

Grażyna Gunia Ph.D.

Pedagogical University of Kraków Cracow

### **Perceiving health and health behaviours by pupils with intellectual disability**

Difficulties and discrepancies in defining “health” are a result of ambiguous and subjective way of evaluating of objective health condition of a person. Health is evaluated differently by physicians, philosophers or psychologists, thus, in specialist literature we can find over a hundred definitions of health. An average person usually identifies health with the lack of illness or sense of well-being, which is in accordance with the definition prepared by WHO experts in 1948. Our well-being is, thus, perceived subjectively and individual sensations not always allow us to evaluate objectively health situations and to choose behaviours beneficial for health.

Research on health, health behaviours and perceiving the physical and social environment by young people (HBSC - Health Behaviour in School-aged Children) is carried out with the support of WHO since 1982 (in Poland since 1990), regularly every fourth year. On the basis of the conclusions from HBSC research reports B. Wojnarowska<sup>1</sup> finds out similarities and differences in health behaviours of young people in European Union countries, which result e.g. from different experience of the young generation, conditioned by cultural, social and economical conditions. The differences between young people from various countries “concern mainly the degree of occurrence of positive or negative phenomena concerning health and health behaviours (...) including behaviours posing risk to health”<sup>2</sup>. Disabled pupils from special schools do not participate in such research. Thus, there is a need to diagnose health behaviours of young people suffering from intellectual disability, who have the same needs and expectations as fully able children of the same age. Treating disabled pupils as an integral group of young people gives them opportunity for full autonomy and integration, also in the context of creating behaviours supporting their health.

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<sup>1</sup> B. Wojnarowska, *Zdrowie, zachowania zdrowotne i środowisko społeczne młodzieży w krajach Unii Europejskiej*, Warszawa 2005.

<sup>2</sup> Op. cit. s. 63

Each disturbance in the functioning of an organism can interfere with a person's health, but disability does not exclude the healthy lifestyle. F. Wojciechowski<sup>3</sup> believes that "a child with lower intellectual ability deprived of impulses stimulating its development is not able to create proper behaviours (...) that is why health education becomes a measure and, at the same time, a condition and way which can activate still undervaluated developmental possibilities of intellectually disabled children". We are all responsible for creating healthy lifestyle of children and young people, while parents and teachers should be main health leaders.

T Wiliams<sup>4</sup> believes that health education is a process "in which people learn how to take care of their health and of the health of the society they live in". M. Demel<sup>5</sup> establishing four stages of health education he called the adolescence the stage of autoeducation; during this stage health related behaviours are shaped and consolidated. The adolescence period in which changes in biopsychophysical, social and personal development take place, is a special period in the life of every person. Between the 12<sup>th</sup> and 17<sup>th</sup> year of age young people become aware of their own health and become co-creators of it. According to the holistic and functional paradigm – health is a process of "creating oneself in the course of effective coping with the requirements imposed by the environment and by oneself", this means it depends on "possibilities (resources) and requirements of the environment not as much objective ones, as seen with the use of this particular person's evaluation"<sup>6</sup>. Health behaviours are behavioural health resources and health attitudes of young people are the basis for behaviours beneficial for health, fully aware ones, aiming "not only at maintaining but also at creating ones own health in the process of solving life and professional tasks, thus realizing plans and life aims in accordance with the need of having a sense of life and acting"<sup>7</sup>.

Thus, we can ask a question: How do young people with intellectual disability due to obstacles or limitations resulting from learning about and acquiring the preferred standards, system of value, models of behaviours, including pro-health behaviours perceive their health and to what degree are they creators of their own health?

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<sup>3</sup> F. Wojciechowski, *Edukacja zdrowotna w rewalidacji dzieci niepełnosprawnych intelektualnie*, Kraków 1999, s. 39.

<sup>4</sup> T. Wiliams, za: B. Woynarowska /red./, *Zdrowie i szkoła*. PZWL, Warszawa 2000, s. 16.

<sup>5</sup> M. Demel, *Pedagogika zdrowia*, Warszawa 1980.

<sup>6</sup> H. Wrona-Polańska, *Zdrowie jako funkcja twórczego radzenia sobie ze stresem*, Kraków 2003, s. 47.

<sup>7</sup> Op. cit. s. 9.

## Methods of research

This question was an inspiration for my research aimed at defining health behaviours and social context of health of young people with mild intellectual disability – pupils from secondary schools, subject to special education. Research issues are formulated in the form of questions:

1. What is the well-being and self-evaluation of young persons with intellectual disability during the adolescence period?
2. How do girls and boys from secondary school, suffering from intellectual disability perceive their health behaviours?
3. Do the young people, subject of this research undertake behaviours risky to their health, and to what degree?

The questionnaire “Lifestyle of children and young people at school age” prepared and modified by B. Woynarowska was used to surveyed the subject.

The research covered 120 pupils, including 59 girls and 61 boys aged 13 to 18. All of them had a medical certificate that they suffer from mild intellectual disability and they were pupils from special secondary schools in Kraków and Mielec.

## Research results

Similarly like in HBSC research, health indices were specified on the basis of self-evaluation of health and satisfaction from life (positive index) and occurrence of subjective health problems (negative index). Great majority of young people evaluate their health (93,3%) and satisfaction from life (60,73%) positively. This does not mean, however, that they do not experience health problems. Somatic health problems and feeling of discomfort mentioned most often by pupils are: stomach ache (once or a few times a day); hands, legs or head aches; bad humor, nervousness, crying. According to those children well-being is a result of: meeting friends (88,2%), drinking fizzy drinks (82.3%), eating crisps (76,%%).

As far as self-evaluation of health is concerned as well as the perception of well-being in family and school environment is concerned, sex-related differences have been observed. More boys than girls like themselves as they are, have good appetite (boys: 73,5%; girls: 51,8%), easily fall asleep and sleep well in the night ( boys: 62,1%; girls: 22,87%). Boys (81,2%) are twice as often as girls (40,26%) satisfied with their life and feel well in their families (boys: 88,43%; girls: 44,43%), also they always feel well in their school class (boys: 65,4%; girls: 26,2%).

The persons under research believe that well-being in classroom is connected with the conviction that teachers like their pupils and their awareness that they can count on their

teachers' help, support and the acceptance of their colleagues. Although most pupils accept their class and the atmosphere in their school, not all of them like their form masters and every fourth pupil feels fear for going to school.

Another factor related to health are health behaviours. Majority of persons ( boys: 63,9%; girls: 53,3%) under research declared pro-health behaviours concerning: oral hygiene (59,75%), 8-9 hours of sleep each night (59,75%), limitation of watching TV to 2 hours a day (68,4%). The pupils evaluated the lowest their physical activity. Every third pupil declared daily physical activity, boys declared physical activity two times as often as girls. The persons under research preferred passive relax during their free time: watching TV (3/4), playing computer games (1/4), reading newspapers and magazines (1/4). These behaviours are not beneficial for health.

Balanced nutrition is a recommendation for healthy lifestyle. It was found out that as far as nutrition is concerned the pupils under research usually eat breakfasts everyday (42,4%), every third person eats fruit everyday always or often, every fourth one eats vegetables, every fifth drinks milk, kefir or yoghurt everyday, which indicates low intake of milk and other dairy products. Considerable majority of persons (80,35%) under research admits that they do not limit eating sweets and drinking sweet fizzy drinks. Boys eat fruit, vegetables and sweets less often than girls but they drink milk and eat breakfast more often.

The ability to observe the rules of the road and preventing accidents and injuries is also treated as a pro-health behaviour. 61,01% of persons (boys: 72,66%; girls: 49,36%) declared that they are for the obligation to fasten seat belts during a car drive. Boys declared observing the rules of the road while riding their bicycle or while crossing the road more often than girls. Considerable majority of boys and girls keeps away from misfires and other dangerous materials and unfamiliar objects. A half of the persons under research takes medicines always after asking for the permission from their parents or teachers.

Using tobacco, alcohol and drugs are included in the group of behaviours harmful to health. Every third schoolchild smokes cigarettes always, in this group there are more girls than boys. 69.36% of girls and 68.2% of boys never smoke. Every fourth schoolchild admits that he or she sometimes drinks alcohol. The least amount of persons admitted that they sometimes take drugs.

The most frequent cause for smoking tobacco and drinking alcohol are not only social reasons, curiosity, wish to impress others but also the example set by adults. This is a reflection of general social perception of bad habits i.e. acceptance of smoking and drinking

alcohol without consideration for age and belonging to a particular cultural group, as well as not executing the right to live without passive smoking.

## **Conclusions**

Health defined in the categories of not only the lack of illness and physical indispositions must take into concern psychological and social conditions for well-being, which perceiving subjectively by individual persons give us the complete image of good or bad feeling in the process of creating one's own health.

On the basis of subjective evaluation of health and health behaviours of pupils with mild intellectual disability during the period of full adolescence it was found out that boys declare more pro-health behaviours than girls and risky health behaviours are characteristic not only of boys. It is alarming that young people exercise low level of physical activity and fail to observe proper nutrition habits, at the same time having positive self-evaluation of their own health and feeling satisfaction from their family and school life.

The observed tendencies are comparable to health indices of the general population of girls and boys in Poland and Europe. There is a need to carry out even more intensive health education of emergency and preventive character among pupils from special schools, their parents and teachers. The problem of behaviours harmful to health occurring among adolescent persons poses a risk of strengthening and copying such behaviours in adult life. Our activities, mainly educational and medical, must thus take into concern the vision of the future, towards all people, in order to prevent and maintain as well as fully use life resources supporting the development and health of human beings.

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