Also, through team play, students have become more sociable, more united in achieving the common goal, each coming up with ideas and showing involvement and a supportive attitude. In general, team games are characteristic of the adolescent period (Claparede, 1975), representing a form of socialization, cooperation, a good opportunity to learn to respect the opinions of other members and to consolidate their already existing relationships. Through the game we applied during the Health Education class, we considered the following goals:

- to stimulate communication between team members;
- creativity - by choosing an appropriate and attractive name for the team; choosing unique specialties that tend to attract the interest of others;
- anchoring by understanding the current challenges faced by both the patient and the doctor;
- recognition of the merits of the winning team (following votes);
- fun;
- competition;
- sync;
- distribution of tasks for each member.

The psycho-social dimension of the game is not negligible as it highlights the way in which the game influences the individual's mental and social development, but also the way in which man establishes relationships with those around him. According to J. Chateau (1967), the game is the basis of the formation of human thinking: "In the game we contemplate, design, build" (Chateau, 1967, p. 190). The didactic game succeeds in combining the instructional component with the fun one, making classes more exciting, facilitating the understanding of abstract concepts. As a definition of the didactic game: "a means of facilitating the passing of the child from the dominant activity to the learning activity (Bache et al., 1994).

The motivational-emotional component of the didactic game is described by the display of a variety of emotions and feelings that occur during and after the game. Students learn how to manage their emotions, understand the emergence and development of certain feelings, but also undertake certain roles. Also, through the art of the game one can see the marshalling of a large amount of energy having as objective the accomplishment of the proposed goal. So, the game not only educates the child emotionally and motivationally but it also drives him/her to perform a

certain task: "The child who builds something with a material learns to accept and fulfill a duty" (Buhler apud Chateau, 1967, p. 193).

During the Health Education classes, we applied **methods to stimulate students' creativity**. The first method was represented by the Panel Discussion and was carried out according to the following rules: the "jurors" were represented by the biology teacher and a student in Dental Medicine, and the group represented by students. Students communicated with "jurors" through tickets of different colours: blue for questions, red for personal opinions, and white for suggestions. (A. Cosmovici, L. Iacob, 2008, p. 158). Most of the tickets were blue in colour, suggesting their curiosity about the topic*: Sanitary Health Education of the Oral Cavity*. Among the questions were: "What is the correct brushing technique?", "What are the harmful effects of whitening of the teeth?", "How does calcium and fluoride affect the dental structure?", "Which are the most effective methods of preventing the appearance of cavities? ","How are sweets and acidic drinks affecting the teeth? " The suggestion note contained the following statement: "I suggest carrying out regular 1-year checks for all students," and the note: "In my opinion, prevention of dental diseases is not happening in our country."

Another approach was Brainstorming (Cosmovici, Iacob, 2008, p. 156). This was applied in the *Normal Values lesson. Physiological and pathological variations of the internal environment*. Groups of 10 pupils were formed and were asked to issue a diagnosis after enumerating the patient's signs and symptoms. Also, from the very beginning, it was made clear that Brainstorming functions according to four rules: "critical judgment is excluded", "as many ideas", "give free rein to imagination," "combinations and improvements are welcome." On the occasion of this experience, the students testified that it was much easier to decide on a diagnosis as close as possible to the truth.

Globalization of education. Globalization is a complex multidimensional phenomenon that targets many sectors: economic, social, political, technological, cultural and educational (Cucoş, 2009, p. 34). It is characterized by the dissipation of techniques / methods at the level of all mankind and opposes staticism, being always open to new opportunities. The main effects of globalization on the educational environment are: the use of technology in education, deinstitutionalization of education, privatization of education, and mobility of students and teaching staff through European programmes (Cucoş, 2009, pp. 39-41).

Involvement of technology in the educational process presents the main advantage of providing unlimited access to a wide range of information in a very short time. Also, technology is a source of facilitating student-teacher communication, student-student, teacher-teacher or teacher-parent relation. However, technological devices cannot replace the physical presence of the teacher (Erault, 1991). In the absence of a person, in this case the teacher, education would remain strictly at the level of accumulation of knowledge without having gone through an emotional and motivational filter, leading to the formation of much less sociable generations, characterized by rigidity and formality. All information systems that allow us access to countless news from different areas should be used

in a weighted way without jeopardizing the human side that plays a role in stimulating creativity and motivation.

The deinstitutionalization of education is a process that has arisen with the introduction of the phenomenon of globalization. It promotes non-formal education, at the expense of formal education promoted by the school. Many people choose non-formal education because they believe that they offer more freedom of expression, representing a more relaxing environment, free of many rules, being a place where they can develop their imagination and capitalize on their skills. (Cucoş, 2009, p. 39). The emergence of non-formal education institutions leads to the establishment of competitiveness in the education sector: both school and non-formal education institutions compete with the implementation of programs and activities that attract a large part of the targeted population.

Privatization of education is a fairly new phenomenon in Romania, especially after the 1989 revolution. (Cucoş, 2009, p. 41). Private educational institutions have a major disadvantage: the need to invest considerable sums of money to support themselves. Among the advantages we can enumerate: attractive programs, classes have a small number of students, which makes it possible for the teacher to get more attention and involvement in the tasks of the students, to benefit from the after-school program, to put more emphasis on teamwork.

Mobility of students and teachers through programmes implemented by the European Union such as ERASMUS, Comenius, Alpha, Lingua, Tempus, Comett offers the chance to exchange experiences with students / teachers from other countries. This opportunity makes it possible to raise awareness of new cultures, how the others learn and how they perceive the world, both from an educational and cultural point of view, but also in other areas.

Virtualization of education: cyberculture

Through virtualization one can understand the translocation of real life into the cyberspace. The novel element of cyberculture is that it makes the transition from institutionalized education taking place within an educational establishment to a new type of education: continuing education. Also, cyberspace education provides us with access to information regardless of time, addressing the entire population, without regard to ethnicity, religion, gender, political orientation, etc. In the contemporary society, the use of information systems such as computer, tablet, smartphones has become ubiquitous, many people even becoming addicted to these technologies, which makes us better understand Norbert Wiener's (1948) claim that cybernetics represents the "science of control and communications to human beings and cars".

Approaching adolescents from the instructive-educational perspective. Adolescents represent a borderline social category, the individual is not considered either a child, nor an adult. It is precisely this inability to position them objectively in a structure that makes it difficult to address them. They are in a period marked by the appearance of major changes that affect the physical, cognitive and affective aspect (Ilie, 2017, pp. 34-37). Physical changes occurring both in girls and boys lead to the transformation of the way of thinking and perception of the surrounding world.

They begin to set certain standards of "beauty," and if they do not have proper guidance and moral and affective support, they can get a wrong perception of "aesthetics." For example, many adolescents take the concept of anorexia from the media and interpret it as normal, aesthetic. In addition to physical issues, adolescents also face other difficulties such as identity crisis, moral crisis, juvenile delinquency (Ilie, 2017, pp. 45-53). To combat the build-up or amplification of these teenage problems, it is important that the school intervenes, as a balance-striking factor but also informing about the negative consequences of adopting unmanageable behaviors. Serious handling of civic duty classes and psycho-pedagogical counseling can have beneficial effects both in the personal and professional life of the student.

As far as adolescent education is concerned, it is influenced by both the family and school environment. Family plays a crucial role in providing adequate teenage education, being the place to provide the teenager with an affective environment (family is present at key moments in his or her life: first school or sentimental failures, professional success, partner choice, career choice); in a social and cultural environment (Ilie, 2017, p. 56).

Educating the teenager within an educational institution has the role of ensuring the organization, planning and systematization of the information, as well as the exploitation of the student's skills. The teacher should represent to the student not only a professional in his / her field, but also a person possessing psycho-pedagogical skills, communication and managerial skills. Each student is a unique individual, with a personality and a special character, and the teacher who tends to treat all students in a class the same way is mistaken. The teacher must have the ability to perceive the personality of the student, to understand his/her way of thinking and acting in order to be able to guide him/her correctly. Feedback is a technique that can be used successfully in the teaching practice, aiming at the early elimination of confusion, representing at the same time a long-term motivational tool (positive feedback). It is also the feedback that offers us information about how the transmitted message was understood by the receiver: "Feedback is necessary to determine the extent to which the message was understood, believed and accepted" (Longenecker, 1969, p. 497).

Conclusion

In conclusion, it can be said that the usefulness of the Health Education subject cannot be questioned as a way to acquire knowledge in the health field that has the advantage of being put into practice and improve the quality of life, being a beneficial factor for both personal and professional life. Through this subject, the student becomes aware of the negative effects of adopting an unhealthy lifestyle, but also of the importance that s/he must pay to the environment in which s/he lives.

REFERENCES

1. Ardelean, D. (2014). *Suport de curs la disciplina Psihopedagogia jocului*. Oradea: Publishing House Universităţii din Oradea.
2. Bache, H., Mateias, A., Popescu, E. & Şerban F. (1994*). Pedagogie preşcolară. Manual pentru şcolile normale*. Bucureşti: Publishing House Didactică şi Pedagogică.
3. Chateau, J. (1967). *Copilul şi jocul.* Bucureşti: Publishing House Didactică şi Pedagogică.
4. Claparede, E. (1975). *Psihologia copilului şi pedagogia experimentală: Dezvoltarea mentală; Metodele.* Bucureşti: Publishing House Didactică şi Pedagogică.
5. Cosmovici, A., Iacob, L. (2008). *Psihologie şcolară.* Iaşi: Publishing House POLIROM.
6. Cucoş, C. (2009). *Psihopedagogie. Ediţia a III-a*. Iaşi: Publishing House POLIROM.
7. Erault, M. (1991). *Education and the Information Society*. Londra: Cassel Press.
8. Frasineanu, E.S. (2015). *Didactica disciplinelor psihopedagogice.* Craiova: Publishing House SITECH.
9. Ilie, V. (2017). *Adolescenţa şi tinereţea: repere în cunoaşterea psihopedagogiei vârstelor.* Craiova: Publishing House Universitaria.
10. Klausmeier, H. (1994). *Conceptual learning and development.* New York: Academic Press.
11. Longenecker, J.G. (1969*). Principles of management and organizaţional behavior*. Ohio: Publishing House Merrill Company.
12. Pătroi, G. (2014). *Curs Prevenţie Oro-dentară*. Craiova: Publishing House Medicală Universitară.
13. Stoica, M. (2001). *Pedagogie şi Psihologie.* Craiova: Publishing House Gheorghe Alexandru.
14. Şcoala Naţională de Sănătate Publică şi Management - SNSPM. (2006). *Promovarea sănătăţii şi educaţie pentru sănătate.* Bucureşti: Publishing House PUBLIC H PRESS.