

Picture2 - Structure of health culture

THE EXISTENTIAL-HUMANISTIC APPROACH TO FORMATION OF PERSON'S INDIVIDUAL VALEOLOGICAL CULTURES IN THE INNOVATIVE ENVIRONMENT

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The problem of preservation and purposeful formation of children and youth health is exclusively significant and actual in difficult modern conditions of Kazakhstan development, because it is connected with a problem of safety and independence.

Last year in Kazakhstan there was a significant qualitative deterioration of schoolchildren health. According to some

researches, only 10 % of school graduates can be considered healthy, 40 % have various chronic pathology. Each second schoolboy has the combination of several chronic diseases.

While studying at school the number of children with infringements of the support-impellent device increases in 1,5 - 2 times, nervous illnesses - in 2 times, with allergic illnesses - in 2 times, with short-sightedness - in 3 times.

Especially negative situation with pupils' health is marked at schools of new type (grammar school, colleges, licea, schools with the profound studying of subjects, etc.). Educational process there is characterized by the raised intensity. By the end of a school year at grammar-school boys frequency of hypertonic reactions increases in 2 times, and the common number of adverse changes of arterial pressure reaches 90 %, raised neurosis displays. It is

marked at 45 % - 75 % of pupils of schools of new type.

Experience shows that one of the priority directions in complete health studying is the questions of techniques and technology of healthpreserving educational space formation.

The term «healthpreserving educational technologies» can be considered as the qualitative characteristic of any educational technology, it is «the certificate of health safety», and as a set of principles, receptions, methods of pedagogical work. They give supplementing traditional technologies of training and education the mark of healthpreserving. Within the limits of healthpreserving problem there are two basic approaches - medical and psychological.

The medical approach to healthpreserving, sold within the limits of a preventive direction, differs from psychology-pedagogical not only in methods and vocational training of experts, but It also relieves from person's responsibility for his health and transmit this responsibility to the doctor and medicine. The psychological approach consists of mobilization of responsibility of a person for his health, education of constant need to care of it (so and about health of other people).

Today qualitatively new approaches to the decision of the question of nation health preservation are necessary without ignoring the best things that are already turned out in the field of the prevention and treatment of various illnesses. We consider that novelty of approaches should follow from the necessity of a person to care about his own health, interest and activity in healthpreserving and healthbuilding. It demands, first of all, new thinking, to be exact - new consciousness, that is reorganization of sights at a problem of the person's health.

Being one of intrinsic characteristics of the person, his health defines a degree of viability, stability of an organism, an opportunity to realize the biological and social functions. In this connection solving a problem of preservation and strengthening of person's health the major accent is given to a problem of health formation as sufficient level for successful ability to live.

Thus, there is a question on development and education healthdirected orientation of a person, his attitude to health as to the supreme spiritual, mental and physical value during realization of the scientifically-proved social and economic, medical and biologic, ecological,

psychology-pedagogical measures directed on increasing person's life activity in changing conditions of environment.

Within the limits of our research we tried to define the maintenance, structure, the basic connections of the phenomenon of «healthdirected orientation of the person». As a result of the analysis of the philosophical, psychological, pedagogical sources we have come to the following.

In psychology the orientation of a person is considered as a set of the steady motives that focus person's activity in independent situations. The orientation of a person is characterized by his interests, installations, belief, and ideals, valuable orientations in which the outlook of the person is expressed.

Healthdirected orientation of a person is closely connected with valeological (healthdirected) consciousness, and valeological thinking.

His motivational-valuable character, ability to reflect, introspect, to make an internal dialogue that directly defines person's outlook and orientation, characterizes the consciousness of a person.

Healthdirected consciousness is wider, than valeological thinking. Healthdirected orientation of a person includes intellectual, strong-willed, emotional-sensual and motivational components.

The intellectual component essentially influences depth, completeness, creative character and productivity of valeological activity, in many respects defining shape world outlook installations of the person, so also his orientation on healthpreserving and healthincreasing processes.

The motivational component is expressed in a need to carry out a task successfully, interest to object of an activity, ways of its realization, aspiration to success, professional-significant needs, motives of pedagogical activity, the positive attitude to profession , an interest to it and other steady enough professional motives.

Strong-willed component includes self-checking, skill to operate actions that form a performance of duties, characterizes the internal need to operate actions, assumes a self-estimation of the readiness and conformity of professional problems decision process to the put samples.

Emotional-sensual component characterizes feeling of the responsibility for pedagogical activity results, self-checking, skills to operate actions that form a performance of duties.

Functions of healthdirected orientations of a person are target designation, diagnostics, prediction, forecasting, free choice of purpose achievement variants, estimation of the received results. Functions of the valeological thinking: problems solving directed on preservation and strengthening of health, output from the situations menacing to person's health.

Subject of action of person's healthdirected orientation is healthpreserving and healthcreating processes, valeological activity. Subjects of the valeological thinking are valeological actions, situations, and events.

Healthdirected person's orientation it is closely connected with valeological culture (culture of the person's health).

So important component of health culture as valeological outlook represents the specific form of consciousness of a person. Researchers find here a system of valeological knowledge, sights, belief and ideals. There is person's attitude to development, preservation and strengthening of his health, health of surrounding people and environment in them.

Besides healthdirected person's orientation is closely connected with healthcreating behavior. T.Orekhova defines it as the behavior allowing a person to live in harmony and consent with surrounding people and world. That is the behavior when actions of a person are structural units, elements of his ability to live, provide preservation, maintenance, strengthening and escalating of person's health and surrounding people as well.

If healthdirected person's orientation carries out, basically, world outlook function in becoming person healthcreating behavior carries out, in a greater measure, regulatory function, that it provides regulation of its activity.

«Healthdirected person's orientation» is a set of dominating motives, valuable orientations, significant interests, installations and attitudes of a young man as concept, focusing him on constant conscious realization of healthsaving and healthcreating activity.

On the basis of the given representations we have developed the model of structural

elements of the information-educational orientation making a conceptual basis of the pupils valeological education.

The model consists of rod blocks of humanistic education, algorithms of decisions, an orientation of actions (vector of administrative decision) and valeological-educational vector of healthcreating (see Figure 1).

Last becomes isolated on a vector of the valeological-improving means, methods and technologies and on a vector of administrative decisions accordingly. Thus vectors are shown as fragments of the monitoring approach using plan of the healthsaving environments of pupils. In this model of the levels there are fragments of a theoretical and conceptual basis of pupils physical training. This block of model becomes isolated on perspective-forming prognostic stage.

The vector of administrative decisions finds its continuation in preparation and formation of the decisions that have expressed in object, subject, purpose and hypothesis of researches. Block of the scheme of exploring-alternative applied decisions and general educational orientation in valeological-educational vector of pupils healthbuilding finds its continuation in making problem situations and selection of means, and also in formation of the purpose and alternative of a decisions choice.

The choice of the decision in a vector of administrative algorithms of the block of base developing educational orientation closely coordinates with the idea of formation of criterion and a choice of optimum decisions of all course and reasoning in the offer of alternatives.

Realization of decisions in a vector of administrative operations finds refraction and logic end in blocks of the scheme ecological-pedagogical educational orientation and the monitoring of healthbuilding, corrections and the control of the valeological education and pupils' motivations. It is carried out in two stages.

The stage of acquaintance with the bases of knowledge, skills, bases of healthcreating with elements of a pedagogical educational orientation is built during monitoring valeological education. While studing pupils get acquainted with elements of knowledge on bases of a condition of the health and skills of diagnostics.

With the use of the comparative analysis that, in its turn, enables with high degree of persuasiveness and presentation to construct and

estimate an individual anthropometrical structure of a pupil, the logic of tactics is built where it is made a correction of the training program of lagging behind or underdeveloped morphometrical facts. It is carried out the strategy of operated decisions in a choice of an optimum variant in realization of healthbuilding decision on immediate prospects.

The model of modern educational process is based on physiological and physiology-pedagogical preconditions of optimality and gradualness, use of functionalities and health level of a young organism. The offered model of the management scheme and algorithm of the healthsaving allows to carry out substantial-remedial use of a healthcreating valeological-educational vector of a growing organism of a child through procedure of pedagogical technologies and administrative decisions.

In healthsaving structure of an educational institution it is possible to allocate spaces of phenomenologically close phenomena. Figuratively it can be presented as a sphere of several different colors. Each of them defines a set of phenomena, as a component of the sphere. These sets of homogeneous phenomena, "subspaces" we name ecological, emotional-behavioural, verbal, culturelogical etc).

At present there are two basic approaches to formation of health in the educational environment.

1. Healthbuilding is based on following certain models of preservation and formation of a healthy way of young people life. It includes healthsaving behaviour designing. Healthbuilding includes the majority of healthsaving programs applied in educational institutions. Using the given techniques the greater attention is given to practical methods of healthsaving environments creation. Pupils act in a role of healthsaving objects in this case.

2. Healthcreating is based on involving of an individual in the process of health creation, prompting aspiration to perfection of health preservation forms. It includes an increment of healthbuilding resources to creative component in the existential attitude to the health. At the given

approach pupils are not only objects, but also healthsaving subjects. In this case the understanding of healthsaving problems occurs much more deeply. And if in the first case pupils can neglect opportunities of health preservation because of their spirit of nihilism that is peculiar to youth, in the second case, being involved in the process of health creation, they are more responsible to the given problem. If pupils are not given the ready technique, their actions are directed on formation of their own technique from already known and accessible technical healthsaving means at the initial stage. The achieved effect will be considerably above than that in the healthbuilding approach.

Literature:

1. Kaplan R.M. Social support and social health: is it time to rethink the WHO definition of health // Social support: theory, research and applications / Ed. by: I.G.Sarason, B.R. Sarason. Dordrecht. Martinus Nijhoff Publ. 1985^b. pp. 96 - 113.
2. Kasl S.V. Strategies of research on economic instability and health // Influence of economic instability on health / Ed. by: J. John, D. Schwefel, H. Zollner. Berlin. Springer-Verlag. 1983. pp. 338 - 370.
3. Maslow A.A. Motivation and Personality. N.Y. 1954.
4. Offer D., Sabshin M. Normality: Theoretical and clinical concepts of mental health. NY a L. Basic Books. 1966. - XII. 253 p.
5. Prokop C.K., Bradley, Burish T.G., Anderson K.O., Fox J.E. Health psychology: Clinical methods and research. NY. Macmillan Publ. 1991. - XVII. 509 p.
6. Rogers C.R. Freedom to learn for the 80's (with spec. contribution by J.A. Allander e.a. Columbuse a.)/ Howell. 1984, 312 p.

The article is admitted to the International Scientific Conference « Problems of the international integration of national educational standards », Paris-London, 2007, April 20-27; came to the editorial office on 16.03.07

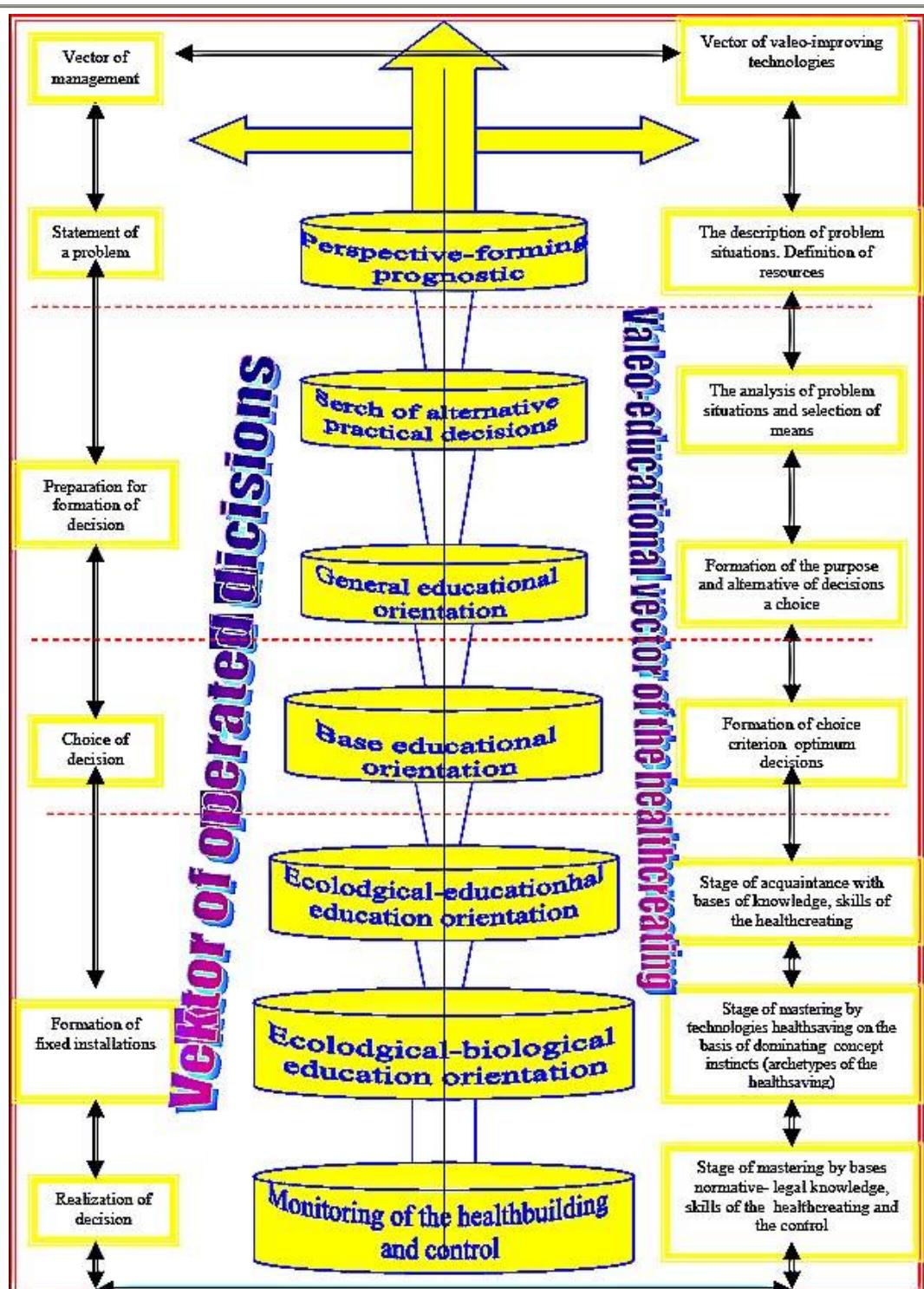


Figure 1. Vector-level Model formation healthdirected orientations of the person
Data on authors