KATARZYNA SYGIT

Zachowania zdrowotne młodzieży ze środowiska wiejskiego

Streszczenie

Cel. Celem niniejszych badań było poznanie zachowań zdrowotnych młodzieży ze środowiska wiejskiego.

Materiał i metody. Badaniami objęto młodzież wiejską (2165) i ich rodziców (2165). W badaniach zastosowano autorskie kwestionariusze badań. Zebrane informacje opracowano statystycznie, stosując do analiz statystycznych: test Chi-kwadrat, V Cramera, R rang Spearmana.

Wyniki. Większość badanych 75,15% stwierdziła, że rodzice odżywiają ich racjonalnie i prawidłowo. Swoje odżywianie jako bardzo dobre oceniło tylko 30% badanych, a dostateczne i złe (9%) (np. 30,49% badanych spożywa słodycze siedem razy w tygodniu). Swój stan zdrowia badani oceniają w 39,63% bardzo dobrze i dobrze. W grupie badanych przeważa odpoczynek bierny (55,52%). Pali aktywnie aż 10,67% badanych, pije okazjonalnie prawie 50,07% badanych, natomiast bierze narkotyki – 4,85%. Dokonano oceny wiedzy badanych dotyczącej ich znajomości problematyki zdrowia. Braki odpowiedzi świadczą o niewiedzy (19,31%), badani nie wiedzą co należy robić by być zdrowym. W grupie rodziców badanej młodzieży wiejskiej wynika, że 28,91% rodziców określa stan zdrowia swojego dzieci jako bardzo dobry i dobry (57,60%). Według 21,43% rodziców ich dziecko odżywia się bardzo dobrze. Jak wynika z badań 16,2% rodziców stwierdziło, iż ich dziecko rozpoczęło palenie tytoniu, a wg 26,8% - picie alkoholu.

Wnioski. Stwierdzono zróżnicowanie zachowań zdrowotnych młodzieży wiejskiej, oraz rozbieżności w ocenie zachowań zdrowotnych dokonane przez badaną młodzież i ich rodziców.

Słowa kluczowe: zachowania zdrowotne, młodzież, środowisko wiejskie.

Health behaviours in young people from rural environments

Summary

Aim. The following research aimed to study the health behaviours of young people living in rural environments.

Materials and methods. The subjects were 2165 young people, along with their parents (2165), living in rural environments. Original questionnaires were used for the purpose of the study, and the information gathered then analysed using Chi-square, Cramer's V and Spearman's rho tests.

Results. The majority of the subjects (75.15%) stated that their parents provided them with a varied and appropriate diet. Only 30% assessed their own diet as very good, with 9% evaluating it as satisfactory or poor (e.g. 30.49% of the subjects eat sweet foods seven times a week). In total, 39.63% of the subjects evaluated their health as very good and good. Among the subjects, passive leisure activities predominated (55.52%), and use of stimulants was widespread, with 10.67% smoking regularly, 50.07% drinking occasionally and 4.85% taking drugs. Their awareness of health issues was also evaluated; since 19.31% were unable to say what they should do to be healthy, this indicates a lack of knowledge in this area. Among the subjects' parents, 28.91% stated that their children's health was very good, with a further 57.60% stating that it was good. According to 21.43% of the parents, their children have a very good diet. However, 16.2% of the parents claimed that their children had started smoking, and 26.8% drinking.

Conclusions. It was found that there were a variety of health behaviours in young people from rural environments, and that there were discrepancies in the assessment of health behaviours as seen by the subjects and their parents.

Key words: health behaviours, young people, rural environment.

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INTRODUCTION

The health behaviours of young people from rural environments has in recent years become a subject of interest for many researchers [1-3].

This is a very topical issue and also important in terms of finding reasons for young people's unsatisfactory state of health [4,5].

In Poland, health behaviour issues have become particularly acute, with finding solutions or at least making important decisions now urgent. We are currently seeing a wide range of negative health behaviours in young people both from urban and rural environments, while health-promoting behaviours are becoming increasingly hard to find [6].

The health and education of children and young people means a healthy and successful future. Studies show [7,8] that pupils' health-favouring behaviours are not developed sufficiently, showing a wide range of abnormalities. In order to reduce or even eliminate these, pupils must be able to put certain principles into practice, those which give them a feeling of self-worth, along with responsibility for their own health and that of others. In order for this to happen, young people should know about, and maintain, the Ten Commandments for a healthy lifestyle, which is not easy since modern society has an increasing tendency towards an inappropriate lifestyle and ignores the warnings of the medical profession. As a result, children and young people's health is beginning to suffer [3].

MATERIALS AND METHODS

The research, involving young people from rural environments and their parents, was carried out with a State Committee for Scientific Research grant[1]. The research was representative, and used original questionnaires to collect the relevant information which was then analysed statistically using the following methods: Chi-square, Cramer's V and Spearman's rho.

This study describes only selected health behaviours and their dependencies. It covered young people from 7 counties selected at random from the Western Pomeranian voivodeship. In total, a representative sample of 2165 young people were studied along with another 2165 people who were their parents. The analysis involved 984 young people aged between 15 and 19 years of age. This sample, both in terms of the children and of their parents, was representative.

RESULTS

1. Subjective evaluation

The majority of the subjects (75.15%) state that their parents feed them regularly and appropriately, with 12.29% stating that it 'varies', and only 0.55% assessing it as irregular and inappropriate.

The study shows that the home diet consists mainly of healthy food (46.14%). It was also found that there are statistically significant differences between the consumption of basic foodstuffs and the household's financial situation (Table 1).

Only 30% of the subjects assess their diet as very good, with 9% assessing it as satisfactory and poor. The subjects most commonly eat 3 or more meals per day (56%), but 214 people (9.9%) only have 1 or 2 meals per day. Over half the subjects (55.66%) eat breakfast every day before leaving for school, 16.49% often do so. A statistically significant difference was observed between the consumption of breakfast and gender of the subjects (Table 2).

It is worrying that only 37.41% of the young people in this study eat fruit and vegetables on a daily basis, 12.47% do so three times a week, with 4.11% having them only once a week.

The consumption of confectionery is also relatively high among this group, with 30.49% eating sweets every day, 14.13% three times a week and only 5.31% eating them once a week.

TABLE 1. Consumption of basic foodstuffs and household financial situation.

Can you say that in the last month you have eaten/drunk…? (meat, vegetables, fruit, raw vegetable salads, sweets, potatoes, bread, milk).					
Does your household	30-20 times	19-10 times	fewer than 10 times	didn't drink milk	Total
have enough money to buy everything without the need to save up	34 57.63%	12 20.34%	6 10.17%	7 11.86%	59
live modestly, with enough money to live on	98 44.55%	64 29.09%	31 14.09%	27 12.27%	220
live modestly but have problems making larger purchases	147 49.33%	68 22.82%	40 13.42%	43 14.43%	298
have enough money for the cheapest food and clothes	37 43.02%	19 22.09%	15 17.44%	15 17.44%	86
have enough money for the cheapest food but not for clothes	36 43.37%	26 31.33%	12 14.46%	9 10.84%	83
not have enough money for 16 the cheapest food or clothes	12 34.04%	11 25.53%	8 23.40%	47 17.02%	
Total	368	201	115	109	793
Pearson's Chi^2	14.76	df=15	p=.46878		
Cramer's V	0.08				
Spearman's rho	0.06	t=1.7646	p=.07802		

TABLE 2. Consumption of breakfast by young people from rural environments and gender.

Do you have breakfast before going to school?					
Gender	always	often	hardly ever	never	total
Female	271 49.54%	116 21.21%	95 17.37%	65 11.88%	547
Male	265 62.21%	67 15.73%	57 13.38%	37 8.69%	426
Total	536	183	152	102	973
Pearson's Chi^2	15.57	df=3	p=.00139		
Cramer's V	0.13				
Spearman's rho	-0.12	t=-3.770	p=.00017		

TABLE 4. Alcohol consumption and sex.

Do you drink alcohol?				
Gender	I have never drunk	I drink	I drink occasionally	Total
Female	222 40.88%	321 59.12%	0 0.00%	543
Male	173 40.61%	242 56.81%	11 2.58%	426
Total	395	563	11	969
Pearson's Chi^2	14.24	df=2	p=.00081	
Cramer's V	0.12			
Spearman's rho	0.02	t=.56098	p=.57494	

The study also showed a relatively low milk consumption; 16.77% do not drink it even once a week, and only 20.79% drink it daily.

The subjects assessed their own health as very good in 39.63% of cases, 5.13% as satisfactory (they are often ill), and 2.59% as unsatisfactory (suffering from a chronic illness).

When they are ill, 63.74% seek medical advice; however, 26.19% take their own cure.

The study showed that the research group predominantly spends their leisure time passively, with 55.52% watching TV or playing computer games, while only 24.43% prefer active leisure pursuits and 20.05% doing a mixture of both.

Among young people from rural environments, stimulants have become increasingly popular, with 10.67% smoking actively. A statistically significant relationship was found between cigarette smoking and gender (Table 3). The young people in the study consume also alcohol, with almost 2.58% doing so occasionally. There was a statistically significant relationship between alcohol consumption and sex (Table 4). The subjects also use psychoactive drugs, with 4.85% (i.e. 68 people) taking drugs on a regular basis.

The subjects' knowledge of health issues was also assessed. The subjects were asked what they should do to be healthy. Well over half (80.37%) provided a positive answer; however, 19.31% gave no answer at all, which indicates lack of knowledge on their part. Young people are simply not aware of how their behaviour influence their health.

2. Objective evaluation (parents)

The study showed that 28.91% of the subjects' parents assessed their children's health as very good, with a further 57.60% as good and only 0.74% as poor.

The parents also stated that their children spend their free time actively, with over half (53.77%) claiming that their child spends 3 – 5 hours daily outside in the fresh air, whatever the season.

Child's health was assessed by 21.43% of the parents as very good , a further 61.62% assessed it as good and 2.49% as poor.

DISCUSSION

In order to develop a strategy for taking action with regard to health education aimed at young people of school age living in rural environments, it is important that those people's understanding of health is identified. Research on health awareness among schoolchildren can be divided into groups such as self-assessment of health, confronting classic definitions, taking age or gender into account etc. [7].

By providing children with knowledge about health and developing the appropriate skills, beliefs and attitudes, we can make it easier for them to follow healthy lifestyles and improve both their health and quality of life. It is widely believed that health education in schools is the most cost-effective and long-term investment in public health [9].

The study showed that the health-adverse behaviours of young people outweigh those which could be termed

TABLE 3. Smoking and subjects' gender

Do you smoke cigarettes?					
Gender	I have never smoked	I used to smoke, but not any more	I smoke	I also smoke on an empty stomach	Total
Female	356 65.20%	114 20.88%	58 10.62%	18 3.30%	546
Male	248 58.22%	98 23.00%	68 15.96%	12 2.82%	426
Total	604	212	126	30	972
Pearson's Chi^2	7.82	df=3	p=.04996		
Cramer's V	0.09				
Spearman's rho	0.07	t=2.3213	p=.02048		

health-favouring [10-12].

People's diets leave much to be desired, and those of young people from rural environments are also often inappropriate [13].

From the analysis of behaviours when illness occurs it can be seen that only 63.74% of the subjects seek a physician's advice and 26.19% take own treatment. Since medical advice is nowadays so widely available, this attitude to illness is somewhat worrying.

Currently, 10.67% of the young people in the study smoke, for at least a year (from 10 to 20 cigarettes daily); 21.52% smoked at some point in their lives; only 63.42% report no smoking. The psychosocial conditionings of nicotine addiction was given by Jakubik [12]. In Woynarowska's research, this problem now affects 43% of children aged 11-19, and rises sharply with age [14].

Alcohol is drunk by 2,37% of the subjects. In other studies [2,5] between 40% and 76% of young people aged 15-19 (90% of 15-year-olds), consume alcohol once a week [3].

Giving up of drugs is reported by 3.14% of the subjects, but 4,85% report taking them once a day for at least a year; Woynarowska's research [14] indicated that 21% of young people used at least one of 11 psychoactive substances, and Medrala-Kuder's research [2] showed that 38.5% of school students admitted to having taken drugs at least once in their lifetime.

In this study, 20.65% of young people in rural environments stated that their use of stimulants harms their health. Well over half the subjects (80.37%) were able to describe the ideal healthy person's behaviour and conduct, while 19.31% were unable to give a response.

Mędrela-Kuder's research [2] showed that 24.3% of young people believe that use of drugs is harmful to a young person's body, while 21.9% state that drugs have a negative psychological effect.

An important part of this study is comparison of the young people's answers to questions concerning their health behaviours with those of their parents. As yet, only one such study has been undertaken, by Witkowski [5].

While the parents attempted to show themselves in a good light, the same could not be said of their children.

There are situations in a young person's life which have a direct impact on their health (e.g. vaccinations or visits to a doctor), but there are considerably more with an indirect impact (various lifestyle choices such as leisure, diet and physical activities).

These situations are accompanied by certain behaviours which directly or indirectly impact our health. School health education programmes should address these situations and behaviours [3].

CONCLUSIONS

As a result of the study on health behaviours of young people from rural environments, the assessments of both the subjects and their parents, confirm the following:

1. A range of health behaviours in young people from rural environments:
   a) dietary abnormalities (high consumption of sweets, insufficient consumption of fruit and vegetables; the amount of sweets consumed is a cause for concern), which were dependent on gender and the household's financial situation.
   b) stimulant use (high health hazards – tobacco and alcohol), which depended on gender.
   c) a low frequency of general medical check-ups, which was not statistically significant.
   d) a predominance of passive over active leisure activities, which did not however show statistically significant dependencies.
2. Discrepancies in the young people's assessment of their health behaviours compared with that of their parents (parents gave worse evaluations of their children's diet and state of health).

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