

EVALUATING THE ACTIVITY AIMED AT PROMOTING HEALTH AND EDUCATION FOR HEALTH IN SCHOOLS

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Abstract

The activity in the field of prevention, through health promotion and health education, is effectively higher, requires less expenditure and is better accepted by society, as compared with the activity directed only at the treatment of morbid states. In order to achieve this goal, it is necessary to improve and promote a healthy way of life, characterized by a health-directed behavior and involving a balanced diet, practicing physical culture, a normal married life, the ability to overcome stress, giving up habits that are potentially harmful for one's health (for example smoking, alcohol abuse and drug administration), as well as other aspects that contribute to the improvement of people's health.

Key words: health promotion, health education, school, students

INTRODUCTION

The main component of health promotion, namely health education, is one of the important elements of prevention activities (Glanz K et al, 2002); it organizes and coordinates the activity of the medical sector, and also of other domains, being aimed at the implementation of measures for health education and the promotion of healthy lifestyles.

Our purpose is to evaluate the activity aimed at promoting health (HP) and the education for health (EFH), in order to develop the design and the optimization strategies for such activities, this being a core element of public health policies. Thus the main objectives of this study are to:

- Investigate people's awareness of risk factors and the basic principles of healthy lifestyles, as well as the attitudes and behavioural skills of students, while assessing the significance of various sources of information;
- Assessing priority directions and developing the basic principles in the organization of health education and the promotion of healthy lifestyles.

MATERIAL AND METHOD

In order to achieve the aim and the objectives of this study, several sociological, analytical, descriptive and statistical research methods have been used.

The following aspects have been analysed:

- the level of sanitary culture, students' attitudes and knowledge related to risk factors and the basic principles of a healthy life style;
- the prevalence of unhealthy habits among students;
- the importance of different educative and medical sources of information for students;
- the evaluation of the role and the determination of the place for the promotion of health and of the education for health among the strategies of promoting health.

Research has been conducted through surveys based on a special questionnaire, adapted to the demands of WHO (WHO, Global Strategy on Diet, Physical Activity and Health, 2008). Research has been conducted in the period 2009-2010 in Oradea municipality and in Beius, Alesd, Marghita and Salonta. A sample of 326 persons (139 men and 187 women), aged between 18 and 69 has been evaluated, and a sample of 315 students (124 boys and 191 girls), aged 10-18 (fig. 1).

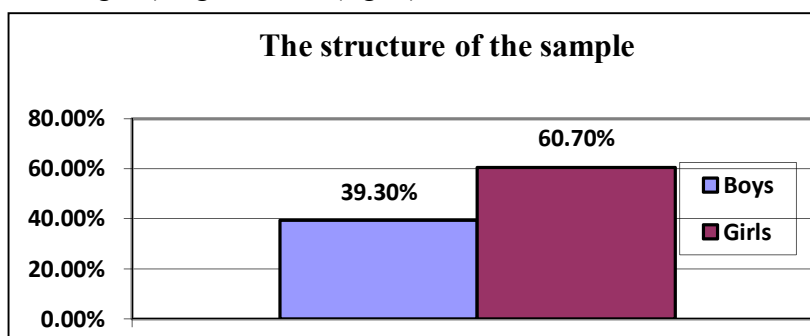


Fig.1 The percental distribution of the study lots

The study concerning the information of students about a healthy lifestyle has been conducted in the same locations on the sample of 193 students (91 boys and 102 girls), aged 15-18 (table 1). In 2010, in collaboration with the Public Health Administration of Bihor county – The Department for the Evaluation and Promotion of Health, a study has been conducted on the occasion of the Campaign entitled “A Healthy Lifestyle for Teenagers”. Data obtained, based on the questionnaire applied before and after test, has resulted from the application of the data gathering method at two levels (urban and rural).

Table 1

The distribution of schools and students that participated at the campaign entitled “A Healthy Lifestyle for Teenagers”

	Oradea Municipality	Towns: Aleșd, Beiuș, Marghita, Salonta	Rural space	Total
Schools	2	4	4	10
Number of students	33	84	76	193

RESULTS AND DISSCUSIONS

The evaluation of the level of medical hygienic knowledge and the achievement of activities directed at students' education for health

The interpretation of the questionnaire applied to the sample group of students, concerning the identification of the main risk factors upon people's health, revealed that their great majority (77,8%) have indicated one risk factor, 2,1% have marked 2 factors and 0,1% have identified 3 risk-factors.

Smoking, the best-known risk factor (Sprenger M. 2002), has been identified by 86.9%±0.5 students, the high level of cholesterol by 1.5%±0.2 students, excessive body weigh by 0.8±0.1 students, inactivity by 0.6%±0.1 students, while hypertension has been mentioned by none of them (table 2).

Table 2

Students' awareness of the main risk factors and of the cardiovascular diseases

Age	Hypertension	Excessive body weigh	Smoking	Inactivity	Hyigh level of cholesterol
	%	%	%	%	%
10-11	0	0,3	82,8	-	0,3
12-15	0	1,0	85,9	0,6	1,5
16-18	0	0,5	92,0	0,6	2,1
Total (10-18)	0	0,8±0,1	86,9±0,5	0,6±0,1	1,5±0,2
		P<0,05	P<0,001	P<0,05	P<0,05

No authentic difference has been identified among students of different sexes as concerns their awareness of the main risk factors. Thus smoking has been identified by 87.7% of the boys and 86.3% of the girls; the high level of blood cholesterol by 1.6% and 1.5% respectively; excessive body weigh by 0.5% and 1.0%, and inactivity by 0,2% and 0,8% (figure 2).

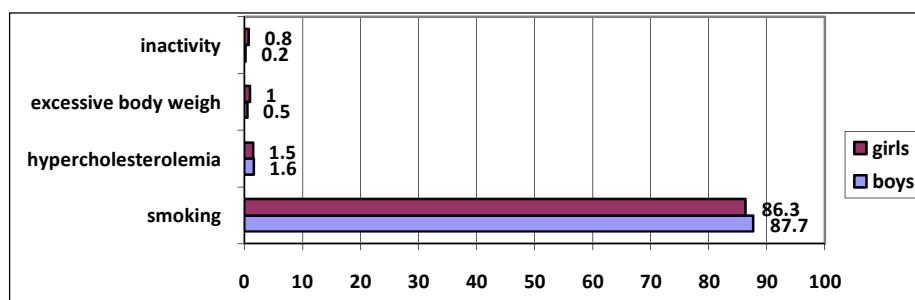


Fig.2. Identification, by students, in terms of their sex, of the main risk factors of cardiovascular diseases

A special role in students' information about education for health and health promotion-related problems is attributed to information sources and their popularity among different population groups (Bunton R. Et al, 2005).

Students proved to receive information about the risk factors associated with non-catching diseases from television (84.9%), parents and relatives (65.6%), teachers (56.2%), radio (48.8%), periodicals (39.7%) and friends (37.3%) (fig.3).

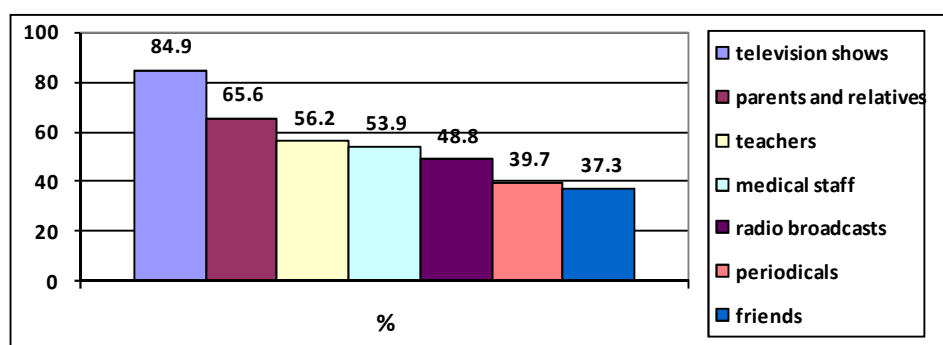


Fig.3. Information sources available to students

Among unhealthy habits, smoking and alcohol consumption are ranked first (Allebeck P. 2003). The prevalence of smokers among the students aged 10-18 is of 7.0±0.4. According to statistics, the number of boys who smoke is significantly higher (11.6±0.8) than that of girls (3.2±0.4 $P < 0.001$) (fig. 4.).

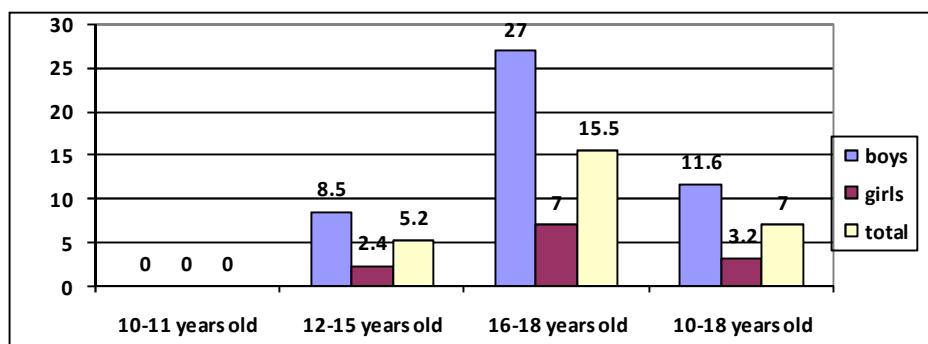


Fig. 4. Prevalence of smoking among students aged 10-18, in terms of gender

The reasons determining the beginning and continuation of smoking at children are the following: friends who smoke (46.3%), relaxation associated with smoking (28.9%), pleasure associated with smoking (26.3%), the desire to indicate “maturity” (13.3%) and avoidance of growing fat (12.0%) (fig. 5).

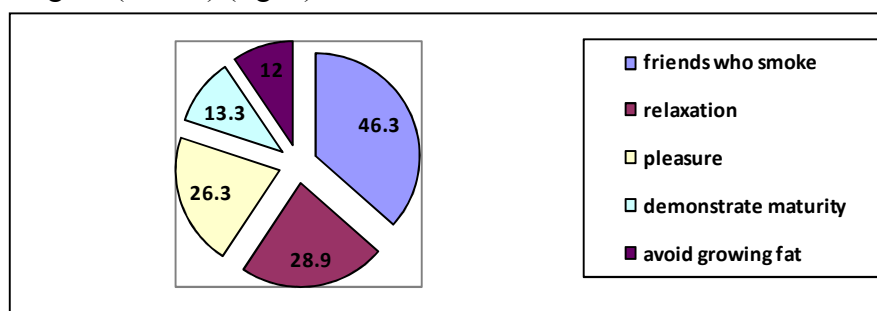


Fig. 5. Reasons favouring the beginning and continuation of smoking at children

Alongside the frequency of children who smoke, we could also identify some premises favorable to fighting against this unhealthy habit (Milstein R. et al, 1999). Of the total number of students who are smokers at present, 74.1%+2,7 (74.4% boys and 73.4% girls) would be willing to give up smoking. 71.6% of the students participating at our survey tried to give up smoking 1-5 times, while 28.4% tried to do this 6-10 times.

According to the results obtained after the application of the questionnaire, 8.1%+0.7 students drink alcohol (12.5%+1.1 boys and 4.3+0.9 girls), including 1.2%+0.5 students (92.4 boys and 0.1% girls) who drink alcohol several times a week or daily.

- At the age of 10-11 years, 17.1% of the students drink alcohol (13.5% boys and 20.2% girls);
- At the age of 12-15 years – 28.6% of the students (31.3 boys and 26.3% girls);

- At the age of 16-19 years – 40.1% of the students (50.1% boys and 32.9% girls) (see table 3)

Table 3

Alcohol consumption (%) among the students aged 10-18

Sex	Age (years old)			
	10-11	12-15	16-18	10-18
Boys	1,5%	2,3%	8,7%	12,5%±1,1
Girls	0,2%	1,3%	2,9%	4,3%±0,9
Total	0,3%±2,0	1,8%±0,9	5,8%±1,7	8,1%±0,7

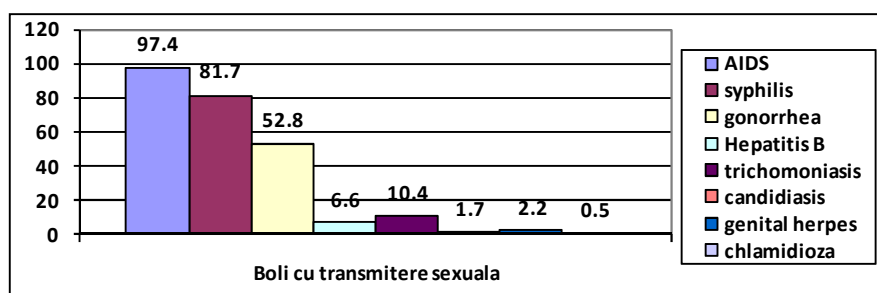


Fig. 6. Students'awareness of the main risk factors related to sexual diseases

Among sexually transmitted diseases 97.4% of respondents reported to be aware of AIDS, 81.7% - of syphilis, 52.8% of gonorrhea,, 6.6%, of hepatitis B, and only 10.4% of trichomoniasis, 1.7% of candidiasis, 2.2% of genital herpes – and - 0.5% of chlamydia. Information about sexually transmitted diseases is quite similar among boys and girls. Most students have heard of at least one of the modern methods of preventing the spread of sexually transmitted diseases.

Therefore students aged 10-18 years know little of risk factors for non-contagious diseases. The prevalence of smoking and alcohol consumption among students is high and increases with age. However favorable conditions for the formation of a healthy lifestyle have been identified.

Rationale for the necessity of implementing WHO strategies and the model of health education and health promotion

The health of the population continues to decline, the limited amount of knowledge in the field of healthy living, or of risk factors, alongside the health-directed behavior of the population, confirmed the results of studies presented in this paper, underestimating the importance of EFH and HP, as well as of the provisions of WHO strategies (WHO, Global Strategy on Diet, Physical Activity and Health, 2008), and consideration that cost-efficiency measures and HP, EFH are much more beneficial than intervention curative measures. These aspects imposed the need for

intensified action aimed at health promotion and disease prevention, with emphasis on EFH in the population.

The general objective has been to improve sustainable health by increasing the number of arguments and activities aimed at health promotion and disease prevention through EFH and HP, and to improve their security through the cooperation of government authorities, national and local institutions, and public medical sanitary authorities.

Numerous lines of orientation of EFH and HP (WHO, 2010, Ottawa Charter for Health Promotion) reveal the complexity of this activity, drawing attention to possible difficulties with regard to achieving effective results. Irrespective of the way directions are approached, a certain type of conduct is necessary, without which the basic objectives of EFH and HP are difficult to achieve. One should never forget that in fact any action of education for health or promotion of health, regardless of the direction of orientation, aims to achieve several objectives.

We argue for the need to develop EFH and HP as an imperative of the time, as one of the conditions for sustainable health insurance that will result in many economic and moral advantages (Alcalay R. et al, 2000). The reformation of the activity in the field of prevention, including EFH and HP, is dictated by the need to reduce unproductive expenditure, including health system, and to increase the efficiency of prophylactic measures. It has been alleged that EFH and HP are among the important elements of prevention activities, which organize and coordinate the participation and activity of both the healthcare sector and also other sectors, such as education, civic organizations, churches, associations of any kind, to the implementation of measures related to EFH and HP. Therefore such organizations should actively strive to strengthen and promote a healthy lifestyle, which is characterized by healthy habits such as a balanced diet, practicing physical culture, a normal married life, the ability to overcome situations of stress, denial of harmful habits such as smoking, alcohol abuse and drug administration, as well as other aspects that contribute to strengthening people's health.

CONCLUSIONS

Young people are insufficiently informed and have a low level of knowledge about behavioral risk factors for health and about measures to avoid their action on health. Thus, 86.9% of students indicated smoking as a risk factor; high blood cholesterol has been mentioned by 1.5% students; excessive body weight by 0.8% students; inactivity by 0.6% students, while hypertension was not mentioned by students at all. Studies have found low levels of health culture among students, and also in disease prevention and basic respect for the healthy lifestyle. The prevalence of smoking among students aged 10-18 years is of 7.0% and the students consuming alcohol represent 8.1% of the entire lot; 1.2% of students said they consumed alcohol several times a week or daily. Since a healthy lifestyle is not adopted in many situations and a firm attitude in this direction is not very firm, either as personal or collective responsibility for health, there is a stringent and confirmed need for the development and implementation of EFH and HP programs directed at different groups of people, especially children and adolescents. The limited knowledge of adolescents and young populations as regards a healthy lifestyle makes these groups a "target" in any action for EFH and HP, given their higher responsiveness on the one hand and the risks presented by such age-groups on the other hand. Understanding the level of knowledge and awareness among young people is useful to initiate prevention programs.

The results of this study demonstrate the fact that the activity in the field of prevention, present in EFH and HP, is more efficient, requiring less expenditure and being more easily accepted by society, as compared with the activity directed only at the treatment of morbid states.

EFH and HP become a goal (imperative) of the time so as to determine the social mobilization of the country's population, in order to strengthen people's health by implementing measures of EFH, by organizing diverse health prevention activities; EFH and HP an important key compartments in the basic package of reforms aimed at public health, given the socio-economic conditions of our transition towards a market economy, characterized by a low potential for financing the health system, thereby improving health and healthy lifestyles, alongside a more rapid reorientation of activities of primary medical assistance towards the achievement of health prevention and education for health; measures at the level of individuals, families and communities.

A much tougher legislation on tobacco, the organization of youth counseling centers for smoking cessation, the fight against alcohol abuse and drug use, while ensuring confidentiality and privacy, become imperiously necessary. It is also crucial to prohibit advertising of tobacco,

alcohol products and reduce the availability of tobacco products to children and young people under 18.

The system of financing the education and training of the medical staff with higher and intermediary education levels, especially of people employed in the primary medicine sector, but also of teachers in day care institutions, high-schools and universities, of the employees in the national economy, require reform.

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