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ASPECTS IN DEFINING THE CONCEPT AND DEVELOPING COMPETENCY FOR A HEALTHY WAY OF LIFE FOR YOUNG SCHOOL STUDENTS THROUGH THE PRISM OF THE SCHOOL-FAMILY PARTNERSHIP

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The article is a theoretical study of the concept of competence for healthy lifestyle, approached through the prism of Health Education, as well as aspects of the development of competence for healthy lifestyle for young school children through the prism of school-family partnership.

The competence for healthy lifestyle can be formed and developed through health education, and can be valued in the school and in the family, because, the school can develop the competence of a healthier way of life more at the theoretical level, but the family has the task to implement and develop it at a practical level, the result being the formation, development of a pro-health culture and the improvement of health through concrete responsible actions at the physical, mental, social level.

Keywords: *competence, health education, competence for a healthy lifestyle, school-family partnership, young school age.*

ASPECTE ÎN DEFINIREA CONCEPTULUI DE COMPETENȚĂ ȘI DEZVOLTAREA COMPETENȚEI PENTRU UN MOD SĂNĂTOS DE VIAȚĂ LA ELEVII DE VÂRSTĂ MICĂ PRIN PRISMA PARTENERIATULUI ȘCOALĂ-FAMILIE

Articolul prezintă un studiu teoretic al conceptului de competență pentru modul sănătos de viață, abordat prin prisma Educației pentru sănătate, fiind prezentate aspecte ale dezvoltării acestei competențe la elevii de vârstă școlară mică prin prisma parteneriatului școală-familie.

Competența pentru modul sănătos de viață se formează și se dezvoltă prin intermediul educației pentru sănătate, ce este valorificată atât în cadrul școlii, cât și în cadrul familiei, deoarece, pe lângă faptul că școala poate dezvolta competența pentru un mod sănătos de viață mai mult la nivel teoretic, familia are sarcina de a o implementa și dezvolta la nivel practic, rezultatul fiind formarea, dezvoltarea unei culturi pro-sănătate și îmbunătățirea sănătății prin acțiuni responsabile concrete la nivel fizic, psihic, social.

Cuvinte-cheie: *competență, educație pentru sănătate, competență pentru un stil de viață sănătos, parteneriat școală-familie, vârstă școlară tânără.*

Introduction

Education focused on skills, values and attitudes reflects the acquisition of research in the sciences of education according to which, through skills, the learner can achieve the transfer and mobilization of knowledge and skills in real life contexts and situations. The promotion of competences, the synchronization of the education of the national system to the imperatives of the time, to the European standards, conditioned the revision of the legislative and normative framework of the educational system.

In this succession of ideas, we mention that the term *competence* appeared in the scientific space as a poly-semantic term: competence and competences.

F.Voiculescu makes a distinction in this sense: being used the plural of the concept of competence, researchers refer to types of skills, which appear in the manifestation of behavior in different fields (language skills, communication skills, social skills, sports skills, etc.). In the singular, the term is expressed synthetically by the indicator of the level of competence that implies some changes of meaning, namely: it appears as an attribute of the person or group (team) resulting from the integration in a specific and customized way of different competencies or group syntax. This is a result, an integrative feature and not a simple algebraic summation of the levels of different competencies involved in the competent action of the individual or team [1, p.49].

In pedagogical language, the term of competence was introduced in the USA by N.Chomsky in 1965 and distinguishes between language competence (internal ability) and language performance (updating competence). According to the literature, it denotes a division of the meanings of the concept of competence [2].

Thus, starting from the definition of competence, which states that: "Competence is a set of knowledge, skills, and abilities, organized to solve a task or a set of tasks corresponding to social requirements", it follows that it is not an additive sum of three components, but represents their resultant [3].

In the educational process, for the formation of each component of the competence, it is necessary to adapt a range of interactive techniques that ensure a dynamic, formative, motivating, reflective, continuous education. The "savoir" component aims to internalize the communicated information and, in this case, certain psychic processes are involved, such as: perception, memory and some elementary operations of thinking. For the conscious assimilation/ internalization of information are used methods that involve these psychic processes in the process of information/ documentation/ assimilation of knowledge. The "savoir faire" component aims to develop to the maximum the intellectual and psychomotor abilities. The "savoir vivre" component aims to form attitudes and behaviors in the context of well-defined social conditions. In this context, methods that form personal values and attitudes will be applied [4, p.28].

In other words, starting from the concept of competence in general, we will approach competence for a healthy lifestyle, starting from health education. Health education appears and develops as a desideratum of new education, constituted in response to the problem of contemporary society – the deterioration of human health.

Moreover, health education involves the formation and development among the population, starting from the youngest age, of a positive conception and behaviors, balanced in order to consolidate health, harmonious development and strengthen the body; its adaptation to the conditions of the natural and social environment [5].

Health education includes three dimensions that require an interconnected approach: the cognitive dimension, which includes the communication and acquisition of new knowledge, necessary for the defense and maintenance of health; the motivational dimension, which ensures the persuading of the population regarding the need to prevent and fight diseases and the harmonious development of the organism, by respecting the rules of sanogenesis; the behavioral-volitional dimension, which resides in the formation of competencies, practices, skills and healthy habits, ensuring their application in daily practice [Apud 6].

On the other side, S. Cristea argues that (post) modern approaches place Health Education in the "fields of pedagogical action" traversed by biopsychic variables, aiming at "regulating the individual-environment balance and defending the vital needs of the organism", such as that it can also be analyzed from three complementary perspectives [7]: as a pedagogical value underlying the school curriculum through a general content of education; as a particular content of psychophysical education; as a specific problem of the contemporary world, identifiable and solvable at the level of the operational concept of the new educations.

The objectives of health education aim at the formation-development of some parameters of physical nature (form, strength, dynamism, endurance), mental (self-confidence, complex development, positive humor) and social (feeling of friendship, belonging to the group, success) [8].

We ascertain that Education is a system for producing knowledge, skills and aptitudes/ values. Based on this premise, competence for a healthy lifestyle involves an integrated system of resources (knowledge, skills, attitudes/ values) obtained through health education and realized through formal (in school) and non-formal (with the help of the family) actions carried out in an interconnection for the formation-development pro-health of the personality, and at the same time organized to solve the problems that appeared on a personal level with reference to health as a whole. Thus, graphically we can represent it in the following way:

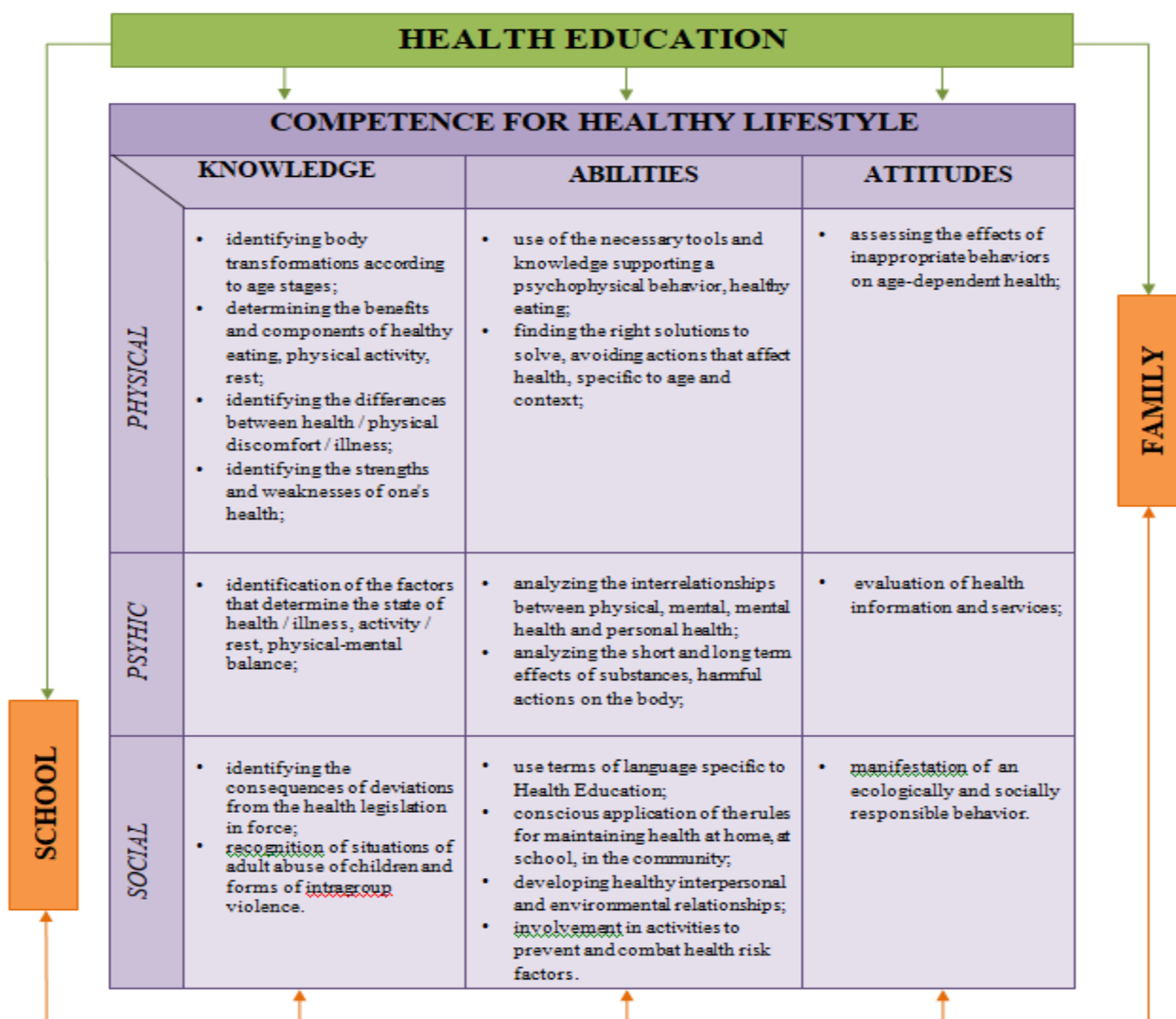


Fig.1. Structure of competence for healthy lifestyle.

Therefore, the competence for the healthy way of life is formed and developed through health education, which is realized both in the school and in the families, because, in addition to the fact that the school can develop the competence of a healthy way of life more at the theoretical level, the family has the task to implement and develop this practical level, the result being the formation, development of a pro-health culture and the creation of concrete responsible actions at the physical, mental and social levels.

The formation of the child's personality is a continuous and long process. The family is the primary social environment of the individual. Within it, the individual assimilates the first social experiences, in particular with reference to the realization of the parental behavior model [Apud 9, p.195]. Researchers share the view of the repetition of the system of interrelationships, which assumes that the system of relationships in the couple, in general, will reflect the pattern of behavior of parents. Parental affinity is presented as a driving force of the child's development, contributing to the satisfaction of the basic needs of the person, which refers to the vital functions of primary importance [10, p.196].

The family is the most important group of all social groups, because it influences and shapes the human person throughout life. Some researchers go even further and claim that its influence on the person is so great that it equals the action of other social groups. This is especially true of research in psychoanalysis, social psychology and sociology, arguing that the family is the true laboratory of personality formation. The transformation of the individual into a personality, that is, into an individual with social status, is primarily the work of the family. There are two causes that explain this influence of the family on the person: the first is

related to the fact that the action of the family is exercised early, and the second – a long period of time the family is the only way to channel any other action of socialization identical with the whole social world of the child [Apud 11, p.195].

So, we claim that in the formation and development of pro-health education in children, the primary role is played by the family. It lays the groundwork for a pro-health behavior, a healthy lifestyle by example.

In this order of ideas, the school also has a special role in this context, being a factor of influence in the formation and development of the personality. Thus, in addition to the fact that the school can develop the skills of a healthy way of life on a theoretical level, the family has the task of implementing and developing them on a practical level. According to researchers, a competence is an integrative functional system that includes three components: knowledge, skills and abilities, which requires their implementation in practice and concrete situations, otherwise it remains at a "sum" of knowledge, skills, abilities, and it cannot be a question of the development of competence.

Primary education is an important step in launching the child into the formal process of instruction and education. It is the first level of initiation and orientation of the child in the school career, the first school environment to include the child in activities, in a community of peers, which is always changing and requires considerable moral and intellectual effort. The school is the one that teaches the child to adapt to the requirements of social realities. Within this stage of education begins the most complex work of orienting the child towards self-knowledge and self-improvement, which forms the primary habits, the image of the student. The child correlates his behavior with his own needs, but also with the set of requirements that highlight certain priorities, ranks, dominant, subordinations; certain variables depending on the reference criteria such as: level of education, intelligence, morality, performance, psychophysical ability, artistic skills, clothing, behavior, emotional culture and general culture, etc. The young student begins to understand the requirements to meet a certain criterion of requirement, that he must make an effort to achieve the desired performance [12].

For their realization in a harmonious and pleasant way for the child, a school-family partnership is necessary.

Relying on the fact that both the family and the school exert influences on the growing generation, which require coordination, correlation, systematization and fortification, researchers in the field of education sciences have included in the scientific circuit the concept of educational partnership [13].

The educational partnership represents a fundamental and complex concept, which reflects an attitude and a collaborative relationship of the family with the school, which become partners in the field of education [Apud 14]. However, collaboration is an operational concept. Therefore, as an attitude, the educational partnership involves: the acceptance of educational actions and influences coming from both parties; equalizing the opportunities to participate in a common and effective educational action; awareness of responsibility for its actions.

As a relationship, the school-family partnership involves: the collaboration in various forms and ways and optimal communication, oriented towards the formation of the child's personality; quality cooperation in the field of interrelationships and joining efforts to achieve common educational actions; optimal, systematic interaction and feedback obtained and accepted by all partners.

According to many researchers, the educational partnership is defined as a form of communication, cooperation and collaboration in support of the child at the level of the educational system and process [Apud 15].

In the education of the young school children for the formation of self-education skills of a healthy lifestyle, it is recommended to act, for a start, through firm requirements, urges and beliefs and of course one's own example of parents, teachers. Gradually, the urge is internalized, the command becomes self-command, the action, performed at first with the support of the teacher or parents is then performed independently, becoming self-exercise, and the task performed on the urge turns into self-task, control, self-control, etc. Unlike adults, in which the formation of volitional skills is often linked to overcoming great difficulties and obstacles, to the removal of old habits and habits, in children, they are formed much easier, with less effort. Research shows that when they are helped, guided tactfully and patiently, skills are formed both without difficulty and with pleasure. Particular attention should be paid to the systematic exercise of pro-health actions. Otherwise, the goal will not be reached [Apud 16].

At a young age, it is recommended to train the will to start with simple health-strengthening skills, if the family did not focus on pro-health education, then move on to the complex ones. In this case, parents must

also be educated for a healthy lifestyle. In order to comply with the requirements of the exercises, it is recommended that students are helped and stimulated by one of the family members, especially in difficult times. The need for stimulation, positive appreciation, satisfaction and joy, necessary for any human being, is strongly felt at a young school age. Encouraged by success, students tend to capitalize on their physical and intellectual potential, not only in the process of pro-health training and education, but also in self-education [17].

Researchers in the field of educational sciences claim that the formation of relatively simple pro-health skills, achievable in a short time, allows the accurate recording and measurement of performance, successes and failures. Systematic exercises allow for progress in children's behavior. Knowing success is a kind of inverse connection that generates a sense of satisfaction, strengthens self-confidence, encourages students to approach more complex tasks in the process of self-education [18].

In other words, analyzing the literature, we deduced five steps/ stages regarding the development of competence for a healthy lifestyle: *planning, organizing, coordinating, training and evaluation*. In *planning*, students, teachers and parents define the goals of the family's personal resources in shaping pro-health behavior. The *organization* aims to identify the set of activities to achieve the objectives proposed at the planning stage. The next step is to *coordinate* the work tasks by teachers and parents. *Training* aims to take action and perform work tasks to maintain and/or improve health. *Evaluation* includes: verification, monitoring, evaluation and analysis of results and improvement activities to streamline the results obtained.

Referring to the above, we can formulate the next principles in the formation/ development of the competence for a healthy living in young school children: *the principle of efficiency*, according to which pro-health education must start from an early age, thus the earlier the education, the more effective it is; *the principle of partnership* on the basis of which, in essence, an effective health education is carried out in parallel through the prism of all the actors – family-school-society; *the principle of responsibility* lies in the fact that students are not able to take care of themselves and especially in the context of pro-health, so adults have the responsibility to train healthy young generations through the behavioral model, and thus promotes the formation of responsibility children; *the principle of complementarity*, according to which health education is closely linked to other fields, having tangent with aspects that open new areas of knowledge, eliminating the boundaries between them, favoring new discoveries in the field of health; *the principle of self-education* presupposes conscious education and the formation of interest in the progress and evolution of the personality.

From the above, taking into account the principles listed, the training process in the context of health becomes more efficient. Therefore, the competence for the healthy way of life in young school children is formed and developed through health education through the prism of the family-school partnership.

Conclusions

The theoretical investigation found that the competence for a healthy lifestyle is formed and developed through health education, subsequently, the result being the improvement of health. Thus, the competence for a healthy lifestyle implies an integrated system of resources (knowledge, skills, attitudes/ values) obtained through Health Education and capitalized through formal (school) and non-formal (and with the help of the family) actions carried out in an interconnection for the formation and development of pro-health personality, and at the same time organized to solve personal problems related to health in general. In this context, five steps/ stages of development of competence for the healthy way of life are delimited: planning, organization, coordination, training and evaluation.

At the same time, the training process in the context of health is subject to certain principles, becoming more efficient: the principle of efficiency, partnership, responsibility, complementarity of self-education.

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