

LIFESTYLE AND HEALTH BEHAVIORS AS PRIMARY DETERMINANTS OF HEALTH. THEORETICAL ASPECT AND RESEARCH REPORT FROM OWN STUDIES (DIAGNOSIS OF HEALTH BEHAVIORS AMONG PEDAGOGY STUDENTS AT THE UNIVERSITY OF SILESIA)

Dorota GAWLIK^{A, B, C, D, E, F}, Dorota LAMCZYK^{A, B, C, D, E, F}

Department of Social Pedagogy, Institute of Pedagogy, Faculty of Pedagogy and Psychology, University of Silesia, Katowice, Poland. (MA, PhD students)

Keywords:

- diagnosis,
- health behaviors,
- students,
- “Lalonde’s health field”,
- health education.

Abstract:

Health is an important social value, individual and collective resource and it determines the social, economic and personal development of people. Health is conditioned by many factors, however, the fundamental importance in this field has health behaviors, which constitute the lifestyle. The article discusses theoretical aspects related to issues of health and its main determinants. Moreover, it contains a report from performed researches, which were designed to diagnose health behaviors among pedagogy students at the University of Silesia in Katowice. The research sample consisted of 100 people. Method of a diagnostic survey, based on the author’s questionnaire, was used. Results of researches indicate that future educators present anti-health behaviors in many aspects. In terms of nutrition – they eat too little fruits and vegetables, and too much confectionery. The majority of students do not do practice enough physical activity and with sufficient intensity (which is consistent with the general tendency prevailing among Poles, which is indicated, for example, in the National Health Program for years 2007-2015). However, the worst negligence is the fact that the majority of students do not perform regular self-monitoring of health status in the form of breast self-examination and cytology. It is also in line with the general tendency prevailing among Polish women, and confirmed by many researches. Therefore, health behaviors of candidates for teachers, who will be creators of the younger generation health, still require significant corrections towards more pro-health activities. Obtained results can be the basis for the construction of educational and promotional programs for this part of population.

INTRODUCTION

There is no doubt that health has a very important social value and it is treated as a good, desirable and appreciated value. In accordance with provisions described in the *Ottawa Charter*, it is also both an individual and a collective resource. Development of the own health potential enables man to lead a satisfying life. Furthermore, health is also one of the main natural resources of the country, because it determines the social, economic and personal development of people, and thus it conditions the ability to produce goods and the social

welfare. Health is conditioned by many factors, among which the most important role is played by a behavior connected with health related to the lifestyle [1].

However, the context of modern life often presents a risk for our health and leads us to choose behaviors that harm this health. Currently, it is stated that seven of the ten leading causes of death is associated with behavioral factors. In development of already general civilization diseases such as cardiovascular diseases, obesity or some types of cancers, the most important role is attributed to the defective lifestyle, which has consequences both in individual and collective term. Burden of diseases, premature mortality rate and disability have measurable social and economic factors in the form of the loss of produced goods, costs connected with the treatment, the need to provide care, [22] etc.

Health education and health promotion, as practical fields, are an opportunity to prevent major health problems, which cannot be defeated by the remedial medicine, and social and economic impacts resulting from the incidence of these diseases are often tragic. On the other hand, the effectiveness of the health education and health promotion depends on the adequacy of interactions to the needs of receivers. Realization of researches to diagnose elements of lifestyle and health behaviors of various groups of population is necessary to ensure this adequacy. This diagnosis can be a starting point for planning comprehensive actions to improve the quality of life minimize the major health problems and strengthen the health potential of modern society. Knowledge of a current situation in health behaviors among different parts of the population is useful for programming activities in the field of health education and health promotion. Formation of health-conscious attitudes and acquisition of relevant knowledge should characterize especially representatives of professions, which have a decisive impact on the training and education of other people. Undoubtedly, potential representatives of one of these professions are pedagogy students seeking to acquire appropriate professional qualifications. A person, who is a teacher, is in fact responsible for his or her pupils, including their intellectual, mental, social, moral and health development. Therefore, the teacher must recognize health as an autotelic value to create positive health patterns. This is turn should be externalized in the manifestation of healthy behaviors. Taking into consideration above facts, the diagnosis of health behaviors of pedagogy students can be relevant from the research point of view. This diagnosis may give important conclusions for the theory and practice of health education and health promotion.

HEALTH – DEFINITIONAL PROBLEMS

Health is a general concept like – beauty, peace or truth, so it creates large definitional problems. Over the centuries, attempts to define the concept of health took various forms, while in the second half of the nineteenth century the health has started to be perceived as one of the primary social values. On the other hand, since the beginning of the twentieth century to the present day, the center of interest is a man in a holistic dimension. In 1947, members of the World Health Organization developed an innovative (at that time) definition of health stating that it is “a state of physical, psychical and social well-being, and not only the lack of disease or lameness and disability” [3] . This definition presents a few dimensions of health connected with each other:

1. *Physical (somatic) health*, i. e. a proper functioning of the human body – its individual organs and systems.
2. *Psychical health*, i. e. a level of personality’s integration. In this dimension, it could be distinguished:
 - Mental health (the ability to think logically)
 - Emotional health (the ability to properly identification, experience and expression of feelings)

3. *Social health*, i. e. the ability to maintain normal interpersonal relations and adequate performance of roles and responsibilities determined in the socialization process [19].

Therefore, WHO definition emphasized the complexity of a man as a biopsychosocial being. Moreover, it drew attention to the subjective perception of health by a man, putting it over objective indicators. This innovative health approach is a starting point for the formulation of further definitions, which emphasize that health is a positive category and it has a relational character based on the dynamic relation between all dimensions of human functioning. Concept of health related to the WHO definition also indicates that the health is:

- value that can realize its aspirations,
- resource (wealth), which enables the development of society and achievement of the proper quality of life,
- agent (not a purpose) of the daily life [18].

Currently, dimensions of health also contain, not included in the WHO definition, *spiritual health* understood as the experience of inner peace and harmony with ourselves, as well as the implementation of principles and religious or moral beliefs. For believers, it is connected with practices and values characteristic for a particular religion, while for non-believers – it results from laws of nature of a personal “credo” [22]. Nowadays, the importance of *sexual health* is also emphasized. It is related to the appropriate sexual development, equal and adequate partner relationships, sexual satisfaction, freedom from diseases, troubles, sexual impotence, violence and other harmful practice connected with the sexuality [10]. The literature also distinguishes the concept of *reproductive health*, which in turn means that people can lead a safe, responsible and satisfying sexual life, have the capacity for procreation, as well as the freedom to take decisions related to the possession of children [22]. In accordance with the holistic paradigm, health should be understood as a kind of balance between its particular dimensions.

HUMAN HEALTH DETERMINANTS

In the latest approaches of health, it is assumed that its base is a complex and diverse set of factors. Health is the result of interactions between biological, psychological, social, civilization and cultural factors. The turning point for changing the perception of determinants of human health was a report of the Canadian Minister of National Health – M. Lalonde (1974), which transferred the accent from medical activities to the wider social context. M. Lalonde proposed the concept of “*health fields*” based on four groups of health determinants:

1. *Lifestyle* (approx. 50-60% of impact). It refers to a lifestyle based on mutual relations between conditions of life and individual behavior patterns.
 2. *Environment* (approx. 20%). All elements (external to the human body), which are limited for an individual.
 3. *Human biology* (approx. 20%). All features connected with the biology of human body, including genetic factors.
 4. *Organization of medical care* (10-15%): availability, quality, organization of medical care [1].
- The above concept became the starting point for the development of health promotion’s idea. Simultaneously, it realizes that the greatest impact on health has the lifestyle. It can either promote or endanger health. Through activities enabling the change of lifestyle, it is possible to improve the state of health. In this context, the following words are true: “*Your health in your hands!*”

LIFESTYLE AND HEALTH BEHAVIORS

The concept of lifestyle works for years on the basis of many sciences. Lifestyle is a product of culture and is associated with the social affiliation. Green and Kreuter define the

lifestyle as a model of behaviors, which is persistent and shaped by cultural heritage, geographical and socio-economic factors and human personality traits. A. Siciński defines the lifestyle as a set of everyday behaviors and a specific activity for a certain individual or group that distinguishes one individual or group from others [16].

It is therefore shaped by the phenomenon of impact of living conditions and unit's individual behavior patterns, which can be conditioned by cultural factors and personal characteristics. An element that co-creates the lifestyle is a conscious choice of certain behaviors affecting health. There are called health behaviors and can be defined as proceedings, actions (or their inaction), which directly or indirectly affect the health of the individual. Among health behaviors, it can be distinguished health promoting behaviors (health-conscious, positive behaviors) and health-threatening behaviors (ant-health, negative behaviors).

H. Sęk determines the health behaviors as “reactive, habitat and intentional forms of human activity, which remain on the ground of objective knowledge and subjective conviction of the mutual relationship with health” [15]. Health behaviors, just like the lifestyle, are largely determined by social and cultural factors that can expand or limit personal choices of individuals.

There are various classifications of health behaviors. J. Ward and A. Steptoe distinguish five classes of health promoting behaviors: avoiding stimulants, positive health practices, eating habits, safe driving a car, behaviors connected with the preventive activity [20]. Analogously to those health promoting behaviors, we can also formulated behaviors that are in opposition to them.

D. Gochman, in turn, includes to the area of health behaviors: convictions, motives, perceptions and other cognitive elements, personality characteristics, emotional states and behaviors, actions and habits connected with the maintenance, recovery and improvement of health. Health habits are the result of the process of socialization and cultural influences. There are associated with hygiene of everyday life, eating habits, physical activity and rest. On the other hand, intentional health activities are connected with promotional and prophylactic actions [4]. However, taking into consideration the growing holistic concept of health in the twentieth century, we should include to the taxonomy of health behaviors not only behaviors associated with somatic health aspect, but also those connected with its psychosocial dimension.

Health behaviors in terms of nutrition are very important elements of the lifestyle, because the rational and balanced diet can be a significant element protecting our health. In order to maintain a proper metabolism, this diet should consist of five meals in total: three basic meals: breakfast, dinner and supper and three additional meals: second breakfast and tea. The above meals ought to be also diversified by the use of appropriate quantities of various products from each of give main groups: cereal products; milk and milk products; meat, fish, poultry and cold cuts; legumes and eggs; fruits and vegetables; vegetable fats (in limited quantities). Balanced diet also requires enacting principles to limit the consumption of saturated fats, sugar and salt. All deviations from the recommended nutritional standards, including the use of different diets and supplements (without preliminary consultation with a doctor) can harm our health [12]. Nutritional habits are constantly transformed under the influence of cultural changes and trends. High caloric and rich in animal fats (and low in fruits and vegetables) diet can contribute to the development of many civilization diseases. On the other hand, the use of healthy nutrition pyramid, developed by the Institute of Food and Nutrition, guarantees an appropriate balanced diet and protects against many diseases.

Physical activity is, along with methods of nutrition, a very important element of the health promoting lifestyle. Of course, the essence of physical activity is physical effort related to the work of skeletal muscles and a complex of functional changes in the body. The

movement has a direct effect on the metabolism, which contributes to the maintenance of stability between the amount of energy delivered and used by the body. In recent years, in developed countries, the physical effort has been significantly reduced. Public health specialists pay attention to the health risks caused by the general hypokinesia. Little physical activity and passive ways of spending free time are a serious risk factors in many civilization diseases, including, for example, cardiovascular diseases [21].

Taking care of the body is essential to maintain and improve health, because the awareness of health is based on the awareness of body. However, an approach to the care of the body is conditioned by cultural and social factors, and in different period of history, it underwent a significant evolution. Currently, the care of the body takes a socio-cultural dimension by adapting its function and shape to socio-cultural norms. These changes imply, apart from the traditional understood hygiene and body treatment, new types of behaviors associated with clothes, beautification, use of a variety of beauty treatments and various types of cosmetics. Many new phenomena and behaviors can promote the interest of health, but also be a threat to this health [2].

Consumption of stimulants such as: alcohol, tobacco and other psychoactive substances, belongs to the group of behaviors clearly hazardous to health. It should be remembered that researches show clear connection between an excessive alcohol consumption and many civilization diseases. The same applies to tobacco smoking, which is a risk factor for several types of cancers and other diseases, including cardiovascular diseases and disorders within the respiratory system [22]. The use of other psychoactive substances (medicine overuse or drug abuse), in turn, is a direct threat to the health and even life.

Of course, an important type of health promoting behaviors is *preventive activities* that include control tests at regular intervals, i.e. a self-control of the health condition. Necessary examinations that should be periodically carried out (in accordance with recommendations of specialists) include: breast self-examination, pap smears, dental control, blood and urine test, blood pressure and weight measurements [20]. Regular performance of these researches is an element that protects our health, and often saves our life, because it allows the detection of disturbing changes in the initial stage of a certain disease's development what in the case of serious disease such as cancer has a fundamental importance.

According to assumptions of the holistic model of health, an important dimension of this model (next to the somatic dimension) is *psychosocial health and the behavior for its protection*. Behaviors promoting the appropriate psychosocial functioning include: the use of stress reduction techniques, maintenance of adequate interpersonal relationships, giving and receiving social support, sacrificing appropriate time for rest and relaxation [17]. Moreover, the maintenance of psychosocial health can have a direct impact on the quality of our life, as well as our function in a somatic dimension.

HEALTH EDUCATION AND HEALTH PROMOTION

Health education and health promotion are integrative areas aimed at facilitating the control of health for individuals and groups, as well as strengthening the potential of health. *Ottawa Charter* contains the first official definition about the health promotion indicating that this is "a process that allows people to gain control over their own health and its improvement" [7]. This control is directly connected with human health determinants, so that the role of health promotion is primarily the formation of appropriate living conditions. It is related to the strategy of mediation between people and their environment and combines individual choice with the social responsibility for health. Health promotion includes educational actions expanded to the health policy.

Health education, in turn, is a tool for health promotion. Therefore, it has a fundamental importance. It allows to acquire knowledge and skills related to our health. Health education

is a process, in which people learn how to take care of their own and the health of society, in which they live. Its aim is to promote a healthy lifestyle of people. The definition created by the *European Community Council Resolution* is: “health education is a process based on scientific principles. It creates the opportunity to planned learning, make conscious decisions about health by individuals and follow these decisions. Responsibility for this complex process bear is borne by the family, education system and society” [7].

AIM OF THE STUDY

The aim of this research procedure was to diagnose the lifestyle's components, and hence fundamental determinants of health, i. e. health behaviors of pedagogy students at the University of Silesia.

MATERIAL AND METHOD

Diagnostic researches were carried out at the Faculty of Pedagogy and Psychology of the University of Silesia in Katowice. There were based on the diagnostic survey method. This method was used on the basis of an author's tool in the form of a survey questionnaire (consisting of 39 closed, open and semi-open questions).

Completed test procedure focused around the following research issues (the main question and detailed questions):

What are health behaviors manifested by pedagogy students of various specialties?

What are students' health behaviors in the field of nutrition?

What are students' health behaviors in the field of physical activity?

What are students' health behaviors in the field of care of the body?

What are students' health behaviors in the field of the use of stimulants?

What are preventive behaviors of students?

What are students' health behaviors in the field of psychosocial health?

The research group consisted of 100 people – pedagogy students, but representing various specialties. Students represented the following specializations: educational care pedagogy, general pedagogy, health promotion and integrated early school education and preschool education. 98% of respondents were women. The detailed partitions of examined population are presented in the following diagrams and tables.

Table 1. Represented specializations of the examined group

	Number	Percent
M2ZP	27	27,6%
OW	28	28,6%
PE	26	26,5%
MPZ1	17	17,3%

PE – general pedagogy

OW - educational care pedagogy

MPZ1 – health promotion with the addiction prevention

M2ZP - integrated early school education and preschool education

Age of tested students varied between 19 and 26 years. The average age of respondents was 22.2 years. At least 50% of respondents were not older than 22 years. Age of particular respondents deviated from the expected value (average) of about +/- 2.27 years.

Table 2. Partition of the population according to the place of residence

	Number	Percent
city	85	87,6%
village	12	12,4%

RESULTS

HEALTH BEHAVIORS OF STUDENTS IN THE FIELD OF NUTRITION

Activities associated with the amount, frequency and quality of consumed meals and the use of diets were analyzed among health behaviors in a group of students in the field of nutrition. In the study group, 60% of respondents eat recommended amount of means during the day, i.e. 4-5 meals. The consumption of three meals a day was declared by 32% of students. Only 7% of respondents eat 1-2 meals a day, and one person declared the consumption of 6 or more meals per day.

48% of students declare that they consume meals regularly every 2-3 hours, 31% of respondents eat meals every four hours, 14% - every 5 hours, and 7% - every 6 hours or more.

Eating fruits at least once a day is declared by 26% of respondents, and at least 2-3 times a day reaching for fruits shows only 5% of students. 42% of them eat fruits several times a week, in turn, 26% of respondent eat fruits once a week or less. Only one person declared that he or she does not eat fruits at all.

Less than half examined people (41%) declare eating vegetables at least one time a day, 12% of students eat vegetables 2-3 times a day. 42% of respondents eat vegetables only a few times a week, while 6% of students eat them once a week or less. Less than half of respondents (42%) eat sweets (cakes, candies, sweet snacks, bars, chocolate) everyday, 43% of students consume sweet products several times a week, 8% - once a week, and 7% of students eat sweets a few times a month or less.

Daily consumption of sugary drinks such as cola, lemonade, and sweet juices is declared by 17% of students, 33% of respondents drink them several times a week, 18% - once a week, 21% - several times a week or less. 11% of examined people declare that they do not drink any sugary drinks. Half of respondents declare the daily consumption of products with a predominance of animal fats, 17% - poor in animal fats, 25% - the consumption of products rich in fats, olive oil and omega 3 and 6 acids. Eating meals rich in whole grain products and fiber was declared by 42% of students. Fresh fruits and vegetables are present in 30% of students. Consumption of red meat was declared by only 6% of respondents. On the other hand, 34% of students consider for their eating style a high energy diet, and 9% - a low-calorie diet.

Dietary supplements such as vitamin, slimming or soothing preparations are used by 27% of respondents. Answers show that students often use supplements reinforcing the skin, hair and nails, vitamins A and B and blubber. 73% of students do not use any supplements. Students reach for dietary supplements, because in their opinion these supplements can have a good influence on their condition (48.3%), in turn, 37.9% of respondents claim that they take supplements due to the doctor's recommendations. Among reasons for taking supplements, students also pointed out to the influence of advertisement (93.1%) and recommendation of supplements by friends, who use a certain supplementation (86.2%). 51.7% of students take dietary supplements, because they read about them on the Internet, and 3.4% from the pharmacist's recommendation.

85.9% of respondents claim that they currently do not use or used in the past a special kind of diet. Among those, who confirmed the diet (14.1%), the most often diets include: Ducan, easily digestible, low-calorie or 1500 kcal diet. Examined people often were on a diet

due to the guidance of a doctor (37.5%) and their own decision (20.8%). 16.7% of students chose a certain diet, because they read about it on the Internet, magazines or heard about it in television programs. The same percentage of tested people reached for the diet, because their friends tried it before and it turned out to be effective. 4.2% of respondents read about the diet in a book.

Among health behaviors connected with the nutrition, the survey also had questions about the frequency and motives of reaching for fast-food products. 4.1% of respondents declare that they eat these products a few times a week, 7.1% - once a week, 41.8% - several times a month, 18.4% - once a month and 24.5% - less than once a month. Only 4.1% of students claim that they do not eat fast-food at all. Among motives of reaching for junk food, 70% of students eat it, because it tastes good, 23.9% - due to the lack of time for preparation of nutritious meals at home, 5.4% - because of the influence of advertisements of these restaurants and popularization of this type of places. 1.1% of respondents eat fast-food, because everybody eats this food.

HEALTH BEHAVIORS OF STUDENTS IN THE USE OF STIMULANTS

There was analyzed the behavior associated with drinking alcohol and the use of psychoactive substances among health behaviors in a group of students.

In the examined group, 59.6% of respondents consume alcohol less than once a week, 14.1% of students declare the consumption of alcohol average once a week, and 5.1% - a few times a week. 21.2% of students declare that they do not consume alcohol. In the study group, 16.2% of respondents smoke cigarettes every day, 4% - several times a week, 1% - average once a week, and 3% - less frequently than once a week. 75.8% of respondents declare that they do not smoke cigarettes.

The analysis shows that the use of psychoactive substances for recreational purposes, including smoking marijuana and the use of legal highs, was declared by 26.5% of students, but only once. The vast majority of respondents (75.8%) claim that they have never tried any psychoactive substances, and one person declares the regular use of these stimulants.

HEALTH BEHAVIORS OF STUDENTS IN TERMS OF PHYSICAL ACTIVITY

The analysis of physical activity among health behaviors in a group of students concerned behaviors connected with the frequency, forms of physical activity, as well as the motivation and time spent in front of computer or TV during the day. The analysis of students' physical activity presented that 10.1% of students consider themselves to be active persons, who exercise everyday. 31.3% of respondents exercise a few times a week, 32.2% of examined people consider themselves to be active persons, who exercise only several times a month. On the other hand, 24.2% of respondents think that they are rather not physically active and they exercise once a month or less. Only 2% of students claim that they definitely do not belong to people, who are physically active.

The most popular movement activities among students are walk, Nordic walking and cycling – 32.7%, exercises like aerobic, fitness, pilates – 29.6%, workout at the gym – 10.2%. 12.2% of respondents declare that they run or go jogging, and 14.3% - go to the swimming pool.

More than half of responders (56.1%) exercise due to health grounds, 52.6% - in order to stay slim, 8.2% of students exercise, because the majority of their friends are physically active, 4.1% of them claim that the physical activity is fashionable and it is promoted in the media.

Spending time in front of the computer or TV is declared by 99% of respondents. 46.9% of examined people do these activities for 1-2 hours a day, 32.7% - 3-4 hours a day, 11.2% - less than one hour a day, and 8.2% - 3-4 hours per day.

HEALTH BEHAVIORS OF STUDENTS IN TERMS OF CARE FOR THE BODY

The analysis of care for the body among health behaviors in a group of students concerned behaviors connected with the amount of time spent on daily care of the body, monthly expenditure on care products and cosmetics, the use of specialists' services and motivation to use of specialized services for the improvement of appearance and better well-being.

According to obtained data, almost half of respondents spend up to 30 minutes for a daily care of the body, 37.4% of students need from 35 to 45 minutes for this action, and 8.1% - more than 45 minutes. The vast majority of respondents (as much as 94%) regularly brush teeth 2 times a day.

Monthly expenses for personal care and make-up cosmetics are as follows: 43.9% of respondents spend on these products less than 50 PLN per month, 46.9% of students declare that the monthly expense for these products is about 51-100 PLN. 7.1% of respondents spend on cosmetics from 101 to 150 PLN per month, and only 2% of examined people declared that they spend on these products more than 150 PLN per month. Students use various types of specialized services of the beauty industry, wellness and SPA. 85.9% of respondents use services of a hairdresser, 42.4% of beautician's services, 37.4% go to the swimming pool, 28.3% go to the gym and take advantage of additional activities like aerobic. Among the examined students, 14.3% of them declare that they use the solarium, 14.1% - go to the sauna, and 3% - use different types of massages.

First of all, respondents benefit from the above mentioned services to improve the well-being and satisfaction (83.5%), for improving their beauty, because the appearance is very important (39.2%), for sport and health (23.7%) and because they feel the impact of the environment (5.2%). Only 1% of students said that they use these services, because it is a general trend and the impact of mass media, such as advertisements, magazines and the Internet.

PREVENTIVE BEHAVIORS OF STUDENTS

The analysis of preventive behaviors in a group of students concerned behaviors connected with the realization of control tests and motivations for the regular health self-check.

32% of respondents perform dental control examinations (about every six months). 44% of students control the condition of their teeth about once a year. 16% of examined people carry out this activity less frequently than once a year, 7% - visit a dentist irregularly, and 1% of respondents declare that they do not go to the dentist.

Regarding the frequency of the cytological screening, only 29.2% of examined women regularly carry out this examination every 1-3 years. 18.8% of women perform cytological tests every few years. Unfortunately, more than half of women (52.1%) do not carry out cytological examinations.

The analysis of breast self-examination frequency shows that only 3.1% of women do this test regularly. 51% of women perform this test, but irregularly, and as much as 45.9% of respondents do not carry out the breast self-examination.

44.4% of respondents perform blood tests once a year, 21.2% of students do these tests once every two years, 15.2% - once every several years, and 19.2% - do not perform blood control tests.

Regarding the urinalysis, the results are as follows: 30% of students carry out these examinations once a year, 13% - once every two years, 31% - once every several years, and 19.2% - do not test their urine at all.

More than half of examined students (54.6%) declare that they execute control tests of the pressure. About $\frac{3}{4}$ of respondents (77%) indicate that they also carry out control measurements of their weight.

Analyzing the motivation of tested students for regular health self-control, 63.5% of respondents indicated that health is a tremendous value for them. 7.3% of students claim that campaigns conducted via the mass media encouraged them to perform tests. 3.1% of examined people indicate that taking care of health is now trendy. Unfortunately, 27.1% of respondents do not carry out regular self-control of their health.

HEALTH BEHAVIORS OF STUDENTS IN TERMS OF PSYCHOSOCIAL HEALTH

The analysis of health behaviors in a group of students concerned behaviors in terms of psychosocial health, behaviors related to the sleep, rest, relaxation and stress.

Executed researches showed that only 3% of respondents sleep more than 8 hours at night. More than half of students (58.6%) sleep 7-8 hours, 34.4% - sleep 5-6 hours, and 4% - sleep only four hours at night. The vast majority of respondents (81.8%) devote at least over a dozen minutes for rest or relaxation, and 54% of students have their own, proven methods to cope with stress.

Among these methods the most frequent are: walk, listening to music, reading, sports, relaxation, conversation with relatives and friends.

The majority of tested students (79.8%) willingly talk about their problems to relatives, because they want to know that they have someone to count on. 20.2% of respondent think that their problems are their business and try to deal with them alone.

Half of examined students declare that once a week or more frequently, they spend time together with friends, 36% - spend time with friends a few times a month, 11% - once a month, a 3% - only once every few months.

DISCUSSION

The main aim of the conducted test procedure was to diagnose *which health behaviors are manifested by students of pedagogy*, i.e. future representative of professions related to the education. There is no doubt that besides parents, teacher (educator) is the most important creator of health. The autotelic value of the health is determined by the future teacher's lifestyle. On the other hand, teacher's health behaviors are exemplifications declared placing of health in his or her hierarchy of values.

Rational way of nutrition is a proven method to prevent many diseases, because it was calculated that almost 40 types of diseases are connected with the poor nutrition. Eating habits of Poles leave much to be desired. That is why, this problem was included to one of operational targets in the *National Health Program for years 2007-2015: "Improvement of the human nutrition method and the quality of food and the reduction of obesity"* [13].

Social and media campaigns are designed to realize this aim. Results of researches prepared by the Main Statistical Office (MSO) show that people with higher education often make changes in a diet, which are more favorable for health [23]. Performed own studies present that eating habits of pedagogy students are correct in general. The only question is the fact that a significant number of people do not eat fruits and vegetables every day (42%), and in accordance with recommendations from *the Food and Nutrition Institute*, a man should eat five portions of vegetables and fruits every day. Furthermore, a significant part of respondents (43%) eat sweet products every day what is also alarming, because sweets are a concentrated source of carbohydrates and they do not provide any nutrients. That is why, they are called "empty calories". Consumption of the excessive amount of sugars interferes the metabolism, is unhealthy for the pancreas and can lead to obesity. A large part of respondents (42%) determine their diet as a rich in whole grain products and fiber what is commendable, because

vitamins, fibers, minerals and dietary fiber contained in cereal products have beneficial effects on the body [8].

27% of respondents apply or applied vitamin or slimming supplements what may result from the presentation in the media information about various types of specifics, which can guarantee better health. More than 93% of respondents confirm this thesis, indicating the impact of advertisements as the main the main motive to take advantage of supplements. Unfortunately, a beneficial impact declared by producers is usually an illusion that it is completely different from reality.

“*Systematic physical activity is the responsibility of people in relation to their own health*” [6], while over 32% of respondents undertake physical activity only a few times a month. The *National Health Program* stated that “*only 30% of children and adolescents, and 10% of adults practice various form of movement. Type and intensity of these exercise loads meet physiological needs of the body.*” [13]. *Food and Nutrition Institute* recommends 30 minutes (adults) and 60 minutes (children) of variable exercises on most days of the week. The general principle for physical activity for adult is 3x30x130. Therefore, adults should exercise at least 3 times a week for 30 minutes with intensity of the heart rate - 130/min [23]. However, the own researches show that more than 30% of students are physically active several times a week, and 10% - everyday. Additionally, it is mostly the activity with a low-intensity (walk, Nordic walking or cycling).

It should also be noted that more than 24% of respondents consider themselves to be physically inactive people. As is apparent from the *National Health Program for years 2007-2015*, the involvement of Poles in various forms of motor activity has increased, although in the last ten years – but still, in comparison with other European countries. This activity is sporadic and unsystematic what was confirmed by the results of researches carried out among students [13]. Furthermore, children and adolescents very often have contact with negative examples of motor activity. Therefore, teachers, educators and the school as an institution are responsible for the modification of this status and encouraging to everyday activity. If future educators do not practice sports regularly, they will have problem to pass appropriate models in this range for young people.

Own researches confirm that there is an increase of interest in services like *wellness* and *SPA*, especially among the young generation. Nowadays, it is associated with a cult of the body widely described in the sociological literature. Currently, an attractive external appearance gains the rank of a symbol of socially desirable values and it becomes a synonym of health and success [11].

Future teacher should be characterized by a proper approach to the use of stimulants. Results of own researches indicate that more than 14% of respondents consume alcohol once a week, and more than 5% of students do it several times a week. Almost 60% of future teachers drink alcohol only once a month or less. Similar results are connected with cigarette smoking. Almost 76% of respondents do not smoke cigarettes, but more than 16% of respondents smoke everyday. This second result is worrying, because it may suggest an addiction and can be dangerous for health. Regarding the use of psychoactive substances for recreational purposes, including marijuana smoking and the use of legal highs, the majority of respondents (75.8%) declare that they have never taken such substances, 26.5% of students used a psychoactive substance once, and one person declares a regular use of these stimulants. This last result deserves a deeper reflection, because it can indicate serious health problems. Furthermore, this attitude should not characterize a candidate for a teacher, since it may even pose a threat to future pupils.

Realization of regular self-control of own health is an important element of the secondary prevention in many diseases. This control is usually a life-saving habit. In terms of these behaviors, students of pedagogy present a gross negligence. Breast cancer is the most

common malignant tumor in women. However, more than 45% of examined women do not carry out breast self-examinations that can save their life, and 51% of respondents perform these tests irregularly. In accordance with recommendations of doctors, every woman at the age of 18 (and even younger) should perform breast self-examination every month. A similar tendency, with regard to the breast self-examination, is visible in studies of L. Grodzki, B. Łanganowska-Grodzka and M. Ziółkowski. They examined activities in the field of secondary prevention of breast cancer among residents of Toruń. Among 160 women participating in the survey, 27% of them perform breast self-examination regularly, almost 52% - sporadically, and 21% - do not carry out this examination [5]. Furthermore, researches of M. Przestrzelska, Z. Knihnicka-Mercik, I. Kazimierczak and E. Mess, conducted on a group of 75 randomly selected residents of Wrocław, present similar results. On the basis of this study, 78% of respondents declared sporadic performance of breast self-examination. 12% of women did not perform this test, and only 10% - did it regularly [14]. Cervical cancer brings each year a fatal harvest. The most important element for the secondary prevention of this cancer is cytology, i.e. a safe and painless test capable of detecting not only early forms of cervical cancer, but also conditions that may lead to its creation. Cervical smear test should be carried out in women, who begin sexual relations and are at least 18 years. If the next examination performed with an interval of one year is correct, then the next test may be carried out at an interval of 2-3 years due to the slow growth of tumor. Almost half surveyed students do not execute cytological tests. Only 29.2% of respondents do these tests regularly (every 1-3 years), 18.8% of women perform pap tests irregularly. Studies conducted by M. Krajewska, A. Owłasiuk and A. Litwiejko confirm that women do not have a tendency to perform cytological tests for prophylactic purposes. The majority of surveyed people declared the performance of cervical smear tests because of pregnancy, births or certain ailments. Only a small group of examined women stated that they carry out this test in preventive purposes [9]. In some way, women create a threat to their health, because they do carry out necessary examinations. In the case of breast cancer and cervical cancer, health self-control is essential, because the early diagnosed cancer gives a good chance of a full recovery [24].

The majority of students manifest behaviors, which are favorable for the psychosocial health: they spend time to relax, receive and provide the social support, maintain close interpersonal contacts. 54% of respondents have proven methods for the reduction of stress. On the other hand, 46% of students do not have these ways what can indicate that they have or they will have problems resulting from the excessive stress. Everyday life is increasingly often connected with the tension and numerous stressors. This situation requires the use of stress control methods. It is also worth mentioning that the excessive and uncontrolled stress can be a risk factor for many serious diseases.

CONCLUSIONS

1. Health is an important social value, as well as individual and collective resource. Moreover, it is determined by many factors, from which the most significant is the lifestyle (50-60%) and health behaviors included in its structure;
2. Health education and health promotion are spheres, where the fundamental aim is the development of a healthy lifestyle of people, minimization of major health problems and improvement of the quality of life;
3. Promotional and educational programs must be characterized by the adaptation to the target group. Therefore, it is necessary to make a diagnosis of lifestyle components for different groups of population in order to enable an appropriate activity at a later stage;
4. Executed researches among students of pedagogy show that in the field of nutrition, there is a pro-health tendency;

5. Students of pedagogy consume too small amount of fruits and vegetables in comparison with the amount of consumed sweets;
6. The majority of examined students do not practice physical activity in accordance with recommendations of specialists (they do it too seldom and with too low intensity);
7. The terms of carried out control tests (especially cytology and breast self-examination) among students, it can be observed grossly neglects – the majority of women do not perform necessary tests regularly what is worrying because of the incidence of breast cancer and cervical cancer among women in Poland;
8. In terms of psychosocial health, the majority of students present health promoting behaviors, but a part of respondents do not have own and proven methods to reduce stress;
9. Results of researches show that there is a need to increase the health awareness of students, especially in the field of physical activity and regular self-control of the health status. The educational program for this target group should be based on these issues.

BIBLIOGRAPHY:

1. Borzucka-Sitkiewicz K., 2006, *Promocja zdrowia i edukacja zdrowotna. Przewodnik dla edukatorów zdrowia*, wyd. Impuls, Kraków.
2. Demel M., 2000, *Pedagogika zdrowia „Chowanna”* t.1, s.13-26.
3. Demel M., 1980, *Pedagogika zdrowia*, wyd. WSiP, Warszawa.
4. Gochman D., 1995, *Labels, systems and motives: Some perspectives for future research and programs* „Health Education Quarterly”, 9, 167-173.
5. Grodzki L., Łangowska- Grodzka B., Ziółkowski M., 2004, *Ocena profilaktyki wtórnej raka piersi wśród mieszkank Torunia*, „Zdrowie Publiczne”, 114(4), s. 483-486.
6. Jegier A., 2005, *Aktywność ruchowa w promocji zdrowia oraz zapobieganiu i leczeniu chorób przewlekłych*, w: *Medycyna sportowa*, red. A. Jagier, K. Nazar, A. Dziak, wyd. Polskie Towarzystwo Medycyny Sportowej, Warszawa, s. 203.
7. Karski J.B., 2003, *Praktyka i teoria promocji zdrowia: wybrane zagadnienia*, wyd. CEDEWU, Warszawa.
8. Kowalewska A., 2010, *Żywność*, w: *Biomedyczne podstawy kształcenia i wychowania... op.cit.*, s. 192-199
9. Krajewska M., Owłasiuk A., Litwiejko A., 2010, *Stan wiedzy i zachowania zdrowotne mieszkank Sejn odnośnie do profilaktyki raka szyjki macicy*, „Problemy Medycyny Rodzinnej” vol. XII nr 1, s. 20-28.
10. Lew- Starowicz Z., 2007, *Zdrowie seksualne: historia, kryteria, promocja*, w: *Zdrowie seksualne*, red. J. Rzepka, wyd. Górnośląska Wyższa Szkoła Pedagogiczna w Mysłowicach, Mysłowice, s. 8-9.
11. Melosik Z., 1999, *Tyrania szczupłego ciała i jej konsekwencje*, w: *Ciało i zdrowie w społeczeństwie konsumpcji*, red. Z. Melosik, wyd. Edytor, Toruń- Poznań, s. 138-141.
12. Mizera K., 2008, *Żywność – podstawa zdrowia i urody*, „Lider” 12, s. 14-16.
13. *Narodowy Program Zdrowia na lata 2007-2015*
14. Przestrzelska M., Knihnicka- Mercik Z., Kazimierczak I., Mess E., 2006, *Zachowania zdrowotne w profilaktyce nowotworu sutka i szyjki macicy*, „Onkologia Polska” 2006, 9, 4, s. 172-175
15. Sęk H., 2000, *Zdrowie behawioralne*, w: *Psychologia. Podręcznik akademicki*, red. J. Strelau, wyd. GWP, Gdańsk, s. 539.
16. Siciński A., 1980, *Problemy teoretyczne i metodologiczne stylów życia*, wyd. IFiS, Warszawa.

17. Syrek E., Borzucka- Sitkiewicz K., 2009, *Edukacja zdrowotna*, wyd. WAiP, Warszawa.
18. Syrek E., 2008, *Zdrowie i wychowanie a jakość życia*, wyd. UŚl., Katowice.
19. Syrek E., 2000, *Zdrowie w aspekcie pedagogiki społecznej*, wyd. UŚl., Katowice.
20. Tobiasz - Adamczyk B., 2000, *Wybrane elementy socjologii zdrowia i choroby*, wyd. UJ, Kraków.
21. Woynarowska B., 2010, *Aktywność fizyczna : Biomedyczne podstawy kształcenia i wychowania*, red. Woynarowska B., Kowalewska A., Izdebski Z., wyd. PWN, Warszawa, s.207.
22. Woynarowska B., 2010, *Edukacja zdrowotna. Podręcznik akademicki*, wyd. PWN, Warszawa.
23. www.izz.waw.pl [dostęp 29.03.2015 r.]
24. Żolnierczyk-Kieliszek D., 2002, *Zachowania zdrowotne i ich związek ze zdrowiem*, w: *Zdrowie Publiczne*, red. T.B. Kulik, M. Latański, wyd. Czelej, Lublin, s. 106