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## The need for parent–teacher collaboration in shaping healthy habits in early school-age students. Pedagogical research results

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family, school,  
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### Abstract

**Research objectives (aims) and problem(s):** The aim of this paper is to present the theoretical principles of cooperation between early school teachers and the parents of their students, as well as to show the results of research that was primarily aimed to identify the actions taken by parents and teachers to shape children's pro-health habits.

**Research methods:** The research was conducted using a mixed-method approach (quantitative and qualitative) among 52 parents and 12 teachers from five primary schools in the Lublin Voivodeship. Parents completed surveys, and in-depth interviews were conducted with early childhood education teachers.

**Process of argumentation:** It is widely recognized that cooperation between school and family is natural and necessary, yet it remains debatable whether this relationship is truly a partnership. A child at an early school age not only acquires knowledge and skills but also develops habits that shape his or her attitudes. This article presents the results of research on the need for cooperation between family and school, using the example of shaping pro-health habits. The study identifies both well-established children's habits and those requiring additional support from the school.

**Research results:** An analysis of the findings suggests that children's health habits are developed to varying degrees across different areas of health. These habits are most advanced in the area of personal hygiene and least developed in the areas of physical activity and proper nutrition.

**Conclusions and/or recommendations:** The study identified specific areas of co-operation between teachers and parents in shaping healthy habits in children. Certain topics should be addressed jointly, and the actions of parents and teachers should be consistent.

## Introduction

A discussion is now emerging on the cooperation between schools and families. While the obvious benefits of such collaboration are widely acknowledged, questions regarding the subjectivity of the partners, mutual trust, and the scope of their involvement remain open. In pedagogical practice, the concept of *collaboration* is often equated with *cooperation*. Educator Mieczysław Łobocki used these terms interchangeably (Łobocki, 1985). Collaboration involves the joint activity of schools and families in solving problems, brings satisfaction, and creates a model of work that enables the implementation of grassroots initiatives. Relationships between teachers, parents, and students that are based on respect for each individual's identity affect the quality of the school's work, which in turn makes it open to all and advances the idea of inclusive education. Thus, in the simplest sense, cooperation is an equal relationship and mutual influence between the key environments shaping a child's education (Mendel, 2013; Otero-Mayer et al., 2021).

Cooperation between school and family is an indispensable element of an effective educational process, as only the coordinated actions of both environments can fully support a child's development. Without the teacher's understanding of the child's living conditions, effective pedagogical work is impossible. Likewise, without awareness of the school's functioning—its teaching, educational, and care activities—and without the teacher's insights into the child's behavior, attitude, and learning, it is difficult for parents to apply appropriate measures and forms of support that promote the child's overall development (Weissbrot-Koziarska, 2018; Knopik et al., 2022). We agree with Mendel's (2013, p. 1) statement that:

A teacher focused on the progress of their students always works with openness to the environment from which they come. They know that their work will make sense only when—having become familiar with this environment—they take its characteristics into account and recognize the value of cooperation with parents.

The criterion of cooperation on the part of parents should be based on partnership, which requires them to possess knowledge of how the school functions and to gradually build trust in teachers (Weissbrodt-Koziarska, 2018, p. 179).

Referring to the topic of the article, which concerns cooperation between the family and the school in shaping students' health habits, it is necessary to identify several basic international legal acts that mandate cooperation between parents and teachers. Poland, as a member state of the European Union, is required to comply with international legal instruments. The first document is the *Universal Declaration of Human Rights* (adopted on 10 December 1948 by the United Nations). In particular, Article 26, points 1 and 2, refer to the universal right to education, at least at the primary level, its equal accessibility according to individual merit, and the principles of tolerance and peace. Point 3 states: "Parents have a prior right to choose the kind of education that shall be given to their children." (UN General Assembly Resolution 53/144 of 9 December 1998) Although the declaration does not explicitly address the shaping of children's health-related habits, it emphasizes parents' rights regarding their children's education.

Similar ideas appear in the *Convention on the Rights of the Child*, adopted on 20 November 1989 by the United Nations General Assembly, which stipulates that "childhood is entitled to special care and assistance" and that the family, as "the fundamental group of society and the natural environment for the growth and well-being of all its members and particularly children," should receive the necessary protection and support to fulfill its responsibilities (OJ No. 120, item 526, <https://brpd.gov.pl/konwencja-o-prawach-dziecka/>). A key document establishing the framework for cooperation between schools and families is the *European*

*Parents' Rights Charter*, which states that parents' fundamental right to raise their children should be supported through collaboration between parents, teachers, and school administration. It affirms parents' right to be recognized as the "first teachers" of their children (OJ EU C 303, p. 1, <https://www.gov.pl/web/nauka/prawa-rodzicow>).

In the national context, the pedagogical activity of the school is one of the fundamental goals of the state's educational policy. According to the objectives of this policy, the school's activities should take into account both the will of parents and the role of the state in educating and raising the young generation. As defined in the current *Core Curriculum for General Education*, the school's tasks at the stage of early childhood education, in terms of cooperation between the school and parents, include:

- "cooperation with parents, various communities, organizations, and institutions recognized by parents as a source of important values, to create conditions enabling the development of the child's identity;
- regularly supplementing, with parental consent, the educational content with new issues resulting from the emergence of changes and phenomena in the child's environment that are important for the child's safety and harmonious development" (Journal of Laws 2024, item 996).

It should also be remembered that cooperation between school and family ought to be based on partnership principles in three areas—didactic, educational, and caregiving—because only then can it be said to have a constructive impact on the upbringing of children and youth (Ordon & Gębora, 2017).

Cooperation between family and school leads to the coordination of educational activities. These two environments should not act in contradiction to each other, as such inconsistency can weaken the sense of previously established values, judgments, or ideals (Młynek, 2021; Błasiak, 2017). The main principles of parent–school cooperation involve several key elements that help build an effective relationship between both parties. Some of the most important include the child's well-being, partnership

and mutual respect, openness and frequent communication, mutual trust and discretion, engagement of both sides, and transparency of activities. Once cooperation has begun, it should not be interrupted, as doing so would undermine earlier efforts and require rebuilding the relationship from the beginning (Reczek-Zymróż, 2024).

The school, as an educational institution, both shapes the student and supports parents in the process of educating their child. The school's role in strengthening parental competences includes, among other things, collecting and providing information about the child's behavior, jointly seeking solutions to problem situations, involving parents in school activities, organizing specialized counseling, and providing pedagogical knowledge (Opozda, 2017; Barbara et al., 2014; Mendel, 2013).

Meanwhile, the educational influences of the family are usually not subject to predetermined regulations. Each family develops its own educational practices, which arise naturally and are used not because of formal statutory obligations but as a result of certain habits, traditions, or incidental circumstances. The family provides children with a sense of security and relative independence, which gives it a clear advantage over the school.

Weissbrot-Koziarska's (2018) research shows that the most beneficial forms of cooperation between teachers and families seem to be individual, direct or indirect contact (information sent via the student's electronic journal, correspondence, telephone contact, or communication through social media), as well as regular meetings held either at school or in the student's home. These conversations touch on the child's academic progress as well as on issues related to health, insufficient physical activity, a tendency toward a sedentary lifestyle, and the lack of healthy eating habits (Przybyszewska, 2011).

A teacher's work encompasses various areas of teaching, educational, and caregiving activities, as their role is not limited to transferring knowledge. In the instructional domain, teachers plan and implement the teaching process, adapting methods and forms of work to students' needs, motivating them to learn, and monitoring their educational progress. In the educational domain, they support students' personal development,

shape values, attitudes, and social norms, and help address emotional, social, and health-related issues. Caregiving activities involve ensuring students' physical and mental safety and well-being, as well as supporting them through difficult life situations. Through this multifaceted work, teachers play a key role in a young person's overall development (Młynek, 2021; Błasiak, 2017; Woynarowska, 2013; Trojan, 2014). Communication and openness to collaboration with parents are crucial components of these teacher responsibilities.

While not functioning as parents, teachers can play a significant role in supporting and developing parenting skills, particularly through collaboration with students' parents and by organizing educational activities. The main parenting competencies that teachers can help strengthen include communication with the child, understanding the child's needs and emotions, supporting independence and responsibility, setting boundaries and consequences, building a positive relationship with the child, and cooperating with the school (Opozda, 2017; Weissbrot-Koziarska, 2018). Our research on the development of pro-health habits in early school-age students is relevant in the context of the principles of cooperation between family and school, which have been presented here in brief out of necessity. At the same time, implementing the above-mentioned tasks requires support for teachers and partnership-based cooperation with parents. This need was the primary motivation for undertaking the topic and designing the study.

### Research procedure

This study falls within the area of early childhood education and health education. The main research problem was formulated as the following question: *What are the forms of cooperation between primary school teachers and parents of early school-age children in shaping healthy habits in children?* The aim of the study was to identify the actions undertaken by parents and teachers of early childhood education to shape healthy habits in children.



The nature of the research problem guided the selection process, as it influenced the choice of measurement tools to ensure the validity and reliability of the study (Łobocki, 2006; Pilch & Bauman, 2002). Quantitative methods were used to fulfill the goal of identifying parents' opinions and health habits in early school-age children, including physical activity, preventive care, personal hygiene, and proper nutrition. To achieve this goal, a diagnostic survey method and an original survey questionnaire were used. The questionnaire was developed on the basis of a literature review and previous research on children's healthy habits (e.g., physical activity, preventive medicine, personal hygiene, and proper nutrition). The questionnaire was non-standardized and was piloted among a small group of parents ( $n = 10$ ), which allowed for clarification of some items and improved content validity.

Qualitative research methods were used to identify teachers' actual expectations concerning cooperation with parents in shaping children's healthy habits. Individual in-depth interviews were conducted using an original, nonstandardized interview questionnaire (Wiśniewska, 2013; Pilch & Bauman, 2002). Given the research problem and the complexity of teachers' work across diverse school environments—along with the individualized nature of their educational practices—the use of this technique is justified.

A non-random, convenience–purposive sampling strategy was employed. Study participants included parents of early school-age children and teachers who taught grades 1–3 in primary schools. Questionnaires for parents were distributed via the electronic journal, with the consent of school principals. In the second phase of the study, interviews were conducted with 12 teachers. Interviews took place individually at pre-arranged times. Principals from five schools granted permission to conduct the study. All participants provided informed consent, and the study was conducted in accordance with ethical principles.

A total of 52 parents participated in the study. Their ages ranged from 27 to 35 years. Participants' place of residence was also recorded: 76% lived in the city of Biała Podlaska, while 24% lived in villages in the Biała Podlaska district. Regarding parental education levels, 72% had higher education, 12% had secondary education, and 16% had vocational education.

## The need for cooperation of parents and teachers in shaping healthy habits in children

In the initial phase of the study, the focus was on analyzing data concerning children's health habits related to personal hygiene, including hand and foot hygiene and tooth brushing. The ability to independently compare one's behavior with standards appropriate for a given age group supports the development of agency and increases children's self-awareness. Parents' responses regarding their children's hand and foot hygiene are presented in Table 1.

**Table 1. Hand and foot hygiene in children**

No.	Hand hygiene/ Hand-washing frequency	Parents' answers %	Foot hygiene/ Foot-washing frequency	Parents' answers %
1.	My child washes hands very often	79.0	Every day before bed	82.0
2.	Only before eating and after using the toilet	17.0	Only when they get really dirty	16.0
3.	Only when they get really dirty	4.0	Very rarely	2.0
	Total	100.0	Total	100.0

Source: own research

According to the majority of respondents (79%), the reason for very frequent handwashing in children is their personal concern for cleanliness, and similar results were observed for foot hygiene. Almost 82% of respondents reported that their children wash their feet every day before going to bed. The high indicators in this area show that most children have established personal hygiene habits. However, 4% of respondents pointed to a low level of hygiene habits or a lack thereof. Although these percentages are small, they suggest the need for targeted educational measures for this group of children.

The questions about children's personal hygiene were supplemented by parents' responses regarding the regularity of tooth brushing. The vast majority of parents (70%) reported that their child brushes their



teeth twice a day (morning and evening), 28% indicated once a day, and 2% stated that their child does not brush their teeth at all. These results indicate a lack of consistent parental supervision, as well as the need for cooperation with teachers in shaping hygiene habits, particularly oral hygiene. The findings concerning the frequency of tooth brushing therefore point to the urgent need for parents and teachers to work together in this area.

Research on the relationship between hygienic and nutritional behaviors in children and the risk of dental caries was presented by Michota-Katulska et al. (2015), who emphasized the importance of monitoring children's hygiene practices. Similarly, research conducted by Nijakowski (2015) drew attention to concerning issues such as insufficient parental supervision, which can lead to a decline in children's daily oral hygiene, especially as they grow older. Children gradually lose motivation to maintain hygiene if they are not systematically supported and supervised by caregivers (Nijakowski, 2015).

The relationship between family influences and socioeconomic factors in maintaining oral hygiene in children was demonstrated in studies conducted in Pakistan and Ecuador (Yousaf et al., 2022). These studies indicate that parents' level of education, health awareness, and economic circumstances directly affect children's hygiene. Unfavorable economic conditions may limit access to hygiene products, dental care, or health education. Findings from both Polish and international studies underscore the need for health education directed at parents, especially concerning the importance of daily oral hygiene and the role of parents as role models for their children (Yousaf et al., 2022; Nijakowski, 2015).

The study also takes into account the importance of physical activity as an integral part of children's healthy habits. Parents' responses to the question about their children's participation in morning exercise are presented in Table 2.

**Table 2 Participation of children in morning gymnastics**

No.	Frequency of morning gymnastics	Parents' responses %
1.	Every day	5.0
2.	When assisted by parents	11.0
3.	Never	84.0
	Total	100.0

Source: own research

The collected data may raise concerns, as 84% of parents reported that their children never do morning exercises, and only 5% indicated that their children engage in this type of activity every day. It should also be noted that the responses from parents regarding walking with their children are relatively unsatisfactory. According to 79% of respondents, they *sometimes* walk with their children on days off from work; 14% reported walking with their children every day for about one hour; and only 7% indicated walking for up to two hours every day.

The questions related to physical activity were supplemented by parents' responses regarding their child's participation in sports or dance classes. The majority of respondents (66%) stated that their child does not participate in these activities, whereas only 34% indicated participation. Analyzing the parents' answers regarding their children's involvement in various forms of physical activity reveals very low participation rates, which suggests the need—indeed, the necessity—to undertake actions promoting these forms of activity. In this respect, professional pedagogical work with students can be helpful, and such efforts should begin as early as possible.

The need for physical activity in children's healthy development has been emphasized by many health researchers, including Woynarowska (2013), Leszcz-Krysiak (2022), Charzewska and Wolnicka (2013), and Waszczuk et al. (2017). Research by Merkiel et al. (2011) also demonstrated low levels of physical activity among children in the Mazovian Voivodeship. A child's healthy habits develop through regular hygiene

practices and physical activity, along with an appropriate diet. When asked about the frequency of vegetable consumption, parents responded as follows: 63% answered once a week, 31% “almost never,” and only 6% reported that their child eats vegetables every day. When asked specifically about sweets consumption, 100% of parents stated that their child eats sweets almost every day.

The clear disparity between occasional vegetable consumption and daily consumption of sweets indicates that many children’s diets rely predominantly on sweet-tasting products. This pattern may stem from a lack of appropriate dietary modeling by adults as well as limited access to reliable health education. These results underscore the urgent need for educational initiatives directed toward parents, aiming to increase awareness of the importance of a balanced diet for children and the necessity of reducing sugar intake in favor of nutritious foods such as vegetables.

The next question also concerned the child’s diet, as parents were asked whether their child had an appropriate body weight for their height and age. Parents’ responses were as follows: 64% stated that their child weighs much more than they should, 25% indicated a slight excess, and 11% reported that their child weighs the appropriate amount or slightly less. Barbarska et al. (2012) and Trojan (2014) emphasize the importance of nutrition in preventing obesity and overweight in children and highlight the significance of the school environment as a key factor influencing children’s eating behaviors.

In the research on shaping healthy habits in children, attention was paid to the daily schedule, including the time at which the child goes to sleep. The majority of parents (87%) indicated a bedtime between 9:00 and 10:00 p.m., while 13% reported a bedtime before 9:00 p.m. The daily schedule is considered a universal measure because it accounts for key pedagogical and hygienic principles that contribute to good health. The results indicate that children have not yet fully developed pro-health habits related to planning their daily routines. This need should motivate substantive cooperation between parents and teachers.

Parents’ opinions regarding the development of healthy habits in children helped identify the substantive issues that should become the focus

of cooperation between parents and teachers, given the varied levels of established health habits in children. In the area of personal hygiene, health habits appear to be properly formed for almost all children, according to the surveyed parents. However, nutritional habits show low vegetable consumption and high consumption of sweets, which will require dialogue between parents and early childhood educators in the area of nutritional education.

Another important area for cooperation between parents and teachers is physical activity. It is necessary to strengthen parents' pedagogical knowledge by educating them about the physiology of a healthy body and the role of physical activity in increasing energy levels and strengthening immunity. Considering the age of the surveyed parents (27–35 years), it can be assumed that raising the issue of health education in cooperation between parents and teachers would likely bring mutual benefits and contribute to effectively forming health habits in children.

Parents' pro-health attitudes have a crucial impact on children's upbringing and overall health. Parents act as role models for their children, which is why examining their attitudes toward their own health is relevant. It is therefore worthwhile to propose educational initiatives for parents that emphasize the importance of parental involvement in supporting proper child development (Miyake et al., 2021; Woynarowska et al., 2010). Such initiatives are an investment that benefits both the child and the family.

An important aspect is the child's emotional engagement. When children are emotionally involved in an activity (e.g., preparing healthy meals, participating in group exercises), their sense of agency and willingness to continue increases, and intrinsic motivation develops. They experience firsthand that caring for their health brings real benefits (more energy, satisfaction, overall well-being). The social environment in which a child lives is also crucial. It should support healthy choices by, for instance, providing access to safe spaces for physical activity and limiting exposure to unhealthy food advertisements.

Shaping pro-health habits in children is an important task addressed to both parents and teachers. Only the joint efforts of these two partners

can create a coherent educational environment that supports children's health (Leszcz-Krysiak, 2018; Nazaruk, 2017). Joint activities between schools and parents include health education (in which parents and teachers can together teach children the principles of a healthy lifestyle), as well as shaping healthy eating habits, physical activity, and hygiene practices. The parents' and teachers' efforts should be coherent and systematic, and regular meetings along with the exchange of information about the child's health behaviors can facilitate this process.

The research showed that all teachers participating in the study cooperate with parents and communicate with them frequently, mainly on an individual basis. According to the surveyed teachers, most parents show considerable interest in their children's behavior and educational progress, which is reflected in regular conversations with teachers. In many cases, parents contact them every few days, and some even on a daily basis. Particularly demanding are conversations in which teachers must provide parents with less positive information, such as "today the child was not active in class," "the child was sleepy," or "the child was reluctant to participate in physical exercises." Moreover, teachers' suggestions for incorporating physical activity do not always receive approval from all parents. This may stem from the fact that some parents have their own views on how to spend free time with their children.

In such situations, it is advisable to offer thoughtful educational support that encourages parents to reflect on the benefits of physical activity for their child—physically, emotionally, and socially. Parents should understand that regular activity promotes not only physical health but also concentration, emotional stability, better sleep, and stronger peer relationships. Children learn through experience: when they see physical activity as a normal part of daily life, they are more likely to adopt it as a habit. Through ongoing cooperation and conversations with parents, teachers learn about parental expectations regarding children's physical activity, hygiene, and nutrition. Research by Knopik et al. (2022) likewise demonstrated the need to develop strategies for supporting parents in connection with the health education of students with special educational needs, which is included here for added context.

According to the surveyed teachers, half of the parents of children attending the schools where the research was conducted do not offer any comments or suggestions regarding the health education tasks implemented by the school or by teachers, through which students develop pro-health attitudes. Parents often justify their children's low level of physical activity by claiming that "they already have quite a lot of outdoor exercise and see no reason to participate in additional forms of physical education." However, some parents hold a different view, as the surveyed teachers noted: "they want physical activity classes at school to be more intensive and regular." Teachers also presented suggestions submitted by parents to make children's physical activity more appealing. The most frequently mentioned forms are shown in Table 3.

**Table 3 List of parents' expectations perceived by teachers**

No.	Parental expectations	Teachers' answers %
1.	Organizing swimming pool activities	61.0
2.	Organizing dance classes	46.0
3.	Organizing posture-corrective classes	36.0
4.	Regularly organizing free outdoor activities/games	34.0
5.	Organizing sports competitions	32.0
6.	Organizing school camp trips	12.0
7.	Other activities	5.0

Note: The results do not add up to 100% because multiple proposals were submitted

The types of expectations perceived by teachers suggest that parents possess varying levels of knowledge and diverse approaches to shaping pro-health attitudes, as well as indicate the forms of activity that they prefer. We assume that introducing children to such forms of activity would positively influence the development of proper habits during childhood and in later stages of life. At the same time, parents' comments reveal a degree of dissatisfaction.



Based on these findings, we recommend implementing the proposed measures both at the class level—working directly with educators—and at the school level with school management, and even, when necessary, involving the governing body of the institution due to the associated costs. An instructive example can be found in Japanese schools, where practical health promotion lessons for parents on child development are implemented (Miyake et al., 2021).

### Summary and recommendations

The research and the resulting findings allow for several reflections on the cooperation between family and school. The research indicates that children's health habits are formed at varying levels across different health-related areas. The strongest habits are clearly in the area of personal hygiene, as the vast majority of parents' responses indicated that their children engage in hygiene practices regularly and independently. However, habits related to proper nutrition and physical activity are not fully developed, as indicated in parents' responses. These areas require the implementation of *exercitatio* in a professional manner—an effort in which teachers can play an important role, thus outlining key areas for cooperation between parents and teachers. The study showed that cooperation between teachers and parents in shaping pro-health habits is multidimensional, though certain issues still require attention. This cooperation focuses directly on the child and emphasizes their behaviors, knowledge, activities, and the suggestions or proposals for actions that foster health-promoting abilities.

In conclusion, it should be emphasized that without effective, partnership-based cooperation between parents and teachers, valuable health education cannot occur. Teachers and parents should jointly organize health education initiatives. Parents communicate their needs to teachers regarding the implementation of health-related topics that support the development of pro-health habits, including proper nutrition, oral hygiene, and physical activity. The coherence of parental and teacher

actions should be coordinated. Parents are the first to convey the foundations of healthy behavior, after which educational institutions continue and reinforce this process. Therefore, an increasing number of specialists in health education draw attention to the key importance of the school in shaping children's pro-health habits.

What should also be noted is another dimension of cooperation between parents and teachers that may not have emerged directly from the conducted research, namely, financial support and sponsorship from parents. For example, school camps or swimming pool trips would be difficult to organize without parents' financial participation. Parental support is also necessary for purchasing sports equipment and providing prizes for participation in athletic competitions. In conclusion, it should be emphasized that without partnership-based cooperation at both the parent–teacher and parent–school management levels, effective promotion of a child's healthy development and pro-health habits is unlikely. While this research does not fully exhaust the topic of teacher–parent cooperation, it sheds light on one part of a broader reality that is still evolving. Such cooperation may support not only the effective implementation of health education but also a conscious and responsible approach to nurturing the child's family environment and ensuring their healthy development. It seems that the research issues, particularly due to their broader implications for the health of the younger generation, are highly relevant and merit continuation to further investigate other factors influencing the formation of pro-health habits.

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## Legal Acts

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- European Parents' Rights Charter. (Journal of Laws of the European Union No. 303, item 1). <https://www.gov.pl/web/nauka/prawa-rodzicow> (access: 04.09.2024)
- Regulation of the Minister of Education of 28 June 2024 amending the regulation on the core curriculum for preschool education and the core curriculum for general education for primary school, including for students with moderate or severe intellectual disabilities, general education for vocational schools of

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