

Chair of Nursing Development, Faculty of Nursing and Health Sciences
Medical University of Lublin

MAŁGORZATA MALIK, DANUTA ZARZYCKA

*Process of shaping the value of health in the awareness of a child
as an element of health education in a family*

Family and the relations created within it constitute the first educational environment for a child, where the earliest habits, inclinations and attitudes are developed, which are a basis for further behaviours. Although a family has no exclusive influence on the process of education, sharing this process with nurseries, schools, supporting institutions and environment, its effect on a child is of long-lasting character, as it falls on the period of the greatest susceptibility of a child to external influences (1).

The educational process takes place in the course of everyday family life, during working, playing or at leisure. Its element is health education, which is defined by M. Sygit as a process aimed at a proper approach to and solving problems pertaining to a health-favouring lifestyle. According to Sygit, health education is closely connected with the quality of life and the development of a good physical, social and mental wellbeing of an individual. This education concerns the imparting of knowledge of factors which exert a positive or negative effect on health, as well as on the development of skills, which help the individual to effectively use this knowledge while making choices for present and future life (6).

In the opinion of M. Demel, the expected dimensions of family tasks with respect to health education are: 1. The creation of an optimum – in extant conditions – material basis, which would provide safety and satisfy the health needs of a child. 2. Proper atmosphere, which would favour physical and mental health, interest in a child's development, kind attitude towards its needs, a good example of healthy hygienic competition, active, rational and systematic efforts to shape health-favouring habits and attitudes. 3. Organization of family life considering the principles of somatic and mental hygiene. 4. A loyal cooperation with a nursery, school, extramural educational institutions and health care units (1).

The values, which together with incentives constitute the main factor shaping the behaviour of an individual, are an extremely important element in the education process. These values are specific moral stimuli, inclining people to undertake activities which serve as protection or achievement of the acknowledged good (7).

The primary goal of the study is the recognition of the opinions and attitudes of parents concerning the shaping in a child of a health image as a value – this image being an element of the health education process realized in a family. An attempt was made to evaluate the perception of health which, as a precious value, may become one of the main factors initiating and motivating proper actions on behalf of this good. The collected data also enabled the determination of the character and degree of realization of actions undertaken by a family to shape in a child a positive attitude towards health, proper habits and skills which serve and strengthen this attitude.

MATERIAL AND METHODS

The empirical material comprised the replies collected from 118 families in the Lublin Region. The research tool was a questionnaire form – with a section concerning the problems of health education realized by parents with respect to a child, and the process of shaping in a child an image of health as a value, and a register designed to establish basic socio-demographic data characterizing the population examined. Families for the study were selected based on two adopted criteria – place of residence and possession of offspring. The questionnaire form was completed by one or both parents.

The respondents participating in the study were urban ($n=59$; 50.00%) and rural inhabitants. Most frequently observed family structure living in a common household was a two-generation family: parents – children ($n=69$; 59.48%), more rarely a three-generation family ($n=30$; 25.86%) and one-generation family ($n=12$; 10.34%). Among 118 married couples, almost a half had three or more children ($n=52$; 44.07%), and a high percentage were families with two children ($n=39$; 33.05%). The respondents most often evaluated their material standard as mediocre ($n=73$; 62.39%), and three families (28.20%) evaluated this standard in positive terms. Among the parents in the study, the vast majority of females ($n=77$; 61.21%) and males ($n=73$; 64.60%) were occupationally active. A higher percentage of females, compared to males, worked on a farm ($n=16$; 13.79%) or were unemployed ($n=21$; 18.10%), despite their being better educated. The study showed that the females examined most often had a secondary school education ($n=56$; 47.46%), whereas among males, education on the level of vocational school ($n=46$; 40.71%).

RESULTS AND DISCUSSION

According to the definition by T. B. Kulik, health education is a conscious co-creation of conditions favouring health, and an active participation in educational efforts shaping attitudes and behaviours (4). In the opinions of parents, this is the preparation of child's environment which would serve its general development – physical, mental and social, as well as transmitting attitudes, behaviours and values, especially the value of health. This concept was confirmed by the opinions of parents in the study, as 112 out of 118 families in the survey (94.92%) provided a positive reply to the question: 'Is it worthwhile, in your opinion, to develop in a child an understanding of health as a precious value?' The process of creation in a child's awareness of an image of health as a valuable good seems to be actually realized by parents. This was confirmed by B. Kubik, U. Koziol, and A. Błaszczuk-Tyszka in their studies conducted among third-form junior school adolescents. These studies indicated that 95% of schoolchildren perceived health as a value (3). The respondents were asked to justify their conviction by selecting one or several reply options. The following expressions: health perceived in categories of values will become precious and important for a child, and the perception of health as a valuable good provides incentives to care for it, draw attention to the fact that due to the acknowledgement of a given value as important, this value becomes a desired goal and point of reference while making choices. These answers were indicated by respondents as the most suitable reason for actions biased towards the creation in a child's awareness of an image of health as a value. The parents emphasized the necessity for the continuation of the cultural transmission from the aspect of health behaviours ($n=58$; 25.66%) which, in their opinions, is an important task of a family realized in a child with respect to the society.

The presented analysis of this problem allows the thesis that according to the families examined, the shaping in child's awareness the image of health as a value is an important task, primarily

Table 1. Incentives for shaping in a child the image of health as a value in opinions of parents in the survey

Incentives to health promoting education	N	%
Health is a precious desired value	75	33.19
Transmission of health values to future generations	58	25.66
It is easier to care about health when it is perceived as a value	56	24.78
Health is an important precondition to achieve success in life	37	16.37
Total	226	100.00

Table 2. Factors shaping in a child the image of health as a value in opinions of parents in the study

Factors shaping image of health	N	%
Conversations with a child concerning health	89	25.87
Behaviours functioning in a family	86	25.00
School lessons concerning health	53	15.40
Media (TV, radio, Internet, press)	43	12.50
Local environment	37	10.76
Visits to health care units	25	7.27
Medical literature	11	3.20
Total	344	100.00

for the reason that the degree of care of health greatly depends on the position of this value in the structure of the acknowledged good. The preciousness of an individual value is reflected in the efforts and goals posed by an individual in his/her life. Therefore, the importance of this process increases, especially in the context of its effect on the lifestyle of an individual. Thus, what shapes the image of health as a value in a child? According to parents, the most significant factors which exert an essential effect on the process of perceiving health by a child in categories of values are frequent conversations with a child concerning health, and behaviours functioning in a family. These answers were provided by 175 parents, i.e. 50.87% of the total number. The respondents also underlined the considerable effect of school lessons concerning health (n=53; 15.40%); they mentioned television and radio programmes, and the Internet pages used by a child (n=43; 12.50%). The importance of health education in a family realized by common conversations concerning health problems was also emphasized by students of the Academy for Physical Training in Cracow, in the studies by E. Mędreła-Kuder, who discovered that they obtained from parents the knowledge concerning negative effects of habits: cigarette smoking and alcohol consumption (77.1%), as well as the knowledge of proper nutrition (73.5%) (5).

By ascribing the crucial role to the factors which are subject to realization by a family, the respondents replied to the question: 'Who is held mainly responsible for health education of children?' The respondents indicated primarily parents (n=118; 52.91%), which may suggest that they realize the importance of their influence on a child in this respect. In respondents' opinions, a certain responsibility for the process of health education should also be assumed by teachers and caregivers, i.e. educational institutions (n=52; 23.32%), and, to a lesser degree, health services staff (n=37; 16.59%). The significant role of parents in the process of health education is reflected in the studies by various authors. In the study by M. Jagusz, K. Sojka-Krawiec, and B. Mękarski, where the study group were third-year students of physical training at Opole Polytechnic, the analysis of the results obtained confirmed that 80% of respondents were of the opinion that the family exerted

a significant effect on their present health promoting behaviours, including those connected with physical activity (2). Similarly, E. Mędreła-Kuder in her studies showed that the role of parents in the shaping of desired attitudes towards habits (cigarette smoking and alcohol consumption) is tremendous. Her respondents reported that the fact that they do not consume alcohol and do not smoke is to the merit of both the mother (98.8%) and father (97.6%) (5).

Table 3. People responsible for health education of a child in opinions of parents examined

People responsible for health education	N	%
Parents	118	52.91
Educators and teachers	52	23.32
Health services staff	37	16.59
Friends, group of mates	15	6.73
Social workers	1	0.45
Total	223	100.00

The main responsibility for shaping a child's awareness of health image as a precious good is borne by parents; they were therefore asked to mention the activities which they most frequently undertook in order to realize this process. The respondents evaluated the degree of realization of individual actions by classifying them into individual categories: Yes, rather Yes, rather No, No, and difficult to say. These categories were ascribed scores (an answer 'No' – 0 score; 'rather No' – 1 score; 'difficult to say' – 2 scores; 'rather Yes' – 3 scores; 'Yes' – 4 scores); the mean number of scores obtained by an individual activity was then calculated. According to the respondents' opinions, the action realized most frequently was reporting for health check-ups and vaccinations for a child ($M=3.71$ scores). Category 'Yes' covered also incentives for responsibility for own health ($m=3.34$ scores) and learning health conducive behaviours ($m=3.35$ scores). Category 'rather Yes' covered the leading by a family a health favouring lifestyle ($M=2.88$ scores), which means that this is not a priority activity. This fact is not very optimistic, because a child, while adopting without criticism the parents' lifestyle as its own, and not always possessing a sufficient number of features of a health promoting lifestyle, learns improper behaviours, which should be changed or eliminated in the future. Therefore, parents are not a suitable example from the aspect of a health promoting mode of life. Similar opinions were expressed in the studies by E. Mędreła-Kuder, where only 19.3% of respondents considered their families as an example of a health promoting lifestyle (5).

Table 4. Character and degree of realization of actions undertaken by parents in the study in the area of health education

Ways of realization of health education	M	SD
Reporting together with a child for check-ups and vaccinations	3.71	0.48
Teaching a child behaviours conducive to health	3.35	0.46
Providing incentives for a child to assume responsibility for own health	3.34	0.46
Personal example	3.03	0.43
Living health promoting lifestyle	2.88	0.42
Lack of actions in this area	0.52	0.18

Parents, despite the actions they undertake being often insufficient to properly care for health, desire good for their child, which is expressed in their care of health, good upbringing, and creation of the best possible conditions for development. When the respondents were asked about a skill

which they would like their child to possess, the reply concerning health was unequivocally indicated. According to respondents, the most important skill which they would like to pass on to their child was care of own health (n=94; 23.92%), coping in various life situations (n=87; 22.14%), and making proper choices (n=79; 10%).

Table 5. Preferable skills of a child according to opinions of parents in the study

Categories of skills	N	%
Care of health	94	23.92
Coping in various life situations	87	22.14
Making right life choices	79	20.10
Independence	72	18.32
Correct co-existence in a group	46	11.70
Attractiveness	15	3.82
Total	393	100.00

CONCLUSIONS

1. According to the families in the survey, the creation in a child's awareness of an image of health as a value is a significant task of the health education process. The incentives to undertake actions in order to achieve this goal is the very essence of the value of health as a factor, not only facilitating the realization of this process, but also favouring mobilization to undertake health promoting actions and to approach health as a point of reference while making choices.

2. In respondents' opinions, the following behaviours exert a decisive influence on the process of shaping the understanding of health as a value: frequent conversations with a child concerning the importance of health, undertaking actions conducive to health by family members, as well as school lessons, television and radio programmes about health.

3. The respondents are of the opinion that the main responsibility for the realization of health education programme is assumed by parents, although teachers and educators also play an important role in this area.

4. The most frequently realized actions aimed at increasing the rank of health in a child's awareness mentioned by parents were reporting for check-up examinations and vaccinations, and providing incentives to assume responsibility for own health, as well as teaching behaviours conducive to health.

5. The main goal of parents' efforts is the wellbeing of a child, which is expressed primarily in their care of their child's health and future, while the skills most valued by the respondents, which they would like their child to possess, is care for health, as well as making the right choices and coping in various life situations.

REFERENCES

1. Demel M.: O wychowaniu zdrowotnym. PZWS, Warszawa 1968.
2. Jagusz M. et al.: Rodzina jako źródło wiedzy o zachowaniach prozdrowotnych. Annales UMCS, sectio D, vol. LIX, Suppl. XIV, 156, 2004.
3. Kubik B., Kozioł U., Błaszczuk-Tyszką A.: Poznanie zachowań zdrowotnych młodzieży 15-16 letniej, a wpływ rodziny na kształtowanie zdrowego stylu życia w opinii uczniów gimnazjum klas trzecich. Annales UMCS, sectio D, Suppl. XIV, 233, 2004.

4. Kulik T. B.: Wiedza o zdrowiu. In: *Zdrowie Publiczne*, red. M. Latałski. Akademia Medyczna w Lublinie, 1999.
5. Mędręła-Kuder E.: Rola rodziców w kształtowaniu zdrowego stylu życia młodzieży akademickiej. *Annales UMCS, sectio D, Suppl. XIV*, 297, 2004.
6. Sygit M.: Wychowanie zdrowotne i postawy wobec własnego zdrowia. In: *Zdrowie w medycynie i naukach społecznych*, red. T. B. Kulik, I. Wrońska, Oficyna Wydawnicza Fundacji Uniwersyteckiej, Stalowa Wola 2000.
7. Wrońska I., Mariański J.: Wartości życiowe młodzieży na przykładzie szkół pielęgniarstwa. Akademia Medyczna w Lublinie i NeuroCentrum, 1999.

SUMMARY

The family, as the primary life environment for young people, is the basic and main initiator of the development of their habits, shaping of attitudes and teaching them behaviours aimed at maintaining an optimum state of health, its strengthening and protection. The process of health education realized within a family is one of its major tasks with respect to a child. The perception of health as a valued and desired category facilitates this process, for values as one of the factors shaping behaviour become specific moral stimuli inclining to undertake specified actions aimed at protection of the acknowledged good. The objective of the study is the presentation of parents' opinions concerning their role in the process of health education, and the determination of the character and degree of the realization of actions undertaken by a family, which would serve the shaping in a child a positive attitude towards health by creating in a child's awareness the image of health as a value. The study covered a group of 118 families from the Lublin Region. The research method was a diagnostic survey, and a research tool – a self-constructed questionnaire form. The analysis of results allowed the formulation of a thesis that, according to the respondents, the creation in a child's awareness of an image of health as a value is a very important task in the process of health education realized in a family. According to the respondents' opinions, the behaviours exerting a decisive influence on the process of shaping a child's perception of health in the categories of values are: frequent conversations with a child concerning actions on behalf of health undertaken by family members. Furthermore, among actions undertaken by parents mainly, the respondents mentioned reporting for health check-ups and vaccinations, providing incentives for responsibility for own health, and teaching behaviours conducive to health as the actions aimed at shaping in children a positive attitude towards health.

Proces kształtowania w świadomości dziecka wartości zdrowia – elementem wychowania zdrowotnego w rodzinie

Rodzina jako pierwotne środowisko życia młodego człowieka jest podstawowym i głównym inicjatorem tworzenia się nawyków, kształtowania postaw oraz uczenia zachowań, których celem jest utrzymanie optymalnego stanu zdrowia, jego umacnianie i ochrona. Proces wychowania zdrowotnego realizowany w obrębie rodziny jest jednym z najważniejszych jej zadań wobec dziecka. Postrzeganie zdrowia w kategorii ceniowej i pożądanej wartości ułatwia ten proces, gdyż wartości jako jeden z czynników kształtujących zachowanie stają się swoistymi moralnymi bodźcami, skłaniającymi do podejmowania określonych działań celem uznawanego dobra. Praca miała przedstawić opinię rodziców co do ich roli w procesie wychowania zdrowotnego oraz określić charakter i stopień realizacji działań podejmowanych przez rodzinę, służących ukształtowaniu u dziecka pozytywne-

go stosunku do zdrowia poprzez wytworzenie w świadomości dziecka obrazu zdrowia jako wartości. Badania zostały przeprowadzone w grupie 118 rodzin województwa lubelskiego. Jako metodę badawczą zastosowano sondaż diagnostyczny, narzędziem badawczym był kwestionariusz ankiety własnej konstrukcji. Analiza uzyskanych wyników pozwoliła na sformułowanie tezy, iż zdaniem respondentów wytworzenie w świadomości dziecka obrazu zdrowia jako wartości jest bardzo istotnym zadaniem procesu wychowania zdrowotnego realizowanego w rodzinie. Zachowaniami o decydującym wpływie na proces kształtowania u dziecka postrzegania zdrowia w kategoriach wartości są, w opinii ankietowanych, częste rozmowy z dzieckiem na temat zdrowia oraz działania podejmowane na rzecz zdrowia przez członków rodziny. Natomiast do czynności o wysokim stopniu realizacji podejmowanych przez rodziców, które mają na celu ukształtowanie u dziecka pozytywnego stosunku do zdrowia, badani zaliczyli uczęszczanie na wizyty kontrolne i szczepienia oraz motywowanie do odpowiedzialności za własne zdrowie, a także uczenie zachowań sprzyjających zdrowiu.