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Health behaviour of Young Adults in a Globalizing World

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Abstract

Purpose: The aim was to diagnose health behaviours in order to predict and plan possible interventions.

Methods: Survey, IZZ questionnaire.

Material: 1154 students of the University of Physical Education, Wrocław University in the years 2015-2016.

Results: Gender differences: young men significantly more often declared using non-conventional medicine (the Mann–Whitney U test 3.00; p=.002), but they used stimulants less often than young women (the Mann–Whitney U test 2.51; p=.01). Regular University students – men significantly more often declared care for their mental health (4.196; p=.000), eating habits (3.03; p=.002) then women. Students of the University of Physical Education declared undertaking significantly more activities promoting health with regard to diet (3.94; p=.000), medical behaviour (3.46; p=.000); mental health (3.26; p=.001), non-conventional medicine

(2.54; p=.01); stimulants (2.31; p=.02). Among the respondents who did regular exercise, the students of the University significantly more often declared using proper diet (3.46; p=.000), care for their mental health (4.42; p=.000); whereas the students of the University of Physical Education declared taking up active leisure (4.20; p=.000) and eating proper diet (2.46; p=.01).

Keywords: globalizing world, health activity, young adults

Introduction

Societies undergo global changes which affect everyday behaviours, habits and lifestyles. Patterns of consumption, lifestyles, technologies and culture unify. Around the world we can observe similar lifestyles, professional goals, consumption patterns, eating habits, fashion, leisure activities; people seek the same goods, services and values. The global market manipulates our needs and imposes standards of excessive consumption [1], while the media create certain lifestyles. Such trend can also be reflected in the field of health behaviours. Especially young people are susceptible to suggestions as they want to be "in the lead". Therefore, it is safe to say that apart from positive aspects, globalization carries many threats especially for an inexperienced and immature recipient. On the one hand, we can observe heightened awareness and improved access to the means of self-realization also in the field of health behaviours. However, we can also notice enslaving people through forcing them to adopt certain behaviours or encouraging excessive consumption which serves not only the global markets but also certain groups and their hidden interests (e.g. indirectly promoting wonderful effects of drinking beer or a lifestyle pictured as "holding a bottle", using many miraculous products, etc.).

The scale and the level of health needs depend among many on the overall culture and education. People who are recognized may shape social needs or rational pro-health behaviours [2]. Therefore, such a form of influence should be used to obtain higher engagement in promoting healthy activity of a young person. Every year WHO warns that the health of more than eight million Europeans deteriorates [3]. It is–among many–the result of poor physical activity. Societies should be educated at all life stages to increase general and varied health activity, personal responsibility for one's health and wellbeing. WHO defines heath as "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity". In a holistic concept of human health the key role is played by a lifestyle and related health behaviours. Health is a value that should be attained and looked after in order to be able to realize ambitions, satisfy needs and handle various life situations.

Psychology of health aims at explaining health behaviours. The analysis presents a multifaceted system of knowledge about a man with special attention paid to the knowledge about the essence and determinants of his health and related behaviours. It uses psychological knowledge and skills in promotion and maintenance of health, disease prevention and treatment, recognition of etiologic and diagnostic correlations of health, disease and improvement in the health care system. The above can be applied especially in the theory of stress and its management since stress is yet another serious threat for the health and safe life of a contemporary man [4]. In order to attain and maintain health one must have appropriate knowledge of the subject and shape certain healthy habits. The awareness and personal responsibility for one's health have risen, which can be observed in adopting proper lifestyle and exhibiting certain behaviours which largely affect human health. However, the level of knowledge of health factors is still very poor [5,2]. For example, only 23% of the respondents claimed they were aware of the importance of physical activity on human health when as many as 50% believed that food intake is the most important health factor. In compared with the data of 2007, alcohol and tobacco intake has increased by a few percentage points [6,7,5]. Health behaviours are usually exhibited by people who are happy with their health; those who are dissatisfied seek doctor's advice [6]. Thus there is a pressing need to take more direct actions to improve the state and the knowledge of health.

LaLonde indicated some groups of health factors like lifestyle, environment, human biology and the organization of the health care system emphasizing the importance of the first one. Health is believed to depend on actions–health behaviours–taken by a man everyday. A term "health behaviours" has many synonyms like: health preservation, healthy actions, medical behaviours, behaviours regarding health, preventive behaviours, health promoting behaviours, healthy lifestyle, non-risky behaviours [4,8,9,10]. Such behaviours stimulate health. Actions of the opposite nature are called "anti-health behaviours". Anti-health behaviours are risky for human health and can result in direct or secondary damage. This translates into health deterioration and decline or disease. Among anti-health behaviours we can list: tobacco intake, regular or excessive alcohol consumption, use of illegal drugs or psychotropic drugs, premature sexual activity, aggressive and violent behaviours, petty crimes, vandalism, neglecting school, truancy, running away from home, bad eating habits, poor or no physical activity at all [11]. In a globalizing world we may observe intensification of some of these behaviours such as excessive alcohol consumption or smoking which are stimulated both by imitation and numerous stressors.

Among many behaviours a special role is played by engagement in physical activity. It is an indicator of physical and mental health especially in the times rich in stress-inducing factors. Physical activity exerts a soothing effect on human nervous system, reduces tension and helps in stress management. It also stimulates endorphin secretion and consequently lifts the mood. What is more, general feeling is better also thanks to beneficial changes in one's looks due to regular exercise. Regularity of workout is considered a kind of guarantee of both physical and mental health. People who do exercise regularly can observe changes in their physical, motor, cognitive, emotional and social spheres. Other benefits include elevated mood, a lower level of fear and stress as well as satisfaction from one's own activity [12,13,14]. In the field of mental health, healthy lifestyle mostly focuses on problem and stress management, self-acceptance, self-confidence, optimism and high self-esteem [4]. Psychological effects of stress lead to changes in cognitive and perceptive functions as well as changes at the emotional and behavioural levels. Some of these changes may be ways of stress management such as modification of health behaviours. behaviours which exert a positive effect on human health like exercise, relaxation, sleeping and proper eating habits may be weakened due to increased stress. Whereas, anti-health behaviours such as smoking or excessive alcohol consumption may be strengthened. Lack of proper physical activity disturbs human homeostasis and leads to negative health consequences and pathological changes both in terms of the body and the mind [15]. Literature to date among many risk factors for civilization-related diseases points to tobacco intake, excessive alcohol consumption, improper diet, poor physical activity, obesity, psycho-social stress, and poor hygiene [11]. Health behaviours should be taught. Education means a process of forming certain habits directly and indirectly connected with physical and mental health care. It aims at developing satisfactory interest in one's health, hunger for improving knowledge of one's own body and its needs. Such process involves education on how to care for the health of individuals and the community they live in. Physical and social environments surrounding an individual are the main factors affecting human lifestyle and his health behaviours. For instance, almost 40 diseases or health disturbances are caused by bad diet [11]. Improper eating habits shaped at a young age may negatively affect human health later in life through increasing the risk of diabetes, cancer, obesity, anemia, caries, osteoporosis, and numerous cardiovascular diseases such as myocardial infarction, hypertension, cerebral stroke or ischemic heart disease [16,17,11].

Research on health behaviours among students of Polish universities with different programs, often related to teaching future health educators show that students' eating habits

apart from physical activity are recognized as the key actions promoting health. The general picture of health behaviours indicates some disturbing patterns preserved by the studied subjects [18,19,20,21,22]. Students eat irregularly–gender differences were found–and consume food between meals, use supplementation of vitamins and minerals as well as they adopt a hectic lifestyle. More than 70% of the respondents claimed they did not smoke tobacco. Nonetheless, alcohol consumption was found to be quite common in all studied centers (90% of the respondents where 11% comprised a risk group) [23,19,20,18,24,25,26].

Physical exercise, which prevents humans from civilization-related diseases, was rather unpopular. Only 18% of females and 38% of males studying at the Medical University of Bialystok stated they did sports regularly [18]. Doing sports on a regular basis or a few times per week was observed in 49% of the students of the Medical University of Silesia [27]. Approximately 31% of females and 65% males declared doing sports outside regular classes at Wrocław University of Environmental and Life Sciences [20].

The studies conducted in various parts of Poland indicate a diversified character of health behaviours [28,26,23]. Constant monitoring of such behaviours especially among future health educators is recommended. Such graduates will have a direct impact on shaping certain health approaches and behaviours in the society. Being aware of the changes in the surroundings and individual behaviours with regard to health, we continue to diagnose health behaviours of students. Early identification of risk groups will allow us to predict possible health problems and could help in creating preventive measures.

We asked the following study questions:

1. What health behaviours do contemporary students prefer?
2. Are there any gender differences in terms of declared health behaviours in a globalizing world?
3. Are there any differences in terms of declared health behaviours between the students of Universities of Physical Education and regular universities? If so, does the educational program translates into exhibiting health behaviours more effectively?
4. Are there any differences in terms of declared health behaviours between the students who claim they undertake physical activity and those who do not?

Material and Methods

Material: The studied subjects were the students of the University of Physical Education in Wrocław and University of Wrocław: 1154 respondents (615 females, 538 males) between 19 and 28 years of age.

Methods:

A diagnostic **survey** on self-evaluation of an individual's health and fitness and potential pain was employed. It included 13 closed-ended questions, which in five cases could be accompanied by a short statement. The study was conducted in groups of 25-40 respondents who had no time limit when answering questions. The results were gathered in three months.

The questionnaire of pro-health behaviours **IZZ** by G. Dolińska-Zygmunt [8] comprised several groups of behaviours promoting health: use of non-conventional medicine, adoption of medical behaviours, taking up active leisure outdoors, maintaining proper nutrition habits, abstaining from smoking and other stimulants as well as doing sports. The respondents had to evaluate how engaged they were in any of these activities on a seven degree scale.

Results

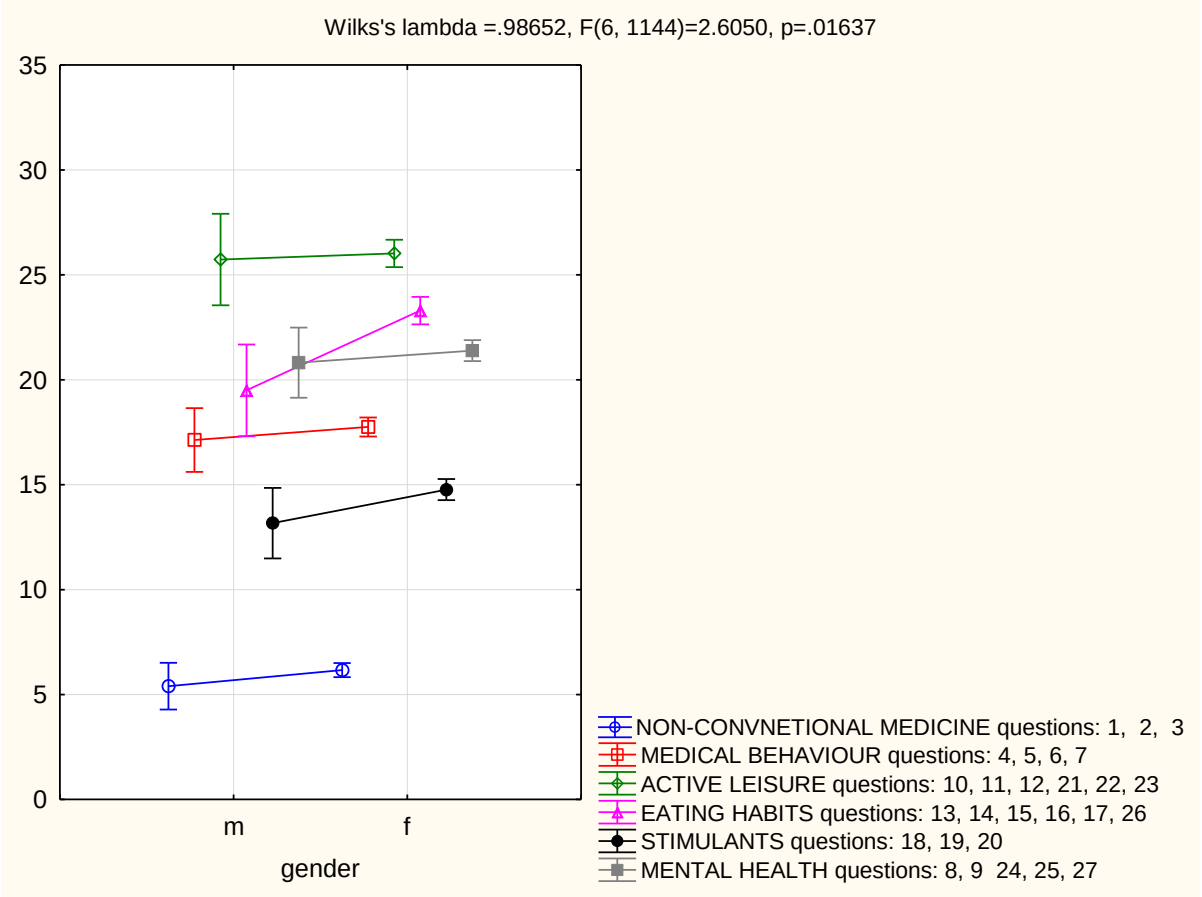
The results of health behaviours in the whole group: dominating behaviours among all studied respondents were active relaxation, eating habits and mental health (Tab. 1). We found differences between the students of Universities of Physical Education and regular universities.

Tab. 1. Average results of health behaviours in the whole group

Variable	Valid N	Average	Minimum	Maximum	SD
NON-CONVNETIONAL MEDICINE	1153	6.43712	0	21	3.906202
MEDICAL BEHAVIOURS	1153	17.40937	0	28	5.304183
ACTIVE LEISURE	1153	27.12923	0	42	7.764868
EATING HABITS	1153	22.29055	0	42	7.809675
STIMULANTS	1153	14.3634	0	21	5.869437
MENTAL HEALTH	1153	21.89853	0	35	5.881728

Young men (in the whole group) significantly more often declared using non-conventional medicine (the Mann–Whitney U test 3.00; p=.002), but they used stimulants less often than young women (the Mann–Whitney U test 2.51; p=.01).

Fig. 1 Gender differences (significant p=.016), the analysis of variance (ANOVA) was used.



Regular University students – men significantly more often declared care for their mental health (4.196; p=.000), eating habits (3.03; p=.002) and medical behaviours (2.09; p=.03) then women.

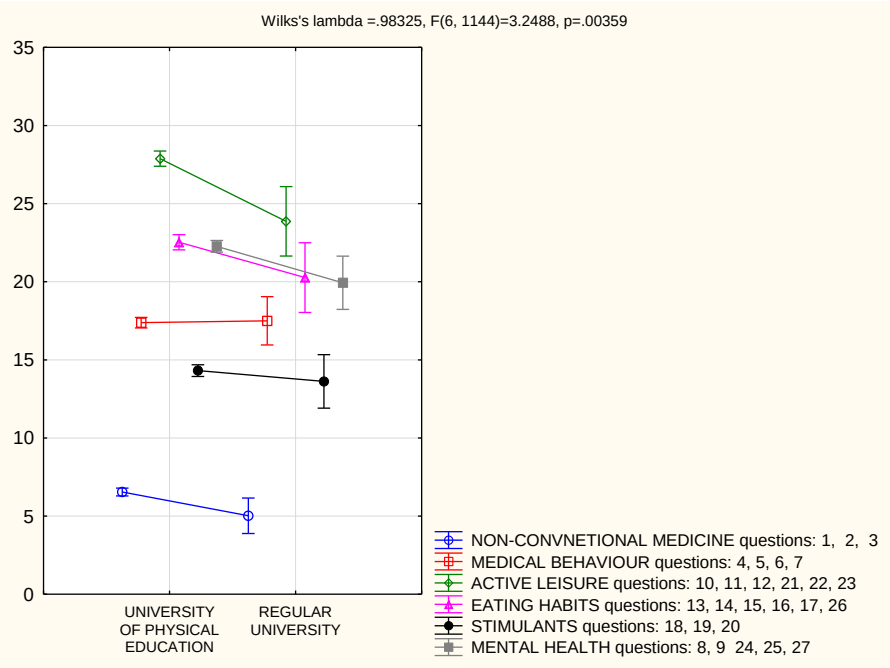
Tab. 2. Average results of health behaviours of regular university students

Variable	Average	Minimum	Maximum	SD
NON-CONVNETIONAL MEDICINE:	5.85	3	21	3.73729
MEDICAL BEHAVIOURS	17.72	5	28	4.958278
ACTIVE LEISURE	23.755	6	42	7.235103
EATING HABITS	22.045	6	42	7.827472

STIMULANTS -	14.755	3	21	5.530634
MENTAL HEALTH	20.24	5	32	5.413774

The students of the regular University are less physically active and take less care for their mental health than the students of the University of Physical Education (Fig.2).

Fig. 2 Differences between students of the University of Physical Education and a regular University (significant p=.003), the analysis of variance (ANOVA) was used.



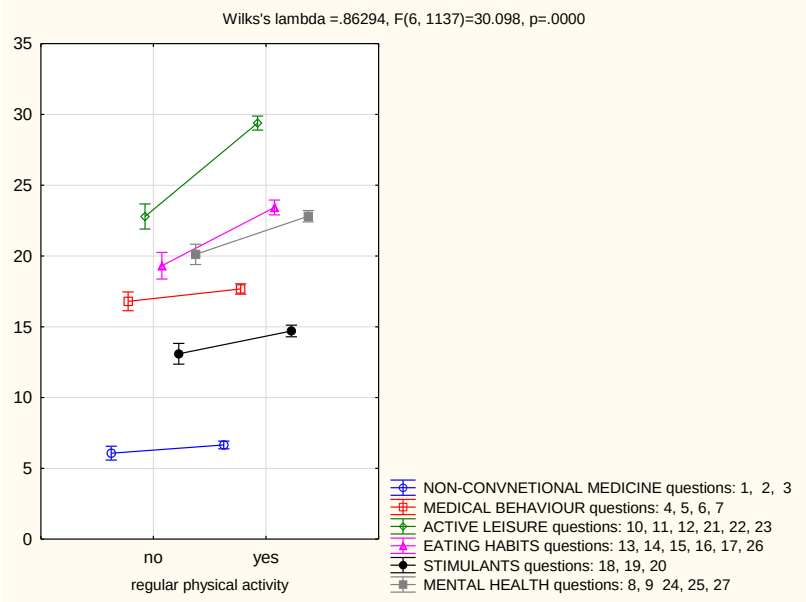
Tab. 3. Average results of health behaviours of University of Physical Education students – major: Physical Education

Variable				
	Average	Minimum	Maximum	SD
NON-CONVNETIONAL MEDICINE	6.61185	0	21	3.85618
MEDICAL	17.21989	0	28	5.231739
ACTIVE LEISURE	28.29446	0	42	7.435889
EATING HABITS	22.35946	0	42	7.849448
STIMULANTS	14.35946	0	21	5.850045

MENTAL HEALTH	22.63671	0	35	5.885396

Students of the University of Physical Education declared undertaking significantly more activities promoting health with regard to diet (3.94; p=.000), medical behaviour (3.46; p=.000); mental health (3.26; p=.001), non-conventional medicine (2.54; p=.01); stimulants (2.31; p=.02), which indicates that the group of people which has theoretical knowledge about health and its maintenance applies it in everyday life.

Fig. 3 Significant (p=.016) differences in health behaviours between the students who declared regular physical activity and those who did not do regular exercise



Among the respondents who did regular exercise, the students of the University significantly more often declared using proper diet (3.46; p=.000), care for their mental health (4.42; p=.000); whereas the students of the University of Physical Education declared taking up active leisure (4.20; p=.000) and eating proper diet (2.46; p=.01).

Discussion and Conclusion

Declared health behaviours among students differ with regard to certain variables. There are sex differences in terms of medical behaviour, eating habits and refraining from using stimulants with women exhibiting more such behaviours. This correlation is in line with earlier results by Lisicki [19] and Stefańska et al. [18]. The students of the University of Physical

Education more often used non-conventional medicine, took advantage of active leisure and cared for their mental health.

The students who declared regular exercise more often adopted healthy lifestyle and exhibited medical behaviours, took advantage of active leisure, abstained from stimulants and cared for their mental health. Similar findings were published by other authors [28, 26,23]. Our study conducted on 550 university students in 2008 with a use of the Health behaviour Inventory questionnaire showed that the students of University of Physical Education took advantage of active leisure, used non-conventional medicine, abstained from stimulants and cared for their mental health, however, they paid less attention to their diet and received medical treatment more often. Students of the first year as compared to those of the fifth and the last year declared slightly lower physical activity, which is disturbing as the latter are soon to be working in the field of educating and motivating others to be more active and personal example is thought to be a good motivator. Significantly poorer physical activity was observed in the students of a regular University as compared to the University of Physical Education [29]. The data obtained eight years later were more optimistic. The students of the University of Physical Education declared to be more active in many health behaviours than the regular University students. However, many health promoting behaviours became more popular in both groups. Among the regular University students the level of physical exercise increased significantly by five points and reached the average result, care for mental health rose by one point; however, the care for proper diet decreased by three points [29].

Despite many reports on health behaviours and our personal satisfaction coming from more positive results as compared to the date from eight years before, it is necessary to "keep our finger on the pulse" and monitor health promoting behaviours especially within the field of anti-health behaviours among the young particularly due to higher or even excessive consumption of alcohol and increased tobacco intake [30,25]. Such phenomenon is partly connected with the intensity of changes in the surrounding world, massive impact of the media, advertising overkill of products which can lead to enslavement without proper and responsible control (cf. a junior high student who brainlessly imitates a character portrayed in reality TV shows without considering the consequences in real life). Based on the data stated in the survey we observed that women who did not do any sport more often suffered from chronic pain, back pain of different severity and more often reached for medications; whereas the students of Pedagogics, Cosmetology and Occupational Therapy more frequently suffered from headaches than those students who did sports.

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