Evelin Greksa – Attila Szederkényi

The investigation of health care knowledge and health consciousness/health conduct amongst secondary school students

Translated by Dóra Babilai

Our research is concerned with the investigation of health care knowledge and health consciousness/health conduct amongst secondary school students. During research, we executed an anonymous questionnaire survey amongst tenth-grade students (average age: 17.4) in two secondary schools in Pécs, the site of our research. During our scientific work we studied the students based on different dependent, independent, and determined characteristics influencing their health condition. We were seeking for a potential connection between social position and existent knowledge. We compared the knowledge, lifestyle, and health attitude of Roma and non-Roma students. Our research is justified by the fact that there has not been a similar research executed in Hungary lately, which we have concluded after a short literature review.

We formulated the following research questions: Does health knowledge of students correlate with health consciousness? Is there a correlation between their social situation and health consciousness? Is there a connection between the qualification of the parents and health conduct or health consciousness? Is there a difference regarding health consciousness and one's nationality? What is the attitude of Roma and non-Roma concerning healthy lifestyle?

The purpose of research is to answer these questions scientifically. As part of our research, we mapped where the students mostly acquire their knowledge from (school, internet, television, family). Additionally, we questioned the students regarding how essential and useful they find health education programs.

The antecedents of the research topic based on scholarly literature: Information travels extremely fast in our modern world via various audiovisual devices, and therefore misconceptions that influence negatively the quality of life spread fast, too. Commercial channels do not contain at all or contain only very little information on health education or common knowledge. Schools, consequently, have an excessively important role in solving these problems in order to allow for individual growth and broaden everyone's knowledge. In fact, different decrees and laws compel schools to provide health education. For the research and research questions we primarily relied on scholarly literature below: Ianole, Druica and Cornescu, 2014; Bíró, Balajti, Ádány and Kósa, 2008; Nagy, 2005; Aszmann, Kovacsics, Kökönyei, Örkenyi et al., 2007; Németh, Aszmann, Halmai, Kökönyei et al., 2010; Simich and Fábián, 2011; Gábor and Kiss, 2006; Gábor and Kiss, 2007.

Methodology and results of our research: The number of participants was 45, the

questionnaire consisted of 46 questions, which were closed questions except for the last three. The questionnaire began with sociodemographic details (sex, qualification of parents, date of birth, residence, nationality), then questions concerning health consciousness followed, then based on a test (a section of the intermediate secondary school final exam of 2013, on the topic of basics of health care) we analyzed basic health care knowledge. We applied scales for measuring answers, using lower and higher measure levels; for instance, concerning smoking data collection was done on a more detailed scale, while data on financial status on a less detailed scale (i.e., good, less good).

The results of research: assessing subjective health conditions, the majority (24 persons) considered their own health condition good (which is more than half of the students). There was no significant discrepancy between subjective assessment and health consciousness. Amongst health-conscious activities, physical exercise was preferred in the overwhelming majority of cases (30 persons).

We can state with 95% confidence rate that between the participation in trainings and health consciousness there is no noteworthy difference, but amongst those who attend health educational programs it is observable that they are more health conscious, and they presented better results concerning the basics of health care.

The results revealed that most respondents smoke. Concerning alcohol consumption, it was clear that most youth drinks alcohol often. There were merely seven students who never consumed any alcohol.

One of our assumptions was that students mostly acquire health care knowledge from the internet. This assumption was sound, though it cannot be related to health consciousness ($p=0.997$).

We compared the test results of health care basics with health consciousness. Those who achieved good results on the test are more health conscious than the ones who obtained less ($p=0.009$).

We considered analysis of sexual behavior crucial. According to the sample, students begin sexual life at the average age of 15.6. We checked whether relationship with parents has an influence on when sexual life begins. Very small discrepancy was shown ($p=0.777$), but usually those who do not lead a sexual life maintain a worse relationship with their parents, while where the relationship with parents is good, they already lead a sexual life. We also asked students on whom they mostly talk to about their personal problems. We assumed that if they discuss their problems with parents, the beginning of sexual life is postponed. There was absolutely no difference regarding this question ($p=0.972$).

We looked at social status and health consciousness in our research, and our assumption, that those in a better social position are more health conscious, was justified to a certain degree, but there was no significant difference ($p=0.344$). Those in a worse social position obtained worse results on the test than the ones in better position Concerning relationship with parents and social status, we observed that those in better social position maintain bad relationship with parents and are less health conscious. Regarding sharing of problems, it was noticeable that amongst those in worse social position, more do not discuss problems with their parents.

There was significant difference between social status and nationality ($p=0.0008$), which might be explained by the fact that in one school, nearly all respondents were Roma, Gypsies or socially disadvantaged students.

Summary and suggestions: Considering the results of the study, we may conclude that participation in health educational trainings and programs is an essential factor in the acquisition of proper health conduct, given that those students who participated in these programs had better results. We find it important that health care programs in schools emphasize sexual education, paying attention to various forms of contraception, as our study showed few students choose the proper form of contraception.

References

Aszmann Anna – Kovacsics Leila – Kökönyei Gyöngyi – Örkenyi Ágota és mtsai (2007): Serdülőkorú fiatalok egészsége és életmódja, Szexuális magatartás. [Health and lifestyle of adolescents, Sexual behavior] 99-103.

Bíró É. – Balajti I. – Ádány R – Kósa K. (2008): Az egészségi állapot és az ‹egészség-magatartás vizsgálata orvostanhallgatók körében. *Epidemiológiai Tanulmányok*,[Examination of health condition and health conduct amongst medical students, Epidemiological studies] 149/46. 2165-2171.

Gábor Edina – Kiss Judit (2006): A drogfogyasztás hazai tendenciái a '91-es évektől napjainkig 3. *Egészségfejlesztés,* [The local tendencies of drug consumption from year '91 till nowadays 3rd Health improvement] XLVII/4. 7-13.

Gábor Edina – Kiss Judit (2007): Mentális egészség és rizikómagatartás-formák összefüggései serdülőkorúak körében. *Egészségfejleszté,s* [Correlation between mental health and forms of risk behavior amongst adolescents, Health improvement] XLVIII/1-2. 26-31.

Ianole, R. – Druica, E. – Cornescu, V. (2014): Health knowledge and health consumption in the Romanian society. *Procedia Economics and Finance,* 2014/8. 388-396.

Nagy J. (2005): Egészségnevelési programok az iskolai egészségfejlesztés szolgálatában, *Magyar Pedagógia,* [Health educational programs in service of health improvement in schools, Hungarian Pedagogy] 105/ 4. 263–282.

Németh Ágnes – Aszmann Anna – Halmai Réka – Kökönyei Gyöngyi and colleagues (2010): Serdülőkorú fiatalok egészsége és életmódja, Szexuális magatartás [Health and lifestyle of adolescents, Sexual behavior], 55-58.

Simich Rita – Fábián Róbert (2011): Fiatalok szexuális magatartása – III. rész [Sexual behavior of youth – Part 3], Veszélyeztetett korú diákok prevenciós igényei és szükségletei [Preventional requirements and neccesities of students in endangered age], Iskola – egészségfejlesztés – szexedukáció, [school – health improvement – sexual education], *Egészségfejlesztés*, [Health improvement] LII/ 4, 2-5.