"Health education" as matter in the educational process

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ABSTRACT

A lot of Romanian population has currently a deficit of health education, including the lack of awareness of the prevention role. The aim is to highlight the need to introduce Health Education classes in the curriculum as a compulsory subject.

The research objectives are: a) Knowledge assessment of high school students about the personal health topics (personal hygiene, environment, nutrition, behavior); b) Evaluation their opinion about the usefulness of introducing Health Education in the curriculum.

The research is a descriptive and observational study, with transverse approach. It was performed by applying a questionnaire to 364 high school students from Alexandria, Teleorman County. Results: 80% of respondents consider themselves to have information on various topics related to their health. Consumptions and healthy behaviors are not prevalent. Shall be recorded a soft drink and alcohol consumption, smoking, eating fast food, lack of physical activity. Favorable behavior is related to personal hygiene and hours of rest.

Conclusion: it was highlighted the necessity and usefulness health education classes that should be included in the curriculum.

KEYWORDS: *behavior, curriculum, health education, health topics, prevention*

1. INTRODUCTION

The World Health Organization defined health in 1946, as follows: health is wellbeing of physically, mentally and socially, and not merely the absence of disease or infirmity [1].
There are two categories of factors that influence health status. The first category is represented by etiological factors. They are divided into: *negative factors* or pathogens, with an unfavorable action on health, causing health status and appearance altering disease, and *positive factors* or healthy factors, with a favorable action on health status, helping to maintain and strengthen them. The second category consists of the risk factors that are capable of producing disease in sufficient exposure conditions, both quantitatively and temporally. Risk factors may coexist and interact between them, often having synergistic to the occurrence of chronic disease [2, 3].

The main risk factors for chronic diseases are: smoking, physical inactivity, unhealthy diet and alcohol consumption.
The major impact in reducing the incidence of chronic diseases consists of: change in eating habits, increasing physical activity and quitting smoking, which can prevent: 80% of coronary diseases, 90% of cases of diabetes type II and 33% of cancers [4, 5, 6, 7, 8, 9 and 10].

Attitudes that can be taken to these factors, can be grouped into two categories of measures [11]:
- Preventive, which shall apply before the advent of harmful influence of risk factors;
- Curative, which is applied after the occurrence of the harmful effects of risk factors.
There are four levels of prevention [12]:

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- Primordial - aims at modifying risk factors distribution in the population (policy, programmes, regulation);
- Primary - aims to avoid the occurrence of the disease at the individual level (immunization, condoms, seat belt, screening for risk factors);
- Secondary - early diagnosis aims to avoid and / or reduce morbidity (early diagnosis, avoiding complications and screening);
- Tertiary - aims to limit complications and socio-professional reintegration (physical therapy, counseling, palliative care).

A part of the population of Romania currently has a shortage of health education, including lack of awareness of the role of prevention and the lack of habit of presenting to medical consultation in case of a health problem. These factors demonstrate reduced role that the health system gave it to health education programs among the population [13].

Early information accurate and substantiated of the young population, to combat various risk factors and to adopt and maintain behaviors that promote and strengthen health, is the most effective method of prevention in health.

Education for health represent an effective strategy for increasing the capacity of individuals to influence health determinants.

School curriculum include an optional courses "Health Education" [14]. There are no published studies that would confirm or not their usefulness, or application level in schools.

2. AIM AND OBJECTIVES

This study has proposed to *highlight the need to introduce "Health Education" classes in the curriculum as a compulsory subject.*
The research **objectives** are:
   a) Knowledge assessment of high school students about the personal health topics (personal hygiene, environment, nutrition, behavior)
   b) Evaluation their opinion about the usefulness of introducing Health Education in the curriculum.

3. METHODOLOGY

The research is a descriptive and observational study, with transverse approach, conducted in the period January-August 2014.

Study population was represented by 364 students from four High schools in the city of Alexandria, Teleorman County: Theoretical High School "Constantin Noica", Pedagogic School "Mircea Scarlat", National College "Alexandru Dimitrie Ghica" and Theoretical High School "Alexandru Ioan Cuza". Selection has been achieved by the inclusion of 3 classes, from each High school, one from each level (IX, X and XI), depending on the availability of the responsible teacher to participate in the study.

Data collection took place during three months: February – April 2014.

In order to assess opinion on health education of the high school students was utilized a self-administered questionnaire. The tools was composed of 33 Research Questions, of which 23 closed questions, with single or multiple pre-formulated answer, a question with an open answer and 9 Research Questions with mixed responses.

The questionnaire was administered during the class with responsible teacher; the high school students were previously explained how it should go for obtain individual response from each person.

Data collected followed the level of information on issues related to individual health, such as: nutrition, smoking, consumption of alcoholic and non-alcoholic beverages, physical activity, rest time and personal hygiene.

The questionnaire has a section with demographic dates: age, gender, residence area.

Statistical data processing included encoding of the questionnaires, validating and creating a database. All the questionnaires have been validated.

For analyze data it was used software: Epi Info v.7 and SPSS 19.

It was applied statistical significance tests to identify whether there are differences according to age, gender and area of residence. Significant differences adjustable by gender have been identified for these behaviors: smoking, consumption of water, soft drink and alcohol, physical activity as well as to classify these behaviors as being harmful or not for health status.

4. RESULTS
4.1. Socio-demographic data

The questioned population aged between 15 and 18 years, mean age of 16.11 years and standard deviation of 0.8 years.

Main features are: 42.3% are 16 years, 64.3 % are female and 51.9% are the residence in rural area.

4.2. Knowledge assessment about the personal health topics

According to the **smoking**, the distribution of respondents highlights predominance of non-smokers from both genders (figure no. 1).
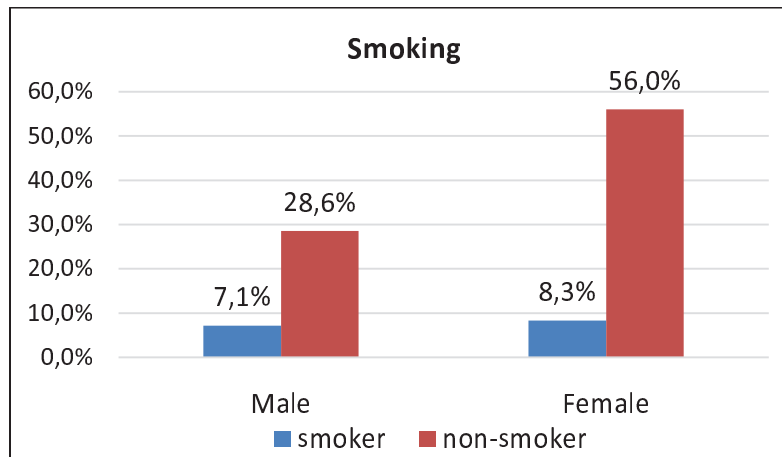

Fig. 1. Smoking in the study population

98% consider as smoking an unhealthy habit. Respondents identified the main categories of chronic diseases are consequences of smoking, such: cancer – 87%, dental cavities – 54%, chronic bronchitis – 36%, stroke – 32%.

Half of respondents believe they have a balanced diet. 44% do not **eat fruit or vegetables every day**. Daily consumption of vegetables is at least 5 to 22% of cases.

93% of the high school students **eat fast food**, given that the 83% of respondents considers this type of food unhealthy.

Eating fast food is: occasionally – 65%, daily – 14.5% and 1-2 times/week – 14%.

The chronic diseases are consequences of fast food consumption are: obesity – 94%, addiction – 33%, diabetes type II – 19%, cardiovascular diseases – 19%.

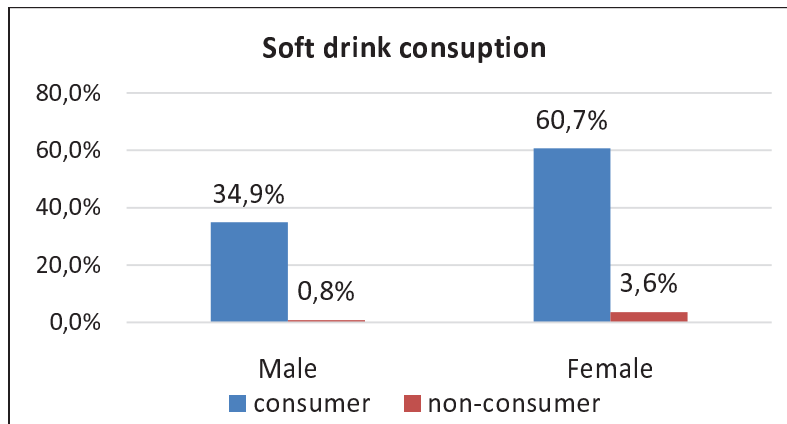96% of respondents **consume** *soft drink* (figure no. 2); 74% believe they are not healthy.

Fig. 2. Soft drink consumption

Drinking is: occasionally - 43%, daily - 35%, 1-2 times/week - 23%. For half of them the daily amount consumed varies between 0.5 and 1liter.

The level of identification of the consequences of soft drink consumption was: diabetes – 61%, gastritis – 50%, obesity – 37%, dental cavities – 30%.

Only 53% of them **drink water**, minimum 2 liter per day.

Alcohol consumption is registered in 47% of the respondents (figure no. 3).
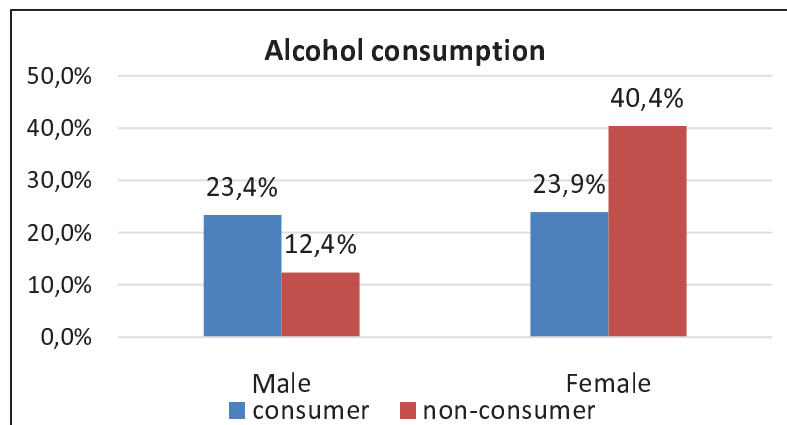

Fig. 3. Alcohol consumption

65 - 67% of respondents prefer wine and beer. Drinking is: occasionally - 83%, 1 times/week - 13%, daily - 1%.

Respondents identified the main categories of chronic diseases are consequences of smoking, such: cirrhosis – 42%, sleep disturbance – 40%, depression – 39%, gastritis – 24%, cancer – 22%, chronic hepatitis – 17%.

Sedentary activity is quantified by number of hours per day sitting at the computer. 98% of high school students utilized their computer at list one hour per day.

Daily physical activity is absent for 20% of respondents.

The consequences of lack of physical activity are: obesity – 73%, depression – 40%, osteoporosis – 31%, hypertension – 21%, diabetes – 14%, cancer – 11%.

The hours of **rest time**, minimum 7 hours of sleep per night, are respected by 64% of persons. The consequences of sleep disruption are: memory disorders – 63%, perception disorders – 46%, depression – 33%, irritability – 32%.

Personal hygiene, washing hands and brushing teeth, is respected in over 82% of cases.

4.3. Evaluation opinion on "Health Education"

The principals sources of information about health behaviors are: internet, parents, physician, mass-media, in over the 42% of cases.

I time, the participation of the high school students in "Health Education" classes was 47%.

82% of persons have a positive opinion regarding the utility to introduce the courses about health education in curriculum (figure no. 4).
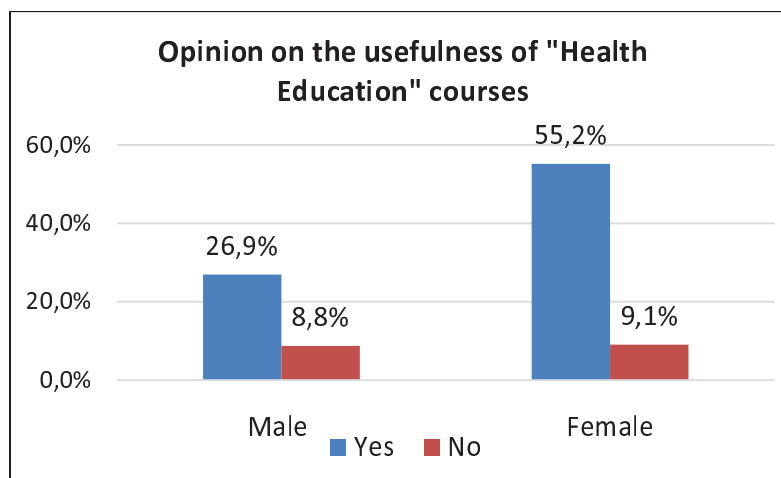

Fig. 4. The usefulness of Health Education

Main topics of interest for health education courses are:
- Diet and Nutrition - 77%,
- first aid - 65%,
- Personal Hygiene - 64%,
- Sexually transmitted diseases - 52%,
- consequences of drug use - 40%,
- responsible use of medicines - 38%,
- basic physiology - 35%,
- Habits harmful to personal health - 34%.

5. CONCLUSIONS

By achieving its objectives, the study suggests a lack of general knowledge about food hygiene, about the different behaviors, that bring risks or benefits for personal health and social services, about the functioning of the human body, and even a little interest, in the subject of health, shown by respondents.

These results highlight the need to implement the courses of "Health Education" in the school curriculum as a compulsory subject, this representing the best method of primordial and primary prevention in health.

ACKNOWLEDGMENT

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