

KATARZYNA SYGIT

Koncepcja autorskiej „Skali do oceny zachowań zdrowotnych młodzieży” Projekt i wstępne wyniki z wdrożenia

Streszczenie

Wstęp. Zachowania zdrowotne dotyczą zachowań sprzyjających zdrowiu oraz zachowań zagrażających zdrowiu. Wyniki licznych badań pozwalają na zdiagnozowanie tych zachowań, jednak ciągle w literaturze przedmiotu brak jest optymalnej „skali” oceniającej te zachowania. Stąd też w dostępnej literaturze przedmiotu brak jest oceny zachowań zdrowotnych młodzieży szkolnej. Dokonanie przeze mnie oceny zachowań zdrowotnych badanej młodzieży – mającej na celu zaliczenie badanych czy to do grupy prowadzących prozdrowotny styl życia, czy antyzdrowotny – było możliwe dzięki opracowaniu i zastosowaniu autorskiej „Skali do oceny zachowań zdrowotnych młodzieży”.

Cel. Przedstawienie koncepcji autorskiej „Skali do oceny zachowań zdrowotnych młodzieży”. Zastosowanie tej skali do oceny zachowań zdrowotnych młodzieży.

Materiał i metodyka badań. Autorska „Skala do oceny zachowań zdrowotnych młodzieży”, przedstawiona w metodyce badań niniejszej pracy.

Wyniki i wnioski. Możliwości zastosowania „Skali do oceny zachowań zdrowotnych młodzieży” do:

- indywidualnej oceny zachowań zdrowotnych każdego ucznia,
- oceny zachowań zdrowotnych zbiorowości, np. uczniów klas II, uczniów danej szkoły itd., wówczas uzyskaną liczbę pkt. od każdego ucznia należy zsumować i podzielić przez liczbę uczniów badanych,
- porządkowania ocen zachowań zdrowotnych młodzieży, którego dokonanie dzisiaj (i porównanie z innymi wynikami badań – innych autorów) jest niemożliwe,
- oceny skuteczności prowadzonej edukacji zdrowotnej oraz do oceny realizowanych programów zdrowotnych.

Słowa kluczowe: zachowania zdrowotne, skala do oceny zachowań zdrowotnych, styl życia.

Original concept “Scale for evaluating the health behaviours of young people” Project and initial results of research

Summary

Introduction. Health behaviours either promote or threaten health. These types of behaviours have been diagnosed in numerous studies; however, there is still a lack of a suitable ‘scale’ for assessing them, hence also a requirement for the evaluation of health behaviours in young people. The assessment which I made of such health behaviours in order to classify young people into pro- or anti-health groups was possible due to the development and implementation of my own “Scale for assessing young people’s health behaviours”.

Aim. Application of this scale in the assessment of young people’s health behaviours.

Materials and methods. My own “Scale for assessing young people’s health behaviours”, presented in the research methodology of this work.

Results and conclusions. Potential applications for the “Scale for assessing young people’s health behaviours” in:

- the individual assessment of health behaviours in every schoolchild
- the assessment of group health behaviours such as the year II pupils, or for the pupils at a given school, where the number of points from each pupil are added together and then divided by the total number of pupils participating in the study
- for assessing young people’s health behaviours, which, along with comparisons with other studies by other authors, is presently impossible
- when assessing the effectiveness of health education and health programmes.

Key words: health behaviours, scale for assessing health behaviours, lifestyle.

INTRODUCTION

According to B. Woynarowska [1] health behaviours can be:

- health-promoting behaviours,
- health-threatening behaviours.

In recent years this topic has become the subject of a large number of studies [2-9], which in particular seek reasons for children’s and adolescents’ continuing unsatisfactory state of health. The results of these studies have allowed a diagnosis of these behaviours possible; however, there is still a lack of a suitable ‘scale’ for assessing health behaviours, hence also a requirement for the evaluation of health behaviours in young people of school age.

The assessment I have made of such health behaviours in order to classify young people into pro- or anti-health groups, has been possible due to the development and implementation of my own “Scale for evaluating the health behaviours of young people”, presented in the research

methods of the following work. Up till now, the results of various studies have showed sometimes a predominance of anti-health behaviours, and sometimes a predominance of pro-health behaviours; in any case, there has been no clear-cut, precise division.

It appears that by applying the “Scale for evaluating the health behaviours of young people”, a precise classification (inclusion) of the research subject (and of the entire group) into either the pro-health or the anti-health group can be made. The implementation of this scale creates a whole range of possibilities for observation, research and analysis, both with respect to each individual studied, but also to the research group.

As a result, I propose the concept of a “Scale for evaluating the health behaviours of young people” and present the results of its implementation.

Original Project “Scale for evaluating the health behaviours of young people” with instructions for application

SCALE FOR EVALUATING THE HEALTH BEHAVIOURS OF YOUNG PEOPLE

Please answer all of the following 20 questions honestly, by marking a cross (+) in the appropriate yes / no column. You should choose only 1 answer to each question.

Sec: F, M X (underline)

No. Question	Answer		Total points
	YES	NO	
1. I always have breakfast before leaving for school			
2. I always have lunch at school			
3. I always have 3 meals a day (breakfast, lunch and dinner)			
4. Every day I eat: fruit and / or vegetables (at least one from either or both categories)			
5. I have medical checkups (including dental) at least once a year			
6. I am physically active (I jog, swim, ride a bike or go for a walk at least twice a week)			
7. I smoke cigarettes (at least 1-10 or more daily)			
8. I drink alcohol (at least: 100g or more daily; or a glass of wine or 1-2 beers daily)			
9. I take drugs (at least once a week or more)			
10. I eat fatty foods (at least several times a week)			
11. I eat sweet things (at least once a day)			
12. I take non-prescribed medications			
13. I play a particular sport (at least 3 times a week)			
14. I drink low-fat milk (at least a glass a day)			
15. I sleep at least 7 – 8 hours per day			
16. when I am ill, I go to the doctor’s (I don’t treat myself)			
17. I care about oral hygiene (I brush my teeth at least 3 times a day and after eating)			
18. I eat white meat and fish more often than red meat			
19. I eat regular meals			
20. I watch my weight and keep myself in shape			

Note: This project contains one descriptive variable (sex); there may be more variables (for example, in the following studies, six).

Instructions for implementing the “Scale for evaluating the health behaviours of young people” (key for awarding a points score).

A. For those completing the survey (the subjects).

1. The person answering the questions on the Scale must answer all the questions (20).
2. Answers to the questions must be indicated with a cross (+) in the ‘yes’ or ‘no’ column; a cross in both columns is unacceptable. Only one answer per question is allowed.
3. The person completing the Scale is requested to familiarise him or herself with the information on how to complete the form, along with the text of the questions.

B. For the organisers of the research or of the subjects, who would also like to find out about their ‘health behaviours’:

1. Every answer marked with a cross in the relevant column is awarded one point.
However, some of the questions have a greater weighting and are awarded three points. These are:
 - ‘yes’ answers to questions 1, 2, 3, 4, 5, 6
 - ‘no’ answers to questions 7, 8, 9, 10, 11, 12
2. In the ‘total points’ column, count the number of points and then add them up at the bottom.
3. Final score:
 - a. 33-44 points = pro-health behaviours,
 - b. 20-33 points = anti-health behaviours

Results of implementing the “Scale for evaluating the health behaviours of young people”

The subjects of the study were 596 final-year students from seven different high schools. The makeup of the subjects with regard to age and sex can be found in table 1.

TABLE 1. Makeup of subjects with regard to age and sex.

Age of subjects	Number	Percent
	n	%
16-17	336	56.38
18-19	260	43.62
Total	596	100.00
Sex of subjects	Number	Percent
	n	%
Girls	382	64.09
Boys	214	35.91
Total	596	100.00

A original diagnostic survey was employed in the research, in the form of a questionnaire.

Comparison of health behaviour evaluations of schoolchildren, relative to six selected descriptive variables (following implementation of the “Scale for evaluating the health behaviours of young people”).

TABLE 2. Point scores concerning schoolchildren’s health behaviours relative to selected descriptive variables.

No.	Selected descriptive variables	Health behaviours	
		pro-health	anti-health
		points scale	
		33-44	20-32
		$\bar{x} \pm \sigma$	$\bar{x} \pm \sigma$
1. Sex	Female, n=382	39±2	-
	Male, n=214	-	31±3
2. Type of school	SPH, n=422	40±3	-
	SNH, n=174	-	29±2
3. Body type	regular, n=403	33±4	-
	ectomorph, n=148	-	31±3
	endomorph, n=45	-	30±1
4. Age	16-17, n=336	33±2	-
	18-19, n=260	-	29±4
5. Parents’ social status	low, n=	-	28±2
	high, n=	34±3	-
6. Parents’ education level	higher, n=219	37±3	-
	high school, n=88	-	32±2
	trade school, n=116	-	32±4
	mixed, n=173	33±2	-

The results of the analysis show (table 2) that young people who lead an anti-health lifestyle:

- are mainly boys
- attend schools which do not promote health
- have ectomorphic and endomorphic body shapes
- are aged 18-19
- have parents with low social status who have a high school or trade school education.

Due to the scale, this analysis allows for the categorisation of young people into those “endangered by an anti-health lifestyle”.

Application possibilities for the “Scale for evaluating the health behaviours of young people”

- It may help every school pupil evaluate their own health behaviours.
- It may help with the evaluation of group health behaviours e.g. 2nd year students, students at a particular school etc, where the number of points for each student should be totalled and then divided by the number of students taking part.
- It may help with the evaluation of health behaviours in young people which, at this point in time, is not possible.
- It may help in the evaluation of the effectiveness of health education and health programmes.
- It may help schoolchildren, parents, teachers and all those concerned with childrens’ welfare and their health.

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