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**PSYCHOLOGICAL AND PEDAGOGICAL INDUCING IN
FORMATION OF HEALTHY LIFESTYLE IMPORTANCE**

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Abstract

The task of forming a stable system of life priorities, in which one of the leading places rightfully belongs to the values of a healthy lifestyle, its active implementation and dissemination, becomes vital, especially if seen from the angle of the increase in provocative influences on the younger generation, the loosening up of vital values, the creation of conditions for the formation of the destruction of the individual.

In this regard, both theory and practice face the problem of the lack of psychological and pedagogical support of the process of forming the value of the healthy life expectancy of students and the increase of the psychological and pedagogical competence of parents and teachers in terms of preserving the child's physical and mental health. The problem explains the objective fragmentation of available psychological research and its practical isolation.

The study involved 357 students of 9-11 grades: 146 boys and 211 girls aged 15-17, 110 parents, 18 teachers. Within the framework of the study, we used the following diagnostic methods: a questionnaire to identify the state of health and attitude towards a healthy lifestyle; a questionnaire 'Attitude to Health' by R.A. Berezovsky; a methodology 'Value Orientations' by M. Rokich; a questionnaire 'The Level of Personal Claims' by V.K. Gerbachevsky; 'Resilience Test' by S. Muddy adapted by D.A. Leontief; a 16-factor personal questionnaire of Ketell; a questionnaire SOMO by S.V. Dukhnovsky. To process the empirical data, we used such methods of mathematical statistics as primary processing of statistical data; U-criterion of Mann-Whitney test.

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Keywords: Health, a healthy lifestyle, values, inducing, school age.



1. Introduction

Due to the growth of provocative influences of the growing generation, the loosening of some life values, creation of conditions for the personality destruction, it becomes of vital importance to form a stable system of life priorities, in which one of the leading places rightfully belongs to the values of a healthy lifestyle, its active implementation and distribution.

The formation of life values of the younger generation is an integrated process, based on external (socially defined) and internal (determined by needs and motives) conditions. The frightening numbers of the incidence of older schoolchildren, the yearly increasing number of children diagnosed with 'alcohol and drug addiction' create the necessary foundation for the actualization of psychological and pedagogical resources and the development of comprehensive programs for the formation of a healthy lifestyle, with the participation of significant adults (parents, teachers).

2. Problem Statement

The global nature of the problem explains the objective fragmentation of available psychological studies and their practical isolation, but in the question of the healthy lifestyle formation there are the following achievements: Kazaeva Kostyunina and Karimova (2016) defined the determinants of the formation of a healthy lifestyle among students; Kazaeva (2014) established socio-pedagogical mechanisms for the formation of valeological knowledge and the foundations of a healthy lifestyle in older schoolchildren; Tokareva (2013) defined an organizational structure for creating a healthy lifestyle for users of the modern library; Petrova (2015) proved the relevance of pedagogical conditions of formation of a healthy way of life of student's youth in educational environment of high school. The majority of scientists adhere to the complex approach and solve the issue of formation of the health value with the help of taking into account physiological, psychological, pedagogical and social representations. Fedorova and Menshikova (2014) examines the impact of the working environment toxicity on the physical and psychological well-being of employees. It is obvious that the psychological stability of the individual and her healthy lifestyle do not develop on their own; they depend on the circumstances, but are formed throughout the life of a person purposefully and constantly, with varying degrees of awareness, and therefore, require special psychological and pedagogical attention and control.

3. Research Questions

In our opinion, psychological and pedagogical inducing is one of the mechanisms aimed at the formation of values, attitudes, including attitudes toward a healthy lifestyle. Induction is the transition of problems from an adult (teacher and parent) to a child. The action of this mechanism can be carried out in various forms starting from the reflection of the child's opinions and to the assessments of significant adults to the active tuning of the child by meaningful adults (parents, teachers, coaches, etc.). Mental induction is promoted, on the one hand, by the natural age immaturity of children, their suggestibility, and on the other hand, by the increased emotional intimacy with the parent, the teacher.

In the study conducted by E.N. Sukhomlinova, the researcher identifies three components of the value attitude towards health, which are the modeling constructs for us, among them there are namely cognitive, emotionally-evaluative (we call it emotionally valuable) and behavioral. Despite the

technological nature and purposefulness of the process of healthy life-style formation, the value attitude to health in older schoolchildren should be based on the actual, already formed state of this personal education (available values and attitude to HLS). It is also important to take into account the individual psychological characteristics of older schoolchildren (psychological standards, health status, indicators of resilience) and to harmoniously join the educational process and the practice of family education.

4. Purpose of the Study

The theoretical construct of the model consists of the following elements: (a) cognitive, which involves not only the assimilation of theoretical knowledge and practical skills in the field of health conservation, but also the recognition of the value of health as an integral condition of a full life. It is associated with knowledge about healthy lifestyles, forming an interest in health and health saving; (b) emotionally valuable, which includes an emotional assessment of the value of health, which manifests itself in meeting the need for health, a positive attitude toward it; (c) behavioral, which is associated with the creative application of learned knowledge, skills and habits in health-saving activities, including the habit of HLS.

The suggested model considers internal and external bases of the formation of healthy lifestyle, the influence of significant adults on the development of the life values of high school students.

The principle of the healthy lifestyles formation lies in the effect of psychological induction expressed in the formation (excitation), the values of a healthy lifestyle (of any property or activity) in high school students (in the object) with the help of significant adults, such as parents or teachers (in the presence of an exciting subject), but without direct contact.

5. Research Methods

At the first stage of the research, we used the methods of reflected subjectivity and diagnosed a group of parents and teachers in relation to their value attitude towards health and a healthy lifestyle. Based on the results obtained from parents and teachers, we made several assumptions about the attitude towards health and the health value of schoolchildren. Then the values of older schoolchildren were studied and interpreted with the help of the analysis of three of its components: *cognitive* (the questionnaire aimed at identifying a health status and an attitude toward a healthy lifestyle; the questionnaire 'Health Attitudes' offered by R.A. Berezovskaya), *emotional value* (the technique 'Value Orientation' by M. Rokich; the questionnaire 'The Level of Personality Claims' by V.K. Gerbachevsky), *behavioral* ('Vitality Test' by S. Muddy in the adaptation of D.A. Leontiev, Kettell's 16-factor personal questionnaire; the questionnaire SOMO by Dukhnovskiy).

6. Findings

The analysis of the questionnaire data showed that both parents and teachers consider health to be a significant value in life, which is very important for the child. They also recognize the fact that it is formed in the family. There are no absolutely healthy parents and teachers; however, there are also no those who aspire to conduct a healthy way of life and to transfer this value to the child thanks to the good relationship with the child. Both parents and teachers pay little attention and time to their health and the health of their

loved ones. The reasons for this behavior are the lack of time and absence of knowledge of health-saving technologies. An important cognitive component of healthy lifestyle in teachers and parents is the sources of information about health: 72.2% of teachers and 36.0% of parents rely on media information; from 88.9% of teachers and 54.1% of parents receive information through doctors-specialists; 94.4 of teachers and 47.5% of parents trust the information coming from their friends; 83.3% of teachers learn something new through popular science books about health. Emotionally valuable aspect indicates that 83.3% of educators have a high value of health and 16.7% of them demonstrate the average health value. There is no low level for teachers because they consider health to be the most important value. At parents, this indicator is slightly different. So, 78.7% of parents consider health as the most important value. 9.8% and 11.5% of parents demonstrate the average and low value of this indicator respectively. In general, we can conclude for both teachers and parents' health is a significant value. Along with similar attitudes toward health among teachers and parents, we managed to reveal the following differences in life values: health ($U = 355.500$, $P = 0.021$), interesting work ($U = 247.500$, $P = 0,000$), education ($U = 355.500$, $P = 0.028$), tolerance ($U = 265.500$, $P = 0,001$), latitude of view ($U = 321.000$, $P = 0.007$). Motivation for a healthy lifestyle is more evident in parents of older students than in teachers ($t = 367$).

33.3% of teachers and 52.5% of parents stick to diets in order to maintain a healthy way of life as an important behavioral aspect. In order to maintain health, 55.5% of teachers and 75.4% parents take care of the sleep and rest regime; there are 38.9% and 54.1% of educated teachers and parents respectively; 50% of teachers and 4.9 % of parents visit pediatricians; 38.9% of teachers and 63.9% of parents watch their weight; 50% of teachers and 96.7 % of parents go to the bath or attend the sauna; 72.2% of teachers and 62.3% of parents avoid bad habits; 38.9% of teachers and 19.7% of parents attend sports sections; 50% of teachers and 21.3% of parents practice special health-improving systems. However, all these actions are not systemic and appear in a situation of illness or health threat.

Correlation and factor analysis of data allows us to distinguish the following typology of the attitude to health and the value of a healthy lifestyle among teachers and parents:

Type 1. People belonging to this category (16.6% of teachers (3 people) and 38.3% of parents (23 people)) have a formed value of a healthy way of life. They have the inner motive, the cognitive motive, the value of 'Health', the ability to mobilize efforts, the efficiency, the practice of health procedures, the use of preventive measures in relation to one's health, playing sports, result orientation.

Type 2. 50% of teachers (9 people) and 43.3% of parents (26 people) have the value of a healthy life-style formed but not implemented. They express high and medium level of the value of family and health. Their driving motives are the motive of avoidance and self-respect. Their behavior can be characterized from the angle of intransigence, courage, not paying attention to health.

Type 3. 33.3% (6 people) of teachers and 18.3% (11 people) of parents do not have a formed value of a healthy life-style. Among the leading ones are material values, values of development and education. These people do not have the strength of will, conditions and necessary support in the sphere of sport. They tend to ignore the disease, and not to pay attention to health, which leads to the feelings of guilt and anger.

The conducted analysis allows us to identify the psychological criteria for a healthy lifestyle of teachers and parents. Among them, there is sufficient awareness of a healthy lifestyle leading to a positive attitude, in terms of both their health and the health of others; need for a healthy lifestyle and respect for

their health; a positive attitude towards restrictions, as well as situations that allow one to preserve health or contribute to its strengthening.

At the same time, the answers of boys are closer to the answers of parents, and the answers of the girls - to the answers of teachers. This fact may indicate the direction of the authorities, the boys rely on their parents and the girls rely on teachers. The analysis of the cognitive component has shown that girls know more about the meaning of a healthy lifestyle and about health, including their own. Statistical data processing revealed significant differences in the level of awareness of healthy lifestyles for boys and girls. Awareness in the sphere of health for boys is significant in 4.8%, for girls - in 48%. Girls find the information on HLS from mass media (9%), specialists (5.2%). Among the factors that have the most significant impact on health, students identify the quality of medical care (boys 4.8%), (girls 7.1%); ecological situation (boys 7.5%), (girls 4.3%); bad habits (boys 4.8%), (girls 8.1%); way of life (boys 2.1%), (girls 8.1%).

Correlation and factor analysis of data allows us to set the following typology of the attitude in older schoolchildren towards health and the value of a healthy lifestyle.

Type 1. 13% of boys (13 people) and 24.1 % of girls (51 people) have a formed value of a healthy way of life. These children have inner motive, cognitive motive, adversarial motive, 'Health' value, adherence to diet, weight and behavior control, a high level of vitality, regular exercise, rejection of bad habits, evaluation of the result are clearly pronounced.

Type 2. 40.4% of boys (59 people) and 44.5% of girls (66 people) have a formed value of a healthy lifestyle, which is not practiced in real life. The main value is material prosperity, self-esteem and independence. These children demonstrate intransigence, courage, ability to mobilize efforts, accepting risk; they pay attention to health only in case of illness.

Type 3. 46.6% of boys (68 people) and 31.4% of girls (66 people) do not have a formed value of a healthy life-style. These children have the material values and values of recognition as the leading ones. They do not pay attention to health, because there is no need, they do not want to limit themselves, they know how to assess their potential, they control behavior.

The value of a healthy lifestyle, both for boys and girls of senior school age, is important, but not paramount. The condition for the formation of a healthy lifestyle is the environment of adolescents and the presence of a number of people who tend to be the role models.

Correlation and comparison of indicators for each component of the value relationship to HLS revealed a direct positive dependency and the similarity of the values of boys with parents, and girls with educators.

According to the idea of the study, which consists in analyzing the reflected subjectivity, the parents of 12 people and teachers of 12 people, belonging to the type with the unformed value of HLS, took part in the forming experiment. The empirical meaning was the analysis of the influence of significant adults on the formation of life values of children. The mechanism of formation included imitation, identification, adaptation to a new way of life.

The tasks are:

1. to inform parents and teachers of schoolchildren about their influence on the life positions of older children and to increase their positive attitude towards their health and the health of others;

2. to form the need to take care of one's health, to systematically go in for sports and to maintain a healthy lifestyle;
3. to be willing to undertake efforts in maintaining health and positive attitude towards their healthy lifestyle;
4. to positively treat restrictions, as well as situations that allow to maintain and strengthen one's health;
5. to enhance the psychological and pedagogical culture in following and maintaining a healthy lifestyle, to perform a psycho-preventive function which prevents diseases.

The researchers managed to introduce the technology for the formation of the value of HLS, to provide a more complete information on the role of health and its components, which in its turn, contributed to rethinking of life values and motives of actions. Thanks to the psychological mechanism associated with the awareness of HLS, there were the changes in the emotional attitude to their health and the health of their loved ones. The boys demonstrated changes in the indicators of cheerfulness, independence, courage, risky behavior associated with active management of healthy lifestyle, the importance of motivation and readiness to apply strong-willed efforts, exclusion of bad habits and the inculcation of useful ones, such as sports. The girls demonstrated the increase of the level of the cognitive motive and the willingness to change activities, to accept more complex tasks, to take an active life position. 83% of schoolchildren belong to the formed type associated with the acceptance and readiness to lead a healthy lifestyle, while there are no children with an unformed type. The results of the study of the HLS value after the formation program of teachers and parents have also changed; they demonstrate a rethinking of specific actions aimed at maintaining a healthy way of life and its inculcation in schoolchildren. The indicator of increasing the level of competence and the value of a healthy lifestyle among educators and parents is to increase initiative, control and diverse activities. Parents' value orientations concentrated on effective deeds and actions

7. Conclusion

To sum it all up, there are the following conclusions drawn:

1. The value of a healthy lifestyle as an important health-saving component, as well as the attitude towards healthy lifestyles, is complex and structural in nature and is also associated with a conscious attitude towards one's health and that of the loved ones.
2. The theoretical analysis showed that older students, focused on testing themselves in the process of active life, do not think about their health as a significant value.
3. The depreciation of one's own health is related to the attitude towards the health of people close to the schoolchildren, namely parents and educators, who only deal with the treatment and passive health saving, as needed (in a state of illness), consisting in a periodic reference to diets and reading blogs on the Internet. There is a direct link between the values of children and parents that proves the role of the family in the formation of a healthy lifestyle.
4. The technology for the formation of HLS value, aimed at encompassing the increase in the psychological and pedagogical competence of teachers, parents and the acceptance of this value with their help, makes this approach to life meaningful, allowing its participants to be reoriented to an active health-saving position.

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