

How to Train Physical Education Teacher to Detect Physical and Social Adaptation Criteria and to Use Them in Education Activity

Preparación Del Educador Deportivo Para Determinar Y Aplicar Los Criterios De Adaptación Física Y Social De Los Alumnos Menores A Las Actividades Educativas

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Abstract

The problem of primary to secondary school transition is common extremely acute for all teachers. The role of physical education teacher in its solution has several features. One of them is necessity of preserving not only physical health, but also psychological comfort and fixing healthy lifestyle habits. The goal of this article is to determine the health culture forming criteria for primary school pupil and to find the most effective methods of teaching physical education students to use them in school educational process. As a result of research primary school pupil's health culture components and their functions in adaptation to secondary school process were determined. Also a complex of common and special criteria was presented. This one allows to young physical education teachers to draw individual plans for comfortable adaptation of their pupils to new realities of educational process in secondary school.

Keywords: Health culture. health culture components. health culture functions. teacher's professional education. health culture forming criteria.

Resumen

El problema de la continuidad entre la enseñanza primaria y secundaria es bastante grave y es común a los profesores de las disciplinas generales y el papel del educador en la educación física tiene varias características. En particular, los requisitos para conservar y cubrir no sólo la salud física, sino también la comodidad mental, así como los hábitos de vida saludables de los niños. El objetivo del artículo es determinar los criterios para la creación de una cultura de salud para el niño y determinar las mejores prácticas para preparar a los estudiantes de las facultades de educación física para su aplicación en el proceso escolar. En el estudio se identificaron los componentes de la cultura de la salud de los niños y sus funciones en el proceso de adaptación a las condiciones de la enseñanza secundaria, y se presentó un conjunto de criterios generales y especiales de la cultura de la salud, cuyo análisis permitirá a los futuros maestros de educación física construir una trayectoria educativa individual para adaptarse confortablemente a las nuevas realidades del proceso educativo.

Palabras Clave: Cultura de la salud. componentes de la cultura de la salud. funciones de la cultura de la salud. formación del professor. criterios para la creación de una cultura de la salud.

Introduction

The problem of forming and evaluating of pupils' health culture is usually discussed with respect to teenagers, although the basis of healthy lifestyle and its propaganda in society starts in primary school, the more active the more pupil are included in media field through interactive and virtual environment. Thus the problem of pedagogical support for worldviews foundation as some other social and value orientation became much younger (Berinskaya & Kuzina, 2019, Kalinina, 2019, Gavrilycheva, 2008). According to this, authors try to review forming criteria and ways to determine the mastery of basic health culture by comprehensive school 4 grade pupils. The relevance of this problem in primary school age is also connected with needs in early determining of child's abilities and preferences his mastering different kinds of productive and creative activity, which is approved by new generation Federal educational standard for common education (FESCE) for secondary school. Particularly FESCE mentions the increasing role of school education in team building, child emotions and feeling development, personality forming detecting and developing his talents and preparation to adulthood according to humanitarian terms (Kurbatova & Skoda, 2015, Savinov, 2012, Kazakova, 2016).

Thus the objective of the research is to detect the abilities and mechanics of basis health culture forming in primary school age and to suggest evaluation and self-evaluation criteria for dynamics of phenomenon and processes building this kind of culture as a component of humanitarian worldview and as healthy lifestyle rules regulator development.

Materials and Methods

Humanitarian paradigm and humanitarian approach in education authors view the effectiveness of any pedagogical activity according to terminal values of society and human worldview. Most scientists working on pupil's personal culture give to health culture prominent space in human potential development in any age (Parfenova, 2016, Kalinina & Lomakina, 2018, Mammadov, 1996). This kind of personal culture is based on such values as «Health», «Life», «Human», «Nature», «Learning», that is why it includes several important components reflecting its total composition. This approach allows the authors to determine primary school pupil's health culture components, educational transition from primary to secondary school functions.

As a physical education students' preparation for primary school pupils' health culture evaluation process main method a pedagogical modelling was used. It is good both for strategical goals and vectors and for specific situations in physical education process (XUTORSKOY, 2004, DAKHIN, 2010). For example, students were given tasks, connected with the work of primary and secondary school physical education teacher, sport instructor, rehabilitation teacher and inclusive education teacher. The research experimental base were teachers and students of Minin University physical education department and young physical education teachers from schools of Nizhny Novgorod, 783 people in total.

Results

During theoretical research (it's results became the foundation of a content for teaching physical education department students the way to solve problems of primary to secondary school transition based on health culture criteria) following postulates were determined:

Health culture, as the most researchers say, «is viewed in worldview aspect, as constantly transforming system of knowledge and motivational and volitional personal experience and practical activity directed on learning, development perfection of individual health needed for long and high-quality life, joyful performing of life duty» (Grigoryeva et al., 2020, Bystritskaya et al., 2020, Bicheva, 2016). In the presented and similar interpretations, the culture of health is realized by a person directly in relation to himself, his current state of health, his goals, determined by N.A. Bernstein in the position of the "required future" and to his activities.

However, practice shows that there is no clear correlation between somatic health state and health culture development level. For example, Paralympics and personal history of several outstanding people (blindness of Homer, deafness of Beethoven etc.), had very high cultural level, including corporeality culture, confirms that personal physical culture can be developed among people with any kind of health state (Vetkov, 2016, Kuzmina, 2019, Krasnopevtseva et al., 2020). That is why we can detect health culture functions not only to their host, but to his attitude to other people, nature and society. These functions are perfectly match with cultural components. In this relationship their role in worldview and management of child's life is more obvious.

1. Health culture cognitive component – level and dynamic indicator which includes not only knowledge about healthy lifestyle organization rules according to age and social group, but also a motivation to use this knowledge in individual and collective mode (Karaseva et al, 2018). This component is expressed in pursuit of propaganda of received knowledge and creed in healthy lifestyle social projects and their exchange during routine communication, in pursuit to their renewal. In this aspect we should consider it as an information and enlightenment function of health culture of individual person. We can understand from description of this component that almost all of its forming criteria can manifest if not in the start of school education then no later than in third or fourth grade. We should note that this health culture component is not limited by healthy lifestyle knowledge, but allows a child to be a part of incredibly important forms of social communication and pro-social activities thanks to them. Thus, the common criteria of primary school pupils' health culture forming on this component are: knowing the rules of healthy lifestyle and knowing about his own standard in his age and for the closest future. There are also special criteria for cognitive component: knowing the potential of family environment in subject's health support, understanding

individual needs and propensity to movement activity and very accurate understanding of sport giftedness.

2. Health culture communicative component can be described from the perspective of multipositioning and communication receiver. It can be expressed as self-communication, as verbalized self-analysis, self-control, targeting, self-regulation and self-correction in goal achieving (Petrova, 2014). In communication with education environment subjects it is presented as a reflection of child's goals and interests, his examples, landmarks and propensities in understanding of health, in conviction of mutability of healthy lifestyle. Then pupil not only says about his attraction to sport, but also motivates his classmates to join the same sport section, to health camp participation, to self-discipline and rejecting bad habits. In family communication this component manifests as child's requests for purchasing sport equipment, books about human's nature and physiology, cooperative attending of events directed on organization of a dialogue of a man with himself, with others, with nature.

According to ideas of L.S. Vygotsky, written in his Psychic functions compensating theory, «the presence of illness does not qualify the defectiveness of human, but his social realization does»... «sooner or later the humanity will overcome blindness, deafness and imbecility, but at first it will be made not in medical or biological fields, but in social and pedagogical fields». In other words, the communication, specially organized for healthy environment, personal realization for people with different abilities and possibilities, which is high-level health culture interaction, is fully wellness. Primary school pupils also can be part of this communication. The word can heal and bring hope.

In point of nature primary school pupil acts, accordingly with his actual health culture level. He acts in borders of ecological rules: «Human is a part of a nature, not its master»; «Everything is interconnected», «Everything must go somewhere», «Nothing is granted» and «Nature knows best» («Closing Circle» Barry Commoner). These are imperatives which create behavioral patterns for primary school student in natural environment. According to these, a child will communicate with nature not detached, but carefully, based on useful interaction, both for nature and human. Verbalization of these relationship of child with nature and himself leads to acquiring socially approved status of “fizkulturnik” (amateur sportsman in Russian), ecologist, junnat (junior naturalist) and so on. This status can correct his role and place in children collective and allows to take higher social position. That is why we can say about recovery and corrective function of health culture.

According to the data of health culture forming objective criteria on this component contain: understanding the core principles of communication with different categories of people working on pupil's health (parents, coaches, teachers, medics etc.); wide and accurate lexicon which reflects needs and possibilities of health culture forming, propensity to communication on forming and developing health culture. The main subjective criteria are communication style, extroversion or introversion, individual communication experience on health and recovery.

3. Health culture action component is a complex of quality indicators and level of success in health preserving activity, correction and rehabilitation. This component, as it was shown earlier, views health as a construct consisted of three levels – internal (biological), intermediate (psycho-emotional) and external (personal-social) (Treshcheva et al, 2014). Because of this fact it is vital to choose health-preserving forms of activity in such a way that they could reflect in health culture of the subject as full as it can. During the harmonic health forming activity child can get his own interests, propensity, uncover abilities to certain activity. This activity will always be creative and personal. Creative function of health culture uncovers in such a way. According to patterns of educational process and Skinner's laws of learning, the most strongly remembered and most often manifested in a person is an activity that, on the one hand, is mastered with the maximum cost of labor, on the other hand, it includes the maximum possibility of realizing the various abilities of the child, and therefore has the potential for the development of his giftedness. Thus health culture manifests as a complex energy consuming and creative activity, e.g. sport.

Objective criteria of health culture forming are collective sport and creative experience analyzed by teacher, using sport infrastructure in school educational process and sport and recreation events intensity in educational organization. Subjective criteria are individual reflected sport activity experience of a pupil, family and individual state of three-component health and its correction.

4. Health culture reflective and motivational component is child's evaluation of the situations and facts, processes and phenomena from position of harmonious health as a target of self-perfection (Rushakova, 2015). This component forming criteria are knowledge and systematic using of diagnostic procedures on tracking dynamics of well-being and mood, determining reasons of health improvement and deterioration; expanding diagnostic instruments arsenal, which is used in health procedure using processes and results evaluation; self-stimulation and self-motivation to achieving these goals and analysis of actions leading to positive and negative tendencies in human health dynamics; pursuing of forming steady healthy habits and in strong position on actions breaking health harmony. This component manifests in diagnostic and control health culture function, which is deliberate conduct of healthy lifestyle and its adaptation to different life situation. The example of such changing can be transition from primary to secondary school. It aggravates several problems. Their decision depends on child's health culture forming level. The objective criteria are external motivation to healthy lifestyle from educational facility; using diagnostic methods for three-component health analysis in educational facility; using technology of developmental education by educational facility. Subjective criteria are regularity of self-diagnostic and mutual diagnostic of three-component health in pupils' families; subjective perception in wellness activity; including pupil in healthy leisure traditions.

As a technological justification of preparation of physical education department students to primary school pupil health culture criteria analysis solving inventive tasks technology (SITT) mutual learning technique SWOT analysis and other forms of project education analysis were used. Also educational cases were built. They reflect needs, determined by future physical education teachers, in using separate components of health culture forming criteria for primary school pupils for educational process. These educational technologies were used by physical culture department of Minin university during three semesters.

As a result more than 70% of students started to use objective criteria of primary school students health culture analysis in complex, 62% of students realizes the necessity of using primary school pupils' health culture subjective criteria for the first time, 34% of students were ready to interact with teachers in primary school pupils' health culture forming again, 42.5% of students realized the necessity of preparation pupils for primary to secondary school transition and for new pedagogical conditions of educational processes. Moreover, the experiment allowed to learn that experimental group students during the experimental activity realized the necessity of special training for pupils' health culture evaluation and not only for physical condition and sport features evaluation for the first time. According to this we can ascertain that the experiment confirmed researchers' theory and gave an opportunity to teach students the target criteria evaluation for primary school pupils health culture, especially in the moment of secondary school transition.

Discussions

Based on research it became apparent that work on criteria analysis and correction of primary school pupils' health culture during their primary to secondary school transition allows to solve large number of significant problems mentioned by other researchers, such as:

1. Decreasing quality of knowledge and competence due to structural and logical distortion of the content and technical support and unformed ability and propensity to self-educating. Such tendency can be overcome with sufficient level of cognitive and reflective components of health culture, when a child organizes his learning process and controls it according to orientation on positive result with positive attitude to his health. These children do not start making their home task in bad mood or being exhausted, they are able to match the periods of their work and rest by themselves and, as a rule, are totally independent in their learning. They are gladly taught and widen

their horizon. However, such success in transition are not given free. For that the mechanic of «study sustainability» must be fully practiced.

2. Losing interest in study, in learning process and activity during the entering the fifth grade, when at the primary school last study period teachers, in order to perform the transition, are making accent on preparation of children to graduating procedures. The volume of tasks in educational process grows rapidly, information preparation increasing through repeating, memorizing and other kinds of reproductive activity. In this extremely sensitive and creative period for children the developing of their talents “stalls”. To form health culture action component, which prevents aggravation of the problem, you should turn on selection activity mechanics.

3. Secondary (acute) infantilism among the modern primary school pupils and signs of false maturity due to weak health culture communicative component forming was found earlier. Unwillingness for teen age, where communication and interaction with the peers is the dominant activity, becomes more and more actual problem for teachers. The contradiction between scientific periodization of aged feats of pupils and educational structure, unacceptable exploitation of still not formed psychic and personal structures of children in “mature” activity lead to increasing these tendencies. Educational level transition is broken in this case. In order to secure the basis of non-conflict and productive communication and forming the atmosphere of successful transition in fifth grade it is necessary to use health culture communicative component, which can be realized in project activity in different social groups through “aged teeterboard” mechanics.

To prove effectiveness of content-technological support of primary school pupils’ health culture criteria evaluation a survey was conducted among the parents, whose children attended class where the students participated in experimental group had their pedagogical and research practice.

To determine the level of health culture component development among primary school pupils (3th and 4th grade) the questionnaire was created and the survey was performed among kids and their parents. Also teachers gave their expert opinion on the preparation process. The «Health culture» questionnaire included these questions and tasks:

1. Who in your opinion is health culture distributor in our society?
2. Which qualities the health culture distributor should have? Choose them from the list and give them number according to their importance. (There is a list of characteristics and values of health culture, like humanism, self-discipline, will, love to beauty and so on).
3. From which sources do you prefer to get an information about wellness, disease prevention and healing, recreation and healthy lifestyle? (There is a list of the most well-known health portals, printed and interactive)
4. Which health information do you want to use with your family?
 - a). Knowledge of physiotherapy.
 - b). Knowledge of massage and self-massage.
 - c). Knowledge of fitness system.
 - d). Communicating on health and wellness topic experience.
 - e). Knowledge of day-night rhythm (diet, dream etc.)
 - f). Healthy lifestyle personal experience.

The result of survey and expert evaluation showed that control group students use their knowledge and competence connected only with the task of primary school students’ physical perfection. At the same time the members of experimental group used the total complex of primary school students’ health culture criteria evaluation got necessary and reliable data and, cooperating with parents, formed training vector for their pupils, got gratitude from the administration of educational facilities due to high level and speed of adaptation of their pupils to secondary school.

Conclusion

The goal of the article is to determine primary school pupils’ health culture forming criteria, the most important among these are knowledge of healthy lifestyle organization rules, according to age and social group, motivation on using this knowledge not only on individual but also on

collective level, self-communication and communication with other subjects of educational environment, reflecting the information about goals, tasks, standards, landmarks and talents, according to their health, health of their folks and healthy lifestyle rules, a set of quality indicators and the level of success of activities for health preservation, correction and rehabilitation of health; the child's assessment of situations and facts, processes and phenomena from the position of harmonious health, as a target guideline for self-improvement.

Authors determined cultural health functions targeted on secondary infantilism overcome and prevention. Among them are information and enlightenment, corrective and recovery, creative, diagnostic and control.

Also authors determined the most effective ways of teaching of pedagogical universities students to primary school pupils' health culture in interests of 1st-4th grade students' adaptation to secondary school transition. These are pedagogical modelling, case technology and social-educational projects.

Recommendations

This article can be useful for students and teachers of pedagogical universities, additional professional education specialists, primary and secondary school teachers, researchers working on primary to secondary school transition problem. It is especially vital that these materials could be learned by students of non-physical education departments of pedagogical universities to harmonize primary school pupils' health culture pedagogical impact.

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