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PRO-HEALTH EDUCATION OF YOUTH IN POLAND

ABSTRACT

Nowadays, thanks to greater awareness of society and development of restorative medicine, more and more attention is paid to preventive care. That is caused by the fact that there is little progress for both sexes in the frequency of healthy behavior: girls fall much worse than boys in terms of frequency of physical activity, they do not eat breakfast either; boys do not maintain a healthy diet and are reluctant to eat vegetables and fruits, they often drink high-calorie sodas and less frequently brush teeth. Though with age some improvements in oral hygiene and certain eating behaviors can be noticed.

It has been determined that overweight and obesity is a serious problem, as they can contribute to developmental disorders. In this respect it should be the responsibility of teachers to provide individual physical education (according to medical qualifications), prevent various forms of discrimination and bullying among peers, provide individual counseling and health education, weight control of students.

It has been defined that for modern teachers it is a difficult task as students rarely eat fruits and vegetables, do not care about hygiene and frequency of meals, have passive mode of leisure. The acquisition of health during puberty allows functioning smoothly in society. However, despite the continuous work on improving and introduction of new programs of health education classes into schools of Poland, children still suffer from health-related problems. According to epidemiological research most of children in Poland fall on obesity, overweight and accompanying disorders and allergies. Youth is also exposed to accidents and related injuries. The problem is that students do not receive assistance and necessary information.

Key words: *pro-health education, school children, personality, consciousness, behavior prevention, risk behaviors, education, health problems.*

INTRODUCTION

Unit operation whose goal is to improve the health potential is called pro-health behavior. This includes the scope of habits, customs, attitudes related to health of the individual and society. An important element of this definition is the consciousness of the individual and the desirability of its operation. According to Jane Wardle and Andrew Steptoe there are 5 types of pro-health behavior. These include:

- avoidance of stimulants;
- positive health practices (exercises, adequate sleep time, usage of sun filters, frequent teeth brushing);
- dietary habits (eating foods rich in protein, vitamins, minerals, etc., and the number of meals per day);
- care for the safety (usage of safety belts, safe speed, sobriety);
- preventive behaviors (follow-up by medical specialists) (Ostrowska, 1999).



THE AIM OF THE STUDY

The aim of the study is to present the problems of pro-health education of schoolchildren in Poland.

THEORETICAL FRAMEWORK AND RESEARCH METHODS

According to a research conducted by the Central Statistical Office 18 % of examined children in age of 5–14 have long-term health problems lasting more than 1/2 year. Among the older group (in the age of 15–19), 20,5 % of examined has long-term health problems. Clinical research shows that 5–10 % of the school-age population fall on asthma. 25–29 % of children in primary schools suffer from allergic rhinitis. In schools, unfortunately, nobody sees the problem (Zembroń-Lacny & Kasperska, 2012). They suffer from lack of the appropriate qualifications for physical education classes – exclusion of children with asthma, cooperation with a doctor, parents and counseling.

Risky behaviors have been analyzed as well. Only 6 % of young people always or frequently use helmets while riding a bike, and every fourth teenager uses seatbelts while driving (Oblacińska, 2010). Traffic accidents accounted for 21 % of all hospital admissions of young people.

The main cause of death among the younger part of the population is injuries, as many as 50 % of all deaths of children and adolescents. The main reason for traumatic deaths of children in the age of 5–14 is traffic accidents (49 %, mainly as pedestrians) and drowning (19 %) (Zembroń-Lacny & Kasperska, 2012).

Increasing epidemic of obesity among Polish students also has been observed. This can be explained by changing patterns of leisure by the students. HBSC research revealed many shortcomings in health behavior among Polish youth. Low physical activity during free time characterizes almost every third boy and every other girl. There is a clear disparity between the time devoted to physical activity and watching TV (Malinowska-Cieslik & Czupryna, 2002).

Another worry is the diet of teenagers. The diet of 60–70 % is missing vegetables and dark bread, 41 % – milk, while at the same time 41 % of the respondents daily consume sweets and high-calorie sodas. Every sixth teenager comes to school without breakfast, and every fifth forgets the second breakfast at school. From the research carried out by the Central Statistical Office it is clear that about 10 % of the students had developed overweight and approximately 5 % of the study found obese adolescents (Państwowa Agencja Rozwiązywania Problemów, 2000). It was also noted that in the years 1995–2005 the percentage of young people who are overweight in adolescence increased. It has been reported that among 14–15 years old students the percentage of obesity increased by 2 % among boys and by 1,5 % among girls.

In 2009, the number of children suffering from type 1 diabetes was approximately 18000, representing 0,35 % of the population of school age in the school year 2009/2010. It was observed in 1989 that the incidence of diabetes Type 1 increased 2,5 times. Trends show that the incidence of diabetes among children by 2025 will double (Table 1).

The table shows the formation of pro-health behavior among students in Poland. There is a large disproportion for both sexes in the frequency of healthy behavior. Girls fall much worse than boys in terms of frequency of physical activity. They do not eat the breakfast either. Boys do not maintain a healthy diet, they are reluctant to eat vegetables and fruits, often drink high-calorie sodas and less frequently brush their teeth. With age, improvement of oral hygiene and certain eating behaviors is noticed.



Table 1

Pro-health behavior patterns of youth in Poland

Indicators of health behaviors	Boys			Girls		
	11 years old	13 years old	15 years old	11 years old	13 years old	15 years old
Breakfast on all days of school	62,9	62,2	60,6	63,8	56,0	54,8
Fruits consumed at least once a day	33,5	24,5	19,8	44,4	36,6	26,4
Vegetables consumed at least once a day	26,1	22,1	22,0	35,3	28,6	30,2
Sweets no more than 1 time per day	31,2	23,2	19,4	26,6	23,2	17,8
Sweet drinks no more than 1 time per day	38,7	26,0	25,6	48,2	41,0	43,5
Cleaning of the teeth once per day / week	57,7	53,2	59,5	68,8	73,6	85,0
Physical activity – MVPA = 7	31,4	22,3	23,0	23,2	13,4	9,6
Intense physical activity every day	23,3	19,3	20,2	18,9	11,5	8,1

*Source: Mazur, J. (2010). *Zdrowie i zachowania zdrowotne młodzieży szkolnej na podstawie badań HBSC*. Warszawa: Ośrodek Rozwoju Edukacji.

Percentage of surveyed students in terms of their opinions on the attractiveness of health education classes (Are health education classes interesting?) is presented in Figure 1.

Is health education interesting?

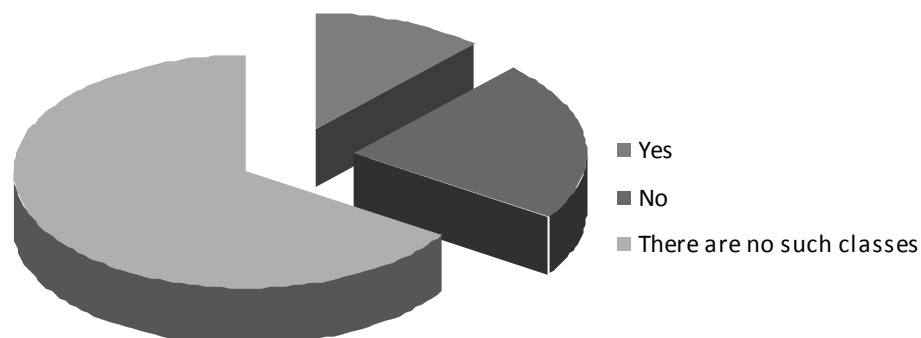


Fig. 1

*Source: Charzyńska-Gula, M., Jaworska, M., Bogusz, R., & Bartoszek, A. (2013). Rodzina i szkoła jako źródła informacji zdrowotnej – opinie uczniów. *Medycyna Ogólna i Nauki o Zdrowiu*, Tom 19, Nr. 3, s. 242–250.



The chart shows students' opinion about the attractiveness of health education classes. Most of the young people do not see any action at their schools in the sphere of health education (65,76 %). 11,96 % confirmed that the classes are interesting. 22,28 % of respondents felt that they are not interesting.

The most popular topics discussed during health education classes and students' opinions about them are represented in Table 2.

Table 2

The most popular topics discussed during health education classes
and students' opinion about them

Topics	Rating			
	Yes		No	
	Number	%	Number	%
First aid	267	72,55	101	27,45
The principles of healthy eating	129	35,05	239	64,95
The harmfulness of alcohol	198	53,80	170	46,20
The harmfulness of smoking tobacco	201	54,62	167	45,38
Preventing drug use	210	57,07	158	42,93
The importance of movement in human life	157	42,66	211	57,34
Safety in school, at home, on the street	167	45,38	201	54,62
Ways of spending free time	74	20,11	294	79,89
The practice of dangerous sports	50	13,59	318	86,41
The dangers of doping	95	25,82	273	74,18
The dangers of taking drugs without prescriptions of doctors	75	20,38	293	79,62
Prevention of aggression and violence among youth	216	58,70	152	41,30
Sexual life, procreation, family planning	204	55,43	164	44,57
Threats from the Internet	94	25,54	274	74,46
Stress, coping with difficult situations	112	30,43	256	69,57
Operation of the health care system, patient rights	65	17,66	303	82,34
Another topic	20	5,43	348	94,57

*Source: Charzyńska-Guła, M., Jaworska, M., Bogusz, R., & Bartoszek, A. (2013). Rodzina i szkoła jako źródła informacji zdrowotnej – opinie uczniów. *Medycyna Ogólna i Nauki o Zdrowiu*, Tom 19, Nr. 3, s. 242–250.

Students were asked to indicate the topics discussed during health education classes. Most often they indicated pre-medical help (72,55 %), prevention of drug usage (57,07 %), prevention of aggression and violence among young people (58,70 %), sex life, procreation, family planning (55,43 %) (Charzyńska-Guła, Jaworska, Bogusz, & Bartoszek, 2013).

RESULTS

1. The conducted research shows that epidemic of obesity is increasing among Polish youth, which may result in abnormal development. It was also noted that often the cause of death is accidents and associated injuries. A large percentage of school children also suffer from asthma.

2. Schools lack adequate health education classes conducted by a qualified person in this field. There are not appropriate qualifications as well, support and guidance for students



with existing disorders. Students in Poland attach no attention to prevention – they rarely eat fruits and vegetables, do not care about hygiene and frequency of meals; reflect on the passive mode of leisure, consume a lot of sweet sodas.

3. A large group of students do not notice activities in the field of health education in school, and for 22 % participants of the tested group classes are uninteresting.

CONCLUSIONS

Considering obtained results it can be concluded that the respondents do not receive assistance and information necessary for their healthy development. The above research has proven that overweight and obesity is a serious problem, as they can contribute to developmental disorders. In this respect teachers' responsibilities should be as follows: individual physical classes (according to medical qualifications), preventing various forms of discrimination and bullying from other students, individual counseling and health education, students' weight control. A guardian's support is also of the huge importance for maintaining a healthy body.

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