Original Article

Young students' health attitudes

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Abstract:

Problem statement. Students' attitude towards their health is a complex social phenomenon that remains understudied and requires additional research. Specifically, research is needed to identify the factors resulting in positive attitudes towards health among students. **Purpose.** The article is aimed at studying the indices that specify students' attitude to their health. **Approach.** This study was conducted as a part of the international research project 'Students' Health'. The full sample included 840 students. To study indices specifying students' attitude to their health, we used sociological and instructional monitoring that understood as the methods of collecting, storing, processing and distributing information about instructional systems and social infrastructure.

Results. We found out that observed differences in students' physical activity level were related to their health self-assessment, type of health behaviour and value-oriented attitudes towards health. There are two conditionally distinguished types of students' responsibility for their health and, correspondingly, two types of health behaviour. The first type is associated primarily with 'one's own striving', that is, purposeful activity oriented to the maintenance and promotion of health. The second type of behaviour is associated primarily with 'living conditions' where one's personal activity has a minor part. **Conclusions.** Based on our analysis, we suggest that modern youth are likely to have an unmet need to take care of their health. Many students demonstrate low levels of health culture, considerably low levels of medical awareness and of the ways to maintain health.

Keywords: human health, health attitudes, students' health attitude, health self-assessment, medical awareness, value-oriented health attitudes, students' activity conducive to health maintenance and promotion.

Introduction

People's attitudes towards their health can change over the life course and vary according to socially accepted values (Bendíková, Dobay, 2017).

Public health can be distinguished from individual health. Accordingly, attitudes towards public and individual health can also be distinguished. Over time, human health has been studied by physicians, hygienists, biologists, psychologists and sociologists (Eganov, A.V. 2018). Health issues continue to be of interest to scientists in the search for ways to increase the human lifespan. However, a majority of studies focusing on health promotion and longevity utilized adult samples. Only in recent years have specialists taken a particular interest in the health of children, adolescents and young students (Lubysheva, L., 2017, Lisitsyn, Yu.P., 1986, Currie C., 2004, 2000).

There are several reasons that studies of young students' attitude to their health are needed. First, is the historically conditioned change in pathology that is characterized today by the prevailing non-infectious factors of morbidity and mortality in the population in general and in youth in particular. Since the 1970s, patterns of morbidity and mortality have been increasingly characterized by the increased incidence/prevalence of non-infectious diseases (cardiovascular and oncological diseases), as well as by growing numbers of injuries and accidents (Vishnevskiy A.G., 1997).

Second, modern youth typically have a relatively low level of health culture and health behaviour. The health culture includes intellectual component (knowledge and values), motivational component (needs, motivation and attitude) and behavioural component (activity in the field of health) (Bendíková, 2016).

Third, recently the functioning of the national health care system in Russia has significantly changed. Namely, many kinds of medical service have become commercial, and the private health-care spending has become more common (Zhuravlyova I.V., 2006).

According to Shishkin et al. (2009), the private health-care spending were quickly growing both in the 1990s when the state financing was reduced, and in the 2000s when the state expenditures increased. Almost half of private health-care spending is represented with the expenditures for pharmaceuticals and approximately one third of expenditures are spent on medical services. Over half of the expenditures for medical services (51.0%)

are direct payments for the provided services, 28.0% of payments are provided by medical insurance funds, and 21.0% are informal payments (Shishkin et al., 2009).

Domestic health care policy focuses on mass diseases and people susceptible to them. However, healthy people are out of range of the health care system activity (Zhuravlyova I.V., 2012).

Health care development financing was reduced at precisely the moment when the transition to the new health care strategies required a significant increase of investment. While in many European countries the share of health-care spending increased by two or three times, Russia has suffered a decrease in health care system financing.

Privatization of health care, reduced financing of health care, and increased morbidity and mortality among youth have influenced the students' health. As students are significant social group of the Russian society, their health is not only an indicator of the social and economic development of Russia, but is also a measure of the future labor, economic and cultural potential of society. In this respect, research examining youths' health attitudes is of a great scientific and social importance.

Aims—to study indices specifying students' attitude to their health.

Materials & Methods

The study was carried out as part of the international research project 'Students' Health' in 2009–2011. The study involved first- to fourth-year students at Ural State University of Physical Education and South Ural State University, as well as first- and second-year students of the State Institution Vocational School №17 (Professionalnyitsey №17) located in Qostanay (Republic of Kazakstan). The full sample included 840 students. To study indices specifying students' attitude to their health, we used sociological and instructional monitoring (Komkov A.G., 2002).

Sociological and instructional monitoring is understood as the method of collecting, storing, processing and distributing information about instructional systems and social infrastructure that provides continuous tracking of educational and instructional processes and conditions of students' life activities. Sociological and instructional monitoring makes it possible to predict further changes in the indices under study (Komkov A.G., 2002, Fyodorov A.I., 2013).

We used a specially designed questionnaire that contained more than 144 questions in several conceptual blocks. Basing our determination on the questionnaire survey, we arrived at the following quantitative and qualitative themes: students' opinion of their own physical, mental and social condition; students' 'social profile'; social and educational conditions of their lives and activities; and their physical activity level.

Results

Our sample's attitudes towards health may be classified by the following indices:

- health assessment (self-assessment)
- medical awareness (awareness of health)
- value-oriented health attitudes – human activity conducive to health.

Health self-assessment. Health self-assessment implies assessment of physical and mental conditions and has three main functions—regulatory, evaluative and prognostic.

Health self-assessment as an integrative index identifies not only the presence or absence of disease symptoms, but also the assessment of mental well-being. Mental well-being is defined here as the self-assessment of one's personal capabilities and qualities, recognition of life's prospects and one's niche among people. Health self-assessment is usually carried out in the context of various domains of social performance—ability to do well in studies or to do one's job very well. It has been found that psychological distress and depressive symptoms have much more influence on working capacity and health self-assessment than the presence of chronic illness (Aronson E., 2004, Sele G., 1979).

We found that health self-assessment indices are lower among girls than in boys. In particular, 62.7% of boys assessed their health condition as good, 30.5% as satisfactory, and 6.8% as bad. Girls had lower indices of health self-assessment (49.5% as good, 39.3% as satisfactory, 3.3% as bad, and 8.2% undecided). It is worth noting the number of girls who answered the question as 'undecided'. (It is possible that these girls had some health problems and were not able to perform an accurate health assessment.) Girls are more likely to complain of poor health, discomfort and psychosomatic disorders.

We found that students' physical activity level varied by their health self-assessment. Specifically, those with higher health self-assessments reported more physical activity, i.e. health self-assessment may be regarded as a potential predictor of health behaviour.

Medical awareness. People's attitude to their health is significantly associated with their level of medical awareness. It is found that the more a person is aware of health matters, the more likely it is that he or she will follow the principles of healthy living (Lubysheva L., 2017).

Medical awareness was associated with how much information the person has about health hazards caused by certain habits, risk factors of the most common ailments, past diseases, personal contraindications for certain drugs, and first aid regulations (Zhuravlyova I.V., 2006).

The index of health awareness and health literacy was an important element of student's health culture in this study.

In this study, the factors felt to be most important in influencing a person's health condition included 'natural environment', 'one's own strivings', 'living conditions' and 'heredity' (Fyodorov A.I., 2013). Students reported that health was influenced most by the factors 'natural environment' (35.6%—boys, 39.3%—girls); 'one's own strivings' (28.8%—boys, 23.0%—girls); 'living conditions' (11.9%—boys, 18.0%—girls); 'heredity' (13.6%—boys, 8.2%—girls) (Fyodorov A.I., 2013).

It is worth noting that the important factors conducive to health that the students reported did not include 'bad habits' and 'medical services'. On the one hand, this suggests that students do not fully understand the harm that comes of bad habits. On the other hand, they realise that the medical services alone cannot provide a high level of health.

The main factors influencing one's health concerns that the reported by the students included 'intention to be strong'—(47.5% of boys and 36.1% of girls); 'upbringing'—(23.7% of boys and 16.4% of girls); 'health deterioration'—(6.8% of boys and 23.0% of girls); 'example to follow'—(11.9% of boys and 9.8% of girls). The implications are that boys are likely to take care of their health to be strong and manly, while girls take care of their health to be strong and hard working and not fall ill.

Also, health concerns were prominently associated with 'upbringing' and 'example to follow'. Most respondents thought that a person should always take care of his or her health (84.7% of boys and 88.5% of girls); only when sick—(8.5% of boys and 6.6% of girls); undecided—(6.8% of boys and 4.9% of girls). When estimating the influence of bad habits, alcohol consumption, smoking and improper nutrition on human health, 41.1% of boys and 24.6% of girls were undecided.

X percent of students did not have report knowing that moderate physical exercise was health promoting. In general, boys showed lower levels of medical awareness than girls. Value-oriented attitudes towards health. Attitudes towards health may be regarded as paradoxical. Health was reported as an important life value among our sample.

Results of previously performed studies show that in the ranking of basic life values health comes fourth after 'material well-being', 'employment' and 'foundation of the family'. Furthermore, health was rated considerably high among life values because it contributes to many other achievements and to the satisfaction of various personal needs (Zhuravlyova I.V., 2006, 2012).

It was found that what students wanted most of all was 'to acquire good education and occupation'—(61.0% of boys and 59.0% of girls). Next was 'to achieve material well-being' (e.g. to have one's own apartment, a car and savings)—(52.5% of boys and 55.7% of girls). The third most important desire was to 'start a happy family'—(47.5% of boys and 55.7% of girls). The desire to start a happy family was more prominent among girls. Moreover, wanting 'to be healthy' was ranked as the fourth need—(30.5% of boys and 29.5% of girls).

Additional analysis suggested that good health was vital for the achievement of priority goals in life. 52.5% of boys and 50.8% of girls reported that health was of immense significance for achievement of their life goals. Furthermore, 35.6% of boys and 39.3% of girls chose the variant 'of considerable significance'. Only 6.8% of boys and 3.3% of girls chose 'of minor significance'. 3.4% of boys and 6.6% of girls were undecided on the question of the importance of health for achieving goals in life were.

These results match those of previous research and indicate the value of health as instrumental in the achievement of goals in life (Zhuravlyova I.V., 2002).

Discussion

Activity conducive to health. Health self-assessment, level of medical awareness and value-oriented attitudes towards health were related to corresponding behaviour.

In this study, we examined indices of health maintenance such as bad habits, a sedentary life and physical activity level.

We that by the age of 15 many students have tried smoking (smoked cigarettes at least once)—(54.2% of boys and 36.1% of girls). We identified the 'critical age' when students first try smoking tobacco. For boys the critical period is the age of 14–15, because at this age 42.3% of respondents had tried smoking for the first time. For girls the critical period is the age 15–16, because at this age 41.5% of respondents had tried smoking for the first time.

By the age of 15, a majority of students had tried alcohol at least once, with beer being the drink of choice. Problematically, frequent beer drinking (several times a week) was reported by 27.1% of boys and 24.6% of girls. Occasional beer drinking (1–2 times a week) was reported by 52.5% of boys and 42.6% of girls. Not drinking beer at all was reported 16.9% of boys and 32.8% of girls.

Moreover, 15.3% of boys and 4.9% of girls admitted having tried narcotic drugs at least once in their lifetime.

Students were not very much engaged in physical exercise. Only 15.3% of boys and 13.1% of girls exercised on a daily; 33.9% of boys and 18.5% of girls exercised frequently (3–4 times a week); 47.5% of boys and 67.2% of girls exercised from time to time (1–2 times a week); and 3.4% of boys and 1.6% of girls never exercised.

Thus, a considerable number of the sample reported having a sedentary lifestyle. The activities that boys preferred were housework (32.2%), watching TV (32.2%), walking in the yard (25.4%), listening to music (22.0%), doing homework (20.3%), and video gaming (20.3%). Physical exercise, as a preferred activity, was chosen only by 16.9% of boys. Only 1.7% of boys preferred reading fictional literature. The preferred activities among girls are housework (39.3%), walking in the yard (36.1%), doing homework (36.1%), listening to music (24.6%), watching TV (14.8%), and video gaming (4.9%). Next is reading fictional literature—3.3% of girls—with physical exercise taking the last place with just 1.6% of girls preferring it.

Physical activity is essential for health promotion and maintenance, primarily because. The very concept of ‘physical activity’ to a great degree reflects socially motivated attitudes to physical education and personal health, and implies a certain level of activity if physical health is to be achieved (Balsevich V.K. (1987),Balsevich V.K. (1988),Baronenko V.A.,2003, VilenskiyM.Ya., 2007).

Our data analysis showed that the kinds of physical activity that boys prefer are fresh air and exercise (64.4%), sport (39.0%), action games (33.9%), and jogging (32.2%). Boys least liked skiing (3.4%), conditioning (5.1%), and tennis (8.5%).

The physical activities that girls preferred were fresh air and exercise (67.2%), action games (29.5), and dancing (21.3%). Girls least liked martial arts (1.6%), conditioning (4.9%), load exercises (4.9%), skiing (6.6%), and tennis (6.6%).

The finding that girls preferred fewer kinds of physical activity implies that, girls may be less engaged in regular physical exercise.

Importantly, 18.6% of boys noted that they felt the lack of physical activity, 72.9% of boys did not feel the lack, and 8.5% of boys were undecided. However, 16.4% of girls noted that they felt the lack of physical activity, 65.6% of girls did not feel it, and 18.0% of girls were undecided.

We discovered that students’ physical activity level varied with their health self-assessment. It was found that the higher one’s health self-assessment is, the higher the level of physical activity.

Prominent differences have been found in the frequency of physical exercise beyond mandatory physical education classes. The higher students’ health self-assessment is, the more often they exercise and more likely they are to achieve the benefits of training. A major reason for these differences is the role of students’ motivation for physical exercise.

Our study revealed a significant correlation between students’ taking responsibility for their health and the nature of their health self-assessment. Thus, 60.0% of students with good health self-assessments, who took the most active care of their health, thought that ‘health condition depends primarily on one’s own strivings’. Students with satisfactory and bad health self-assessments express the same opinion much more rarely—in 35.0% and 42.0% of answers respectively. The position ‘human health depends on medicine level’ is shared by 15.0% of respondents with bad health self-assessments, by 7.0% of those with satisfactory health self-assessments and just 3.0% of respondents with good health self-assessments.

There are two conditionally distinguished types of students’ responsibility for their health and, correspondingly, two types of health behaviour. The first type is associated primarily with ‘one’s own striving’, that is, purposeful activity oriented to the maintenance and promotion of health. (Martins J., 2014) This type of behaviour was more common in students who had high health self-assessments. The second type of behaviour is associated primarily with ‘living conditions’ where one’s personal activity has a minor part. This type of behaviour is more common in students who had relatively low level of health self-assessment.

Based on our analysis, we suggest that modern youth are likely to have an unmet need to take care of their health. Many students demonstrate low levels of health culture, considerably low levels of medical awareness and of the ways to maintain health.

Many students in our study were insufficiently aware of the health benefits that could be achieved with regular physical exercise. Overall, levels of physical activity in our sample may be described as inadequate for health maintenance and promotion.

Only 15–20% of students were ready to change their habits and lifestyle (e.g. to give up bad habits and alcohol consumption, and to start regular physical exercising and conditioning) to prevent the development of diseases and to maintain and strengthen their health. Students are likely to show a ‘consumer attitude’ to their health, and treat their health as the means of achieving life goals (i.e. health value as instrumental). (Zhuravleva, I.V., 2012)

Many students have developed a health behaviour model that is oriented not to health maintenance and promotion, but to the treatment of existing or emerging diseases, which is to say that they do not take care of their health unless they are ill. Many students shift responsibility for their health on the state health care system,

hope to get free medical services, and have a low level of health maintenance activity, in addition to demonstrating the low level of physical activity described above (Zhuravlyova I.V., 2012, Fyodorov A.I., 2013).

Conclusion.

Increasingly, people have to live strained to their limits in a rapidly changing environment where previously accepted views break down under the 'information explosion'. Volatile social, economic and sociocultural situations inherent in modern society aggravate the tendency and cause about 70% of young students to suffer from long-lasting stress. The harmful effects of this external impact can drain students' physical reserves and lead to the breakdown of the mechanisms responsible for health maintenance.

One's lifestyle plays the crucial role in health maintenance and promotion.

Accordingly, the issue of health maintenance and promotion extends beyond medical science and practice into the educational sphere. Modern educational science theory and instructional practice makes a priority of developing health culture and healthy lifestyles.

The development of a healthy lifestyle and a positive attitude to health in young students has two aspects: the upbringing of sound individuals and the development of personal individuality. Unfortunately, the present traditional forms of education at secondary specialised colleges and higher education institutions make it difficult to solve the problem of developing a health culture and forming positive attitudes to health in young students.

Although education has been enhanced with a personalised orientation, actual educational practice tends to reduce individuality and activities to an average level, which interferes with finding an adequate solution to the development of health culture and the formation of a positive attitude to health in young students.

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