

Wojciechowska Katarzyna. Aspects of forming health behaviors of a child in a family. *Journal of Education, Health and Sport*. 2015;5(6):453-461. ISSN 2391-8306. DOI [10.5281/zenodo.20214](https://doi.org/10.5281/zenodo.20214)
<http://ojs.ukw.edu.pl/index.php/johs/article/view/2015%3B5%286%29%3A453-461>
<https://pbn.nauka.gov.pl/works/586169>
<http://dx.doi.org/10.5281/zenodo.20214>
Formerly Journal of Health Sciences. ISSN 1429-9623 / 2300-665X. Archives 2011 – 2014
<http://journal.rsw.edu.pl/index.php/JHS/issue/archive>

Deklaracja.

Specyfika i zawartość merytoryczna czasopisma nie ulega zmianie.

Zgodnie z informacją MNiSW z dnia 2 czerwca 2014 r., że w roku 2014 nie będzie przeprowadzana ocena czasopism naukowych; czasopismo o zmienionym tytule otrzymuje tyle samo punktów co na wykazie czasopism naukowych z dnia 31 grudnia 2014 r.

The journal has had 5 points in Ministry of Science and Higher Education of Poland parametric evaluation. Part B item 1089. (31.12.2014).

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The authors declare that there is no conflict of interests regarding the publication of this paper.

Received: 21.03.2015. Revised 24.06.2015. Accepted: 24.06.2015.

ASPECTS OF FORMING HEALTH BEHAVIORS OF A CHILD IN A FAMILY

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Key words: health behaviors, health education, family environment, health promotion, preschool age child

Abstract

Introduction. Family is the first and the natural environment which a child enters by the mere fact of appearing in the world. From that moment family house is responsible for a proper development and education of a child as well as transferring appropriate health behavior patterns.

Aim. The aim of the study was to determine the connections and reliances between the quality of a family environment and children's health preferences disclosed in their behavior. It was assumed that there are many factors determining the process of health education in a family, and thus forming health-related behaviors.

Material and methods. The study population consisted of a group of 126 children from kindergartens in Bydgoszcz. The empirical material was collected based on the method of diagnostic survey and observation of the health behaviors of children in various situations throughout the day in kindergarten.

Results. The analysis indicated a decisive influence of factors such as parents' education, family status, economic and social conditions, participation in physical culture. They determine the quality of care for children, the amount of time spent together, the satisfaction of the biological, social and emotional needs and as a result in developing behaviors fostering or threatening the health. The practical part pinpoints the selected methods and forms of the process of health education in the family, emphasizing the role of physical activity.

Introduction

Health behaviors are formed from early childhood in the process of socialization, and they are influenced by a variety of factors, including patterns and instructions given by parents, peers, school, religion, local community, the media and advertising. Childhood and youth age decide to a large extent on human health behaviors in adulthood (Woynarowska, 2000, p.68). Among all people and institutions dealing with health education of children, especially during the preschool period, the primary and most important role of shaping the health behaviors of children is the role of parents and family. The role of the family in shaping and protecting health of its members is also included in the slogan of the World Health Organization: *Health starts at home*.

Family is present in all historically known types of societies and cultures. Hence, it has always been of interest to educators, psychologists, sociologists, doctors, economists, politicians, and civil society organizations, as well as religious organizations. However, the most significant interest in the family is this of educators, for whom it is still an incentive for research.

In literature, there is a large variety of definitions of the concept of family. Each of them fall into one of the two categories (Lewicki, 2001, p.106):

- definitions emphasizing the strictly biological understanding of all the phenomena occurring in the family;
- definitions, which declare social (sociological) treatment of the problem.

The first category can include these terms in which the family is treated as a group based mainly on sexual activity, sufficiently close and enduring to create conditions for procreation and raising children. The definitions of this type are relatively few.

Much more often, the sociological approach is used when defining the concept of the family. An example of a typical sociological understanding of the family is the definition of J. Szczepanski (1970), according to which it is a group composed of people who are joined together by marriage and parental relation and a strong interpersonal bond in a broad, socio-legal sense of the term. This author believes that the creation and existence of the family is determined by marriage and kinship in the broad sense of the word.

H. Prus-Wiśniewska (1995) in her definition of the family emphasizes the role of love, solidarity and mutual understanding. According to the author, the family community is an environment allowing the younger generation to acquire the cultural, social and ethical values to allow adequate development of the society.

Family has specific intended functions towards its members, subject to current social trends. The concept of functions includes tasks that it should pursue and actions that should be taken by family members, leading to particular achievements.

It is believed that the relationship between the functions of the family and the level of health and fitness of its members is obvious. Each function is of great importance for the course, the quality and outcomes of health education of children. The functions are mutually conditioned, which means that they stem from one another. The level of health education and health culture of children and adult family members depends largely on their awareness of the importance of family functions. The functions of the family in the process of health education

of children should be seen against the background of general functions attributed to the family. These functions are determined by educators, psychologists and sociologists.

To present the relationship between the functions of the family and health of its members, we have used the classification by F. Adamski (Lewicki, 2001, p.108-112):

- procreative function - people who want to have children must be healthy, so that they bring a healthy offspring to the world; they are not only obliged to supply new citizens, but above all to supply healthy citizens; diseases that affect children can be hereditary, but they can also result of lack of hygiene in sexual intercourses of the parents, as exemplified by conceiving a child in the condition of alcoholic intoxication or after taking a drug; many parents that are aware of these relationships are confronted with a dilemma: to give up the desired child or to bring it into the world and seeing it suffer all its life; Such decisions are always very difficult and painful;
- socialization function - the family is required to provide children with health behavior patterns in the field of personal hygiene, environmental hygiene, food hygiene, etc.; a family must provide children with elementary knowledge of health and shape the skills, habits and health performance; Children are naturally careful observers, so parents should provide them with as many positive health behavior patterns as possible – the patterns that are directly and indirectly related to health;
- emotional (psycho-hygienic) function - a family should take care of the physical and mental health of its members, since these spheres are closely linked; within this function the family should fulfil the psychological needs of a child, such as the need for love, security, recognition, acceptance;
- economic function - economy has a huge impact on family life and its physical and mental health; in the process of health education the economic function is one of the most significant ones; poverty is much more often associated with illness than wealth, within this function, the tasks of a family include:
 - providing sufficient quantity and quality of food,
 - providing clothing adapted to the seasons,
 - providing housing conditions appropriate for education and leisure, which are suitable for health
 - providing material resources needed for sport, recreation and tourism, in order to maintain health and fitness;
- protective function - family members creating a community should take care of each other; such care concerns the prevention and treatment of diseases; family should protect children from illnesses, accidents, as well as any risks to health and life; if any family member is sick, children should relatively early participate in care activities, which will allow it to recognize many diseases in their early stages, as well as to learn about the manners of their treatment, and it will also make them more sensitive to pay attention to the condition of their own body; –
- function of recreation - recreation is primarily leisure and free time, which every person needs, both working and learning; leisure by recreation enables the regeneration of physical and mental strength of people; a tired child learns worse, it is less physically and mentally fit, it is more prone to various diseases and health problems; recreational

function is underestimated by parents, and it is related to their level of consciousness, conditioned by such factors as:

- parents' education (best results get families in which the parents hold a higher education in humanities)
 - amount of free time (related to gender, place of residence, season of the year); recreation does not have to be expensive, but it requires some financial investment (appropriate attire, sports equipment, etc.), so we can say that recreational function is associated with the economic function;
- integrating function - the family is an integral whole, even if it falls in disputes and quarrels, in the face of disease of one of the family members, it can become united in the fight against the disease; the most important is to use integration to prevent disease; the contemporary times weaken family ties, so in order to strengthen them, to shape or restore home atmosphere, which is beneficial for physical and mental health, families should put emphasis on recreation (going for walks, playing outdoors, cycling trips, etc.).

The ability to fulfill these functions by a family depends on the phase of development of the family, the age of children and parents and a complex of external factors and intra-family factors.

Intrafamilial factors that conduct to the fulfillment of the above functions are the corresponding personality conditions (including the genetic ones): education, shared system of values, a positive attitude to the problems of health care and active participation in recommendations of health professionals. External factors include these that enable taking active measures by the family to ensure health. The most important factors include fulfilling the basic socio-economic needs, appropriate housing conditions, legislation for the family, accessible healthcare, satisfying the needs of families, including family planning, a system of collective training in preparation for family life and other aspects of health culture (Bożkowska and Sito 1983, p.43).

Due to the environmental diversity of families and the impact of various factors, health habits and knowledge about health acquired by children are varied. The impact of economic situation is most apparent, and it strongly limits the lifestyle of the poor families. As noted by H. Palska (2000, p.97) “lifestyle in the context of limited choice is characterized by the need to make choices within the basic aspects of life - eating, purchase of medicines, house equipment and sanitary facilities or ensuring heating comfort during the winter.

The range of health knowledge and experience of a child in a family is very broad and includes: health care, the implementation of the rational organization of life in modern civilization, that is, the ability to organize work and rest, to use the free time for relaxation, entertainment, enrichment and development of interests and passions, the implementation of hygiene and safety of everyday life, hygiene of nutrition, prevention of addictions and neurotic disorders, developing sport and tourism interests, developing skills of interpersonal interactions (Izdebski, 1972, p.15).

Aim

The aim of this study was to detect relations and dependencies between health behaviors of children and family environment factors such as the number of children in the family, educational level of the father, socio - economic status of the family, the preferred ways of spending free time and eating habits. In the area of health behaviors of children attention was paid to the following aspects: personal hygiene, balanced diet, physical activity, attitude towards medical treatment.

Material and Methods

The population study consisted of 126 preschool aged children from the oldest age groups and their parents. Detailed observations concerned children's behavior during a whole day in a kindergarten and the results were recorded on the prepared research sheet. Further information regarding child's family environment and parents' opinions on health behavior in the family were gathered using a technique of a survey. The rich empirical material was submitted primarily for the qualitative analysis.

Results and Discussion

It transpired that the health behaviors of children were varied although most were health-promoting orientated. B. Woynarowska (2008, p52) distinguished four groups of health-promoting behaviors:

- Behaviors associated mainly with physical health:
 - Taking care of the body and the nearest environment;
 - Physical activity;
 - Rational nutrition;
 - Tempering the body;
 - Sleep – its proper duration and quality,
- Behaviors associated mainly with psychosocial health:
 - Using and giving social support;
 - Avoiding excess stress and coping with problems and stress.
- Preventive Behaviors:
 - Self-control and self-examination of health;
 - Undergoing preventive medical examinations;
 - Safe behavior in everyday life (especially in traffic, at school, in the workplace);
 - Safe behavior in the sexual life.
- Not initiating risky behaviors:
 - Not smoking;
 - Reducing the use of alcohol;
 - Reducing the use of drugs unprescribed by a doctor;
 - Non-use of other psychoactive substances.

In regard to preschool aged children health behaviors were observed in the areas mentioned afore. The first one concerned the personal hygiene.

This aspect of taking care of health is manifested in activities such as: washing the whole body, teeth, hands before eating meals and each time after using the toilet, as well as frequent changing and washing clothes. Tempering the body is crucial as well. A systematic following of all the rules prevents any disease and the spread of germs which equals to taking care of your own and environmental health. Analyzing the results of the observation of preschoolers and parents' opinions it is noted that in most cases a high level of hygienic behaviors occurs. It applies to 64% of the respondents. 26% of them require a remind of the principles of cleanliness and 10% have a negative attitude to maintaining personal and environmental hygiene. It was also studied how the results distribute depending on, inter alia, the number of children in the family. It turned out that the differences in the acquired hygiene habits are small. Persons having a brother or a sister fared the best, only children reached a similar level, preschoolers from numerous families were a little worse at hygiene activities. Factors such as father's education and socioeconomic status of the family differentiate the population study to a greater extent. The best result was achieved by children whose fathers have secondary and post-secondary education (69%) and children from middle-class homes (73%). Socioeconomic status of the family became the most differentiating factor, since no child coming from a family with a low status reached a high level of complying with the rules of hygiene every day.

Due to the important role of nutrition in the normal development of a child the survey covered children's behavior in terms of rational nutrition and the culture of eating. A proper diet brings tangible benefits to the body especially in the period of intensive growth while a dismissive attitude to the proper nutrition may lead to negative and often irreversible consequences in many spheres of life. Therefore, children in kindergarten are introduced to applying the principles of rational nutrition. Attention is drawn to the variety of food eaten, to the maintenance of the proper balance between the amount of consumed and burned calories, and the regularity of food intake (Żuchelkowska, 2013, p.108). Unfortunately, among the respondents, persons who do not follow the rules of proper nutrition were the majority. Kindergarten provides regularity, and an appropriate value of meals, but the observation shows that 67% of children do not eat all the food ingredients. Most often they leave vegetables on a plate. Some of them satisfy hunger with sweets carried from home. The questionnaire responses of the parents show that in the homes of respondents there are committed lots of nutritional mistakes. First of all, children eat irregularly, there rarely appear five meals a day, sometimes children snack all day, often unhealthy products. They don't consume enough dairy products and vegetables. They eat dinner too late, some responses said 8 and 9 p.m. There is no habit of sitting at the table together with a whole family. The meals are monotonous, lacking many valuable food products. Also, very few parents prepare meals with their children, teach them laying the table and using a set of cutlery, a napkin, pouring soup from a vase. They underestimate the tremendous importance of a role model they are to their children and deprive them of joy and a source of invaluable experiences which cooking together brings.

A strong influence of parents in the field of children's health education also appears in dissemination of physical activity. The parents' ability to elicit and direct child's physical

activity is significant. Movement is an essential stimulus to development in the range of physical growth of the organism, motor skills, improving skeletal system and muscles. It satisfies child's need for activity and provides obesity prevention, and also enhances mental function (Żuchelkowska, 2013, p.121). An example of health behavior given by parents to their children is indispensable in this process. In a family in which there is an emotional bond children will model themselves on their parents and imitate them. In the families studied, only 20% of parents declared a high adherence to physical activity and spending leisure only actively. The vast majority of respondents (72%) is in favor of combining active and passive recreation. 8% strongly prefer passive forms. Almost all stressed that it's the most important to spend time together with their children. However, in occasional conversations with children, they emphasized that they would like to spend more time with their parents playing ball and going on trips. In kindergarten children showed high physical activity level and willingly participated in all forms of physical activity prepared by the teachers.

The research also involved children's behavior towards medical treatment. Attitude during a treatment largely determines how a person perceives their own health, and what is their attitude towards themselves. Children repeatedly are afraid of doctors, nurses and various medical treatments because they associate them with pain and suffering. Often adults contribute to this, as they scare children with a doctor, an injection or a hospital. Such behavior of the adults can cause mental stress and emotional tension in children with the force that puts an excessive burden on the system of mental self-regulation (Żuchelkowska and Wojciechowska, 2000, p.106). Therefore, parents are of great importance in shaping the attitudes of children as they are the first to consciously or unconsciously transfer the approach to the disease and its treatment to their children. On the basis of the opinions expressed in a survey by parents, the attitude of children towards treatment was rated. The majority (62%) of children sees medical treatments as positive. They go to the doctor without resistance and undergo medical examination. It is worse with visiting the dentist. In this case, only 5% declare children's stress-free attitude to repairing their teeth. Visits every six months were declared by 44% of the respondents, the same amount visits once a year, and 10% undergo inspection and dental treatment less frequently. The children are also reluctant to take injections and vaccinations. Parents were asked whether they use self-paid, optional vaccinations. 28% of parents buys such vaccines. Children respond differently (also positively) to staying in a health center or hospital. It is always associated with big emotions, which they outlet in playing doctor or artistic creativity. In regard to the determinants of attitude toward treatment, there were no significant correlations.

Conclusions

The presented empirical material shows that family plays a significant role in shaping health behaviors of a child. M. Demel (1980, p.140) specified society's expectations of a family home:

- creating optimal conditions for ensuring the safety and satisfaction of health needs of a child,

- creating the right atmosphere which is conducive to mental health, interest in child's development, benevolent attitude to its needs, setting a good example, active, rational and systematic work of shaping health behavior and habits,
- rational organization of life in accordance with the principles of somatic and mental hygiene (day structure, hours of sleep, the division of household duties),
- sincere cooperation with kindergarten, school, extracurricular education institutions and the competent health care facilities.

Issues related to a family and its functioning are very complex and result both from the enormous diversity of its life forms, as well as its continuing transformation.

Contemporary Polish family is now influenced by democratic ideas. This is reflected, among others, in ever wider implementation possibilities of autonomous, health objectives of a family, without outside interference and the influence of parents on the targets and quality of health education in kindergarten and school (which many parents do not know how to use). Elimination of censorship and opening on the west resulted in appearing on our book market publications which present new solutions and models of education in the family. This has brought both positive and negative results in education and health. The negative consequences of those changes are: adopting the so-called consumer lifestyle by some families, striving to possess material goods at all cost, attempting to imitate negative Western models by children and young people. Hence, the problem many families are facing are such phenomena as: loosening of moral habits, alcoholism, drug addiction, etc. (Lewicki, 2001, p.104):. Therefore, a contemporary family, which is not an isolated and self-sufficient institution medically, requires the support of the realization of objectives of health promotion from institutions such as: kindergarten, school, health services, local organizations. The efficient functioning of a family is essential in health education of the younger generation, because a family plays the main and the most important role in gaining children's health experiences most essential to their development.

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