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TEACHER HEALTH LITERACY: WHY DOES IT MATTER?

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"Lack of activity destroys the good condition of every human being, while movement and methodical physical exercise save it and preserve it" Plato

It is obvious, that education is one of the main social factors having influence on health. Health education is most effective at school, because it reaches a man at his most receptive period of life - childhood and adolescence. A demand to live a healthy life is formed not only by family, but also by school. Teachers' role in health education process is very significant, therefore, their health literacy and health competence are the main components realising health education at school. During the studies at university pre-service teachers in one way or another develop health competence, however hopefully not enough attention is paid to this, and study process poorly contributes to health literacy improvement, health competence formation.

Research show (Zagurskienė, Misevičienė, 2008; Rapolienė, Eigėlytė, Gedrimė, Norkienė, Sąlyga, 2017), that Lithuanian health literacy is quite low, there is lack of information both concretely about diseases and in general, how to form healthy living habits, how to finally live a healthy life. A similar situation is in teacher population as well. Research show, that good or sufficient health literacy is typical for only 28.8% of teachers, while insufficient health literacy is typical for 42 % of teachers, and for 29.2 % — doubtful health literacy (Kalinkevičienė, Česnavičienė, Ustilaitė, 2016). The earlier research carried out in Lithuanian senior form students' population showed that students do not get enough information on health questions at school, health events are also very rare. The students themselves think, that very little attention is paid to healthy living questions at schools, very often the information they have is controversial (Lamanauskas, Armonienė, 2012). It is obvious, that teacher health literacy and health competence are two main factors directly influencing students' health literacy, forming healthy lifestyle habits.

In general, health literacy researches in Lithuania are poor, very spread out in interdisciplinary scientific literature, not consecutive. There is lack of research, grounding preservice teacher health literacy level, discussing study improvement questions at university on the aspect of health literacy promotion and so on. Teachers mostly work with children and youth. As it is known, the behaviour of young people and their way of living dramatically change in the process of growing up and going through various age periods. Some of them (e.g., adolescence) is a very risky life period, when negative aspects of living like smoking, alcohol and drug use and other can occur. So, teachers are qualified health literacy education characters, whose one of the functions is to provide the learners with the necessary self-expression devices, to form possibilities for acquiring abilities and skills, necessary for continuous health literacy improvement (Śveikauskas, 2005). On the other hand, in Lithuanian national health conception it is stated, that education institutions are priority health strengthening places, in which the efforts of pedagogues, parents and school, public health care specialists are unified, forming proper children and youth attitude to health, improving their health literacy and promoting healthy living. Health literacy, as a separate literacy form, becomes more important for social, economic, and health development, and teachers get a special role promoting health literacy for children and adolescents.

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On the other hand, it is important to emphasize, that teacher works in the high-risk environment. Teacher is not only special information (e.g., health knowledge and so on) provider, but also an example of behaviour and attitude to health. Can a teacher encourage students to live a healthy life, who himself is indifferent to this? It is incompatible. In various countries and various amount of research carried out in this field show a common situation, i.e., the teachers', as a professional group, rather low physical and psychic (emotional) health indicators. Moreover, these indicators tendentiously decrease, the teachers' length of service increasing. Thus, teachers' health question is very relevant. Risk factor, having direct influence on teachers' health investigation and concrete preventive devices, are very important not only for the institution employees themselves, but not less their role is important taking care of and strengthening students' health. It is known, that the obtained health information does not have a direct influence itself. In the education process the teacher conveys health information to students, seeks to cause behaviour changes of a concrete person or a group, forming the conditions for the behaviour to change in the positive (useful) direction for health. It is important to ascertain the obtained health information impact on students' behaviour. Exhaustive scientific researches are necessary for this. It is understandable, that both teachers and students similarly use health information resources. As usual, general health information resources are television, press, doctors and other health care specialists, and internet. It is important to evaluate, that the obtained information is very often controversial, even wrong. The ability to critically evaluate such information remains very actual. This directly determines the ability to accept decisions, related to healthy living behaviour. Besides, the obtained health information influence on health behaviour is usually bigger for elderly people than for youth. Thus, purposeful efforts to deepen knowledge about health in every possible way, methods of its preservation and strengthening, positive attitude to health and healthy lifestyle implementation, and health behaviour and healthy lifestyle skill formation form the essence of health education. On the other hand, improper /insufficient teacher preparation becomes the main obstacle for the realisation of education process of healthy living.

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