



## SOCIAL AND BEHAVIORAL SCIENCES. Education

### REVIEW ARTICLE



# The Educational Mission of Health Culture as a Cultural Universal



#### Author's Contribution:

- A – Study design;
- B – Data collection;
- C – Statistical analysis;
- D – Data interpretation;
- E – Manuscript preparation;
- F – Literature search

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#### Background and Aim of Study:

#### Abstract

*As a complex interdisciplinary entity, the phenomenon of health culture is linked to a wide range of scientific disciplines, as well as various categories and concepts. However, the problem of defining the place of the concept of "health culture" within the system of cultural universals, and the relationship between its components, remains unresolved. Additionally, it is important to consider the opportunities for forming a health culture, both personally and within society.*

*The aim of the study: to explore the phenomenon of "health culture" as a cultural universal, to characterise the educational mission of health culture and to reveal ways of forming a personal health culture in an educational environment.*

#### Material and Methods:

*The present study summarises the author's experience of researching health culture over more than 20 years. It covers the theoretical foundations and practical aspects of this phenomenon, focusing on the possibilities of forming a personal health culture in an educational environment through a socio-pedagogical system. The methodology of the system approach has been applied to the concept "health culture", as well as a set of theoretical research methods: deduction and induction, analysis and synthesis, abstracting, comparison, generalisation, systematisation, interpretation of the results.*

#### Results:

*In this study, health culture is characterised as a cultural universal for the first time. The main methodological approaches to defining "culture" and its relationship with health culture were analysed. The connection between the definition of health culture and other concepts was determined. The structure of the hierarchy of cultural types within the concept of a universal health culture was characterised. A model of health culture of personality, as well as a model for forming a culture health of personality in the system of socio-pedagogical activity were developed.*

#### Conclusions:

*The educational mission of health culture is to promote the harmonious development of the individual and their conscious and responsible attitude towards their physical, mental, social and spiritual health and that of society. It also involves transferring knowledge and developing key competencies in maintaining and strengthening health, establishing moral values, preserving national traditions, satisfying cultural needs and developing human potential for the benefit of the individual, their family and society. As open social systems, educational systems have the greatest potential for forming a culture health of personality. The socio-pedagogical system proposed by the author for forming a health culture of personality in educational environments has proven highly effective. The results of empirical studies provide evidence for this.*

#### Keywords:

*health culture universal, types of culture, health culture of personality, educational mission of health culture, system of social and educational activities*

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## Introduction

The phenomenon of health culture is a complex interdisciplinary construct with connections to a wide range of scientific disciplines, various categories and concepts.

The scientific literature defines the essence of the concept of “culture” and explores its philosophical aspects (Eshich, 1984; Florenskij, 2017; Freud, 1924; Gurevich, 2001; Kroeber & Kluckhohn, 1952; Stepin, 2003). The relationship between culture and health has also been examined (Bertalanffy, 1959; Fromm, 1930; Horney, 1994; Maslow, 1961; Melnyk, 2005; Rerih, 1992), as has the concept of “health culture” (Gorashchuk, 2003; Melnyk, 2002; Shakhnenko, 2002; Skumin, 1995; Svyrydenko, 2000).

However, the issue of defining the place of the concept of “health culture” in the system of cultural universals, and how its components are interrelated, remains unresolved. It is also important to consider the possibilities of forming a health culture.

*The aim of the study.* To explore the phenomenon of “health culture” as a cultural universal, to characterise the educational mission of health culture and to reveal ways of forming a personal health culture in an educational environment.

## Materials and Methods

In this paper, we summarise over 20 years of our own research experience into health culture, focusing on both the theoretical and applied aspects of the phenomenon. We also explore the possibilities for forming a health culture in educational environments.

The present study employed the system approach methodology, as well as the following theoretical research methods: deduction and induction; analysis and synthesis; abstraction; comparison; generalisation; systematisation; and interpretation of results.

## Results and Discussion

The term “health culture” is a two-part term (term-phrase) whose components have independent meanings. This requires us to consider the definitions of “culture” and “health”.

Numerous definitions of the concept of culture can be found in scientific publications on philosophy, sociology, cultural studies, psychology and pedagogy.

The concept of “culture” first appeared in the study “*De jure naturae et gentium*” (1672) by the German lawyer and historian Samuel von Pufendorf. This scientist used this term to refer to a person who was raised in society (artificial man), as opposed to a person who was not educated (natural man).

By the end of the 20th century, more than four hundred different definitions of culture had already been recorded (Polishchuk, 1993).

In 1952, Kroeber and Kluckhohn attempted to classify definitions of culture, dividing them into ten groups. The first group contains descriptive definitions. The second group emphasises the importance of social heritage and traditions, pointing out that culture is a socially inherited set of practices and beliefs that determines the

foundations of our lives. The third group highlights the importance of rules that promote a certain way of life for culture. It is also important to consider the group in which culture is directly linked to the process of learning and education. This classification highlights the multifaceted nature of this definition, enabling us to identify different aspects when studying the phenomenon of culture and, subsequently, health culture.

In education, the importance of cross-cultural perspectives is ever-growing. Multi-, inter- and/or transcultural perspectives help us to understand our own and other cultures (Nieke, 2008).

Based on an analytical grid, Köpfer and Proyer (2025) identified certain formations of how culture is articulated in relation to education: culture as a national reference; culture as a cultural-historical process and practice; culture as a group; culture as a system of production and representation.

In order to analyse them and identify the main approaches, let us consider several common interpretations of culture.

Culture is a system of supra-biological programmes that govern human behaviour and communication. These programmes are historically developed and are a prerequisite for the reproduction and change of social life in all its main manifestations. This definition emphasises that culture is a supra-biological system of activity that is transmitted historically in the social experience of humanity. This definition of culture is primarily found in philosophical and encyclopaedic dictionaries. This view is typical of philosophers, educators, and other scholars who emphasise the importance of social factors.

Here are some common definitions. Culture is the totality of a society’s practical, material and spiritual achievements, reflecting its historical development and the results of its productive activity. Culture is a concept that reflects the symbolic, non-biological, i.e. acquired, aspects of human society.

However, it should be noted that there is also an opposing view in psychology, particularly among psychoanalysts.

Culture, in particular, is the sum total of the achievements and institutions that distinguish our lives from those of our animal ancestors, serving the purposes of protection from nature and the regulation of relationships (Freud, 1924). According to Freud, culture is not the result of social progress, but rather a product of biological instinct.

So, not only do scientists’ understandings of the concept of culture differ in essence, they also point to the existence of diametrically opposed views.

Consequently, the concept of “culture” needs to be analysed in more detail to further substantiate the essence of “health culture”.

One of the most obvious ways to analyse the concept of “culture” is to consider it within the context of fundamental philosophical approaches as a cultural universal.



Gurevich (2001) identified the following “specific approaches”: philosophical-anthropological, philosophical-historical, and sociological.

The philosophical-anthropological approach considers culture to be an expression of human nature, evaluating it as a comprehensive phenomenology of humanity. A consistent philosophical-anthropological approach to culture is rarely used. This is related to the understanding of the phenomenon of culture, which cannot be derived from the biological nature of humans. The philosophical-historical approach aims to reveal the mechanisms behind the emergence of human history itself. Based on the philosophical idea of anthropology, this approach is often referred to as “activity-based”.

The sociological approach interprets culture as a factor in the organisation and way of life of any society. This approach is based on two premises: first that every society has its own culture; and second that every person is cultural, in the sense that they live in one culture or another.

An analysis of publications on this topic reveals that researchers attempting to define culture have done so within the aforementioned approaches. This is primarily because of their approach to studying the phenomenon of culture.

Exploring the essence of the concept of “culture”, Hrynova (1998) argues that “since it is practically impossible to exhaust all aspects of culture, none of the existing approaches can claim to formulate an exhaustive definition of it”. We agree with this opinion. Therefore, rather than clarifying the concept of “culture” itself, it is necessary to clarify the approaches, concepts and paradigms within which the concept of “health culture” will be considered.

Eshich (1984) identified seven main types of cultural concept: object-value, activity-based, personality-attributive, social-attributive, information-symbolic and system-forming subsystems of society. We believe that all of the above cultural concepts can be used to some extent as they are all relevant to the concept of “health culture”. However, new views on the classification of cultural concepts and ideas have emerged at the beginning of the 21st century.

Among existing approaches to the classification of cultural concepts and ideas, Stepin’s (2003) study should be considered. Stepin (2003) observed that, despite their dynamism and relative independence, cultural phenomena at all levels are organised into a coherent system, with the fundamental principles of each culture serving as the system-forming factor. They are represented by worldview universals, or categories of culture. These interact and interconnect to form a holistic, generalised image of the human world.

According to Brown (1991; 2000), human universals are features of culture, society, language, behaviour and psychology that are found throughout the world in every cultural group and for which there are no known exceptions. He identified hundreds of universal concepts, which he divided into several groups including language, cognition, society, beliefs and technology.

These probably included human characteristics, traits and behavioural patterns that are of significant value for survival and evolutionary adaptation.

Brown (2004) observed that universal human concepts in the cultural sphere include legends, myths, everyday life, rules and body adornments, among others.

In the social sphere, universals include the division of labour, social groups, age classification, the family and kinship systems, and cooperation.

In the sphere of the psyche, universals include thinking, emotions and fear, as well as psychological defence mechanisms.

In the behavioural sphere, universals include gestures, aggression and facial expressions.

It should be noted that there are many universal concepts that are difficult to classify for a particular specified area. This is because they can be interpreted simultaneously as social, cultural and linguistic. For example, turn-taking in conversation is simultaneously a linguistic, social, and behavioural universals.

Some anthropologists question the existence of cultural universals, instead adhering to the viewpoint of cultural relativism. Cultural relativism suggests that behaviour and beliefs should be understood in relation to an individual’s own culture rather than being compared with the criteria of other people, groups, or society as a whole, since significant differences in perceptual abilities and reasoning strategies exist among different cultural groups (Cordaro et al., 2018; Floyd et al., 2018). We believe this perspective is important for distinguishing between the various levels of health culture. However, it should also be borne in mind that there are stable cross-cultural universals, regardless of cultural differences.

The most significant finding of the present study is that there are cross-cultural similarities in the way that perceptual experience is conceptualised.

Stepin (2003, p. 528) identified two large, interrelated blocks of cultural universals. These blocks are always mutually correlated, expressing the connections between subject-object and subject-subject relationships in human life.

The first block of cultural universals includes categories that encapsulate the most common, attributive characteristics of objects involved in human activity. The following categories are used to record their attributive characteristics: “activity”, “content”, “quantity”, “measure”, “time”, “movement”, “relation”, “randomness”, “necessity”, etc.

The second block of cultural universals encompasses categories that, in the most generalised form, capture the historically accumulated experience of an individual’s inclusion in systems of social relations and communication. It includes categories such as “knowledge”, “beauty”, “freedom”, “conscience”, “duty” and “society”, among others.

Analysing the phenomenon of culture in accordance with the two blocks of universals presented above has enabled us to identify the main approaches and paradigms through which we believe the phenomenon of “health culture” should be considered.



Let us take a closer look at one aspect of understanding culture that is directly relevant to clarifying the essence of the “health culture” phenomenon. In this context, culture is defined as the sum total of society’s achievements, as something man-made, created by humans.

This is a traditional philosophical view, in which culture is understood as “second nature”.

Gurevich (2001) observed that there are clear contradictions in the traditional view of culture as “second nature”. By interpreting culture as something superimposed on nature, researchers have created a sense of mutual alienation. The following paradoxical line of thought arises: in order to create culture, one must be as far removed from nature as possible. Does this view of cultural creativity lead to a predatory and destructive attitude towards nature? Above all, culture is a natural phenomenon because its creator, humans, are biological creatures.

Florensky (2017) believed that culture and nature do not exist in isolation from each other. In other words, they co-exist because culture has never been given to us without its own natural foundation, which serves as its environment and material. Every cultural phenomenon is rooted in a natural phenomenon that has been shaped by culture. As a bearer of culture, humans do not create anything; they only shape and transform what is already there.

We agree with Gurevich, Florensky and others that there is an interconnection between culture and nature. We therefore consider it appropriate to apply this thesis when defining health culture.

Questions may arise about the relationship between culture and health, and how they can become disconnected from each other.

It is worth mentioning the humanistic psychologists who were wary of culture. Maslow (1961) suggested that a sign of a healthy individual is the ability to resist “acculturation”, or the defence of one’s own developmental tendencies against cultural influences.

For the same reasons as culture and nature, we believe that culture and health are also dialectically interrelated, if health is understood as something that is potentially given to us from birth (we mean not only physical condition, but all spheres of human existence), i.e. something natural, and culture is understood as the totality of social achievements, i.e. something man-made.

The configuration of diverse knowledge and views on culture and health indicates that there is a close connection and interdependence between culture and health.

Analysing publications in philosophy, sociology, cultural studies, medicine, psychology, and pedagogy allows us to examine the views of scholars on the role of culture in preserving and strengthening personal health.

The interconnection and interdependence between culture and health is reflected in publications by educators, psychologists, psychiatrists, medics, physiologists, sociologists, cultural scholars, and other scientists (Bertalanffy, 1959; Fromm, 1930; Horney,

1994; Maslow, 1961; Melnyk, 2005; Roerich, 1992; Skumin, 1995).

Representatives of neo-Freudianism, such as Fromm (1930) and Horney (1994), identified the origins of culture’s negative impact on mental health. They believe that neuroses are caused not only by individual experiences, but also by the specific cultural conditions in which a person lives.

Horney (1994) emphasised the importance of the family atmosphere in which a child grows up. She highlighted cultural conditions that produce neurosis, namely specific factors in the child’s environment that inhibit their mental development.

Bertalanffy (1959) emphasised that a person’s health depends on the culture in which they are raised and live. He noted that culture is not just a toy for humans as animals, or a luxury for the intelligentsia. It is the true backbone of society and an important psychohygienic factor, among other things.

The connection between culture and health is a theme that Helena and Nicholas Roerichs repeatedly highlight in their publications. Roerichs (1992) noted that physical exercise outdoors is certainly beneficial to a certain extent.

However, healing the body requires a more caring approach than merely regulating the stomach or participating in primitive and often one-sided sports. Human beings are drawn to culture.

Considering the essence of health and culture, Roerichs asserted that if they were told they cared only about the spiritual realm when discussing culture, they would respond, “No, we also care about the body, so that it is truly healthy and in line with the requirements of true culture.” In other words, Roerichs pointed to the synthesis of the concepts of health and culture, body and spirit. Bright minds call for creative synthesis, in which the old adage “in corpore sano mens sana” takes on special significance, and one can truly understand that a pure creative spirit is the inhabitant of a pure, healthy body.

Skumin (1995) shared this opinion, noting that health culture is a creative synthesis of the lofty concepts of culture and health. He added that the development of the world-bearing, spiritual principle as a truly human quality is the only way to achieve spiritual and human health, rather than animalistic health.

We consider culture and health to be two interrelated phenomena because humans create a health culture, which creates the preconditions for human development and the preservation and strengthening of health. Therefore, an individual’s health depends directly on their personal level of culture, particularly health culture, which is the foundation for their further development at all levels.

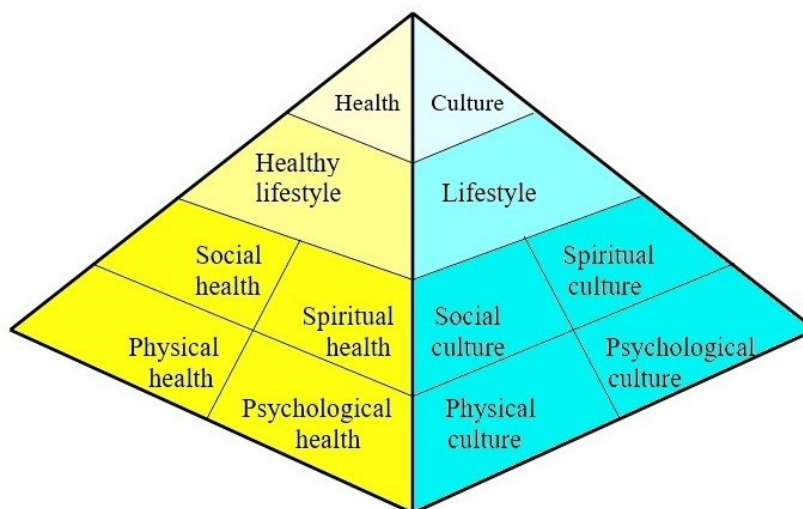
Previous studies (Melnyk, 2002; 2004a; 2004b; 2005) have thoroughly examined the connection between the definition of health culture and related concepts such as physical, psychological, social and spiritual culture, and physical, mental, social and spiritual health.

These are all components of an individual’s health culture (Figure 1).



**Figure 1**

*Connection between Definition of Health Culture and Other Concepts*



Analysing the definitions of “culture” and “health”, comparing and contrasting them, clarifying their content and interrelationship, and analysing the definition of “health culture” allows us to identify the paradigms (“human-oriented” (anthropological) and “knowledge-based”) within which the phenomenon of “health culture” is considered. Based on these paradigms, we will classify the above definitions of “health culture” and identify the essential aspects of the concept.

Within the “knowledge-based” paradigm, Skumin (1995) and Shakhnenko (2002) provided definitions of “health culture”, as did Gorashchuk (2003) and Svyrydenko (2000) within the “human-oriented” paradigm.

It should be noted that the essence of health culture is paradigmatic, indicating the possibility of using multiple paradigms to study this phenomenon. Taking this aspect of the “health culture” phenomenon into account ensures the objectivity of research into its essence, as well as the validity of models, technologies, etc.

Therefore, it is necessary to specify research paradigms and conduct an aspectual analysis of the concept of health culture, clarifying its essential characteristics. It is also necessary to identify aspects of studying this phenomenon in accordance with the scientific field and research problem.

The above paradigms, which scientists have used to study the phenomenon of health culture, should not be opposed, but rather combined. In the present study, we rely on both paradigms: the “knowledge-based” paradigm is used to clarify the meaning of the concept of “health culture”, while the “human-oriented” paradigm is used to define the concept of “personal health culture” and justify models, technologies and systems.

The logic behind the concept of health culture and its aspectual analysis in philosophical terms has allowed us to identify the following aspects: gnoseological, anthropological, axiological, and ontological.

The generic feature of the concept of health culture is that it is a component of human culture comprising a set

of specialised knowledge and theories of cognition based on the categorical opposition of “subject–object” (the gnoseological aspect). The distinctive features of the concept of health culture are the spheres of an individual's life in both their diversity and unity (the anthropological aspect), a person's attitude towards health and life as the highest value (the axiological aspect), and an understanding of the essence of being (the ontological aspect). On this basis, we clarify and expand the essence of the concept of “health culture”.

**Health culture** is a component of human culture that includes a totality of knowledge in the philosophical, pedagogical, psychological, and medical fields, e It enriches an individual's spiritual, social, mental and physical life, contributes to the formation of a personal attitude towards health and life, and helps a person comprehend the paradigms of existence (Melnyk, 2002). The concept is fixed and limited in meaning due to certain aspects, which is important when considering the principle of unambiguity. When analysing the concept of health culture, it is important to note that it reveals its essence adequately and logically. Firstly, we took into account the laws of logic when organising the material. Secondly, we considered “lexical” factors when unifying the material. Thirdly, we did not use borrowings from different languages. The concept of health culture is important in terms of term formation, or derivation – the ability to form concepts of a higher or lower rank from a concept of the same rank.

Analysing the concepts of health, culture and personality has made it possible to introduce the concept of “personal health culture” into scientific discourse.

**Personal health culture** is an integrated personal formation that determines the harmonious development of all components of the human personality, promotes the integrity of relationships between all its spheres, and stimulates self-knowledge, self-improvement, and creative activity.

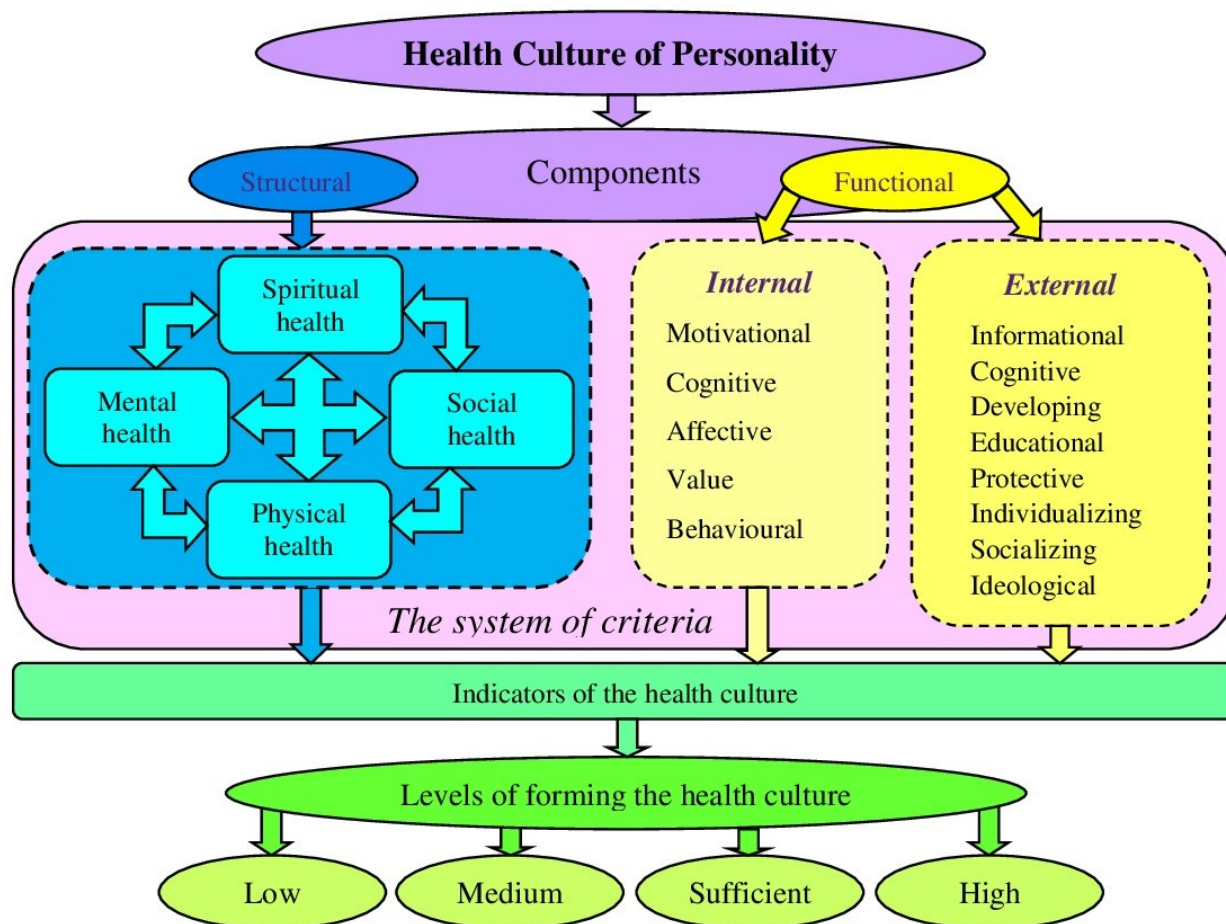
By components of human personality, we mean the physical, mental, social, and spiritual aspects of a person, and by spheres, we mean the motivational,

cognitive, affective, value-based, and behavioural spheres (Melnyk, 2004). This definition formed the basis for developing a theoretical model for the health

culture of a personality (Figure 2), as well as its further practical application, primarily in the field of education (Melnyk, 2017; 2019).

**Figure 2**

*The Model for the Health Culture of Personality (Melnyk, 2004b)*



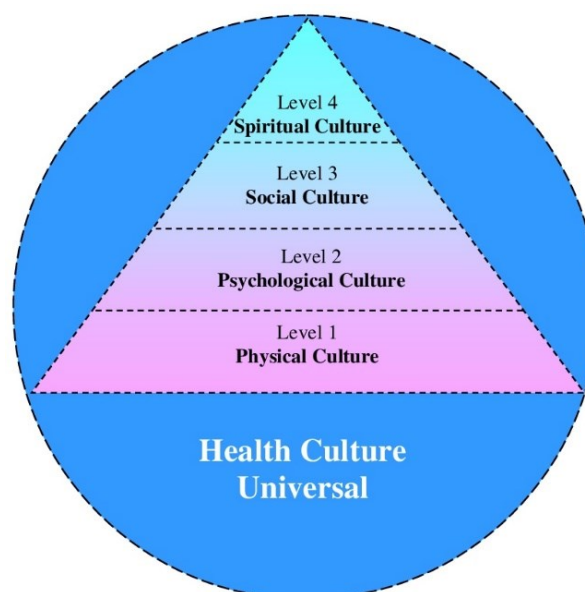
The four components of personal health culture – physical, mental, social and spiritual health – are closely interrelated. They are correlated, i.e. changes in one lead to changes in the others. For example, a person who devotes a lot of time to physical development, such as playing sports, may find that it affects their mental development. This influence can have positive or negative effects. For example, a person with the above-mentioned personality may become more determined, but experience a decline in intellectual development. In this example, we are not referring to intellectual sports. Other factors to take into account include sports, age and individual psychological characteristics.

Previous studies have described the structural scheme of the hierarchy of health components and their dialectical interrelationship (Melnyk, 2004a; 2004b; 2005).

Drawing on the main methodological and theoretical principles of these studies, and considering culture and health as interrelated phenomena, we have created a schematic representation of the hierarchical structure of types of culture within the health culture universal (see Figure 3).

**Figure 3**

*The Structure of the Hierarchy of Cultural Types within the Universal of Health Culture*





As a cultural universal, health culture is closely linked to the most important human needs: physical (preserving life and strengthening health), psychological (developing the individual's cognitive processes), social (interacting with and building relationships with people, social structures), and spiritual (art, religion).

The specific content of a universal health culture can differ from one country or society to another. However, the education system is the one place where this universal principle is most clearly expressed in all countries and societies.

As a cultural universal, health culture has its own educational mission. The **educational mission of health culture** is to promote the harmonious development of the individual and their conscious and responsible attitude towards their physical, mental, social and spiritual health and that of society. It also involves transferring knowledge and developing key competencies in maintaining and strengthening health, establishing moral values, preserving national traditions, satisfying cultural needs and developing human potential for the benefit of the individual, their family and society.

Based on theoretical and methodological developments, we expanded the conceptual and categorical apparatus

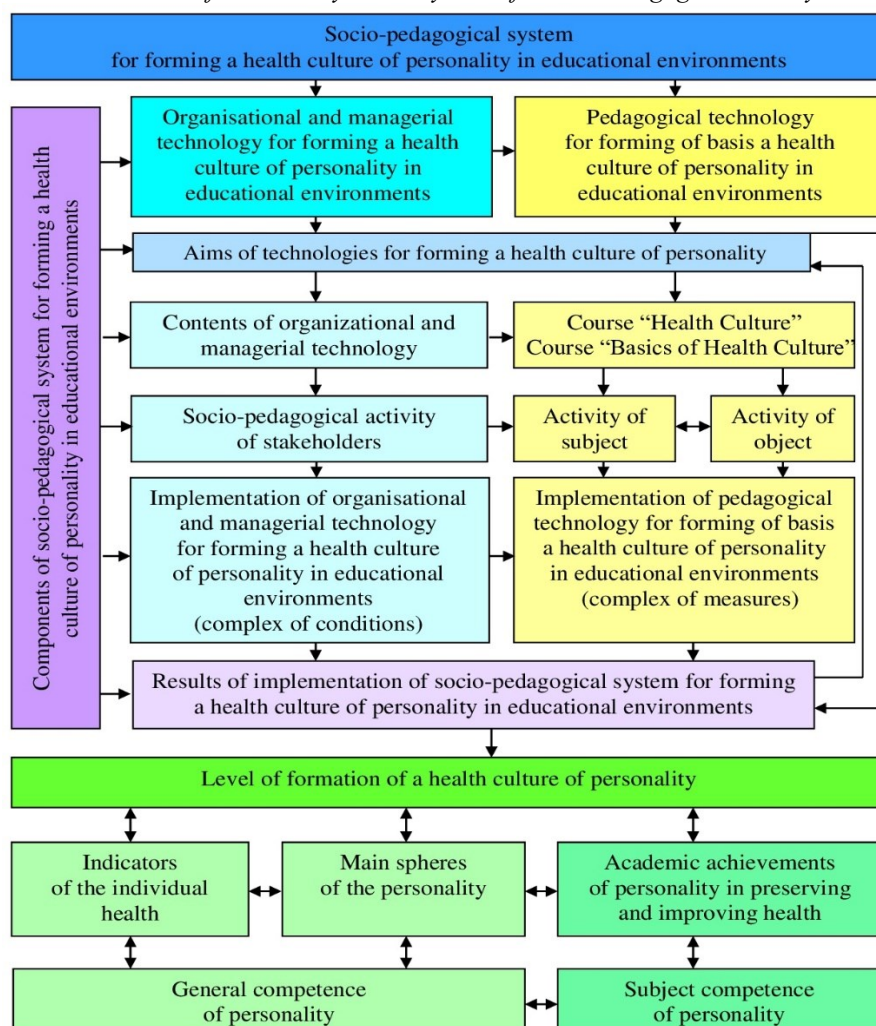
and developed a **socio-pedagogical system for forming a health culture of the individual** – an invariant social system characterised by specially organised socio-pedagogical activities within a socio-cultural environment and ensuring the development of a health culture among individuals in accordance with their specific characteristics (age-related, individual) (Melnyk, 2008).

Creating of a socio-pedagogical system for forming a health culture among individuals required defining its components, functions, structure, level of application, etc. The socio-pedagogical system has the following levels: personal, group (class or group), educational institution level (primary, secondary, higher), educational institution type (secondary school, university), territorial community (area of residence), society (individual region), education system (state).

Thus, the theoretical and methodological justification enabled us to identify the hierarchy of levels of health culture within society, as well as the system of socio-pedagogical activities involved in the formation of personal health culture (Melnyk, 2010). In accordance with these levels, a model for the formation of personal health culture in the system of socio-pedagogical activity has been developed (Figure 4).

**Figure 4**

*Model of Forming a Health Culture of Personality in the System of Socio-Pedagogical Activity*







The model illustrates how social institutions interact within society to solve identified problems. There is an interconnection between social institutions at different levels, which ensures the integrity and purposefulness of socio-pedagogical activities in the formation of a culture of personal health.

Based on a study of publications on the application of technologies in education, an integrated socio-pedagogical technology for the formation of a health culture of the individual has been substantiated (Melnyk, 2012). This multi-level technology was implemented as an organisational and managerial tool to promote a culture of health in social and educational activities, as well as a pedagogical technology to establish the foundations of a culture of health in individuals.

The implementation of the developed technology has contributed to the introduction of educational programmes and courses on "Health Culture" in educational institutions (schools, gymnasiums, universities), "Basics of Health Culture", comprehensive targeted programmes and systems of educational work on the formation of personal health culture, methods of researching levels of health culture, etc. (Melnyk, 2012). Publications by Melnyk (2017; 2019) highlight the main provisions for implementing the socio-pedagogical system for shaping a culture of personal health, as well as the results obtained in empirical studies.

In recent years, there has been an increasing trend towards distance learning and online education (Pypenko et al., 2020). This will undoubtedly influence the development of a personal health culture, which will also contribute to this process in its own way.

However, we are unsure whether remote learning methods will have a positive impact on personal health culture.

Some authors (Jung, 2023) who have studied the influence of cultural universals and learned behavioural patterns on online learning suggest that these factors can contribute to a more multicultural and diverse experience for learners.

However, we can be absolutely certain that today's challenges, such as global pandemics and the rapid development of artificial intelligence, will increase the role of distance and online learning (Melnyk, 2020; Melnyk & Pypenko, 2024). In this new reality, the importance of health culture's educational mission cannot be overstated.

## Conclusions

Thus, analysing the definitions of culture concept has enabled us to identify the peculiarities of this category, whose image has evolved historically over the centuries and continues to do so today. The concept of health culture is one element of a system of concepts closely related to physical, psychological, social and spiritual culture. Analysing the concept of health culture has enabled us to identify its essential characteristics. Identifying the links between health culture and other concepts, as well as conducting an aspectual analysis of the phenomenon, has allowed us to highlight areas for further study that will contribute to the development of

methodology and the establishment of health culture as a universal cultural feature.

The theoretical and methodological foundations developed, along with the technological and methodological support, have been proven effective through experimentation and can be used to promote a culture of personal health in educational environments.

The multifaceted and multidimensional nature of the phenomenon of health culture and the new realities of distance education and online learning open up great prospects for research in this area, as well as for the establishment of the phenomenon of health culture as an independent scientific field.

## Ethical Approval

The research procedure used in the study were approved by the Committee on Ethics and Research Integrity of the Scientific Research Institute KRPOCH (protocol no. 026-2/SRIKRPOCH dated 10.08.2024)

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