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Attitudes towards health among university students

First time, systematic studies about health behaviours of students of all universities in Lublin were undertaken by sociologists of medicine in 1994 (1). Health behaviours are elements of lifestyle and they directly determine health (Gniazdowski, 1990; Cockerham, 2004) (1). They may be described as actions or neglect that affects health and well-being directly or indirectly (2, 3). Two main attitudes may be distinguished: positive – promoting health (pro-health behaviours) and negative (anti-health behaviours) (3). Health behaviours are responsible for good health of the population in 53% on average, whereas health care service in 10%, genetic factors in 16% and environmental factors in 21% (Lalonde, 1974) (4, 5, 6).

Our study was a preliminary one. The aim of the study was to reveal basic information about health behaviours in young people, students of universities of Lublin. We wanted to find out: if students follow healthy lifestyle, if there is a correlation between knowledge and applying this knowledge in practice, if health behaviours depend on the subject studied or sex.

MATERIAL AND METHODS

The study method was anonymous and voluntary answering a questionnaire prepared by the authors. The questionnaire consisted of 18 questions, including 6 questions about personal data and 12 about attitudes toward health. The survey was conducted among students of the second year of the Medical Department at Medical University of Lublin and the Political Sciences Department at UMCS. The study included 215 persons, 113 students from the Medical Department and 102 students from the Political Sciences Department. Women made up 65% (140) and men 35% (75), 37% lived in a medium size town, 34% in large cities and 29% in villages. 10% of the questioned students estimate their financial situation as very good, 48% as good, 39% as average, and 3% as bad.

The results were statistically analyzed. The values of the parameters analyzed were characterized by number and percentage: the differences or correlations were detected using the chi-square test, 5% deduction error was accepted. The statistical analysis was based on the STATISTICA V.6.0 software (Stat Soft, Poland).

RESULTS AND DISCUSSION

The analysis of data demonstrates that 99% of the questioned persons agree with the statement that person's health behaviours affect their health. Almost all of the respondents (78%) declare that they take care of their health, 7% of them to a very large degree, 33% to a large degree, 34% to an average degree and 4% – to a small one. According to the survey by CBOS *Nasze zdrowie i zdrowy styl życia* (1993), 58% of grown up Poles declare themselves as persons who take care of their health, and 38% of them do not think so (7).

The knowledge about behaviours which contribute to the improvement of health was evaluated. According to students, the most important health behaviours are: the regular physical activity (at least 3 times a week for 30 min.) – 92% of respondents, not smoking – 82%, healthy eating (not overeating, having breakfast, at least one cooked meal daily, avoidance of unhealthy food) – 80%, enough sleep (7–8 hours at night) – 70% and coping with stress – 48% as well as not abusing the alcohol – 42%. Less important were: safe sex – 24%, proper body weight – 23%, regular medical check-up – 18%, following road safety rules – 9.7% and the avoidance of the excessive exposure to sun – 4.6%. The students of political sciences point to non-smoking (90% vs. 74%, $p = 0.00258$) and not abusing alcohol (49% vs. 36%, $p = 0.05$) more often than medical students. There are also correlations between sexes, women more often than men point to successful coping with stress (52% vs 40%, $p = 0.00721$) and enough sleep (74% vs 62%, $p = 0.00707$) as important health factors. However, men more often than women mention safe sex (37% vs 16%, $p = 0.00059$).

In the study conducted in Lublin in 1994 (*Z. Kawczyńska-Butrym ed.*), *Uczelnia promująca zdrowie*, Lublin 1995) 83.8% of respondents declared regular physical activity, 75.1% – coping with stress, 46.8% – appropriate amount of sleep, 38.7% – healthy eating, 25.6% – not smoking and 13.5% – not abusing the alcohol (1).

In the study of company's workers, conducted in 2002 by K. Puchalski and E. Korzeniowska *Dlaczego nie dbamy o zdrowie* the respondents pointed to behaviours which are, according to them, the best as regards taking care of their health. 68% of workers indicated correct eating, 46% – physical activity, 35% – coping with stress, 34% – taking medical check up, 20% – not smoking, 8% – not abusing alcohol (8).

The respondents were asked to choose the most frequently done, promoting health behaviours. Students declare that they perform the following actions to protect their health: 77% do not smoke, 57% do not abuse alcohol (64% women and 45% men, $p = 0.00735$), 44% eat healthy food, 42% keep proper body weight, 41% sleep 7–8 hours at night and the same percentage copes with stress, 30% exercise regularly (including 38% men and 25% women, $p = 0.036$).

In the study conducted in Lublin the sleep at night through 6 to 8 hours was declared by 72% of respondents, not smoking by 62%, very efficient and efficient coping with stress by 50.3%, regular eating by 40% (1). The comparison of the remaining results is not possible because of different expression of questions in particular surveys.

Comparing the knowledge about health with applying it in everyday life it was noticed that the knowledge in the majority of categories did not refer to changes in health behaviours. No statistically significant differences between sex and the subject studied of the respondents were found. Only the knowledge about not abusing alcohol, enough sleep, coping with stress and the regular medical check-ups is used in examining health behaviours.

As the source of knowledge about healthy behaviors, 55% of the questioned persons point out habits from home; 33.5% subjects studied at school and university (it correlates with the study subject, 54% at medical and 10% at political sciences departments, $p < 0.00001$); 20% professional

literature (in 28% at medical and 11% at political science department, $p = 0.00266$); 27% daily newspapers and colorful magazines (17% at medical and 38% at political sciences department, $p = 0.0041$); 40% television and Internet (26% at medical and 56% at political sciences, $p < 0.00001$) and only 9% national health service.

In our research the main source of knowledge about health are parents and home. According to other researches (9) home was indicated in the majority of cases (50.4%), however in 13.5% – school, in 12% – media, in 5% – medical service. There was an essential correlation in our researches according to the study subject. Students of the medical department more often indicated professional literature and the subject studied as a source of knowledge, whereas politology students indicated media, which seems to be logical taking into consideration the specificity of studies as well as availability of information about health.

According to Alicja Kaiser and her report *Approach to health during social-economic transformations as exemplified by families of private entrepreneurs* the respondents say that the family is the first school at which we get used to some habits and get good or bad customs (10).

Our study as well as those of others authors (5, 11–13) unequivocally proved that the knowledge and awareness of health threats do not refer to behaviours. Probably the lack of sufficient connection between the acquired knowledge and health behaviours may result from the fact that it is a superficial and theoretical kind of knowledge (5). It points to the need of health education and promotion of health behaviours among all students independently of their studied subject.

CONCLUSIONS

1. Knowledge of health and health behaviours are not statistically related to the studied subject or sex.
2. Knowledge about health is not transferred to modification of the behaviours among students.
3. Family home is the main source of knowledge about health behaviours for the majority of students (55%) and media for students of political science, whereas professional literature and the studied subjects for medical students.

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SUMMARY

The aim of the study was to reveal basic information about health behaviours in students of the universities of Lublin. The survey was conducted among 215 students of the second year of the Medical Department at the Medical University of Lublin and Political Sciences Department at Maria Curie-Skłodowska University. The study method was anonymous and voluntary answering a questionnaire. We discovered that the knowledge of health and health behaviours are not statistically related to the studied subject or sex. The knowledge about health is not transferred to modification of the behaviours among students. Among favourite ways of spending free time is passive rest. Family home is the main source of knowledge about health behaviours for the majority of students.

Postawy wobec zdrowia wśród młodzieży akademickiej

Holistyczna koncepcja zdrowia zakłada bogactwo uwarunkowań potencjału zdrowotnego człowieka. Obok determinant o charakterze biologicznym i środowiskowym wskazuje na czynniki behawioralne, określające styl życia jednostki i grup społecznych. Celem opracowania jest przedstawienie podstawowych informacji o zachowaniach zdrowotnych studentów lubelskich uczelni wyższych. Badaniem objęto 215 studentów II roku kierunków lekarskiego AM w Lublinie oraz politologii UMCS. Zastosowano metodę autorskiego kwestionariusza ankiety audytoryjnej. Wiedza na temat zachowań zdrowotnych oraz same zachowania nie są zależne statystycznie od płci ani od kierunku studiów badanych osób. Wiedza o zachowaniach prozdrowotnych nie przekłada się na modyfikację tych zachowań wśród studentów. Wśród ulubionych sposobów spędzania wolnego czasu dominuje wypoczynek bierny. Głównym źródłem wiedzy na temat zachowań zdrowotnych jest dla większości studentów dom rodzinny.