

IFTE 2017
III International Forum on Teacher Education

**PRIMARY SCHOOL BOYS AND GIRLS' ATTITUDE TOWARDS
THEIR HEALTH**

Natalya N. Kalatskaya (a)*, Albina R. Drozdikova-Zaripova (b)
*Corresponding author

(a) Kazan (Volga region) Federal University, Kremlevskaya 18, 420008, Kazan, Russia, kalazkay@mail.ru
8(905)3160602

(b) Kazan (Volga region) Federal University, Kremlevskaya 18, 420008, Kazan, Russia, bina1976@rambler.ru

Abstract

The relevance of the studied problem is substantiated by the fact that issues related to bringing up new generations to be healthy have been attracting more and more attention in recent years. Today multiple factors contribute to health deterioration. For example, children spend a lot of time in front of computers and TVs; their lifestyle is sedentary. The objective of this research is to study the ways boys and girls view their health, whether they lead a healthy lifestyle. In compliance with this objective the following methods were employed: theoretical (analysis of psychological, pedagogical and teaching literature, comparison, generalization), empirical (experiments, testing). The results were statistically processed with Fisher's ϕ^* -criteria. The experiment was carried out on the basis of two schools of the city of Kazan: 96 primary school children (their age between 9-10 years) were interviewed.

The following factors that prevent people from leading healthy lives have been revealed: "the current state of my health", "climatic conditions", "lack of free time", "bad company at school", "bad company in one's neighborhood", "family problems". It has also been identified that girls (in contrast to boys) are able to effectively deal with issues related to a healthy lifestyle on their own. Boys (on average) need correctional help (operational help of schoolmates, friends, and adults (parents, teachers)) in order to be able to solve health-related problems.

© 2017 Published by Future Academy www.FutureAcademy.org.UK

Keywords: Health, way of life, healthy lifestyle, primary school age.



1. Introduction

The issue of healthy generation education is gaining more importance at the present moment. The analysis of future first graders' medical records specified that most children suffer from visual impairments, postural disorders, and chronic diseases; very few children are recognized to be healthy. Conducted researches identify many factors that exacerbate health problems: social and economic environment, misbalanced diet, genetic predisposing, academic and other types of overloads; sedentary life (children spend a lot of time at the computer and TV); people in general neglect their health and the health of their children, health is also neglected by educators.

A group of scientists (Santos-Beneit et al., 2015) developed a special questionnaire for primary school children based on observation; it allows to measure the degree to which their lifestyle can be considered healthy. The following indicators were taken into account in the questionnaire: diet, physical activity, understanding of body and heart, and management of emotions.

The analysis of literature showed that scientists pay much attention to the development of various forms and methods aimed at developing school students and forming their lifestyles. For example, a special training program was designed for third-year students. The aim of the training program is to promote physical activity and healthy nutrition (Sanders et al., 2015).

The board game Kaledo seems to be an interesting measure as it enables children to get acquainted with rules of healthy nutrition and develop a healthy lifestyle; besides it tends to prevent obesity among teenagers. (Viggiano et al., 2014).

Scientists consider the formation of a healthy lifestyle to be a complex problem because the ways and methods of health improvement and disease prevention make only part of it. Personality qualities should play a key role in human's conscious and strong-willed acceptance of healthy lifestyle principles; health concerns and its improvement have to become valuable motives of one's behaviour. Therefore, it requires the reorganization of child's behavioural activity management. Undoubtedly, this sphere of activity constitutes teachers' professional interests and competence. The peculiarity of this management is the availability of feedback; the correction of a lifestyle has a delayed effect; results can become apparent only in some years; moreover changes and encouragement of positive shifts in children's lifestyles should be constantly monitored.

2. Problem Statement

Philosophers, psychologists and teachers have always paid a lot of attention to the values of healthy lifestyle development. Maslow (1997), Allport (2002), Fromm (2010) and other scientists contributed significantly to the research of this issue as they proposed concepts of health and values of healthy lifestyle. Philosophical theories of health values by Rogers (1994), Frankl (1992), Allport (2002) are of great importance for the solution of this problem. Bekhterev (1994) emphasized that social and psychological factors impact human's health.

Medical, social and pedagogical factors related to the preservation of school children's health were considered by Vasilyeva (1997), Zaytzev et al., (1994).

A group of scientists (Zarychta et al., 2016) devote their work to studying teenagers' body mass index and how it relates to their parents' behaviour (dieting, physical exercising, etc.). Scientists argue

that teenagers, whose parents adhere to healthy nutrition and exercising, also try to maintain a healthy lifestyle.

The promotion of a healthy lifestyle among children is an important duty of societies around the world; this issue was investigated by Lesgaft (1987), Balsevich (1995), Toma (2006) and others.

Nowadays issues of school children's health preservation and promotion, healthy lifestyle development are investigated in various key areas: the formation of a personality within the culture of a healthy lifestyle (Abaskalova et al., 1997; Vilensky, 2001; Kaznachev, 1996), and others.); the methodology of preservation of school students' health through educational activities (Dobrotvorskaya, 2003; Bazarnyi, 1995; Berseneva, 1994; Tatarnikova, 2001); valeological education of school students (Biktagirova & Kasimova, 2015; Vasilyeva, 1997; Deryabo, 1996; Dubrovsky, 1999; Zaytsev et al., 1994), et al.); the development and introduction of health saving technologies (Vasilyeva, 2006; Chupakha, 2003); the specificity concerning the use of physical education means to improve schoolchildren's health (Kuzin, 1996); ensuring sufficient school children's physical activity in at school (Kazin and Panina, 1995; Leyfa, 2004); content and methodical aspects of teachers' training to perform activities which promote school children's health (Vasilyev, 1999; Zaytsev et al., 1994); introduction of scientific concepts, facts, ideas that reveal the essence of healthy lifestyle within the context of existing academic disciplines (Bushuyeva, 2002).

The analysis of psychological and pedagogical literature made it possible to assume that one of probable solutions concerning primary school children's health deterioration is to overcome their negative attitude to a healthy lifestyle. Let us further study some basic concepts related to this issue.

3. Research Questions

The concept "health" has a lot of definitions. But the definition given by the World Health Organization is the most popular and perhaps the most adequate: "Health is a state of complete physical, mental and social well-being and not merely the absence of diseases or infirmity" (Preamble, 1946).

A number of researchers (Kolbanov, 1998) single out a set of factors that impact human health:

1. Individual potential of a human's health (immunity, nutritional status, understanding of one's "self", positive attitude towards health, adequate knowledge, ability to resist stress, emotional stability, physical condition, the ability for self-protection).
2. Behaviour (study/work and recreation, habits, food and drinks choice, physical activity, the attitude of society, stress, stimulants).
3. Sociocultural system (family, neighbours, place of study or work, leisure environment, mass media, health services).
4. Social, economic and political conditions (material resources, income, social safety, education).
5. Physical-biologic environment (nature, climate, dwelling, workplace, communication, transport, available water and food, waste, etc.).

Thus, health of each person depends more on their environment and personal behaviour concerning health, i.e. their lifestyle, than on genetic factors or healthcare.

The concept of health is inseparable from the concept of lifestyle which is defined as steady, established in certain socioeconomic conditions way of people's activity manifested in their work, leisure,

ways of satisfying their material and spiritual needs, norms of communication and behaviour (Maslow, 1997, p. 13).

Chumakov (1997) thinks that healthy lifestyle means humans' activity directed to health preservation and improvement.

The formation of the culture of a healthy lifestyle involves switching to new behaviour patterns which preserve health, it involves change or even complete refusal of many unhealthy habits, gaining knowledge on the basis of which it is possible to start living healthy and safely (Karepova, 2012).

4. Purpose of the Study

The objective of this research is to study the way boys and girls view and value their health to see if they lead a healthy lifestyle.

Literature review enabled us to identify the main factors that promote healthy living among primary school: rationally organized time tables, balanced nutrition, physical activity, open air PE lessons, practices which enhance children's resistance to diseases, consistent medical support, good hygienic and sanitary living conditions, and appropriate examples of family members and teachers.

5. Research Methods

5.1. The Methodology and Empirical Methods

93 primary school students of 9-10 years old studying in Kazan schools were questioned. Each school student answered questions of two diagnostic techniques.

The method "Unfinished sentences" was used to evaluate school students' health and their awareness of the ways to maintain a healthy lifestyle (Derekleyeva, 2004). Children were asked four questions: I consider myself healthy ...; I like to be ill sometimes because ...; I don't like to be ill because ...; To be healthy is School children could either choose from a set of options or they could write their own answers.

The factors that prevent primary school children from leading a healthy lifestyle, and the level of problems concerning primary school students' healthy lifestyle (low, middle, high) were studied with the use of the method "What prevents me from healthy lifestyle?".

The questionnaire "Children's attitude to their health and a healthy lifestyle" was also used; it consists of 10 questions. This questionnaire allowed to determine the level of primary school children's representations about the value of health and healthy lifestyle. The questionnaire contained questions concerning personal hygiene; healthy dieting; first aid. With the use of the obtained data it was possible to evaluate the degree to which children's every day routine correspond to healthy lifestyle requirements; to determine the importance of sports activities, appropriate recreation activities, visits to doctors, good ecology, and healthy nutrition for them.

The obtained results were subjected to quality and quantity processing. Fisher φ^* criterion was applied to study distinctions between the diagnosed sign.

5.2. Experiment

Let us consider the results of the research in more detail. Table 01 presents the most interesting results obtained with the use of the first method "Unfinished sentences".

Table 01. The results of the method "What prevents me from healthy lifestyle?"

Sentences	Answers	Boys	Girls	All school children
I consider myself ...	absolutely healthy	16,7	16,7	16,7
	not quite healthy	50,0	58,3	54,2
	quite healthy, not ill	25,0	25,0	25,0
	quite sick, not healthy	8,3*	1,9*	4,8
To be healthy is ...	not to be ill, not to be in hospital	87*	91*	83,1
	to do sports	50,0	41,7	45,8
	to do exercises	33,3	33,3	33,3
	to eat healthily	58,3**	25,0**	41,7
	to jog in the mornings	16,7*	8,3*	12,5
	to breathe fresh air in the evening	8,3**	33,3**	20,8
	to listen to parents	1,9	8,3	4,2
	to take vitamins	16,7*	33,3*	25,0
	to go to school	5,2	5,1	5,1
	to take pills during illness	1,9	8,3	5,1
	to tidy a room	8,3*	16,7*	12,5
to dress warmly	1,9	7,4	5,1	
I like to be ill sometimes, because ...	more attention is paid to me at home than usual	41,7**	8,3**	25,0
	when I am ill, I don't need to go shopping, to tidy a flat, to take out garbage, etc.	41,7	33,3	37,5
	I don't need to go to school	58,3	50,0	54,2
	I don't need to do homework	50,0**	5,3**	54,2
	I don't need to go to a "musical school", "art school", "sports class", etc.	3,8**	16,7**	10,3
	after illness teachers demand much less and don't give bad marks	3,8*	25,0*	14,5
I don't like to be ill, because ...	I am not allowed to walk	41,7	33,3	37,5
	it damages my health	18,6	24,6	21,6
	I can't go to school	8,3*	16,7*	12,5
	after illness it is necessary to catch up with class-mates	50,0	41,7	45,8
	I can't go to a "musical school", "art school", "sports section", etc.	1,9	1,9	1,9
	everybody takes care of me at home	8,3*	25,0*	16,7

Note: *- $p \leq 0,05$, **- $p \leq 0,01$

Also we found out what reasons, according to school students' opinion, prevent them from healthy lifestyle. For example, see Fig. 01.

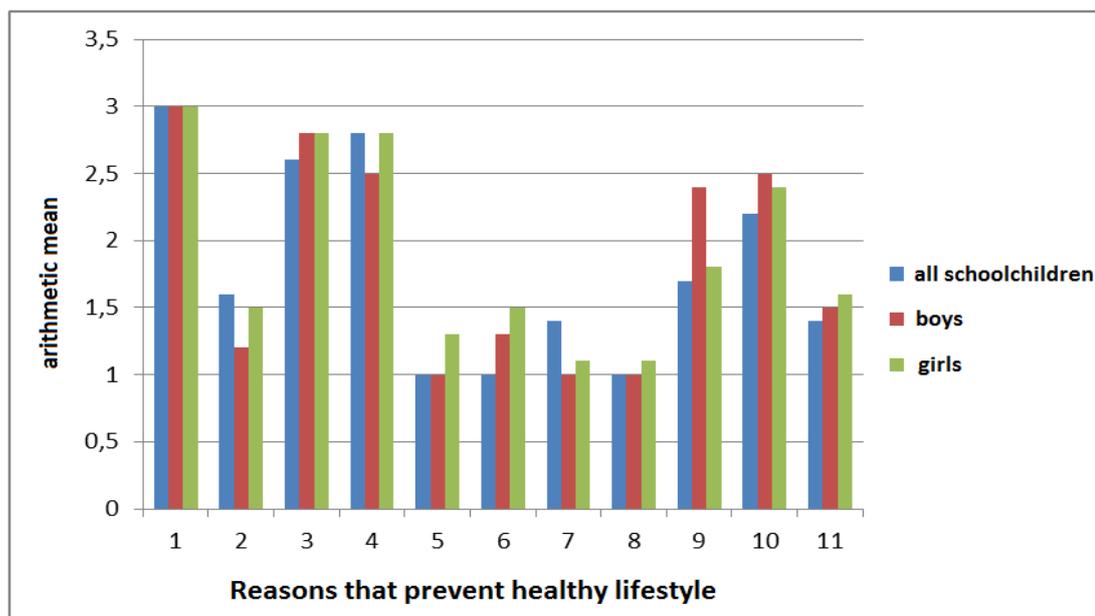


Figure.01. Reasons that prevent primary school children from a healthy lifestyle

*-Transcript (reasons that prevent from healthy lifestyle)

1-My current health state

2-Family problems

3-Climatic conditions

4-Lack of free time

5-Unrestricted sale of cigarettes, beer and alcoholic beverages

6-Insufficient attention to me from my school supervisor

7-Insufficient attention to me from a PE teacher

8-Insufficient attention to me from health service workers (school-based).

9-Insufficient attention to me from the school head

10-Bad company in my neighbourhood

Only a fifth from all of the respondents thinks that they are absolutely healthy; this figure corresponds to school children' health records. During the first half of the academic year 12,5% of children were taken ill 2-3 times. 8,5% of all school students suffer from chronic pathologies. Thus, we see that school students estimate their health adequately, in general. It is interesting to note that boys consider themselves ill more often than girls; it may be related to their higher suspiciousness.

6. Findings

The children's ideas of a healthy person are various. All answers can be divided into two groups. Some children give answers explaining the sense of this word (not to have any diseases), and in the second group there are answers in which children try to explain the ways not to fall ill. These ways are the following: to do sports, to eat healthy, and to do exercises in the mornings. Such answers are mostly given by boys. As for girls, they mention such ways to keep healthy as to breathe fresh air, to obey parents, to take vitamins, to take medicine during illness, to tidy the room, to dress warmly.

It is probably explained by the fact that girls are more obedient, they mind their parents' remarks and advice, pay attention to doctors' recommendations. Moreover, girls are more accurate, neater, more responsibly for their health.

It is interesting to mention that boys have a high level of hindrances; it testifies to the fact that boys cannot independently cope with available problems; sometimes adults' help is necessary for them to eliminate these problems. Girls have a middle level of hindrances. It means that girls cannot always cope with some problems independently; both adults and their schoolmates' help is sometimes necessary for them to resolve some issues related to maintaining a healthy lifestyle. Thus, it is possible to say that school children can already estimate reasons preventing them from healthy lifestyle rather adequately; but, unfortunately, they are not always able to cope with them on their own; adults have to help them.

According to children, a disease is an opportunity to do nothing, to take it easy for a while. They do not even think that a disease can damage their health. This fact demonstrates that children have inadequate views of their health. Teachers and parents' specific work to form school children's appropriate attitude to health is necessary. It is important to consider psychophysiological and personal features of children's development in the course of training; parents have to pay attention to these peculiarities as they treat the consequences of diseases but not their etiology; some diseases have psychosomatic manifestations.

As for the reasons that prevent girls from a healthy lifestyle, the following were defined as the most significant: "my health state", "climatic conditions", "lack of free time", "my inability to stick to a healthy lifestyle". Boys suggested the following reasons: "my health state", "climatic conditions", "lack of free time", "a bad company in my neighborhood", "a bad company at school". It is obvious that there are objective reasons: physiological and psychological health of children, climatic factors. Other reasons are connected with child's behavior or people around. It is important to note that girls (but not boys) realize that they themselves break healthy lifestyle norms. Besides, the results show that boys are exposed to influence of a bad company more than girls. Therefore, adults have to organize primary school students' leisure time, to prevent bad habits, to involve children in sports activities.

The results of the third method show that pupils have a low level of understanding of what leading a healthy lifestyle means. Girls are better informed in regards to personal hygiene, the principles of first-aid, and healthy diets. Whereas boys think that behavioral factors (regular sports activity, morning exercises, good rest, safe environment, observation of healthy lifestyle rules) plays a more important role in their health.

Responding to the question "What actions for health protection and improvement are performed at school", children indicated the following: sports events, quizzes, competitions about health, and conversations.

7. Conclusion

The conducted research revealed primary school students' gender distinctions concerning health and healthy lifestyle. These representations are indistinct, sometimes contradictory, and fragmentary. Primary school children are exposed to influence from outside, especially boys. It should be noted that some children, objectively, have poor health. School students are characterized by an undeveloped

attitude towards health; that can be explained by insufficient promotion of pedagogical and medical knowledge of healthy lifestyle. All this highlights the importance of both medical and pedagogical impact on boys and girls of primary school age. Teachers, parents, health service workers, psychologists and public need to organize school activity in such a way as to increase the level of school students' health; they should leave school being healthy.

Acknowledgments

The work is performed according to the Russian Government Program of Competitive Growth of Kazan Federal University.

References

- Abaskalova, N.P., Gryaznova, T.P. & Kushnerenko, E.V. The program "Culture of health" in the system of valeological education. *The Journal of Valeology*, 2, 67-68.
- Allport G.W. (2002). *Becoming: Basic Considerations for a Psychology of personality*. Moscow: Smysl.
- Balsevich, V. K. (1995). Physical culture: youth and modern times. *The Journal of Theory and Practice of Physical Culture*, 4, 2-7.
- Bazarnyi, V.F. (1995). Neuropsychic exhaustion of school students in traditional school environment. Part 2. *Sergiev Posad*.
- Bekhterev, V. M. (1994). *Selected works on social psychology*. Moscow: Science.
- Berseneva, T.A. (1994). Valeological aspect of a lesson. *The Journal of Health and Education*, 46-49.
- Biktagirova G., Kasimova R. (2015). Development of university students' creative abilities. *Review of European Studies*, 7 (5), pp. 101-107
- Bushuyeva, B.O. (2002). Formation of high school students' healthy lifestyle. *Pyatigorsk: PSPI*.
- Chumakov, B. N. (1997). *Valeology. Selected lectures*. Moscow: Russian pedagogical agency.
- Chupakha, I. V. (2003). *Health saving technologies in educational and training process*. Moscow: Ileksa, National education; Stavropol: Stavropolserviceschool.
- Derekleyeva, N. I. (2004). *Parents' meetings*. Moscow: VAKO.
- Deryabo, S. D. (1996). *Ecological pedagogics and psychology*. Rostov-on-Don: Phoenix.
- Dobrotvorskaya, S.G. (2003). *Pedagogical orientation of studying youth to healthy lifestyle*. Kazan: CIT.
- Dubrovsky, V. I. (1999). *Valeology. Healthy lifestyle*. Moscow: Flinta.
- Frankl, V. (1992). *The person in search of sense*. Moscow: Progress.
- Fromm, E. (2010). *Man for himself*. Moscow: Art.
- Karepova T.G. (2012). *Formation of preschool children healthy lifestyle: planning, system of work*. Volgograd: Teacher.
- Kazin, E.M., Panina, T.O (1995). *Conceptual valeological approaches to the problem of health and development in the system of education*. Kuzbass: Kemerovo.
- Kaznachejev, V.P. (1996). *Health of the nation*. Moscow: Kostroma.
- Kolbanov V.V. (1998). *Valeology: basic concepts, terms and definitions*. St-Petersburg: DEAM
- Kuzin, V.V. (1996). Physical culture of children and youth: actual problems of education. *The Journal of Physical Culture: Education, Upbringing, Training*, 1, 4-5.
- Lesgaft, P. F. (1987). *Selected works*. Moscow: Physical culture and sport.
- Leyfa, A.V. (2004). *The system of physical activity and health-saving of students at higher educational institutions*. Blagoveshchensk: Amur State University.
- Maslow, A.H. (1997). *Toward a Psychology of being*. Moscow: "Refl-book".
- Preamble to the Constitution of the World Health Organization. (1946). *International Health Conference*, New York, 19-22 June.
- Rogers, K. (1994). *View of psychotherapy. Formation of the person*. Moscow: Progress.

- Sanders, M. J. Reynolds, J. & Bagatell, N. (2015). Promoting Healthy Lifestyles to Children at School: Using a Multidisciplinary Train-the-Trainer Approach. *The Journal of Public Health Management and Practice*, 21 (4), 27-35.
- Santos-Beneit, G., Sotos-Prieto, M., Bodega, P., Rodríguez, C., Orrit, X., Pérez-Escoda, N., & Peñalvo, J. L. (2015). Development and validation of a questionnaire to evaluate lifestyle-related behaviors in elementary school children. *BMC public health*, 15(1), 901.
- Tatarnikova, L. G. (2001). Russian school of health and individual development of children: about problems of pedagogical valeology. St. Petersburg: SPAPGTE.
- Toma, Zh.V. (2006). Formation of healthy lifestyle in primary school students in the course of physical training at school. Penza: PSPU.
- Vasilyev, S.V. (1999). Formation of valeological culture of professional and pedagogical activity of employees at preschool educational institutions. St. Petersburg: SPSU of pedagogical skill.
- Vasilyeva, O. S. (1997). Valeology is an actual direction of modern psychology. *The Journal of Psychological Bulletin of RSU*, 3, 406-411.
- Vasilyeva, T. P. (2006). Technology of healthy lifestyle education in primary school students. Cherepovets: SEI HPE ChTU.
- Viggiano, A., Viggiano, E., Di Costanzo, A. et al. (2014). Kaledo, a board game for nutrition education of children and adolescents at school: cluster randomized controlled trial of healthy lifestyle promotion. *The Journal of Source of the Document European Journal of Pediatrics*, 174 (2), 217-228.
- Vilensky, M. Ya. (2001). Physical culture in educational process. *The Journal of Physical Culture and Sport at a Turn of Millennia*, 3, 35 - 44.
- Zarychta, K., Mullan B. & Luszczynska A. (2016). It doesn't matter what they say, it matters how they behave: Parental influences and changes in body mass among overweight and obese adolescents. *Journal of Appetite*, 9, 47-55.
- Zaytsev, G. K., Kolbanov V. V. & Kolesnikova M. G. (1994). Health pedagogics. Educational programs for valeology. St. Petersburg: SpAPGTE.