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CONTEMPORARY DIAGNOSES OF STUDENTS' NEEDS REGARDING PROMOTION OF HEALTH AND HEALTH EDUCATION AT SCHOOL

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Purpose: The research presented here aims to diagnose the needs of students with regard to promotion of health and health education at school. These issues are extremely important and topical, as adolescents' perception of health is a key issue which have important implications for their development and future health choices.
Design/methodology/approach: The stated aim was achieved by conducting surveys among secondary school students. The research was voluntary and completely anonymous. An Excel spreadsheet and Statistica software were used to analyse the data obtained and statistical methods (non-parametric tests) were applied. Steps were taken to verify the significance of differences in respondents' ratings and for this purpose the U-Mann-Whitney test was used.
Findings: The paper presents an up-to-date view of health education and health promotion from the students' perspective. The conducted analyses allowed verification of respondents' assessments concerning their opinions on the importance of health at school, taking care of their health and assessing their well-being at school. The results of the analyses clearly indicate the need to continue and develop health education programmes in schools in order to support young people in building healthy habits and responsible attitudes towards health. Regular diagnosis of students' needs in the scope of health and well-being is a key element necessary to identify areas for improvement.
Social implications: The results of the analyses conducted indicate the importance of health in the context of students' functioning in schools. It has been established that adequate health care has an impact not only on well-being, but also on learning efficiency and the overall development of young people. Furthermore, systematic health education in schools is considered to be the most cost-effective long-term investment in the health of the population.
Originality/value: In the context of health education, the use of survey data can contribute to developing programmes and initiatives that are effective and address the real needs of young people. The results of research on students' needs regarding health promotion and health education can provide important input for developing and adapting educational programmes to the actual demands of young people.
Keywords: diagnosis of students' needs, health promotion, health education, healthy lifestyle.
Category of the paper: research paper.

1. Introduction

Contemporary research and reports demonstrate that healthy lifestyles (WHO, 1997, 2017; Ponczek, Olszowy, 2012; Mazur, 2016; Solanowska et al., 2020) and health behaviours are crucial to our overall quality of life (Hahnraths et al., 2023; Mitchell et al., 2021; van Agteren, 2021). In order to stay healthy for a long time, it is important to take care of both mental and physical health (Koelen, Van den Ban, 2023; Richardson, 2021). Such health-promoting behaviour should be taught from an early age, particularly at school and in the family home (Spencer et al., 2018). This is because school plays a key role in the formation of life skills (Hodge et al., 2013), that are essential for functioning in the society (Darlington-Bernard et al., 2023). Modern education is not limited to delivering theoretical knowledge, but also places great emphasis on developing practical and social skills that prepare students to cope with the real world (Goudas et al., 2006). With this in mind, it is important to emphasise that health promotion and health education is a fundamental requirement for teachers in schools today (Whitehead, 2004).

Education about healthy lifestyles in schools is of great importance (McWhirter et al., 1996). It is crucial for developing healthy habits that will last for the entire life and for improving the overall well-being of children and young people (WHO, 2017; Carbone, Kverndokk, 2017; Biswas-Diener, 2022; Lambert, Lomas, 2020). Schools should teach healthy lifestyles for several important reasons. First and foremost, in the context of disease prevention - teaching children about healthy lifestyles, including proper diet, physical activity and hygiene, can help prevent many diseases, such as obesity, type 2 diabetes and cardiovascular disease. Teaching about healthy eating habits and lifestyles early on promotes their persistence in later life. Children who learn about health at school are more likely to make healthy choices as adults. A healthy diet and regular physical activity have a positive impact on cognitive abilities (Gould, Carson, 2008). Children who have a healthy lifestyle often learn better and have better concentration.

Knowledge about healthy lifestyles can help children cope better with stress and emotions (Kok, 1999). Physical activity and healthy eating are associated with improved mental well-being. Teaching about healthy lifestyles can foster community building and group cooperation, for example through joint sports or cooking activities, which develops social skills. Teachers and schools can act as role models and inspire children to make healthy choices. Schools that promote healthy lifestyles can be places where children learn the value of caring for themselves and others. In the face of the growing problem of childhood obesity and other health risks, education about healthy lifestyles is becoming increasingly important (Apostolidou, Fontana 2003). Schools have the opportunity to influence this situation at an early stage of life.

Investing in health education and health promotion in schools is a step towards improving the quality of life for present and future generations (Kanekar, 2023). This paper aims to present the results of research diagnosing the needs of students regarding health promotion and health education. Regular diagnosis of students' needs in this area can become the foundation for the development of effective programmes that contribute to the well-being and health of young people. If appropriate health promotion programmes are introduced in schools, they can bring long-term health benefits in the future.

2. Health education as a key element of health promotion

The most important period in a person's life in which lifestyles and health behaviours are formed is childhood and adolescence. They are largely influenced by the health behaviour of adults (especially parents), the peer group, social-media and schools (Driessen-Willems et al., 2023). Different factors shaping health behaviour can be distinguished, such as predisposing factors, which can refer to attitudes, values and beliefs, knowledge and convictions, reinforcing factors, also defined as moral norms, which are the positive consequences of socially approved behaviour (Bulska, 2017). Further are enabling factors, referring to the environmental determinants of health, such as the availability and possession of a health care service or local, municipal involvement in health issues. Therefore, upbringing and socialisation play a special role in the formation of a young person's health behaviour (Carbone, Kverndokk, 2017).

Health education is a key component of health promotion (Adams, 2003). It involves providing the information and skills necessary to make conscious decisions about health (Pearson, 2015, p. 149). Several aspects of health education can be distinguished (Bulska, 2017):

1. Information on healthy lifestyles - health education should provide information on a healthy diet, regular physical activity (Cassar et al., 2019), avoiding stimulants (Lee et al., 2023), healthy sleep and how to manage stress. This will ensure that individuals are aware of habits that are beneficial to health.
2. Knowledge about diseases - health education should provide information on major diseases such as heart disease, diabetes, cancer, infectious diseases, etc. Individuals should be informed about the causes, symptoms, methods of diagnosis and treatment of these diseases.
3. Prevention - health education should promote prevention, i.e. the prevention of disease through regular examinations and follow-up visits to the doctor, vaccinations, a healthy diet, physical activity and the avoidance of risk factors.

4. Life skills - health education should develop skills that will help individuals cope with different health situations. Techniques for coping with stress, making health decisions, solving health problems and communicating with health professionals should be taught.
5. Public awareness - health education should develop public awareness of health. Individuals should be informed about health risks in the community, such as epidemics, environmental pollution or unequal access to health care.

Health education can take various forms, such as school lessons, workshops, public campaigns, educational materials or through social media. However, it is important that the information is accessible, understandable and, above all, adapted to different age and cultural groups.

Health education is the process by which students learn how to live healthily and that health is the greatest value of their own lives and those of their loved ones (Woynarowska, 2014). The modern concept of health education is embedded in the main school curriculum documents and implies a leading role for the school in teaching about health (Wolny, 2019). Health education is implemented at all stages of education. It starts as early as kindergarten, continues in primary school and then in secondary school. It includes public and special schools.

Health promotion, on the other hand, is a process that enables health control and improvement (Thomas, Keirle, 2001) and should take place on several levels:

- the creation of health-promoting policies - aimed at raising the prominence of health in all areas of social life and the economy, and undertaking intersectoral action for health (relating to housing, transport, urban planning, environmental protection, among others);
- changing living and working conditions to those that are conducive to health - those in which decisions on health matters are taken easily, if not completely instinctively;
- strengthening community action - empowering communities to take up health issues on their own behalf;
- shaping health-promoting behaviour - eliminating behaviours that can pose a risk to health, e.g. smoking (Bast et al., 2017), and adopting health-promoting behaviours, e.g. appropriate levels of physical activity, or through health education;
- a change in the way the health sector, its institutions and staff operate - the involvement of health care institutions and staff in tasks other than restorative medicine and greater sensitivity to the needs of system users.

It can be said that the school process of health education is based on three pillars: providing health knowledge, shaping practical skills to help apply the knowledge acquired in everyday life and forming attitudes. These three pillars interlink, complement each other and form a solid foundation for effective health education. Their main goal is to shape the student's awareness of how to take care of their own and others' health, creating a foundation in their future life.

3. Relationships between health education, health promotion and health

Schools have been recognized to be key environments for promoting healthy lifestyles (WHO, 2017). The school should be a place where health knowledge is "shaped" and where health promotion programmes are implemented, involving the whole community (Darlington-Bernard et al., 2023). Implementing health promotion programmes in schools (Hahnraths, 2023) is key to improving the health and well-being of children by intervening from an early age and educating children in the 'spirit' of a healthy lifestyle (Apostolidou, Fontana, 2003). The school contributes to the development of health-promoting behaviours in children that can benefit them in adulthood (Lamboy, 2022).

There is an inextricable link between health promotion, health education and health, saying that they are interrelated. It has been shown that healthy children learn better and educated children live healthier lives (Suhrcke, 2011). When considering the relationship between the two, several phenomena can be identified (Woynarowska, 2023):

- Education as a potential for health.

There are many scientific studies saying that education has a huge impact on people's lifestyles and it can be observed that the higher the level of education, the lower the mortality and morbidity rates, the lower the incidence of infectious diseases, the lower the number of risky behaviours such as alcohol abuse, smoking, unhealthy diet and longer life expectancy. This is because education enables people to obtain the knowledge and skills they need to take care of their own health, cope with difficulties, find better jobs and thus earn more, which are also determinants of a healthy lifestyle.

- Health as a potential for education.

Good health enables a child to start school, attend school and achieve good academic results. Thus, health influences the proper learning process (assimilation of knowledge, acquisition of new skills, influences concentration and thinking), adaptation to the school environment and the establishment of contacts with peers and, above all, the development of creativity, talents and interests.

- The determinants of health and education are similar.

So the factors influencing both health and education - are similar. In the case of the youngest, socio-economic factors of the family, school, peers, local environment and social media have the greatest influence.

It should also be noted that health promotion is not the same as health education. It can be carried out among both healthy people and people at risk of illness or disease. The effectiveness of promotional and educational activities is confirmed by the results of studies carried out in the United States and Western European countries. "Studies by L. Goldman and E.F. Cook showed that the decline in mortality from ischaemic heart disease in the United States between 1968 and 1975 was more than 60% caused by lifestyle changes and improved control of risk

factors for the disease (NIK, 2017). In contrast, improvements in the quality of medical services were only responsible for one-third of the mortality reduction. On the other hand, the ischaemic heart disease prevention programme implemented in Finland since 1972 led to a 65% reduction in mortality for men aged 35-64 years for the country as a whole and 73% for Karelia, where the programme began earliest" (Indulski et al., 2000).

Health education is therefore an essential and complementary component of health promotion, and the effectiveness of both has a huge impact on an individual's health.

The relationship between education and health can be also considered in other contexts (Woynarowska, 2023):

- School as a place where health is shaped, a place where students, teachers and other staff spend a large part of their lives. School can and should be a place where health is promoted and educated. Therefore, the organisation of the school, the conditions there, the climate, the management of the school by the head teacher, the curriculum and the teaching methods are very important, bearing in mind that achievements and life satisfaction affect the health and self-esteem of students and staff.
- The school as an organisation that enables health education, health promotion among students and indirectly among parents.
- Education is considered an essential part of therapy, rehabilitation of children with disabilities and chronic illness. It helps them adapt to their illness, find a job, gain independence and counteract social exclusion.
- Health education gives the young generation the opportunity to acquire the competences (knowledge, skills, attitudes) necessary for the development of their own identity and responsible participation in society.
- Health education influences the health of the individual. The higher the education - the greater the resources for health.

This is because health promotion is based on a health-oriented model of health education, where great importance is attached to positive reasoning referring to the relationship between good health and a high quality of life (Woźniak-Holecka, 2014). Health promotion in schools must be linked to the primary task of the school which is education. The proper functioning of the body, the mental and social well-being of the child promotes learning, motivation and satisfaction with school, the development of interests and good peer relations. On the other hand, a student who is ill, with various types of health and developmental disorders - will not function properly at school, will have problems with concentration, learning, which can largely affect their future career. Therefore, the school, as a place where children spend a lot of time and learn how to live healthily, should take all steps to ensure health education and health promotion among its students and, importantly, carry out regular diagnoses of the students' needs in this area, identify any deficiencies identified by the students and implement improvement measures if necessary.

4. Methodology

The research presented in this article was conducted in one of the renowned comprehensive secondary schools in Częstochowa, among students of grades 1-4, of all teaching profiles. The questionnaire survey was collected in 2023. The survey was completely anonymous and voluntary. The survey questionnaire contained 32 closed questions divided into 3 categories: 21 questions related to the students' declared importance of health at school, 8 questions related to the student's self-assessment of taking care of their own health, and 3 questions related to the assessment of well-being at school. The pilot study collected 100 correctly completed survey questionnaires. The survey was administered to a sample of respondents, where 56% of the sample were male (students) and 44% were female (female students). Of the high school students surveyed, 30% were first-grade students, 20% were second-grade students, 30% were third-grade students and 20% were fourth-grade students. In the research sample, 22% of the students attended classes with a biological-chemical profile, 23% attended classes with a mathematical-physical profile, 34% attended classes with a mathematical-geographical profile and only 21% attended IB classes, i.e. students preparing for the International Baccalaureate. In order to analyse the needs of high school students in terms of health promotion and health education and to interpret their opinions on the importance of health at school, a more detailed analysis was carried out using Statistica software. The results of the study are presented in the next section.

5. Diagnosis of students' needs for health promotion and health education at school

The paper presents the results of the survey that illustrate the respondents' assessments of their opinions on the importance of health in their school. Students were asked to indicate whether and to what extent they agreed with the statements given. An Excel spreadsheet, Statistica software and statistical methods (non-parametric tests) were used to analyse the collected data. Steps were taken to verify the significance of differences in respondents' evaluations and for this purpose the *U*-Mann-Whitney test was used. The test statistic (Z) was verified for significance at the $\alpha = 0.05$ level. The probability of rejecting the hypothesis of significance of the differences of the tested distributions (p), as well as the values of the statistics, are presented in the tables below.

Table 1.
Values of the U-Mann-Whitney test for students' ratings of the importance of health at school according to gender

Variable	Measure		
	U	***Z***	***p***
Knowledge of the term 'healthy lifestyle'	1232.0	-	1.000
Knowledge of the difference between prevention and health promotion	1136.0	0.724	0.469
Providing health education at school	1195.5	- 0.270	0.787
Promotion of a healthy lifestyle at school	1037.0	- 1.481	0.139
Health and well-being is an important issue at school	1006.0	- 1.923	0.055
Topics related to health and well-being are taught in lessons	1025.5	- 1.706	0.088
Health and well-being topics are discussed during teaching hours	1227.0	- 0.033	0.974
Health and care issues are discussed during family education lessons.	1181.0	- 0.366	0.714
Health topics that are of interest to students can be suggested in lessons	1130.0	1.110	0.267
Lessons on health and well-being are interesting	1188.0	- 0.316	0.752
Learning about health at school, encourages me to take care of my own health	959.5	**- 2.035**	**0.042**
The school encourages physical activity, not only in PE classes	1138.0	- 0.677	0.498
I enjoy participating in physical activity classes	1159.0	0.534	0.593
At school they teach personal hygiene (washing hands, teeth, body, etc.)	1217.0	- 0.110	0.912
At school, they teach to keep their immediate environment (room, house, classroom) as well as their further environment (yard, street, park, forest, etc.) tidy	964.0	**- 1.970**	**0.049**
At school, they teach rational eating - paying particular attention to the quality of food (fresh fruit, vegetables, dark bread, dairy products, micronutrients, avoid sweets (caries, obesity)	880.0	**- 2.547**	**0.011**
Addiction prevention lessons (alcohol, drugs, cigarettes) are taught at school	906.0	**- 2.478**	**0.013**
Sex education (on the mental and physical needs of the human being, responsibility, the topic of HIV/AIDS, sexually transmitted diseases, etc.) is conducted at the school.	1206.0	0.272	0.786
Environmental awareness activities are conducted at school (e.g. workshops)	1117.5	0.840	0.401
The social and physical environment of the school promotes the health and well-being of students	1161.5	- 0.507	0.612
The school develops students' health care skills	1093.5	- 1.000	0.317

Values statistically significant at $\alpha = 0.05$ level
Source: Own study.

The analyses carried out showed the existence of statistically significant correlations between the elements studied (Table 1). In general, it can be seen that women rated the accuracy of the following statements significantly higher than men: "learning about health at school, encourages me to take care of my own health" ($Z = -2.035$; $p = 0.042$)", at school, they teach to keep their immediate environment (room, house, classroom) as well as their further environment (yard, street, park, forest, etc.) tidy" ($Z = -1.970$; $p = 0.049$), "at school, they teach rational eating - paying particular attention to the quality of food (fresh fruit, vegetables, dark bread, dairy products, micronutrients, avoid sweets (caries, obesity)" ($Z = -2.547$; $p = 0.011$) and "addiction prevention lessons (alcohol, drugs, cigarettes) are taught at school" ($Z = -2.478$; $p = 0.013$). Another issue of the analysis carried out was the interpretation of the results of the *U*-Mann-Whitney test for assessments of the importance of health at school depending on the profile of high school teaching. The test values are presented in Table 2.

Table 2.
U-Mann-Whitney test values for students' ratings of the importance of health at school depending on the teaching profile

Teaching profile	mathematical-physical profile/biological-chemical profile			mathematical-physical profile/IB		
	Measure			Measure		
Variable	*U*	*Z*	*p*	*U*	*Z*	*p*
Knowledge of the term 'healthy lifestyle'	253.0	-0.001	1.000	241.5	0.012	0.991
Knowledge of the difference between prevention and health promotion	187.0	1.622	0.105	183.0	1.483	0.138
Providing health education at school	184.5	- 1.687	0.092	190.0	- 1.319	0.187
Promotion of a healthy lifestyle at school	173.0	**- 1.968**	**0.049**	184.5	- 1.485	0.138
Health and well-being is an important issue at school	204.5	- 1.359	0.174	225.0	- 0.501	0.616
Topics related to health and well-being are taught in lessons	234.0	- 0.515	0.607	219.5	- 0.615	0.539
Health and well-being topics are discussed during teaching hours	236.0	0.397	0.691	216.0	0.624	0.533
Health and care issues are discussed during family education lessons	244.5	0.189	0.850	223.5	- 0.429	0.668
Health topics that are of interest to students can be suggested in lessons	195.0	**2.079**	**0.038**	217.5	1.109	0.268
Lessons on health and well-being are interesting	241.5	0.260	0.795	236.0	0.122	0.903
Learning about health at school. encourages me to take care of my own health	216.0	0.906	0.365	221.0	- 0.502	0.615
The school encourages physical activity, not only in PE classes	241.5	0.260	0.795	207.5	0.821	0.412
I enjoy participating in physical activity classes	201.0	1.242	0.214	198.0	1.074	0.283
At school they teach personal hygiene (washing hands, teeth, body, etc.)	151.0	**2.536**	**0.011**	162.5	**2.093**	**0.036**
At school, they teach to keep their immediate environment (room, house, classroom) as well as their further environment (yard, street, park, forest, etc.) tidy	153.5	**- 2.385**	**0.017**	180.0	- 1.529	0.126
At school. they teach rational eating - paying particular attention to the quality of food (fresh fruit, vegetables, dark bread, dairy products, micronutrients, avoid sweets (caries, obesity)	192.5	- 1.423	0.155	222.0	- 0.469	0.639
Addiction prevention lessons (alcohol, drugs, cigarettes) are taught at school	165.0	**- 2.166**	**0.030**	195.5	- 1.149	0.251
Sex education (on the mental and physical needs of the human being, responsibility, the topic of HIV/AIDS, sexually transmitted diseases, etc.) is conducted at the school	228.5	- 0.823	0.411	227.0	- 0.519	0.604
Environmental awareness activities are conducted at school (e.g. workshops)	188.5	1.547	0.122	130.5	**2.754**	**0.006**
The social and physical environment of the school promotes the health and well-being of students	136.0	**- 2.764**	**0.006**	150.0	**- 2.249**	**0.025**
The school develops students' health care skills	185.0	- 1.601	0.109	185.0	- 1.384	0.166

Values statistically significant at $\alpha = 0.05$ level.

Source: Own study.

In this case (Table 2), it can be seen that students of the mathematical-physical profile rated the relevance of the following statements significantly higher than students of the biological-chemical profile: "promotion of a healthy lifestyle at school" (Z = -1.968; p = 0.049). "at school, they teach to keep their immediate environment (room, house, classroom) as well as their further environment (yard, street, park, forest, etc.) tidy" (Z = -2.385; p = 0.017), " addiction prevention lessons (alcohol, drugs, cigarettes) are taught at school" (Z = -2.166; p = 0.030), "the social and physical environment of the school promotes the health and well-being of students" (Z = -2.764; p = 0.006), while lower rated statements were: "we can suggest topics about health that interest us" (Z = 2.079; p = 0.038) and "at school they teach personal hygiene (washing hands, teeth, body, etc.)" (Z = 2.536; p = 0.011).

In addition, students of the mathematical-physical profile rated the accuracy of the following statements significantly higher than students of the IB profile: "the social and physical environment of the school promotes the health and well-being of students" (Z = -2.249; p = 0.025), and lower: "at school they teach personal hygiene (washing hands, teeth, body, etc.)" (Z = 2.093; p = 0.036) and "environmental awareness activities are conducted at school (e.g. workshops)" (Z = 2.754; p = 0.006). The other student profiles did not show significantly different scores on the questions asked in any of the statements.

To deepen the analysis, students were asked whether the knowledge they had gained in school - in terms of healthy lifestyles - had influenced their daily routine and what they had done for their health during the last school year. The results are shown in Table 3.

Table 3.
Results of assessments on individual factors of caring for health (quantitative)

B. What have you done for your health in the last school year?	Yes	Rather yes	Rather not	No	I don't know
I am trying to be more physically active (e.g. walking more. Running, cycling, exercising, dancing, swimming, playing sports)	84	16	0	0	0
I pay more attention to how I eat (e.g. eat breakfast, fruit and vegetables every day, drink more water, limit sweets, crisps, fast food)	33	50	0	17	0
I limit the time spent on the computer, smartphone, watching TV	32	21	51	17	0
I take more care of my personal hygiene (e.g. I clean my teeth at least twice a day, wash my hands often)	49	17	0	0	34
I try to find time during the day for relaxation, enjoyable activities (e.g. play, hobbies)	83	17	0	0	0
I try to think positively about myself (recognise my strengths, successes)	16	50	34	0	0
I ask someone to help me when I am in trouble	33	17	33	17	0
I feel good in my body. Am I happy with myself?	16	34	16	0	34

Source: own elaboration.

The analysis shows that the majority of students are trying to take care of their own health and lead a healthy lifestyle (evidenced by all positive responses), paying more attention to their daily routine. There were also negative answers regarding limiting the time spent in front of the computer or smartphone, which is like a 'sign of our times' - young people do not intend to limit the time spent online and on social media, which for most of them is the only form of communication with their peers. Research shows that the time spent in front of a smartphone ranges from 3-5 hours a day. It is also worrying that as many as 34 do not think positively about themselves. which may also indicate a low sense of self-worth among the younger generation.

The survey questionnaire also included questions about students' well-being at school. The number of responses (aggregated) is shown in Table 4.

Table 4.
Results of assessments on well-being at school (quantitative)

B. My well-being at school	Yes	Rather yes	Rather not	No	I don't know
I usually feel good at school	32	34	0	0	34
I like being at school	49	17	0	17	17
I feel safe at school	16	50	0	0	34

Source: own elaboration.

It appears that the majority of students generally feel comfortable at school, enjoy being at school and feel safe there. Negative answers did not exceed 34% in these cases, 34 have no opinion regarding school safety and 'liking' the school, which should in a way become an alarm for some steps to be taken by the school management.

6. Results of empirical studies

The analyses conducted confirmed the existence of significant differences in students' evaluations of the importance of health at school, well-being and health care factors. Based on the results of the surveys, general conclusions can be drawn about the students' needs regarding health promotion and health education at school. It appears that the majority of students try to take care of their health and want to lead a healthy lifestyle, as evidenced by the majority of positive responses. Students declare that as a result of what they have been taught at school, they try to pay more attention to their daily routine and use the knowledge gained at school to reinforce health-promoting behaviour. This is a very positive sign that students see the value of the knowledge gained at school and are trying to incorporate healthy habits into their everyday life. Health education plays a key role in shaping young people's awareness of physical and mental health. Reinforcing health-promoting behaviours such as a balanced diet, regular

physical activity, proper sleep hygiene or stress management has a long-term impact on their health and well-being.

The analysis also shows that the majority of students feel comfortable at school, enjoy being at school and feel safe there. A high level of comfort and feeling of safety among students is crucial for their development and effective learning. Feeling good at school is not only conducive to learning, but also to building social relationships and developing interpersonal skills. This can be used as a starting point for further initiatives that will further enhance the quality of school life, such as extra activities. workshops or inclusive actions. It is also important to regularly monitor students' moods and make changes to suit their needs.

There were also negative responses that focused on limiting the time spent in front of a computer or smartphone, which is unfortunately a 'sign of our times' - phones and computers have become the main source of contact with peers. Technology has become an integral part of young people's lives and time spent in front of a screen is often unavoidable, especially in the context of learning and social interaction. It is important that schools find a balance between limiting time in front of the computer and using technology as a tool for learning and communication. With the right approach. technology can become a tool to support students' social and educational development.

There are also worrying negative responses regarding self-esteem, which may indicate low self-worth among students. Low self-esteem among students can lead to many negative consequences, both educationally and emotionally. Students with low self-esteem may avoid challenges, be afraid of new experiences, and have difficulty forming relationships with their peers. In addition, they may be more prone to stress. anxiety and depression.

It is important for teachers and parents to look out for signs of low self-esteem in children. Supporting them to develop skills, encouraging them to challenge themselves and building positive relationships can help to improve their self-esteem. Educational programmes that promote cooperation, acceptance and diversity can also play a key role in counteracting these issues. It is therefore worthwhile to have an open dialogue about self-esteem and create an environment where students feel accepted and valued.

It is also worthwhile for schools to continue this work by introducing a variety of programmes, workshops or activities that engage students in independent thinking about health and its importance in everyday life. This approach can help motivate them to adopt healthy habits and maintain them into adulthood. Another thins worth considering is the introduction of even more interactive and engaging forms of teaching that will enable students to better acquire knowledge and skills in this area.

7. Conclusion

Based on the conducted analysis, it can be concluded that it is worthwhile to carry out this type of diagnosis in schools. It is best to carry them out systematically, once a year comparing current results with previous ones. This is because diagnosing students' needs in terms of health promotion and health education is a key step in developing effective programmes that respond to the needs of young people and support their health and well-being. Diagnosing students' needs in this area is crucial for several reasons:

1. It helps to understand the needs of students. Each group of students has unique health and educational needs. Diagnosis identifies these needs so that health programmes are tailored accordingly.
2. It prevents health problems. Early identification of health needs allows preventive action to be taken, which can prevent the development of health problems such as obesity, addiction or mental health problems.
3. It enhances life skills. Health education not only increases health knowledge, but also develops life skills, such as making informed decisions or coping with stress.
4. It serves to promote healthy lifestyles. Diagnosis of students' needs makes it possible to develop programmes to promote healthy lifestyles, which may include nutrition, physical activity, mental health and social health.
5. It allows integration with other school programmes. Understanding the health needs of students allows better integration of activities with other initiatives in the school, such as anti-smoking programmes, addiction prevention and psychological support.
6. It contributes to increasing the effectiveness of activities. By diagnosing the specific needs of students, schools can better plan and implement activities that will have a real impact on improving students' health and quality of life.
7. Diagnosis of health needs can also help to identify students at risk and adapt health education programmes to their specific conditions, which promotes equity in access to health education.

In summary, a healthy lifestyle and appropriate health behaviours positively affect every aspect of our lives, from our physical well-being to our mental health. The more we take care of ourselves, the better quality of life we can achieve.

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