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Children's Concepts of Healthy Eating at the Threshold of Early School Education

KEYWORDS ABSTRACT

healthy eating, children's concepts of meanings, child completing the stage of preschool education, nutrition education

Children at the threshold of school education already have certain knowledge and display specific behaviours in the field of nutrition education they gained in kindergarten, but mainly within a rich informal space, i.e. in the family, peer environment, through their contact with the media, etc. Based on experience, due to the messages of other people and through the interpretation of events that occur around them, children build their own concepts of healthy eating. The research carried out for the purposes of this study was planned and carried out in accordance with the principles of constructivism and the so-called new sociology of childhood, i. e. taking into account the role of children as active entities who understand, interpret and process the social reality around them. The aim of the qualitative research was an attempt to construct, based on the analysis of linguistic statements and drawings of children at the end of preschool education, a typology of ways of understanding the concept of *healthy eating* and the sources of children's knowledge about it. The obtained research results make it possible to create such conditions during school classes that make it possible for children to confront certain meanings and construct the concept of the proper, rational nutrition at the stage of early school education.

Introduction

Preschool and early school education are the foundations for further education. To a large extent, they determine the level of health culture reflected in children's appreciation of health, knowledge of health, and pro-health behaviours understood as "any behaviours that, in the light of contemporary medical knowledge, usually cause specific health results" (Gniazdowski 1990: 56). There is no doubt that education for health facilitates building a person's health potential and it is the most advantageous investment in the society's health. Therefore, the school's participation in health education is its main obligation (Gaweł 2006). One of the areas of health education is nutrition education, traditionally understood as a long-term process consisting in systematic transmission of knowledge on food and nutrition based on the newest and confirmed results of scientific analyses (Dyjak 2005; Jarosz, Wolnicka, Kłosowska 2011). In the modern approach to health education, including health education, we depart from the narrow understanding of health education as transmitting knowledge of health, and we prefer the holistic approach, with the emphasis on the role of psycho-social health, inclusion of social sciences into health education, as well as shaping habits, skills and competences for the proper action. The essence of such approach is expressed in moving from teaching to learning, which is particularly important in the education of children and youth, as most pro-health behaviours, including eating, are rooted in childhood (Oblacińska, Woynarowska 2002). Children learn the basic nutrition facts and shape their eating habits based on their own nutrition experience and on watching the members of their families. Also, their eating behaviours are significantly influenced by watching the habits of peers and listening to the media messages, especially advertisements, which reinforce students' nutrition approaches.

Healthy eating, which is also described in various books as rational nutrition/ healthy diet/ balanced diet, is one of the most important environmental factors that influences a person's development and his/her maintenance of good health. It consists in "satisfying the body's demand for energy and all necessary food ingredients in the proper amount and percentage, taking into account the number and time of meals, as well as the person's age, sex and physical activity" (Rychlik, Jarosz 2008; Charzewska, Wajszczyk 2008). According to the guidelines of the Institute for Health and Nutrition and the World Health Organization (Jarosz 2012), the essence of healthy nutrition is expressed in observing a few basic principles, e. g.:

- regular meals;
- eating the proper amount of vegetables and fruit;
- eating wholemeal flour products;
- drinking milk every day and eating dairy products;

- reducing the amount of meat (especially red meat and processed meat products, and replacing them with fish, leguminous plants and eggs);
- reducing animal fats and replacing them with vegetable oils;
- avoiding sugar and sweets, replacing them with fruit and nuts;
- reducing the amount of salt and products which contain too much salt;
- drinking at least 1.5 litre of water every day.

Proper nutrition of children plays a very important role due to intensive developmental processes of growing up. Insufficiency or excess of particular nutrients influences young people's health. Both quantitative and qualitative deficiencies of nutrients cause poorer health, lower efficiency of the respiratory and circulatory system, worse functioning of the immune system, improper development of bone tissue, as well as irritability and worse concentration. Overeating, in turn, leads to overweight or obesity, which may be facilitated by the improper way of eating in the family, especially by the excessive caloric value of meals, the excess of simple sugars and animal fats, as well as low physical activity. The consequences of improper nutrition of children also include numerous problems related to childhood obesity, such as type 2 diabetes, hypertension, laryngopharyngeal reflux and asthma (Jarosz, Rychlik 2010). Improper nutrition habits shaped in childhood to a large extent determine the way of eating in adulthood, and they are very difficult to modify.

Apart from the family, educational institutions, such as kindergartens and schools, play the key role in the process of nutrition education. Due to the proper implementation, fulfilment and monitoring of health education, these places may exert a more dynamic influence on the development of their pupils (Woynarowska, Sokołowska 2001). Kindergartens and schools which promote health take a holistic approach to health, in accordance with which health education is more than just the implementation of a project. In this approach, health education projects are just one of the elements of such education, while other important elements include the institution's ethos, its connection with the local community, and especially its relationships with the parents (Obodyńska 2005).

One of the basic tasks of preschool resulting from the assumptions of the core curriculum¹ is creating situations that facilitate the development of habits and behaviours supporting health. The objectives and contents related to nutrition education are not reflected in the assumed achievements of a child who completes the stage of preschool

¹ Regulation of 14 February 2017 on the core curriculum for preschool education and the core curriculum for general education in primary schools, incl. for pupils with moderate and severe intellectual disability, and for general education in stage I sectoral vocational schools, general education in special schools preparing for employment, and general education in post-secondary schools, Journal of Laws 2017, item 356 <http://prawo.sejm.gov.pl/isap.nsf/download.xsp/WDU20170000356/O/D20170356.pdf> [access: 5.05.2020]).

education. In the part of preschool education curriculum dedicated to the conditions and ways of fulfilling nutrition education, the issue of health education was mainly reduced to the organisation of proper kindergarten space, i.e. adequate amount of time for meals and nice arrangement of interiors that facilitates celebrating meals, as well as encouraging children to select food products and prepare meals taking into account their nutrition and health value.

The concept of the research in question is based on the assumption that early education children have certain pro-health knowledge and present some behaviours that were shaped in preschool, but, first of all, in a rich non-formal space, i.e. in the family, among peers, through the contact with the media, etc. A teacher should try to take into account children's personal knowledge and their previous nutrition-related experiences. It is because such knowledge and experience constitute the students' basis for building their scientific knowledge in the course of further education (Klus-Stańska 2000). In accordance with the core curriculum of early education, the pro-health activity of each school should include reinforcing the knowledge of proper nutrition. A child who ends the early education stage should be aware of the importance of proper diet to maintain health, reduce unhealthy food, eat less sugar, know the consequences of eating too many sweets, and know how to prepare healthy meals.

The research carried out to write this article was planned and organised according to the principles of constructivism and the so-called new sociology of childhood (Corsaro 2005), i.e. taking into account the role of children as active subjects who understand, interpret and process the social reality around them, and their perception of various issues is not only important because they are future adults, but also because of their current status. If an early education student is perceived as a subject who acts and thinks purposefully, and who collects experiences that may be treated as the result of reflection on scientific activities, both the teacher and the student carefully analyse these experiences. Michael Uljens calls the result of this process "situation-based didactic experience" (Uljens 2006: 158-159). The reconstruction of meanings which children give to the concept of "healthy eating" was conducted on the basis of the analysis of their verbal utterances complemented with pictures. The above-mentioned forms of children's utterances were treated as complementary. Recognition of children's concepts of healthy eating makes it possible to undertake school actions aiming at "sharing the meanings." This process is not imposed as ready-made by the participants of the interactions, but it is worked out together in long-term attempts (Brzezińska 2005: 45). Taking into account the children's personal knowledge and experiences related to nutrition constitutes the basis for constructing new meanings by the child at school, and for building the concept of the proper, rational eating at the stage of early education.

Research procedure and results

The concept of the research is based on the assumption that children, on the basis of their own experiences and interpretations of the events they witness, build their own concepts and theories of the world, which are often communicated to others in the form of narratives (Trzebiński 2001; Lachowicz-Tabaczek 2004; Nowak-Dziemianowicz 2007). These concepts also refer to nutrition and its meaning in a person's life. A large number of each child's experiences in this respect results in the fact that children's concepts are subjective. They constitute individual cognitive representations related to healthy eating (Sęk 1997). Children's colloquial interpretations reflect their mentality and way of perceiving and understanding the reality. Monika Wiśniewska-Kin writes: "A small language user gives meanings to the reality as a result of activating his/her own collection of linguistic experiences and ideas which contains words and their meanings, interpretation schemes, as well as the ways of categorizing that make it easier to arrange the complex and changing world. Each child perceives, understands and evaluates the world in a different manner, which – to a large extent – depends on sociological and cultural conditions" (Wiśniewska-Kin, 2013: 45). The issue of the way of understanding healthy nutrition by children has been discussed mainly in the context of analysing children's concepts of health or illness (Kalnins & Love 1982; Woźniakowa 2009; Siedliska 2017; Maciejewska-Mroczek 2018; Leszcz-Krysiak 2019 et al.).

Thirty-six children from three kindergartens in Bielsko-Biała took part in the qualitative research carried out for the purpose of this article. There were 22 girls and 14 boys in the sample group, and their average age was 6.8. The selection of the group was purposeful and it included children who were about to finish the stage of preschool education. The analysis was carried out individually with each child in the last year of preschool education (May/June 2019). The child was to make a picture entitled *Healthy Eating*. Both during and after making the picture, we registered the children's utterances inspired by open-ended questions located within two areas compliant with particular objectives of the research. The objective of the research was to present, on the basis of the analysis of linguistic utterances and drawings of children who were about to finish the preschool education stage, a typology of the ways in which they understand the concept of "healthy eating", as well as the sources of children's knowledge of the topic. The research was aimed at finding the answers to the following questions:

1. How do children, who are about to finish the stage of preschool education, interpret the concept of "healthy eating"?
2. In which sources do children, who are about to finish the stage of preschool education, find their knowledge of healthy nutrition?

According to the assumption used in the analysis of social representations in the form of an episodic interview aimed at learning subjective opinions (Flick 2011: 110-111), during making the pictures, the children were being asked open-ended questions, such as: What do you think about when you hear the words: ‘healthy eating’?; Whom can we describe as someone who eats healthy food?; What does it mean?; Why do people eat healthy food?; How do you know about it? These questions were to encourage the children to reveal their knowledge of proper nutrition. The task stimulated the students to reach for their knowledge and experiences connected with the subject in question, but it also activated their emotions. The spontaneous exchange of thoughts during and after the artistic expression, and individual talks with each child, made it possible for us to avoid traps in interpreting the pictures: “children inform us about something in a literal manner, but we are looking for some hidden meanings” (Wiśniewska-Kin 2013: 169). Free and “natural” exchange of thoughts facilitated the reduction of the distance and imbalance of forces between the children and the adult researcher, and it gave the children the opportunity to think about their answers during the research (Clark 2011; Elden 2013).

The researcher analysed and interpreted the children’s pictures and utterances without trying to follow any pre-established principles of the analysis. According to Anssi Peräkylä (2009: 326), in this approach, “after reading the empirical materials for a few times, the researcher tries to find the key topics and outline the assumptions and meanings that constitute the cultural image of the world a part of which includes the analysed texts.” As a result of the analysis of the children’s pictures and utterances, two basic content categories were separated that include: concepts of healthy and unhealthy eating, the latter being the opposite of the former.

On the basis of the analysis of the research material, we can conclude that, in each case, children’s concepts were largely determined by direct experiences related to nutrition, i.e. shaped in the family by particular ways of eating, used and perceived as healthy by the parents/guardians, but also by indirect experiences, e. g. information provided by teachers and peers, media messages, cartoons, etc. Second, the ways in which the children understood the essence of healthy eating and arranged/upgraded their experiences in this respect, were determined by their cognitive abilities (Bonner, Finney 1996). Many of the children’s utterances revealed a subjective and selective perception of important aspects of healthy eating, as well as some difficulties with simultaneous description of several elements of the issue in question.

Understanding the concept of “healthy eating” by the children

The above-mentioned characteristics of the children’s concepts of good nutrition in the form of subjectivism and their specific-imaginative thinking were reflected in the majority of pictures and verbal utterances as the children gave particular examples of food products that they consider healthy. The children’s utterances presented their emotional attitude towards food considered to be healthy: they expressed approval, pleasure, or – on the contrary – dislike, or even disgust.

Explanation of the term ‘healthy eating’ by giving some examples

a) examples of healthy products

The vast majority of the children’s pictures and verbal utterances presented healthy products. The children drew, first of all, fruit, which they consider tasty. They also drew vegetables which are healthy but, in their opinion, not tasty. According to the children, fruit and vegetables are healthy because they contain vitamins. Examples of their utterances are as follows:²

Healthy eating means that we eat healthy food, such as fruit and vegetables. Healthy foods are not always tasty and good. However, some of them are good, e. g. tomatoes, cucumbers, bananas or watermelons. Fruit is good in general (Milena, aged 6.8).

A person who eats healthy food, eats vitamins. Various kinds of fruit contain vitamins. My favourite fruits are strawberries and watermelons. I also like bananas. Vegetables are very healthy, too, but I hate some of them, e. g. pepper, spinach or cabbage. Sometimes I have to eat them (Julia, 6.9).

The children’s pictures and verbal utterances rarely presented dairy products. Some of them showed eggs and cottage cheese, but the latter is unappreciated by the children in terms of taste. The main reason for drawing these products was the belief that eating them results in “healthy bones and teeth”. Children’s demand for protein and calcium is very high, but it is worth emphasizing that the children usually mentioned salty dairy products which may contain – apart from skimmed milk – glucose-fructose syrup, sugar, modified starch or, e.g. aromas that can exert a bad influence on health.

Eggs and yoghurt are healthy. I like sweet yoghurt with fruit, especially wild strawberries. Natural yoghurt is not good (Ania, aged 7.2).

² Characteristic quoted utterances, presenting the typical features of children’s thinking and building utterances on the subject in question, were presented in the literal form.

I like cottage cheese very much: it's white and it can contain pieces of fruits. It's healthy because if you eat it, your bones are strong, and your teeth are healthy and they don't fall out (Dominik, 6.10).

Only a few pictures showed cereal products. The most popular of them were cornflakes and baked products made of processed flour, e. g. wheat rolls. It is worth noting that such foods may contain a lot of sugar or palm oil, for example. Only one child mentioned the importance of eating wholemeal bread. Cereal products are a good source of complex carbohydrates that provide energy to muscles, as well as protein, thiamine, niacin, magnesium, iron, zinc, and fibre.

I eat cornflakes for breakfast. They are good and healthy. I won't eat porridge. It's disgusting (Ola, 7.1).

I like rolls for breakfast. My mum buys black bread, but I don't like it. It is not healthy for me (Marcin, 6.7).

We eat wholemeal bread at home. I used to hate it, but now I think it's good (Ania, 7.2).

b) examples of unhealthy foods

While talking about unhealthy food, some children drew pictures of products they consider unhealthy. The children expressed their disapproval of these products through crossing them out in the pictures. The pictures usually presented sweets and fast food.

You cannot eat too many sweets or ice-cream. Too much sugar is bad for you (Natalia, aged 7.3).

I am not allowed to eat chips, hamburgers and such stuff. They are delicious, but unhealthy. If you eat a lot of them, your diet is unhealthy (Kasia, 7.1).

Explanation of the essence of healthy eating through giving the consequences of eating healthy or unhealthy food

a) consequences of nutrition related to a person's physical aspect

The children usually described the selection of illustrated foods as healthy by indicating the consequences of eating them. Such consequences mainly referred to a person's physical aspect, e. g. fitness, look or the lack of diseases. In this case, too, the children usually referred to specific examples of people from their environment, e. g. parents, elder brothers or sisters, who, due to proper nutrition and physical activity,

are fit and healthy. The consequences of improper nutrition mentioned by the children included diseases, such as obesity and the lack of fitness, as well as diabetes or short life. The children gave the examples of their relatives, e. g. grandma or grandpa who, due to improper nutrition, have some health problems. On the basis of the results, we can conclude that both the illness of the child himself/herself, or of someone they know, influenced their concept of healthy/unhealthy eating.

You mustn't eat much sugar because you get fat and ill. My neighbour has diabetes because she ate too much sugar. Now she doesn't eat sugar; she takes pills and injections (Dominik, 7.3).

My elder sister eats healthy food. She eats vegetables and fruit; she doesn't eat sweets. She often smiles, dances, and she is happy because she looks nice (Łukasz, 6.10).

b) consequences of nutrition related to a person's psychological aspect

The children's concepts of healthy nutrition hardly ever included psychological consequences of healthy/unhealthy eating. The pictures which showed healthy food products often included smiling faces, hearts or suns. The children emphasized happiness which often accompanies good nutrition, e. g. satisfaction, joy (smile), and – in case of unhealthy products – sadness, feeling tired, and the lack of energy.

Now my grandma is sad because she cannot walk or eat cakes. She suffers from diabetes. I feel sorry for her, and I love her very much (Damian, 6.9).

When you eat healthy food, you feel well. A healthy person is happy because of being slim, and not fat. Such a person is smiling all the time, like my mum. She eats healthy food and does exercises every day (Patrik, 7.3).

In case of the health-related consequences of nutrition, children hardly ever emphasized the importance of the amount of food and the regularity of having meals during the day.

You cannot eat too much at a time because your stomach aches. And you mustn't eat a lot in the evening (Patrycja, 7.2).

Mum always says that we have to eat slowly, and we have to eat a few meals a day, eating little and not much at a time. It is very unhealthy if you eat too much at a time (Patrycja, 6.10).

Numerous analyses (Sokołowska 2002) show that children who eat regular meals which are compliant with their bodies' demand for nutrients, fully use their genetically conditioned potential of the optimum growth. Moreover, they are more effective during school or preschool classes, they focus their attention more easily, they are

better at sports, they feel happier and their physical health is much better than that of the children who eat irregular and imbalanced meals.

Hygiene of preparing and eating meals as a factor that determines healthy eating

For a few children, the criterion of healthy eating includes hygiene while preparing and eating meals. The children's pictures and verbal utterances usually referred to washing hands before eating, washing fruit, vegetables and other products, as well as hygiene during eating meals.

The kindergarten teacher told us we must always wash our hands before eating. Mum and dad say the same (Ola, 7.0).

You must always wash your hands before eating, because there are germs on our hands which can touch the food and then the meal will be unhealthy (Adam, 6.8).

The children's sources of knowledge and experiences related to healthy eating

In order to find the sources of the children's knowledge of good nutrition, during their work on the pictures we were asking them the following questions: "How do you know? Who told you about this? Why do you think so?", etc. The analysis and categorization of the answers enabled the specification of several complementary sources of the children's knowledge of proper and healthy diet.

a) a kindergarten teacher as the child's source of knowledge

The vast majority of analysed children said that the kindergarten teacher is the source of their knowledge of proper nutrition. According to the children's answers, nutrition education in the kindergarten is mainly carried out by talks, reading stories and poems connected with healthy food, and – less frequently – preparing healthy meals together.

I know this from our teacher, Miss Ania (the group teacher). Not long ago we made fruit salad together. I cut fruit myself. The salad was delicious and healthy. Now I sometimes make this salad at home with my mum, because it is healthy (Kasia, 7.4).

Our teacher read us a story about Tadek Niejadek [a character who does not want to eat anything]. He did not eat and then he was ill. That is why, we have to eat healthy food (Dawid, 6.8).

b) healthy behaviours and examples of proper nutrition in the family

Other source of knowledge and experiences in nutrition education indicated by the children included their parents and other family members. According to the kids' replies, they watch eating habits of their parents. Also, the parents tell them about the value of particular foods. Less frequently, the children participate in planning, preparing and eating healthy meals together.

Mum and dad tell me what is healthy; what I should or should not eat. They know this (Kamil, aged 7).

When I want to eat something unhealthy at home, my mum says it may be harmful to me. She does not allow me eat many sweets although I like them very much (Sara, 6.11).

c) media messages

The children's utterances also included references to media messages advertising particular products as the source of knowledge of proper nutrition.

I like those milk sandwiches shown on TV. Mum buys them for me. They contain milk and they are healthy (Tomek, 6.7).

What I like best are the candies from the TV advert. We can eat them because they contain vitamins. That's what they said on TV (Zuzia, 6.6).

The power of TV adverts is expressed in the fact that such adverts do not only show the nutrition value of particular products, but they are often connected with showing their social value, e. g. in the context of children's favourite plays, spending free time, in the context of kids' favourite cartoons or film characters. Advertisements directed at children often show unhealthy food: products with huge calorific value and low nutrition value. Under the influence of such adverts children choose unhealthy foods and snacks. Also, in the mind of children such products are perceived as tasty and favourite. Advertisements stimulate the children's imagination and create positive attitudes towards the promoted goods (Goryńska-Goldmann, Ratajczak 2010). Unfortunately, they often reinforce bad eating habits and emphasize the pleasure derived from them, which makes it more difficult to change them into a healthy diet.

Conclusion

One of important elements of pro-health behaviour is the way of eating which influences a person's wellbeing and health condition. Nutrition education, as one of the basic rights of a child, should be present in his/her everyday experience. The objective

of nutrition education is obtaining knowledge of the principles of healthy eating, as well as shaping nutrition choices, skills, beliefs and attitudes necessary for maintaining and improving one's own and other people's health. The scope of such education includes transmitting knowledge of the principles of proper nutrition, shaping attitudes towards diets, teaching how to make a menu and how to prepare meals in a way that prevents vitamin loss, teaching how to store food, lay the table and create good atmosphere while having meals. The child who starts school education compares his/her previous knowledge of healthy food acquired in the previous living space with the knowledge gained at school. Here is what Dorota Klus-Stańska writes about the world of children's meanings: "This is an effort aimed at reconciling contradictions and tensions related to decoding incoming information, divergent declarations and expectations, unclear rules and inconsistent values. Such effort is risky and brings particular consequences" (Klus-Stańska 2004: 8). Recognizing children's ways of understanding the notion: "healthy eating" makes it possible to create conditions during school classes that are oriented at confronting meanings and building knowledge by students.

According to the analyses conducted, the way of perceiving healthy eating by children who are about to finish the preschool educational stage is, to a large extent, determined by their nutrition preferences which are mainly based on the previous eating experiences and on the emotions related to particular foods, e. g. feeling pleasure or disgust. Most of the children who took part in our research identify healthy food with the products that provide them with vitamins, mainly fruit and vegetables. Less frequently, the children drew dairy products. While comparing the ways of understanding proper nutrition by the children with the above quoted definitions that we can find in the books on this topic, we can formulate the thesis that the children's utterances failed to indicate the full understanding of healthy eating defined as a balanced diet that takes into account proper proportions of diversified nutrients such as protein, fats, carbohydrates, vitamins and minerals. Only one child emphasized the necessity of drinking the proper amount of water to keep the body healthy. Most of the children who took part in the research paid attention to the hygiene of eating meals. While choosing the features important for proper nutrition, the children mainly refer to the knowledge and experience from their families and from kindergarten education. Trying to explain the essence of healthy eating, the children used the information on the nutritive value of products that was transmitted by their parents and children. Also, they referred to the experience of preparing healthy meals together. To justify the selection of products considered as healthy, the children usually referred to the opinions of important people, e. g.: *my mum says so; my kindergarten teacher said this*. The children's concepts are subjective, which is confirmed by the fact that they assign healthy features to products on the basis of their own likes or dislikes. Some examples of such utterances are: *because I like them; because they are delicious*, etc. To sum it up,

in their concepts, the children expose the axiological aspect of healthy eating (healthy food is good for you; it is recommended; you have to eat healthy food), the medical aspect (no diseases, physical fitness, etc.) and the aesthetical aspect (a nice appearance of the person who eats healthy food; an aesthetic look of meals). The children hardly ever emphasized the psychological dimension of proper nutrition (good mood, joy, happiness). While indicating their sources of knowledge of healthy eating, the children rarely mentioned the media. Nevertheless, one of the most important tasks of teachers and educational institutions is teaching children to become conscious recipients of food advertisements, as well as planning and implementing proper educational strategies aimed at shaping the students' ability to critically approach the media messages (Nowak, Chalimoniuk-Nowak 2009). The achievements of the objectives of nutrition education requires undertaking various actions based on the children's own activity and referring to their personal knowledge and everyday experience.

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- The United Nations Convention on the Rights of the Child of 20 November 1989 (Journal of Laws of 1991, No. 120, item 526) <http://prawo.sejm.gov.pl/isap.nsf/download.xsp/WDU19911200526/T/D19910526L.pdf> [access: 12.05.2020].
- Regulation of 14 February 2017 on the core curriculum for preschool education and the core curriculum for general education in primary schools, incl. for pupils with moderate and severe intellectual disability, and for general education in stage I sectoral vocational schools, general education in special schools preparing for employment, and general education in post-secondary schools, Journal of Laws 356 (<http://prawo.sejm.gov.pl/isap.nsf/download.xsp/WDU20170000356/O/D20170356.pdf>) [access: 5.05.2020].

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