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GENDER DIFFERENCES IN ATTITUDE TOWARDS HEALTH IN
YOUNGER SCHOOLCHILDREN

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Abstract

The present article discusses the study results of gender differences of primary school-aged children in their attitude to health. The need to study gender differences in attitudes toward health in younger schoolchildren is determined by the lack of development of the problem as a whole, on the one hand, and its high practical importance, on the other. Junior school age is favorable for the awareness and formation of an emotional-evaluative attitude towards one's health. The knowledge of the peculiarities of attitude to health in boys and girls will enable us to work out a differentiated approach to its practical formation.

The author investigates the cognitive and activity components concerning attitude to health in girls and boys at primary school age. The research determines that the activity component of attitude to health is formed better amongst girls, whereas there are no gender differences in the cognitive component. It has been established that the activity component of attitudes towards health is formed better in girls than in boys, which manifests in the best quality of rest, interaction with peers and demonstration of socially desired behavior. The components of relationship to health in both boys and girls are interrelated. The obtained results can be used in practical activities aimed at forming an adequate attitude to their health in boys and girls at primary school age.

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Keywords: Health, types of health-related behaviour, health-related components, types of health behaviour.



1. Introduction

The relevance of studying the specifics of attitude towards health in younger school students of a different sex is caused by the need of the development of the concept of a person's attitude towards health and practical use of the results when planning activities for the preservation, strengthening and development of health of boys and girls at younger school age. The interest in the study of attitudes toward health has been reflected in the numerous studies of Russian and foreign authors: V.A. Ananiev, R.A. Berezovskaya, I.N. Gurvich, G.S. Nikiforov, R.M. Kaplan, E.L. Patterson, J.F. Sallis.

According to the research results, the quality of health of girls at primary school age is better than the quality of boys' health (Paranicheva et al., 2011). The need to study gender differences in attitudes toward health in younger schoolchildren is determined by the lack of development of the problem as a whole, on the one hand, and its high practical importance, on the other. The knowledge of the peculiarities of attitude to health in boys and girls will enable us to work out a differentiated approach to its practical formation.

The attitude to health contains the following components: cognitive (knowledge of health, awareness of its role and influence on human life), emotional-volitional (a particular health experience), activity (a particular human behavior in health) and value (health in the system of human value orientations) (Nikiforov, 2011).

The formation of attitude to health is a complex socio-psychological process, subject to the influence of external and internal factors (Soboleva, 2016). Junior school age is favorable for the awareness and formation of an emotionally-evaluative attitude towards one's own health (Kamakina, 2010a; Kamakina 2010b). Identifying the sex differences of junior schoolchildren in relation to health makes it possible to more effectively develop and apply strategies and technologies to support them and plan activities to preserve and promote the health of boys and girls.

Proceeding from the foregoing, we assume that the cognitive and activity components of the attitude to health at younger school age are formed better in girls than in boys.

2. Problem Statement

Gender differences of primary school-aged children in their attitude to health.

3. Research Questions

1. Research the cognitive and activity components concerning attitude to health in girls and boys at primary school age.

2. To study the relationship between the components of attitude to health of boys and girls of primary school age.

4. Purpose of the Study

To study the features of the attitude to health in younger students of different sexes.

5. Research Methods

The participants of our research were 360 children, the class teachers of these classes and medical staff of Yaroslavl schools. The following methods for studying health-related behaviour among the pupils of the 1st and 4th classes were used to solve the research tasks: the questionnaire for the child "I and my health", the technique of incomplete sentences, projective drawing test "Health", the methodology "Value orientation of primary school age children" by T.V. Bragina, multifactorial personality questionnaire by R. B. Cattell and R.V. Koan, and the technique of self-evaluation by Dembo-Rubinstein. Statistical data processing was performed by means of using the software "STATISTICA" version 6.0, correlation analysis, method of statistical processing – Mann-Whitney U-Test, Spearman non-parametric test, Wilcoxon non-parametric test and content analysis.

6. Findings

A general assessment of the quality of their health by the younger schoolchildren has a higher value than average (3.55), while the speed of recovery is lower (3.17). There are no statistically significant differences between the girls and boys in assessing their own health. There are statistically significant differences in the parents' assessment of the health of the boys and girls (3.73 vs. 4.08 for $p < 0.05$). The younger schoolchildren find the discrepancy between the assessment of their health and its expected state. In general, the evaluation of the children is higher than that of the parents (most clearly manifested in the mothers than in fathers). The younger schoolchildren have a more favorable subjective view of their state of health, and they can differentiate the quality of their health. The parents of the boys consider the health of their children to be worse than the parents of the girls (3.73 against 4.08 for $p < 0.05$).

The analysis of the views of the primary school children about health testifies to the diversity of the components that characterize all the aspects of well-being (physical, mental and social): the environment, motor activity, rest, friends, the image of the house, physiology, medicine, nutrition, family, viruses, media and so on. There are no statistically significant differences between the girls and boys in the field of representations. The linguistic material of comments on the health of the junior schoolchildren is diverse and informative. The most widespread comments are explanatory (45%) and emotionally saturated (12.5%). The statements aimed at the prevention of diseases (13.06%) are presented. The experiences of the junior students in the field of experiencing their health are various. There is a positive emotional coloring in 18.05% of the children under test, negative - in 25% and neutral - in 56.94%. The presence of the signs of tension and anxiety is observed in 51.39% of children.

Primary representations about health in the children at primary school age are formed already. The cognitive area "health" continues to develop and enrich with various ways of maintaining and promoting health, a fuller and deeper understanding of the risks and fears about one's own health. Junior school age is favourable for the formation of the cognitive component of attitudes of health.

The general features of the activity component of attitude of health in younger schoolchildren manifest in the deterioration of the indicators of the optimal mode of work and rest, emotional well-being, nutrition and sleep with a tendency to worsen by the end of the primary school. Significant differences between the boys and girls in the quality of sleep reveal themselves: the opportunity to sleep and sleep

peacefully (3.06 vs. 3.48 at $p < 0.01$) and interaction with peers: the presence of contacts and acceptance in the peer group (3.39 against 3, 81 for $p < 0.05$).

In the ideal representations of the junior schoolchildren, the characteristics of "smart", "beautiful", "neat" occupy the highest positions in terms of significance. Significant differences are found between the ideal "I" of the boys and girls in terms of the characteristics: "beautiful" (2.78 versus 3.43 for $p < 0.001$), "neat" (2.40 versus 2.93 for $p < 0.001$) and "cheerful" (2.42 vs. 2.70 for $p < 0.05$). the real self-esteem of the boys according to the characteristic "beautiful" is significantly different from this indicator in the girls (3.84 vs. 4.34 at $p < 0.001$).

The boys and girls at primary school age differ significantly in terms of personal characteristics: isolation – sociability (2.37 vs. 3.16 for $p < 0.05$), subordination – dominance (1.99 vs. 1.68 for $p < 0.01$), restraint – expressiveness (2.62 vs. 2.12 for $p < 0.001$) and low self-control – high self-control (2.21 vs. 2.49 for $p < 0.05$). The boys at primary school age in a higher degree than girls show restraint, dominance, expressiveness and low self-control. It is reflected in their behavior, communication, and learning. The boys in comparison to the girls have more difficulties in the the quality of psychological and social well-being and perception of themselves as successful in different spheres of life.

During the investigations, the interrelation of components is discovered. In girls there is relation between cognitive and activity ($p < 0.01$), cognitive and value ($p < 0.001$) and value and activity ($p < 0.01$) components, in boys - between cognitive and activity ($p < 0.01$), cognitive and value ($p < 0.05$) and value and activity ($p < 0.01$) components.

7. Conclusion

Thus, one can conclude that both boys and girls have a variety of emotionally rich ideas representations about health, including knowledge of physical, mental and social well-being. At the same time, it has been established that the activity component of attitude towards health is formed better in girls than in boys. It manifests in a better quality of rest, interaction with peers and demonstration of socially desired behavior.

The components of attitude to health in both boys and girls are interrelated.

In general, we make the conclusion that the hypotheses have been partially confirmed, namely, gender differences reveal themselves only in the aspect of the activity component of the attitude to health. The obtained results can be used in practical activities aimed at forming an adequate attitude to their health in boys and girls at primary school age

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