

## HEALTH-PROMOTING MODELS OF BEHAVIOR OF FOREIGN CHILDREN IN POLISH SCHOOLS: RESEARCH STUDY

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**Abstract.** The article presents the results of the research concerning pedagogical observations of selected features characterizing the health-promoting models of behaviour in children and adolescents. The observations were conducted by teachers working in primary schools in Poland. The selection of the sample for the study was purposeful as it targeted foreign students attending primary schools in Poland in rural or urban areas. Altogether, the teachers carried out 211 pedagogical observations, which were then subjected to statistical analysis. Taking up the research topic in the assessment of health-promoting models of behaviour in children and adolescents is a current scientific issue due to the fact that the above-mentioned models of behaviour constitute the basis for the proper development of young people and determine the state of human health in childhood, as well as adulthood. On the other hand, conducting the research on a group of foreign children who came to Poland in recent years, mainly from Ukraine, will help diagnose their learned behaviours in times when they lack peaceful life. The research results will be helpful in school practice for Polish teachers in undertaking targeted educational activities and, if necessary, conducting interventions for those in need of support. Health-promoting models of behaviour are indicators of attitudes towards health, which result from the values adopted by individuals. Therefore, the need to advise, support and help young people to shape them properly should be emphasized.

**Keywords:** foreign student, health-promoting models of behaviour, teacher, primary school, pedagogical observation.

### 1. INTRODUCTION

There has been a significant increase in the number of foreigners settling in Poland in recent years, which has resulted in a growth of numbers of foreign students attending Polish schools. In the 2020/2021 school year (as of September 30, 2020), a total of 73,201 foreigners attended public and non-public schools in Poland; in the 2021/2022 school year - 117,498, and in the 2022/2023 school year - 287,190 (Report NIK, 2023). These data indicate that within two school years, the number of foreign students studying in Polish schools increased almost fourfold (by 292.3%). Undoubtedly, such a high increase in foreign students was due to the outbreak of the war in Ukraine. From February 24 to June 30, 2022, 4.4 million people entered Poland from Ukraine, of which 1.2 million were covered by the so-called temporary protection. Among the 1,119,760 Ukrainian citizens covered by such protection, every second registered person is a child. Due to such a massive influx of foreigners (mainly from Ukraine), the public administration in Poland faced a major challenge related to organizing their stay on the Polish territory, including security, health and education (NIK Report, 2023). The Polish government considered it a priority task to provide the arriving refugees with medical care and means of subsistence. According to the education law in force in Poland, children and youth from 7 to 18 years of age are subject to

compulsory schooling and therefore Ukrainian children have the right to study in Polish schools (Journal of Laws 1991, No. 95, item 425). Thus, Ukrainian school-age children started studying in Polish schools. Preparing Polish schools to accept such a number of students from Ukraine became a challenge as Polish schools were not prepared organizing psychological assistance for them, admitting them in school classes, and providing learning assistance. It should be noted that Polish teachers had no previous experience working with students who were war refugees.

Poland, as many other European Union countries, follows an integration model in the field of emigration policy, where foreign children go to school together with children from the host country. They are assigned to classes according to their age or attend lower classes. The necessary assistance in learning a new language is provided as part of additional language classes (Bharti, 2022; Januszewska, 2017, p.134). Integration with the social environment takes place through integration with the school environment, i.e. the priority is to involve foreign students in the social life of the school, engaging at the same time the entire school community (Baranowska, 2020; Słany & Strzemecka, 2016). Responsibility for implementing educational and integration solutions in this area rests primarily with teachers.

Most students from Ukraine came to Poland with one parent, usually their mother or another guardian, leaving behind their father, who fought in the army in their homeland. The experiences of war had a strong impact on the children's psyche, often causing them to withdraw from peer activities and engage in socially unacceptable behaviour. Reactions to severe stress are individual. Each child was a unique case and required individual support. Both younger and older students were observed initiating dangerous games, using violence against other children and recreating difficult situations they witnessed. Mental suffering was visible in the children's withdrawal and lack of contact with teachers and other peers (Budnyk & Sajdak-Burska, 2022). The factor that recalled painful memories could be the material covered during the lesson, conversations about the situation in Ukraine, or even specific symbols and sound signals. It happened that students avoided talking about their problems. The experience of war is very difficult for refugee children because the conflict is still going on and it is not known when it will end.

## 2. THEORETICAL BACKGROUND

A young person's health is largely determined by a set of behaviour that determine their way of life. The key factors conditioning the quality of life include diet and physical activity. Correct eating habits, i.e. consuming specific amounts of nutrients adequate to the changing needs of the body and regular physical activity, influence not only the proper psychophysical development of children and adolescents, but also determine health in adulthood and old age (Hollmann & Strüderbh, 1996; Ziemiański et. al., 1996). Taking into account the fact that children and adolescents are particularly susceptible to the effects of improper nutrition, the research results that indicate a significant deficit in the health-promoting behaviours of the young generation seem to be worrying (Curie, et. al., 2000; Gacek, et. al., 2005; Wojnarowska & Mazur, 2000; Brockman, et al., 2010; Gautam, et al., 2023).

Particular attention should be paid to the above-mentioned deficit in health-promoting models of behaviour in relation to foreign students. The problems experienced by children and young people resulting from war or other crisis situations may contribute to difficulties and disruptions in the proper process of shaping healthy behaviours. Therefore, drawing scientific attention to this aspect of research seems necessary and useful in practice, both for teachers, parents and guardians of children and adolescents. In some Polish studies on the values preferred by young people, health did not appear at all or was never a value positioned high in the personal hierarchy. These results may suggest that young respondents, usually without health problems, do not appreciate its value and do not see the obvious connection between health and other highly valued values, such as a successful life, good work and a peaceful future (Jedliński, 2000; Domalewski, 2013; Czerw, 2012).

Health-promoting models of behaviour are one of the most important factors determining human

health. Physical activity and a properly balanced diet are the basis for the proper development of young people. Thus, health-promoting patterns and a healthy lifestyle should become an important element of the hierarchy of values held by young people, because this will create the foundations for proper care for their health in adulthood (Budnyk & Mazur, 2017). Young people do not always appreciate the value of health. Therefore, in the process of building values, special attention should be paid to the role of schools and teachers, who, through well-conducted health education, should not only provide students with the knowledge and skills necessary to take care of their own health and enable them to help others in emergency situations, but also above all, to create appropriate health needs and attitudes through understanding. The school environment and the conditions it creates in the context of young people's health-promoting behaviour and the promotion of knowledge on this subject depend on numerous factors, including the educational level and type of institution (Smolinska, Budnyk, Voitovych, et al., 2020). The research conducted in Poland before the pandemic on the health-promoting attitudes and models of behaviour of young people shows that students of technical secondary schools or trade schools (formerly vocational schools) engage in more risky models of behaviour than those attending general secondary schools. Thus, the type of school children attend has a significant impact, especially on the level of knowledge regarding health-promoting models of behaviour – to the benefit of general secondary school students (Owoc, et al., 2011).

Therefore, the research intention was to draw attention to the above-mentioned aspects, especially in the field of awareness of health-promoting attitudes, which take on a different “dimension” in crisis situations and armed conflict.

### **3. RESEARCH OBJECTIVE, METHODOLOGY AND DATA**

The aim of the study was to characterize selected health models of behaviour of students aged 7-15/16 during the school year regarding physical activity and eating habits. The research was conducted by teachers from primary schools located in Poland, both in rural and urban areas, and it based on the pedagogical observation method. It was carried out in Poland in the period of September–November 2024. All teachers who conducted observations declared that there were students from Ukraine study in the schools in which they work. For the purposes of the research, an observation sheet for health-promoting models of behaviour was constructed using the five-point Likert scale. The questions included in the observation sheet concerned selected features of health-promoting models of behaviour. The following types of the student's behaviour were assessed: being in the habit of drinking water; bringing sweets to school as snacks; eating second breakfast at school; eating lunch at school; displaying risky behaviour, e.g. smoking cigarettes; spending time on the phone, also during classes; being active in physical education/exercise classes; walking drowsy, lethargic, showing signs of lack of sleep; being aggressive; showing signs of neglect, e.g. wearing clothing inappropriate for the weather conditions. The main research problem was formulated as a question: What level of health-promoting behaviour is demonstrated by the surveyed students? This main issue is further detailed in several additional questions:

- Were there any positive types of health-promoting models of behaviour among the surveyed students?
- Could undesirable types of health-promoting behaviour have occurred in the study group?
- Are there any gender differences in health-promoting models of behaviour among the respondents?

The pedagogical observation covered 211 students from primary schools in Poland. The majority of the respondents were girls 52.1%, with accounting for boys 47.9%. The distribution of the surveyed students in individual classes is presented in Tab. 1.

- Were the surveyed students exhibiting positive types of health-promoting behaviour?

Characteristics of the respondents

Variable	N	%
<b>Gender</b>		
girls	110	52.1
boys	101	47.9
<b>Class</b>		
first	23	10.9
second	22	10.4
third	31	14.7
fourth	21	10.0
fifth	30	14.2
sixth	23	10.9
seventh	23	10.9
eight	38	18.0

Source: authors' research

### Statistical preparation:

The statistical analysis of the collected material was performed using STATISTICA version 13.0 software from StatSoft Polska. The data of nominal nature were described by creating distribution series in which variants of features were specified, providing their number and frequency of occurrence in the entire studied population. For ordinal data, ranks were assigned and presented in the form of arithmetic means. The obtained results were presented in the form of tables and figures. The Kruskal-Wallis test was used for statistical analysis of the data. Statistical inference was performed at a standardized significance level of  $\alpha = 0.05$ .

## 4. RESULTS AND DISCUSSION

While analysing the results obtained in the assessment of health-promoting models of behaviour, it was found out that students from the study group obtained the highest level for the following behaviours: they are active in physical education classes/exercise activities (2.72), they eat second breakfast at school (2.66), they are in the habit of drinking water (2.55). and eat lunch at school (2.40). However, the lowest scores were given to the respondents' risky behaviour, e.g. smoking (0.39), showing signs of neglect, e.g. wearing clothes inappropriate to the weather conditions (0.58) and being aggressive (0.72). Figure 1 shows the research results.

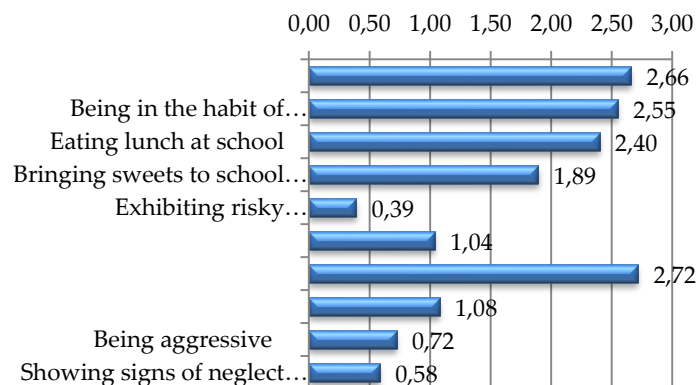


Fig. 1. Average level of selected types of health-promoting behaviours in the surveyed students

Source: authors' research

The analysis of the selected features of health-promoting models of behaviour in the studied group of foreign students shown in Figure 1 indicates that a vast majority of them demonstrate very desirable health-promoting features at school. For example, their activity during physical education/exercise classes was rated the highest, which bodes well for the future, because physical activity and a properly balanced diet constitute the basis for the proper development of children and adolescents. Similarly, features characterizing health-promoting models of behaviour in the field of nutrition, such as eating second breakfast at school, drinking water and eating lunches at school, were rated high. At this point, attention should be paid to the assistance provided to foreign students by school governing bodies in providing them with meals at school. This type of help certainly helped students develop their eating habits correctly. Unfortunately, the research results also show that some students exhibited negative, i.e. undesirable, health-promoting models of behaviour, such as smoking, spending time on the phone during classes, showing signs of lack of sleep, aggressive behaviour and some features of neglect. Although the percentage of students with the above-mentioned negative behaviours is low, it is worth knowing the source of their causes and taking corrective actions in this area due to the young age of students and the conditions in which they currently find themselves. This task is addressed to teachers and parents/guardians of the students. The obtained research results in relation to nationwide research in the field of physical activity are very optimistic. A review of the research conducted by Sebastian Wagner and colleagues in the field of physical activity among young people shows that some of them have too little activity, and in some persons, it is absent (Wagner et al., 2015; Gacek, 2005). The research conducted by Natalia Błaszczuk and others in 2022 showed the young people's reluctance to physical activity in the context of various conditions, mainly COVID-19, place of residence, and the type of school students attend (Błaszczuk, et al., 2022). Studies conducted in other countries on children aged 11-12 showed a similar trend (Protudjer, et al., 2010).

#### 4.1 Health-promoting behaviours in students in regard to gender

While examining the level of health-promoting models of behaviour, the statistical analysis showed significant variation between the surveyed Ukrainian girls and boys in regard to such characteristics as exhibiting risky behaviours, e.g. smoking cigarettes and being aggressive. In both of the above cases, the examined girls had a significantly lower average level than the boys covered by the study. The research results are presented in Tab. 2.

Tab. 2

*Average level of selected features of health-promoting models of behaviour and the gender of the surveyed students*

<b>Prohealth behaviours</b>	<b>girls</b>	<b>boys</b>	<b>Z</b>	<b>p</b>
Eating second breakfast at school	2.75	2.56	-0.83	0.4064
Showing a habit of drinking water	2.67	2.42	-1.60	0.1091
Eating lunch at school	2.35	2.45	0.53	0.5967
Bringing sweets to school as snacks	1.79	2.00	1.27	0.2041
Exhibiting risky behaviour, e.g. smoking	0.26	0.52	<b>2.59</b>	<b>0.0095*</b>
Spending time on the phone, also during classes	0.95	1.13	0.98	0.3256
Being active in physical education/exercise classes	2.73	2.70	0.02	0.9813
Being drowsy, lethargic, and showing signs of lack of sleep	1.08	1.07	0.23	0.8164

Being aggressive	0.50	0.96	<b>3.59</b>	<b>0.0003*</b>
Showing signs of neglect and wearing clothing inappropriate for the weather conditions	0.52	0.65	1.09	0.2768

Z-value of the Mann-Whitney U test; \*-significant variation at  $p < 0.05$

Source: authors' research

The data presented in the table above indicate that gender is an important factor in shaping some negative traits, such as smoking and aggression. Much more of such behavior was reported in boys compared to girls.

#### 4.2 Health-promoting behaviors of students in regard to age and gender

When examining the level of health-promoting behavior of students in regard to the age of the respondents, students were grouped according to the classes they attend. The youngest age group comprised students from grades I-III, i.e. aged 7-10/11. When examining the level of health-promoting behavior of students from grades I-III, the statistical analysis showed significant variation between the surveyed girls and boys in terms of one feature: being aggressive. In this case, the average level of the feature in the examined girls studied was significantly lower than in the boys.

Tab 3

*Average level of health-promoting behavior characteristics in students from grades I-III in regard to the respondents' gender*

Features of health-promoting behaviours	girls	boys	Z	p
Eating second breakfast at school	3.03	3.15	-0.80	0.4226
Being in the habit of drinking water	2.89	2.73	0.74	0.4603
Eating lunch at school	2.86	2.60	0.01	0.9956
Bringing sweets to school as snacks	2.11	2.10	0.10	0.9173
Exhibiting risky behaviour, e.g. smoking	0.22	0.25	-0.18	0.8600
Spending time on the phone, also during classes	0.47	0.43	0.48	0.6292
Being active in physical education/exercise classes	2.64	2.88	-0.96	0.3360
Being drowsy, lethargic, and showing signs of lack of sleep	1.03	0.90	0.50	0.6164
Being aggressive	0.50	1.05	<b>-2.39</b>	<b>0.0170*</b>
Showing signs of neglect and wearing clothing inappropriate for the weather conditions	0.56	0.50	0.75	0.4527

Z-value of the Mann-Whitney U test; \*-significant variation at  $p < 0.05$

Source: authors' research

Although the statistical data presented in Table 3 above indicated only one significant variation between girls and boys attending grades I-III of primary school, one worrying aspect should be noted. Why do students aged 7-10/11 show aggression? This question should be addressed to the school environment in order to look for the sources of the behaviour with a view of eliminating it.

Students aged 11-13/14 attend grades IV-VI. When examining the level of health-promoting behavior in students from these classes, the statistical analysis showed significant variation between the surveyed girls and boys only in one feature: the student exhibiting risky behavior, e.g. smoking cigarettes. In the above case, the examined girls had a significantly lower average level of this behaviour than the boys

included in the study. The test results are presented in the table below.

Tab. 4

*Average level of health-promoting behavior features in students from grades 4-6 in regard to the respondents' gender*

Features of health promoting behaviours	Girls	Boys	Z	p
Eating second breakfast at school	2.74	2.52	0.72	0.4731
Being in the habit of drinking water	2.70	2.67	0.05	0.9626
Eating lunch at school	2.28	2.37	0.16	0.8749
Bringing sweets to school as snacks	1.66	2.07	-1.33	0.1825
Exhibiting risky behaviour, e.g. smoking	0.11	0.44	<b>-2.34</b>	<b>0.0195*</b>
Spending time on the phone, also during classes	1.02	1.19	-0.89	0.3727
Being active in physical education/exercise classes	2.81	2.78	0.09	0.9252
Being drowsy, lethargic, and showing signs of lack of sleep	0.96	1.00	-0.31	0.7550
Being aggressive	0.53	0.81	-1.69	0.0913
Showing signs of neglect and wearing clothing inappropriate for the weather conditions	0.47	0.74	-1.54	0.1232

Z-value of the Mann-Whitney U test; \*-significant variation at  $p < 0.05$

Source: authors' research

In the group of students aged 11-13/14, other disturbing undesirable health-promoting features were observed, namely, some risky behaviours like smoking. In this case, boys were the dominant part of the group in whom these models of behaviour occurred in greater numbers.

The oldest students, aged 14-15/16, attend grades VII-VIII of primary school. The statistical analysis of individual features of health-promoting behaviors showed significant variation between the surveyed girls and boys in regard to one feature - the student being aggressive. In this case, the examined girls showed a significantly higher average level of this behaviour than the boys included in the study (Tab. 5).

Tab. 5

*Average level of health-promoting behavior features in students from grades 7-8 in regard to the respondents' gender*

Prohealth behaviours	Girls	Boys	Z	p
Eating second breakfast at school	1.91	2.37	1.71	0.0865
Being in the habit of drinking water	1.85	2.33	1.69	0.0918
Eating lunch at school	2.32	1.81	-1.36	0.1723
Bringing sweets to school as snacks	1.82	1.59	-0.87	0.3852
Exhibiting risky behaviour, e.g. smoking	0.91	0.59	-1.38	0.1662
Spending time on the phone, also during classes	1.91	1.48	-1.33	0.1823
Being active in physical education/exercise classes	2.44	2.70	0.78	0.4352
Being drowsy, lethargic, and showing signs of lack of sleep	1.32	1.37	-0.01	0.9940
Being aggressive	0.97	0.44	<b>-1.97</b>	<b>0.0494*</b>

Showing signs of neglect and wearing clothing inappropriate for the weather conditions	0.76	0.56	-1.01	0.3139
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Z-value of the Mann-Whitney U test; \*-significant variation at  $p < 0.05$

Source: authors' research

In the group of students aged 14-15/16, disturbing and undesirable features were also observed. These were the cases of aggressive behavior. In this case, a higher level of such behaviour was found in girls compared to boys.

## 5. CONCLUSIONS AND RECOMMENDATIONS

In the light of the results of the presented research, it can be generally assumed that the vast majority of foreign children and youth studying in primary schools tend to demonstrate positive health-promoting models of behaviour. Also, no problems were observed in regard to their physical activity which would indicate foreign students' reluctance to participate during physical education classes. In relation to the consumption of meals at school, such as second breakfast and lunch, the rates were also satisfactory, which indicates that the vast majority of the respondents consume food at schools. At this point, it is worth paying attention to the fact that the school's governing bodies provide financial assistance in order to supply students with material assistance in this area. The appropriate number of meals and the quality of food are particularly important for the physical and mental development of young people and provide them with a certain type of social security. It should be emphasized that school age is a period in which the consumption of food ingredients should meet the increased needs of the body, because any nutritional deficiencies lead to deviations from the proper state of health and, as a consequence, to inhibition of the children's physical development. Another assessed feature regarding the habit of drinking water was also positive and proves that the respondents are aware that drinking water during the day is essential. The provided examples may be a good predictor of shaping positive health-promoting models of behaviour in most of the surveyed students in terms of physical activity, eating meals and drinking water.

Unfortunately, the described enthusiastic account should be tempered, for example, due to the observation of undesirable behaviors in some students, which may cause anti-health behaviours. Without intervention by teachers and parents, they will perpetuate and gradually lead to a decline in health. Statistically significant relationships were found between some models of behaviour, taking into account gender and age, especially regarding features such as smoking and aggression. It is also worth paying attention to the occurrence of other anti-health behaviour among some students, although in their case no significant correlations were found in the statistical analysis. These include spending time on the phone during classes, bringing sweets to school as snacks, showing signs of lack of sleep and even neglect. The features indicated in the research are a signal of concern, prompting us to look for the sources of their causes and to intervene on the part of the school.

The results of the research and their analysis indicate the need for further observation of the health-promoting behavior in primary school students, not only foreigners but also of Polish origin, who study in the same class, in the same school environment, because properly formed eating and activity habits will determine health in older age. Definitely, young people are not a homogeneous group and experience everyday life and crisis situations differently. They also perceive the place they live in differently, which implies the scientific context of the research. Recommendations for educational practice, therefore, concern providing support especially to students who have been seen to have demonstrated undesirable types of behaviour by taking intervention measures for this group of students. When designing educational interventions, one can rely not only on school conditions, however, for example, on the analysis of the Health Belief Model, which fits the situation and needs of young people. This model indicates that people are most willing to take preventive actions if they perceive the health



risk as serious, if they feel they are personally at risk, and if the involvement does not involve greater costs than benefits (Ar-Yuwat, et al., 2013).

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Назарук Станіслава, Соколовська Барбара, Домбровська Ізабела. Моделі поведінки, спрямовані на зміцнення здоров'я дітей-іноземців у польських школах. Наукове дослідження. *Журнал Прикарпатського університету імені Василя Стефаника*, **11** (1) (2024), 173-183.

У статті представлено результати педагогічних спостережень за окремими проявами здоров'язбережувальної поведінки у дітей і підлітків. Спостереження проводили вчителі, які працюють у початкових школах Польщі. Вибірка для дослідження була цілеспрямованою, оскільки у дослідженні брали участь іноземні учні, котрі відвідують початкові школи Польщі у містах або у сільській місцевості. В цілому педагогами проведено 211 педагогічних спостережень, які потім були піддані статистичному аналізу. З'ясовано, що питання оцінювання рівня здоров'язбережувальної поведінки дітей і підлітків є актуальною науковою проблемою, оскільки слугує основою для правильного розвитку молоді й визначає стан здоров'я людини у дитинстві та у дорослому віці. З іншого боку, проведення дослідження у групі дітей-іноземців, які приїхали до Польщі в останні роки, переважно з України, допоможе діагностувати їхню засвоєну поведінку в складних життєвих обставинах (зокрема українських дітей, котрі отримали травми війни). Результати дослідження будуть корисними у шкільній практиці для польських учителів у проведенні цілеспрямованих виховних заходів та, за необхідності, визначення інтервенцій для тих, хто потребує підтримки. Доведено, що здоров'язбережувальна поведінка слугує індикатором ставлення до власного здоров'я, що значною мірою зумовлене визнаними особистісними цінностями. Наголошено на необхідності консультування, підтримки та допомоги молодим людям у контексті окресленої проблеми.

**Ключові слова:** іноземні учні, здоров'язбережувальна поведінка, вчитель, початкова школа, педагогічне спостереження.