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The theoretical basis of contemporary health pedagogy as a pedagogical subdiscipline

ABSTRACT: The article presents the Social-Ecological model of health and elements of the classical concept of social pedagogy, indicating the theoretical basis of pedagogy in health promotion with its cognitive and scientific interest and emphasizes environmental health education in the context of its practical application. The article also indicates the social pedagogy as a meta-theory of contemporary pedagogy in health promotion.

KEYWORDS: Pedagogy in health promotion, social pedagogy, health education, The Social-Ecological Model, environment.

Introduction

For many decades, medical sciences, as well as humanities and social sciences, have been interested in the issues of health in its broadest sense and its conditions. *Health* is as ambiguous concept and the approaches towards defining it are varied. The best known and frequently quoted definition of health in the relevant literature is the definition of health given by the World Health Organization (WHO), according to which health is a state of physical, mental and social well-being and not just the absence of disease or disability. This definition points to three, closely related dimensions of health : the physical dimension referring to somatics and human body, the psychological dimension – which is measured by the degree of integrated personality,

personal development etc. and the social dimension, including interpersonal relations, social roles, social participation. Different contemporary approaches to defining health are oriented positively, e.g. health as the absence of disease, as the human ability to adapt to multifaceted functioning in the environment, as physical and mental potential, as the balance in physical, mental and social functioning of a human being in the environment, as a good quality of life, self-fulfillment, happiness (Woynarowska 2017, p. 16–18; Domaradzki 2013, p. 408–415). Attention should also be paid to the spiritual aspect of health, which is understood in the psychology of health „as a property (attribute) of man, without making assumptions about the existence of supernatural factors which constitute its source” (Heszen, Sęk 2007, p. 72–73, see also: Mielec 2009). These health categories / aspects constitute a coherent and complementary whole and state the health of physical, mental and social factors is of equivalent importance. Numerous and varied determinants for health / disease are a multi-factor problem when it comes to the analysis of their significance for human health / disease. Proposed by L. Marc Lalonde in 1973 at the World Health Assembly in Canada, the *Health field concept* identified four groups of factors that determine human and population health: lifestyle and health behaviors determine health to the greatest extent (50%–60%), physical environment, psycho-social, cultural, genetic and health care factors to a much lesser extent. The relevant literature cites many models of health determinants, e.g. „The Mandala of Health” – a model of the human ecosystem, „Rainbow model of determinants (policies) of health” (*policy rainbow*) developed in Sweden by Goran Dahlgren and Margaret Whitehead, later modified to include the following groups of factors: biological (age, gender, genetic factors), lifestyle, social support networks and socio-economic, cultural and environmental factors (Woynarowska 2007, p. 43”47). Attention to not only the individual but also cultural, socio-economic and environmental determinants of human and social health has garnered the attention of researchers from various scientific disciplines and inspired them to study the impact of these components on human and population health / disease. Among such scientific disciplines as: pedagogy, sociology, psychology, sub-disciplines have emerged (health pedagogy, sociology of health and disease, psychology of health), which indicate interdisciplinary interest in health/disease from the perspective of one’s own interest in cognitive research. It seems important to stress that the subject of study in the fields of health pedagogy, sociology of health and disease as well as psychology of health are health and disease analyzed from the perspective of the basic disciplines and their research, i.e. pedagogy, sociology and psychology, their areas of cognitive

and research interests are constantly expanding along with contemporary socio-cultural (e.g. lifestyle changes) or economic changes. In the analyses adopted by these sub-disciplines, the basis is the socio-ecological model of health and holistic approach towards humans focused on health. In addition, the results of research and analyses have a practical aspect to them and are an important contribution to the development of health promotion. Moreover, it is worth noting that in recent decades the number of publications taking into account issues of health and disease from the perspective of particular sub-disciplines has been increasing, and the establishment of numerous institutions (e.g. societies, magazines, departments, chairs) and the inclusion of specific specialties (and subjects) in the process of general and academic education is an important step in the development of these sub-disciplines (see: Syrek 2017, p. 57). The aim of the article is to present a contemporary socio-ecological model / concept of health and to highlight selected issues related to the classical concept of social pedagogy as theoretical foundations of health pedagogy, to determine the subject of scientific research interests in health pedagogy, including environmental health education. Additionally, the aim is to highlight important, not always apparent, relations between health pedagogy and social pedagogy. The text does not consider the social contexts diseases and the social role of the diseased (see: Parsons 1993), as it is a complex issue which needs to be addressed separately.

Socio-ecological (environmental) health model

Health is a value and a resource for the individual and society alike. In a given culture, systems of values influence individual behavior, choices (including choices related to health), methods of meeting one's needs, and how different elements of the environment are assigned importance. Individual evaluation of health has a subjective dimension, however, it is determined by the culture of the community in which the process of socialization occurs. The diversity of views on health, the adoption of health criteria, the recognition of the value attributed to health or what is threatening to health, the preference for a specific lifestyle, and the attitude towards people with disabilities differ from one culture to another in a global but also in a local sense (in a given society). Moreover, in each society remain cultural and environmental differences about these issues. Values justify moral norms and they are the basis for social control (evaluation), their understanding throughout history changes among social classes (Tobiasz-Adamczyk 2000, pp. 73–75 and 69). Individual health is the basis for achieving life goals, self-fulfillment, success

in life and determines the quality of life (see e.g. Czapiński 2017). The last decades have witnessed the development of theoretical thought on health, health education and health care as a defined sphere of social behavior. Health, as a resource of the individual and society, is an important element of human and social capital. In 1980, Pierre Bourdieu defined the concept of social capital as „the aggregate of the actual or potential resources which are linked to possession of a durable network of more or less institutionalized relationships of mutual acquaintance and recognition.” (quoted after Sztompka 2016, p. 287). Piotr Sztompka analyzes human capital by showing its multidimensional nature, e.g. educational, cultural, moral, etc. and draws attention to health capital in connection with physical /biological and mental wellbeing, indicating on the one hand benefits for the individual and on the other hand social benefits related to the reduction of costs associated with lay-offs and the costs of treatment or rehabilitation. It is worth mentioning that there are many more of these benefits for society. When analyzing the social context of health, it is necessary to point to the cultural capital which is closely associated with the process of socialization and upbringing, described by Pierre Bourdieu as „habitus” (Sztompka 2016, p. 283). In reference to this concept, health socialization can be defined as a process of health acculturation consisting in the preparation of a person to make health choices and select health behaviors in accordance with cultural/environmental, socially accepted social patterns and norms. In practical social life, these two types of capital – individual and social – are interlinked, which is emphasized, for instance, in World Health Organization documents (see e.g. Health 21; Health 2020). The basis for analyses concerning health / disease is holistic human approach / understanding, similarly as it is assumed by the socio-ecological model of health indicating that the human being remains in a mutual, complicated relationship with the broadly understood environment. This model refers to the aforementioned Mandala of Health – the human ecosystem, developed by Toronto Public Health, Canada. Human needs and demands of a changing environment affect one another, just as, for example, various human needs are complementary to each other. All dimensions of health (physical, mental, social, spiritual) and all elements of the socio-ecological model of health are functionally interlinked, indicating that human health is affected by many factors and sheds light on the important issue of health inequality. Humans are a central figure in the aforementioned model, and the spheres furthest from them are the biosphere and culture. The family is closest to humans and permeates the fields of health determinants, such as: health behaviors, psychosocial and economic environment which affects the lifestyle. Then,

human biology and the physical sphere constitute the environment created by man, which is connected by work and the medical care system. In this model, the human is understood as a comprehensive system (biological, mental, spiritual). Human health is affected by many factors, but humans themselves are individual entities which assign specific value to health (Heszen, Sęk 2007, 64–66; Woynarowska 2007, pp. 28–29). It is therefore impossible to analyze health issues, disease, therapy and health promotion without considering the human environment and the phases of human life, excluding the relation to changing living conditions. Today, socio-economic factors are considered to be the most important determinants of human health – for individuals, groups and communities. Social determinants in health are variable and create living conditions for individuals and communities by generating health inequalities. They occur when socially disadvantaged groups have a systematically worse health status and are at a greater risk of health deteriorations than the more advantageous groups and, importantly, these discrepancies are avoidable and unfair (Mazur 2010, p. 20; see also e.g. Ostrowska 2010; Chrabąszcz, Frączek et al. 2015; Wojtyniak et al. 2015; Cianciara 2015; Hosseinpoor et al. 2018). One should draw attention to the social gradient which „means that the health conditions systematically improve with the development of the socio-economic situation of the population or community. Inequalities in health, therefore, have a negative impact on everyone. This is a global phenomenon that affects all countries regardless of their income levels” (Health 2020, p. 2). An important issue, although requiring separate treatment, is the search for an approach to explain or eliminate the social causes of inequalities in health, the source of which is seen, among others, in the standards of living, cultural conditions related to values, lifestyles and the political and economic systems (Woynarowska 2017, p. 81 see also e.g. Korzeniowska, Puchalski 2015). The described socio-ecological model of health was created in opposition to the biomedical model, which was common in the 20th century, where the dominant concept was pathogenic orientation. This model assumed that health is dependent on genetic predispositions and the structure of the human body (Heszen, Sęk 2007, pp. 317–318). Bringing attention to the cultural, social and environmental determinants of health and disease, mutual relations between humans and the environment constituted a significant breakthrough in the approach to human health, its determinants and health-related quality of life of individuals and communities.

Health pedagogy – a subject of research and educational measures in the environment

During the Enlightenment, the trend of thought concerning health appears in Poland and over the course of time the concept of health education was formed, thanks to a specific combination of pedagogy and medicine. Its authors at that time were, among others, the educator G. Piramowicz (1735–1801) and the physician, biologist and chemist J. Śniadecki. His excellent work *O fizycznym wychowaniu dzieci (On the physical education of children)* (1895) combined medical knowledge with the needs of education. A special manifestation of the health enlightenment was, among others, the popularization of knowledge through various types of publications (e.g. L. Lafontaine: *Dzienniki zdrowia dla wszystkich stanów (Journals of Health for All Classes)* – published in 1801–1802) and other forms of popularization of knowledge organized by the Warsaw Society of Friends of Learning. Giving an educational character to the hygienic movement in the 1880s was a link between the community of doctors and educators in Poland, and its leading representatives at that time included doctors such as: E. Madeyski, J. Tchorznicki, A. Winogrodzki, E. Piasecki, P. Gontkowski and educators: J.W. Dawid, M. Baranowski, A. Szycówna, S. Karpowicz and many others. These authors were promoting health education through health primers, textbooks, teaching aids and museums. There were numerous associations (e.g. B. Prus Society for Practical Hygiene), many hygienic magazines and periodicals were published, e.g. „Przyjaciel Zdrowia”, „Lekarz”, „Przegląd Higieniczny”, etc. (Demel 1980, pp. 28–37 and 74–80, see also Demel 1965; Zawadzka 2017). There are many other examples of interest in health in the historical context, I am presenting them only as a reminder to draw the reader’s attention to the fact that the interest in the issue of human health has been present in the history since the dawn of time and manifested itself in various forms. In the interwar period and after the year 1945, the first attempts were made to include the issue of education and health into social pedagogy („education for health”). The most creative inspirations for the development of health pedagogy are attributed to the pioneer of social pedagogy in Poland – Helena Radlińska (1879–1954), who conducted environmental research on school failures, which included also health issues. Her medical and nursing experience resulted in her later works on empirical pedagogy and theory of social work (Demel et al. 1976, pp. 253–261). She emphasized that social pedagogy must be based on biological and medical sciences, because it draws on „research into inhibitions

and distortions of individual development and provides data on their social causes, possibilities and ways of prevention and compensation” (Radlińska 1961, p. 364). The „education for health” in Helena Radlińska’s classical concept of social pedagogy consisted in helping people to gain knowledge about health, shaping habits, skills and abilities to maintain and improve health, helping to develop positive interest in health, shaping attitudes enabling effective prevention, rescue, treatment, rehabilitation and the implementation of hygiene rules in the lives of individuals and communities. Analyzing the creative achievements of Helena Radlińska in the field of creating the classical concept of social pedagogy, one can clearly see that contemporary health pedagogy is based on this concept in the theoretical and cognitive sense, as well as in the sense of educational practice and social work. The notion of environment is a basic term in pedagogy, in particular in social pedagogy, and is understood as an element of biological, social and cultural structure, these planes permeate each other and are interrelated, regardless of whether pedagogical or health problems are being analyzed. In the literature on the subject of the promotion of health, but also in pedagogy, we encounter the notion of the living environment more and more often, paying attention to the configuration of its elements (Marynowicz-Hetka 2006, p. 54–65). The human living environment is composed of all these components of interrelated elements presented in the socio-ecological model of health, also called the socio-functional model.

The development of social sciences and humanities, dynamically changing social reality becomes an inspiring area of scientific research and discussion / controversy not only concerning the identity of pedagogy as a science but also the determination of the area of interest, the subject of research and methodology of individual, developing sub-disciplines of pedagogy, including health pedagogy. The concepts describing contemporary health pedagogy as a sub-discipline of pedagogy vary significantly (see e.g. Mazurkiewicz 1983; Krawański 2003; Gawel 2017; Syrek 2008). As emphasized by Bogusław Śliwerski (2015, p. 33): „In the pedagogy of the 21st century educators are well aware of the fact that in pedagogy, as a science of education, an interdisciplinary approach is necessary, because solving educational problems requires the use of knowledge from various disciplines in order to conduct an analysis of this complex and multidimensional phenomenon or process, to study it holistically”. Referring to the above thesis it is worth noting that Helena Radlińska defined social pedagogy as „a practical science, developing at the crossroads of human, biological and social sciences with ethics and cultural studies (theory and history of culture) thanks to its own point of view.

In short, it can be described as the interest in the mutual relationship between the individual and the environment, the influence of the living conditions and the cultural circles on people at different stages of their lives, the influence of people on ensuring the existence of values by their adoption and promotion, and the processing of environments by human powers in the name of ideals” (Radlińska 1961, p. 361). The classic concept of social pedagogy of Helena Radlińska and her successors – Aleksander Kamiński, Ryszard Wroczyński and contemporary researchers respected and still respects the basic ideas: social education as one of the elements of socio-cultural life, the idea of subjectivity, the idea of social justice expressed in equal access to conditions for human development, the idea of subsidiarity, which is realized through the activities of society in favor of individuals, groups of environments in need of help (Przećławska 1996, p. 11). The concept of environment is one of the basic concepts of social pedagogy and, as mentioned earlier, it is analyzed in many aspects (see e.g. Marynowicz-Hetka 2006, p. 54–76; Winiarski 2017; Modrzewski et al., 2018). The motto adopted in the undertaken analyses is the statement by Tadeusz Kotarbiński (1961, p. 450): „The more perfect a given practical discipline becomes, the relatively more work it requires to research truths from other disciplines, which are needed to be used for the main goals of this discipline”. When defining social pedagogy as a metatheory of health pedagogy, I assume that the subject of cognition, analysis, scientific research and measures in health pedagogy results from the theoretical foundations of social pedagogy and its functions – „because this discipline deals with the theory of environmental conditions of education and human development and the theory and practice of shaping the environment. Social work and cultural work, often appearing in this context, are treated as forms of transforming the environment” (Przećławska 1996, p. 9). The results of scientific cognition undertaken by health pedagogy in the area of widely understood health issues, enrich social pedagogy with knowledge of cultural, social and environmental diverse and multifaceted determinants of health / illness, in order to project changes in the human living environment that benefit health and improve the quality of life. They also point out that poor health (illness) of individuals, groups and communities can generate social problems, e.g. unemployment, marginalization, social stigma, etc. Social pedagogy acting as a metatheory of health pedagogy enriches and expands its areas of cognitive and research interest with new contexts of looking at/analyzing social and environmental problems. The environmental health education, on the other hand, is a concept of practical action (praxeological function of social pedagogy) in the human living environment. The socio-ecological model of health and the concept

of environment in social pedagogy constitute the theoretical basis of health pedagogy.

Pedagogy of health is a sub-discipline of pedagogy, its subject of research and analysis are socio-environmental conditions of health and illness, multifaceted and multi-sectoral environmental measures (institutional and non-institutional) for the benefit of health of various social groups, as well as research and evaluation of the process of health education (upbringing and teaching) aimed at improving physical, mental and social health, as well as life skills that contribute to a healthy lifestyle and improve quality of life in all stages of human life, in order to project pedagogical (including educational) compensatory measures towards the individual and the environment, also used in social work” (Syrek 2008, p. 21). When emphasizing socio-environmental determinants of health and illness in the field of health pedagogy research, we can point to their most important components: cultural (norms, values and e.g. health behavior patterns, health awareness), socio-economic (employment, unemployment), social stress, access to education, social inequalities, social policy of the state, social poverty, marginalization of certain social groups, access to health care. Cognitive and research tasks in the scope of the subject of research would consist in diagnosing social and environmental determinants of health and illness of individuals, groups and communities, their health needs and needs in terms of health education. On the other hand, multifaceted research and analyses connected with the education process (upbringing and teaching) would concern diagnosing educational needs in terms of health, constituting a starting point for projecting compensatory changes in the environment for the benefit of health and improvement of the quality of life. In this scope the preparation of appropriate research tools with the use of medical and social indicators of health and illness is of considerable importance (cf. Syrek 2008, p. 23–25). Pedagogical sciences, including health pedagogy, employ the research methods applied in social sciences and use the conceptual apparatus appropriate for pedagogical / social sciences, also utilizing concepts derived from medicine, sociology, psychology and other sciences due to its interdisciplinary and integrative character. The basic concepts for health pedagogy are: health (in the holistic approach), illness (in the sociological approach), health education (upbringing and teaching), life skills, social diagnosis, compensation, social support, social prevention, health promotion, etc.

The pioneer of classical social pedagogy was emphasizing the importance of environmental education for building a „better future”. Community education occurs in many forms, not only in the form of transferring the

essential knowledge, in accordance with the needs of the community, but also as community work and the so-called social empowering, thus creating tasks for the social educator, social worker and health educator (see Przeclawska 1996, p. 27). Health education is a basic concept and one of the basic tools for the promotion of health. Its aim is to raise awareness and health skills that support the pro-health behaviors and a healthy lifestyle. When analyzing this concept, Barbara Woynarowska (2017, pp. 96–97 and 106) emphasizes that health education is a lifelong process of learning how to live to maintain and improve our and other people's well-being, and in case of illness/disability, to participate in treatment, reduce its effects and cope with it. Its most important characteristics include: focusing on learning, activeness and commitment of the learner, lifelong learning adapted to the needs and changes that occur, impact on healthy or ill individuals, groups and communities to increase their competence in health care, voluntary participation, planning of health education based on scientific theories, use of different methods and forms in this process. It should be noted that health education should be adapted to the age, specific environment and educational needs of the community. Health education can be seen as a key component of health promotion, its place in the prevention of illnesses and risky behaviors and in the treatment of illnesses. Looking at health education from the perspective of health pedagogy emphasizes its several contexts, i.e. it can be analyzed, researched, organized (activity) in various aspects: in relation to socio-environmental scope (different levels of social organization e.g. global, local, family, school environment); in relation to age categories (whole life process e.g.: children, youth, elderly people); in relation to health condition (chronically ill, disabled people); as compensation (concerns compensating for deficiencies in knowledge about health), health threats, life skills; as a subject of teaching at all levels of education in accordance with accepted teaching standards; as an element of social work in accordance with needs; as an area of social support (Syrek 2008, p. 28–29). It may concern different areas (e.g. food education, sexual education, mental health education, etc.). It should be noted that health education cannot be reduced to the mere transmission of knowledge about health / illness but consists primarily in the creation of conditions conducive to the implementation of changes related to efforts to increase / strengthen the competence of individuals and communities to independently promote health at different levels of social organization. Therefore, intersectoral cooperation becomes necessary (social policy, institutions, social organizations, social communities (Słońska 2001, p. 70–71). A significant element of engaging in multisectoral measures is undertaking scientific research in the areas of health and disease

as well as monitoring health problems of the society, including children and youth (see e.g. Szymańczak 2014; Mazur 2014; Cywińska 2014; Jankowiak, Błaszczuk 2017; Piorunek 2018) and constitutes a challenge not only for undertaking scientific research but also for using their results in educational measures related to health promotion. There are many definitions of health promotion in the literature on the subject – according to the World Health Organization (WHO), it is a process that enables people to increase their control over their own health, its determinants and its improvement. The development of health promotion indicates new, more developed definitions, e.g. that health promotion consists in the sustainable development of positive health, prevention of illnesses through health policy, developing strategies and measures addressing mutually related areas (social, economic, cultural, physical, educational, community-initiated and community-involving). It also means planned educational and political, environmental, legal and organizational mechanisms, which are favorable for the creation of living conditions conducive to the health of individuals, social groups and communities (Woynarowska 2017, p. 121). Among many approaches to health promotion strategies, it is worth to mention that the settings approach is particularly useful in health pedagogy. A setting for health is a changing social system that improves health, it is an intervention in social systems where people spend their daily lives and where mutually related environmental, organizational and personal factors are important for health and well-being (Woynarowska 2017, p. 123). The settings approach to health promotion is based on participation and a social community also emphasized by social educators (see e.g. Pilch 2018). Among many health promotion strategies one of the contemporary ones is the *empowerment model*, focusing on individual and community empowerment, which emphasizes the importance of activity, voluntariness, the freedom of personal / individual choices and choices at community level. It points to the multifacetedness and complexity of health promotion components and is based on education and health promoting social policies. Individual and community empowerment is its most important element because it concerns the control over one's own health and life and community empowerment concerns joint action (in social pedagogy it is social environmental forces) to affect and control the health-relevant factors. Health education in this model fulfills two functions which concern: creation of conditions for learning about health, its resources, threats and illnesses, as well as influencing the decision makers who create social policy, decide on the functioning of environments and support measures supporting health of individuals and communities (Woynarowska 2017, p. 124–127). The importance of health education in the health promotion

strategy/model corresponds to the definition of education proposed by Zbigniew Kwieciński (1991, p. 89) according to whom it is: “all the influences on individuals and groups of people, facilitating their development in such a way that they become maximally aware and creative members of the social, cultural and national community and are capable of active self-fulfillment, their own identity and their ego through undertaking supra-personal tasks [...] it is leading the other person towards higher developmental levels, their own activity in achieving their full and specific abilities, it is all the activities and processes conducive to development and the level of their effects, i.e. the achieved level of competence, identity, empowerment”. This definition, from the perspective of health pedagogy, seems to be very interesting because it emphasizes all these personal / individual and social components for which the health of individuals, groups and communities is on the one hand an important foundation and on the other hand a goal of the undertaken measures. A special accent summarizing the considerations undertaken in the article and concerning the health of individuals and communities as a social capital but also the responsibility of the state for the health of the society is the Act on Public Health of 11 September 2015 (Journal of Laws of 2015 item 1916), whereart. 2 defines the most important tasks of public health and they refer to: monitoring and evaluation of public health, health threats and quality of life related to public health; health education and adapting it to the needs of different social groups, in particular children and youth; health promotion; illness prevention; measures related to recognition, elimination and reduction of threats to physical and mental health in the living, learning, working and recreational environment; monitoring the effectiveness of health care provided in relation to needs; inspiring and conducting scientific research on public health and international cooperation in this field; carrying out measures to reduce health inequalities resulting from socio-economic conditions; undertaking measures in the area of physical activity of society. The implementation of these tasks rests with various institutions and social entities. However, bearing in mind the contemporary threats to the health welfare of individuals and communities, it becomes necessary to evaluate the implementation of the tasks set by the provisions of the Act on Public Health.

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