

Where Is Physical and Health Education Heading in Poland?

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Abstract

In recent years, Poland has undergone major transformations due to political and social changes in Eastern Europe. Liberalization of human rights, as well as technological advancement with open access to various technological means, including broad television offerings, has shifted the focus of attention away from pupils for some time, but the new and most recent social approach allows for a more pupil-centered approach and the use of interactive, indirect teaching methods in schools. New curricular models of physical education have been implemented, including a module of health education for the upper grades. New community programs that have increased the awareness of Polish citizens have emerged. Previous low awareness of sports and health-related aspects in Polish society has recently been elevated due to the large international sports events Poland was awarded (Euro 2012, Volleyball World League final, EuroBasket finals in 2009 [men] and 2011 [women]) and programs that ran along with those events. Despite those facts, daily routines concerning health, in terms of both the general population and the individual, are slow to change, and the number of young and adult people having difficulties with maintaining optimal body mass is not decreasing. Increasing the number of youth meeting the recommended standards concerning level of physical activity is not easy. Poland is still in the middle of European youth in such rankings. In this chapter, various governmental, municipal, and academic initiatives are discussed along with examples of the best educational practices in physical and health education in Poland.

Keywords

Physical education, health, community sport and health programs, youth, Poland

Introduction

Today, in Poland, the development of an Active and Efficient Society strategy, proclaimed by the Polish government for the years 2007 to 2015, has been based on the recent expertise reports set by the Polish Ministries of Education and Sport, which was supposed to remain in accordance with the World Health Organization's global strategy in the domain of physical activity and health. Governmental actions seem to align with the Global Forum for Physical Education Pedagogy 2010 (GoFPEP) consensus statement such as accentuating the importance of cooperation of stakeholders in the community (teachers, administrators, parents, community members, business leaders) to advocate, promote, educate, and develop individuals to incorporate physical activity into their daily life through formal and informal education (Edginton, Chin, Gadelmann, & Ahrabi-Fard, 2011). School physical education (PE) curricula was also redesigned to promote active, pupil-centered learning and to empower individuals to develop life skills that lead to lifelong, self-directed engagement in physical activity.

Up to this moment, sports (both professional and mass sports) were a part of a broader notion—physical culture—and together with PE (also inclusive), recreation, and tourism, all on equal terms, contributed to the state of culture in the domain of the physical. The government was responsible for popularizing mass sports and health-related behaviors among Polish society. Of further interest is the new national decree on the role of sports, which claims that the individual, not on the government, is responsible for his or her own health and physical activity. This situation is partially due to the financial crisis in Europe forcing many European countries, among those Poland, to cut governmental spending, but decisions that the government has made on the basis of financial reasons will no doubt affect the state of the physical culture of Polish society in the long term.

In this chapter, the most important moments in the development of the physical culture are presented from historical and sociological perspectives, followed by an explanation of the present system of physical and health education in Poland. The chapter ends with examples of unique models and community programs used in Poland to enhance health awareness of Polish citizens with recommendations for the future.

Relevant Background of Poland From Historical and Social Perspectives

Poland was one of the first countries to introduce regular physical activity into school curricula lessons in 1783 when it was officially proclaimed by the decree of the Polish Committee of National Education (*Komisja Edukacji Narodowej*). Realization of that decree was not easy though because there were no professionals, infrastructure, or facilities for regular physical activity. However, some secondary school headmasters managed to bring sports coaches from abroad to Poland, who implemented mainly Western European-originated sports such as games, horseback riding, and gymnastics. In the second half of the 19th century, the Sokol movement was developed. It started in the area of today's Czech Republic, and later it spread over the eastern part of Europe, especially into Poland. The role of this organization was to preserve traditions and to increase the physical potential of a nation remaining under foreign occupation. The movement and Sokol "nests" flourished in the period between World War I and World War II and remain in operation today. Although they are not as active as they used to be and have turned into voluntary organizations, at present, there are 44 Sokol nests with more than

8,000 individual members in Poland. Early attempts to awaken the health awareness of Polish society were not just “practical or physical in nature.” Distinguished scholars also undertook a sizeable body of academic work in the early 19th century. Sniadecki (1768–1838), a medical doctor, published in 1835 the first book on the physical upbringing of children, *O fizycznym wychowaniu dzieci*. In 1919, shortly after Poland regained independence, the first Chair of Physical Education was organized at the University in Poznan. Piasecki (1872–1947) was appointed its first head and developed the institution into a department for training of PE teachers and health specialists. He devoted his life and work to preserving traditional sports and games, trying to interweave those into regular PE, counterbalancing more strict forms of exercise drills and Western sports (Bronikowska, 2008).

After World War II, Poland, although liberated and considered a free and independent country, remained under strong political influence of the Soviet Union. Together with other Eastern European countries, Poland formed a Communist bloc, and the philosophy of education was infected strongly with Communist ideology. Developing an individual into a strong and physically fit “subject” able to defend his or her country was important, and working hard for the country’s wealth became a priority. Also, a Russian system of PE called *fizkultura* was employed in schools, which influenced the organization and teaching methods for a long time. Due to political demands (e.g., expectations of medals to prove supremacy of one political system over the others), PE classes at schools tended to be more of a sport/physical training than a real PE teaching and learning process. This led to the development of biological- and physiological-based research and training methods, which in some countries (e.g., the former East Germany) slipped out of legal, and moral, control, causing social and cultural damage in those societies in the long run and often led to the misuse and abuse of sport and its role in the life of individuals and whole societies.

Current State of Well-Being of Children and Youth in Poland

PE aims at personal development in social terms parallel with physical improvements, all leading to the creation of a self-responsible individual who is able to maintain lifelong care of the self. But such understanding of PE did not come right away. There were also problems such as the relevance and low quality of PE, especially with the sustained predisposition toward sports competition and performance-related activities dominated by only a few sports (games, gymnastics, and track and field athletics). Other barriers included problems with inclusive education and the failure of society to attach value to school PE and sports as a nonacademic subject. Social skills were completely neglected. Gawel (2010) pointed at the importance of a positive school psychosocial environment in shaping pupils’ life skills, especially interpersonal skills, as well as the ability to cope with stress and build a positive self-image. To provide such a positive environment, school authorities need to control the most important factors: (a) the educational impingements that are directed at protection and promotion of the pupils’ health; (b) the material environment of the school connected with health; (c) the psychosocial environment of school; and (d) the patterns of health behaviors, which are presented at school. Only recently theoretical discussions have shifted objectives of PE from the *care of the physical* into a new formula—education for the *care of the body with more emphasis on health awareness*. Today physical education is seen as

a part of a larger educational and health-related entity; it encompasses proper organization of physical exercises during classes and during breaks, school food service, caring about students’ correct body posture and health-related considerations during all

kinds of classes, extra-school physical activities, organization of active leisure, etc. And in that sense, as a process, it would require involvement of all the parties involved in a schooling process (principals, teachers, other staff) and around school (parents, local authorities, and related organizations). (Osinski, 2011, p. 79)

This new idea was derived from research on populations of Polish youth. Recent research into the physical activity of school-aged pupils in Poland has shown that among 13- to 15-year-old youth in Poland, 13.3% are overweight (14.9% girls, 11.6% boys) and levels of obesity are at 4.5% (5.7% girls, 3.3% boys). Moreover, in the last 10 years, a slight increase in obesity (+2%) has been observed in these age categories (Oblacinska & Jodkowska, 2007). Also, underweight status has become a noticeable problem as well, though not in vast numbers. In another study (Kantanista, Osinski, Bronikowski, & Tomczak, 2013), it was 11% to 12% among 14- to 16-year-old girls and 6% to 9% in boys. Another population-wide study (Oblacinska & Woynarowska, 2006) indicated that 80% of Polish youth consider themselves healthy and 60% in good shape, and although 85% were happy with their life, 33% sometimes felt anxiousness and fatigue, and they suffer from psychological stress (more often this was a concern for girls than boys). However, only 22% of the youth examined met the recommended daily amount and intensity of physical activity for this age category. The influence of rapidly developing modern communication technologies is visible; 16% of youth spend 4 hours or more watching television or playing computer games on weekdays (the figures are less for girls than boys), and this tendency increased with age, together with undertaking more risk-related behaviors. According to the same research (Oblacinska & Woynarowska, 2006), 29% of those interviewed regularly smoked, 28% regularly consumed alcohol—primarily beer—and 8% had taken drugs more than once. This places Polish youth with their health behavior and relatively low level of physical activity in the middle of the table among their European peers.

Current Practices and the Curriculum of PE in the School Context

The educational system in Poland is centralized at a national level; therefore, the Ministry of Education needs to approve all major acts concerning education. In 2009, the Ministry of Education implemented new regulations on education. Unlike previous reforms, it brought mainly curricular changes. However, to understand the recent changes, one ought to gain basic knowledge of the previous reforms. In 1999, the whole system of education was completely overhauled. Changes concerned a new division of the school system. It is now preschool education (up to age 5); primary school (ages 6 to 13); lower grammar school, called gymnasium (ages 13 to 16); general lyceum (ages 16 to 19); or technical secondary school (ages 16 to 20), followed by undergraduate studies, a bachelor's degree lasting 3 years and an additional 2 years to graduate with a master's degree. In 2009, another reform concentrated on the philosophy and content of the subject curricula. This new reform also changed the organization of the PE schedule from four 45-minute lessons of PE per week; included in a daily timetable, it has provided a new possibility: two 45-minute lessons interwoven in the daily timetable of pupils, and the other two lessons are now allowed to be diverted into the extracurricular system of facultative activities. In this case, *facultative* does not mean optional (all lessons, including those of the extracurricular time, are obligatory). However, this new system allows the pupils to select the facultative profile of classes from among sports, recreation and health, dance, and active tourism (Podstawa programowa, 2009).

A basic legal act called *Podstawa programowa* (2009), namely, curriculum issued with these new regulations, sets general aims for each stage of education and for each subject of the school

curricula. More emphasis is now placed on developing appropriate social and moral attitudes through experiencing and discovering knowledge and developing life skills, along with developing knowledge-based facts, theories, and praxis. It gives a general framework of skills and knowledge that should be covered during the PE process, which is divided into the following strands: (a) physical fitness testing and physical development diagnosis, (b) health training, (c) lifetime sports and leisure, (d) safety in physical activity and personal hygiene, (e) sports, (f) dance, and (g) health education (taught at the upper stages of education only). The last strand, health education, is an important novelty in the new curriculum. The health education strand has been designed as a 30-hour module to be realized in one semester in gymnasium (ages 13 to 16) and one semester in lyceum (ages 16 to 19). After this module, students are expected to be able to explain what health is and what determines its level (in both a positive and a negative way), create a plan to develop their own health resources, learn how to deal with stress and negative emotions and how to be assertive, and learn to cooperate and lead others in different social contexts. At the two upper stages of education (ages 13 to 19), the emphasis is on employing a new approach (a new philosophy of teaching including interactive teaching methods, mainly projects and portfolios in planning, participating, and evaluating one's health-related actions), whereas health training concentrates on the basic principles of health-related fitness with planning, demonstrating, and exercising.

Unique Curricular Models and Community Programs

In the last decade, a number of unique curricular initiatives and projects have aimed to improve the state of physical and health awareness of Polish children and youth. Some of them have been a part of broader pan-European projects and others have remained local.

In 2006, the pan-European Union project Health(a)ware—An Experience-Based Learning and Teaching Approach for Physical and Health Education was carried out in Poland by the University School of Physical Education in Poznan, together with Humboldt University Berlin (coordinator), Universidad Politecnica de Madrid, Norges Indrettshogskole Oslo, Charles University Praga, and Univesitat Wien. The project concerned youth aged 10 to 16. The aim of the project was to develop a new theoretical framework combining PE with health education (a new modular model of experience-based teaching and learning was created). Through a series of practical workshops, the team worked out teaching examples (lessons, workshops, and project scenarios) and tested them in school settings. The final outcome of the project is a manual for teachers and students of PE, containing numerous best ready-to-use practice examples. The whole project aimed to establish a pan-European platform to unite teaching and learning strategies, content, and methodologies. Additional information may be found at [www.health\(a\)ware.eu](http://www.health(a)ware.eu).

A similar program called Keep in Shape (*Trzymaj forme*) was developed in Poland by the Chief Sanitary Inspector and the Polish Federation of Food Producers around the same time. In 2006, the Ministry of Education agreed to introduce it into 4,300 schools to 622,000 pupils. The whole concept of increasing health literacy through this project was based on five ideas: equality, sustainability, inclusion, empowerment, and democracy. The program was built on the whole-school approach to health, participation, quality of a school, scientific evidence, and school and local community. Teachers received teaching resources, and an educational package was developed for each pupil and parent. Pupils could also enter a special Web page (www.trzymajforme.pl), where they could check their body mass index status or find out how to read food product labels and how many calories they should consume daily. Teachers were given ready-to-use lesson plans for health planning, as well as tasks and tips on how to cooperate

with parents during school meetings. They were also provided with reference tables concerning caloric burning for various activities at various levels of intensity. A primary school (Szkola Podstawowa no 5) in Myslowice (Silesia region) is an example of a school that has joined the project. During the project, the school took the following actions:

- In the nutritional area: (1) a glass of milk (or yogurt) to every pupil each day, celebrating eating healthy breakfasts at school, pupils and teachers together, once a week; (2) a special workshop for pupils on how and what to eat; a similar workshop was run for their parents; (3) 7- to 9-year-olds participated in a Squirrel Club working on a “healthy basket” idea.
- In physical activity: (1) in the PE curricula, outdoor activities were extended including cycling and snow games; 20% of pupils enrolled in the the School Sports Club, and 60% were assigned to a special postural correction program (also enhancing physical fitness); (2) trips to a swimming pool including swimming classes were organized, and the school was enrolled in a system of school competitions in the city circuit.

In addition to such regular activities, various dramas were organized to coincide with World Health Day (e.g., *Vitamins, Bacteria and Viruses*, and *Movement Is Healthy for Body and Mind*). In terms of results, the project led to changes in dietary habits concerning breakfast, to an increase in the number of pupils spending their leisure time in an active way (especially regular participation in swimming activities). Among the difficulties experienced, the school listed communication problems and lack of commitment among some parents as the main issues. The achievements of the project have been described in a set of books for health education teachers and specialists, *HEPS Tool for Schools: A Guide for School Policy Development of Healthy Eating and Physical Activity* (Simovska et al., 2010), including the guidebook, tool book, and manual.

The above-mentioned program was followed in Poland by another European Union project, Healthy Children in Sound Communities, which targets children aged 7 to 9, and could be considered a natural continuation of the previous project. The project is based on roundtable meetings that gather municipal, academic, and school personnel, along with parents and diet specialists and partners from local youth sports clubs. The realization of the project involves two extra lessons of physical activity, led by a specialized youth sports coach, and one lesson of healthy nutrition a week, led by a nutrition specialist, over 15 weeks in one school semester. The project has gained support from the city municipality (Department of Education and Health) and has been extended to other schools, for the longer period of an entire school year. Additionally, a handbook, *Jestem aktywny i jem zdrowo – zyje kolorowo* (I Am Active and Healthy – I Am Living Flying Colors), has been prepared for parents and teachers of Grade I (age 7). The book includes nutritional information supported with examples of physical activity games for each season of the year and fitness and body mass index testing hints for parents, enabling them to monitor the health status of their children on their own.

A similar community program was developed in Gdansk by the city municipality-founded Centrum Dziecka (Children’s Center) and the University Clinical Center. Gdansk is a city with one of the highest percentages of overweight and obese children in Poland. In 2009, 10.5% of 6-year-olds were overweight and 7.9% were obese. Of 8- to 12-year-olds, 15.1% were overweight and 7.2% were obese. Gdansk’s program, 6-10-14 for Health (http://www.dlazdrowia.uck.gda.pl/o_programie/program_61014_dla_zdrowia), is a part of a holistic city model aimed at preventing civilization illnesses among children and youth. Through a system of support and consultations, the program is supposed to create a health awareness in terms of not only the physical but also the social and psychological well-being of families and the healthy environment of local settings. This occurs mainly in cooperation with schools, creating a network of healthy eating and physical activity in school (HEPS). The program also has subject-specific panel subgroups,

including a medical intervention group, a nutrition group, a group of psychologists, a group of physical activity specialists, a group of prophylactic research, a group of school education, and a group concerning parents' education. In the years 2010 to 2013, the Center examined over 26,000 children aged 6, 10, and 14 from the municipality of Gdansk. In 2013, the program *Twoj Ruch* was implemented for 9- to 11-year-old overweight children. For 2 months twice a week, selected children and their parents were trained according to their actual state of health and learned to plan and organize physical activity and proper diet on a daily basis.

The above-mentioned programs align with the postulates of the GoFPEP 2010 consensus statement (Edginton et al., 2011), but recently another project has been introduced, which aims to fulfill one of the recommendations that had been neglected in Polish PE pedagogy, namely, using technology to support individualized learning processes and assessment. In Poznan, in selected schools equipped with an internal multimedia system, a "brain breaks" project—a series of didactic films with various forms of physical activity—has been introduced. Showing activities and exercises to children during regular school lessons through colorful cartoon-like films is based on the idea of stimulating blood circulation in the body, especially activating the brain. Children are encouraged to spend 3 to 4 minutes following the activities presented on the screen. Oxygen provided to the brain along with such activities allows children to focus their attention again, to maintain their concentration, and to use their brain more efficiently.

Along with the football championships Euro 2012 in Poland, an interesting project called *Respect Your Health Euroschool 2012+* was developed by the Union of European Football Associations. The project aimed to promote health and an active lifestyle among children and youth and their families concerning the reduction of nicotine and alcohol abuse and exchanging it for physical activity and a healthy diet. A website (<http://www.respectyourhealth.eu/en>) with guidebooks enabling self-monitoring of one's health was provided with free access for children and their parents to teach Polish society to live in a healthy manner.

Also due to awarding Poland and Ukraine with Euro 2012, a governmental initiative of building a number of 2012 fully equipped football fields with artificial grass in almost every town and village in Poland by 2012 was undertaken. The program initiated in 2007 was called *My Sports Field—Orlik 2012* (www.orlik2012.pl). A typical Orlik complex includes two sports fields (one for soccer and one for other sports) that are open for public use (and supervised by trained staff). This was followed by a plan to build a sports gym in every village and to achieve a total of 1,400 indoor swimming pools by 2015 as a key leading tool in maintaining physical activity among Polish youth. Giving sports a superior role in the fostering of individual and societal development is an important change to the previous status quo.

On the wave of large international sporting events in Poland, a unique community sports program concerning youth and sports was developed in the city of Wroclaw and was later introduced in another city, Poznan. The program is called *A Sport Coach From Your Community* and is based on the idea of sending trained youth sports coaches to work with children and youth in leisure out-of-school time, at the grassroots, in their local settings. Due to prearranged agreements with school principals, such sports coaches, provided by the city municipality with various sports equipment, are entitled to use local school sports facilities and infrastructure. Each coach (usually 30 to 40 are employed by the city council from May until October) is expected to work 3 to 5 days per week, 20 hours in total (mainly in the afternoons and often on Saturdays and Sundays) and is provided a monthly salary for the service. Duties include organizing sports activities according to the children's wishes and the facilities available, teaching them basic sports skills, and providing professional and safe assistance at the same time. Coaches are recruited through a special interview program (mainly those having sporting experience or instructor qualifications), and when selected, they have to undergo special training concerning safety hazards, dealing with aggression and violence, and dealing with other po-

tential problems they may encounter when working with children and youth from socially and culturally low backgrounds.

Future Vision: Bridging the Polish Past With the Global Future

When Demel (1973), in his essay *Szkice krytyczne o kulturze fizycznej* (Critical Reflection on Physical Culture), described the present situation and status of PE in Poland, he noted three major weaknesses: (a) PE theoretical framework objectives included developing long-lasting attitudes and health awareness, but the curriculum of the school subject did not include a means for their achievement, (b) No cross-curricular connection and interrelation existed between PE and other school subjects. (c) No systemic approach to health in school and in PE existed; testing had become a main objective, which focused teaching attention on fitness and basic sports skills. This emphasis on sports has also been observed by other authors (Przeweda, 1974; Sulisz, 1992; Trzesniowski, 1981) who have seen a place in school for sports, but who have also warned against its dominating role and professionalization.

Demel (1973) has drawn the main lines for future development and modernization of education, including PE. Among the major key terms, he indicated the following: permanent education and self-education are long-term perspectives, involving intellectualization, humanization, and personalizing demands and expectations according to individualized needs and capacities. Numerous attempts have been made to modernize PE practice ever since, based on the changing aims (also aims of other school subjects) claimed in theoretical frameworks. In the 1970s, a 2-year experimental program (Janik, 1977) aimed to increase the skills of primary school pupils in self-control and self-evaluation with parallel enhancement of physiological workloads during PE classes. Findings indicated improvement in motor abilities such as strength, endurance, and agility. That was a typical approach to evaluation of PE effectiveness at those times in Poland. Demel (1973) commented on this, saying that PE processes in Poland are a combination of physical exercise and development of basic sports skills, and for a long time, this has also influenced the methodology of teaching the subject. When Zuchora (1980) proposed more of a balanced approach as a combination of temporary stimuli (physiological loads) with prospective objectives (development of humanistic values), this came as an important benchmark in theoretical foundations of PE school curricula and opened a new pathway to create lifelong positive attitudes toward physical activity. He called for more of a pedagogical approach to be applied to teaching and learning of PE instead of merely a training regime.

More recently, an experimental program, Do It Yourself—Choose Health (Bronikowski, 2008), aimed to increase out-of-school involvement in physical activity among youth and was introduced to selected gymnasium schools in Poznan. This experimental program included almost 400 boys and girls aged 13 and was oriented to increasing their involvement and responsibility in creating a health-related, physically active lifestyle. The theoretical framework was built on Hellison's (2003) *Teaching Responsibility Through Physical Activity*. The interventional program lasted 15 months (3 school semesters). A specially self-designed, personalized planner—Planning Form of Leisure-Time Physical Activity—was used to self-program the out-of-school schedule of physical activity. In that planner, each pupil planned the amount of time and forms of weekly physical activity in which he or she voluntarily would participate during out-of-school leisure time for each 2-week period. A list of activities was provided indicating whether a particular activity was of low, moderate, or vigorous intensity. The pupils set their goals for physical activity with self-monitoring of the progress toward these goals, and PE teachers provided social support with reinforcement through rewards and a positive talk system. The experimental pupils were responsible for the accuracy of the plan and their accomplishments

as a part of Hellison's model. Pupils who fulfilled their obligations to participate in physical activity in the way they had committed themselves to in the planner received a reward, an extra top grade once every 2 weeks. Control groups did not have this system of reinforcement. They had traditional PE lessons without any extension to their out-of-school time procedure. Mean results in pretests showed no statistical differences between groups and were distributed between the 25th and 75th percentiles according to age-related, population-wide norms. In posttest examination, the differences were significant and in favor of the experimental group in most of the tests, which had been improved to the level of 50th to 75th percentile, whereas they had not changed significantly in control groups. Overall positive effects were also noticed at posttests in increase of frequency of out-of-school physical activity (up to five times a week), which was also maintained in the experimental groups until the end of the 3-year period of gymnasium school, at age 16. This has led to significant improvements in physical fitness (between the 50th and 75th percentiles) and health awareness. Also, increased self-responsibility was observed in the experimental groups of boys and girls.

The Do It Yourself—Choose Health program (Bronikowski, 2008) is an example of stimulating forward thinking in creating health educational opportunities for youth and, as such, falls in line with the GoFPEP 2010 consensus statement (Edginton et al., 2011). Also, other curricular solutions and programs presented in this chapter are examples of a new model of pedagogy using innovative strategies to teach health and PE at elementary, secondary, and postsecondary levels. This model promotes self-responsibility and accountability. It also creates new chances for building bridges with community life, employing learning in practice. However, in general terms, the problem with increasing physical activity and health awareness of youth seems to be with the attitudes and routines of teachers. Research by Bukowiec (1990) indicated that not much had changed since the 1970s in teaching practice or in the leisure-time attitudes of the secondary school graduates. Teachers' routines were still strongly dominated by former habits, and the development of motor abilities remained priority. Frołowicz (2002) in his research confirmed this observation in preservice teachers. They seemed to have acquired theoretical knowledge enabling them to use a humanistic approach in their teaching; however, when it came to school practice, they would stick to teaching sports skills on the basis of motor performance. This indicated that their reliance on the teaching styles and methods based on their early school learning experiences was too strong to change.

Recently, Osinski (2011) presented the main trends of changes in the theory of PE in the last few decades in Poland, and this was followed by new guidelines to the methodology of teaching PE outlined in *Dydaktyka wychowania fizycznego, fizjoterapii i sportu* by Bronikowski (2012), presented earlier in the English version (Bronikowski, 2010). Bronikowski and Bronikowska (2010) also paid attention to the attempts of university academic staff and school PE teachers to link PE with moral education by interweaving Olympic-related values and content. This curricular issue was studied in Poland earlier by Zukowska and Zukowski (2010), as well as others such as Liponski (2000), Lipiec (2007), and Nowocien (2001). As a refreshing content novelty came the idea of including the teaching of traditional sports in school PE, recently emphasized by Bronikowska (2008). These two ideas (Olympic education and traditional sports education) are considered to add moral and cultural dimensions to teaching PE in the shaping of a wholesome humanistic person. Although some of these ideas have been included in the new curricula, teaching routines are slow to change. However, at the moment, the vision of physical and health education, although evolving and adjusting to the present philosophy of global lifestyle, does not seem to cater to all its spheres with equal emphasis. For example, the use of modern means of technology and media are neglected and should be promoted and used more widely in schools for educational purposes and in out-of-school contexts.

Whether this will change teaching routines, extend teaching styles, and broaden teaching methods beyond mere physical training depends on the higher educational institutions and the manner in which physical and health education professionals are trained. For a long time in Poland, only six academic centers, called *Akademia Wychowania Fizycznego* (University Schools of Physical Education), were available that enabled students of PE to qualify with a master's degree. The Bologna Declaration has changed the situation and has opened new opportunities for setting up new private higher education institutions. Now over 40 higher education colleges (undergraduate level) offer 3-year degree courses in PE (bachelor's) entitling undergraduates to teach PE in primary schools (for pupils up to age 13). To be entitled to teach PE across the school and age categories, students need to complete an additional 2-year master's degree program at one of the six University Schools of Physical Education. Ensuring that qualified professionals teach PE and health, physical activities, and sports and leisure is a major goal of the GoFPEP 2010 consensus statement (Edginton et al., 2011). According to the consensus statement, this should be achieved by linking practice to theory, promoting the use of reflection, and using effective technology to accentuate learning opportunities. But it also requires changes in the evaluation of students in teacher preparation programs to make studying knowledge, skills, and dispositions more directly tied, and relevant to, good practice. Poland seems to be heading in that direction; however, we still need to learn to use modern technology to support individualized learning and assessment. Only then will benefits of physical and health education be linked to core learning areas such as critical thinking, problem solving, operating with agility and adaptability, analyzing information, communicating effectively, and acting innovatively (Edginton, Chin, & Bronikowski, 2011).

Summary

Poland has a long history of providing physical activity in the school context dating back to 1873, when it was introduced into the obligatory education of youth by governmental decree. This has positive sides. It proves that Polish society is aware of the importance of health in daily living. However, political transformations in the last decades have brought social and cultural changes in daily routines. Integration into the European Union has opened new perspectives and has slowly increased the wealth of Polish citizens. Poland has been included in some European projects concerning physical activity and health and has been awarded major international sporting events. Along with these events, new facilities have been built for open public access. This has slowly influenced the mentality of Polish society. More people have started to be active. Also, school curricular changes in PE have included health education, and this reflects a change in the focus of attention developed through academic debates. Many programs and projects are run locally, and the idea is common that involving children and youth and sharing responsibility for the outcomes brings more and longer lasting effects. Interventions aimed at increasing physical activity of youth based on self-planned out-of-school leisure-time physical activity seem to be less expensive yet more effective. Pupils' involvement in planning and evaluating their level of activity has been proven to increase engagement and motivation, as well as health awareness. Future research should look for new programming solutions and to analyze the cost benefits of in- and out-of-school interventional programs in various educational systems and sociocultural environments (Kahn et al., 2002). In the end, the physical and health education teachers and physical activity specialists will be empowered to set new patterns and new practices concerning a healthy lifestyle of their pupils, thus setting a new direction for a healthier society of the future. But still, some routines are changing slowly.

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