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Selected conditions of health behaviour of young people from the rural environment

Wybrane uwarunkowania zachowań zdrowotnych młodzieży ze środowiska wiejskiego

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Summary Background. Unfavourable living conditions, particularly in the countryside, and a relatively low level of health culture are not conducive to maintaining people's health. On a national level, the population's health, including that of young people, is deeply unsatisfactory.

Objectives. Our research aimed at studying selected health behaviours in young people aged 15 to 19 living in rural areas.

Material and methods. The subjects were young people from rural areas aged 15 to 19. There was a total of 984 in the study, along with their parents. The research took the form of a representative study using original questionnaires, the results of which were then subjected to statistical analysis using a χ^2 -test, Cramer's V and Spearman's rho.

Results. Two-parent families made up 85.87% of the subjects, with one-parent families 11.45%. The majority of the subjects came from non-farming families (52.98%). According to 69.61%, their living conditions were good; however, 14.5% declared them bad. Only 6.7% of the subjects declared that the family earned enough to buy everything they needed (without saving). According to 40.37%, the highest monthly income per person in the household was 200 PLN. A relationship was observed between the consumption of breakfast and the gender of the subjects, their parents' educational level and the household's financial situation, although no dependence on income was noted. There was a relationship between the basic food products consumed and household income, along with that between cigarette smoking and the gender of the subjects and their parents' educational level, although no dependence on income was observed. Relationships between the gender of the subjects, their parents' educational level, the household's financial situation and income were observed.

Conclusions. The results show a clear prevalence of anti-health behaviours over those promoting health, along with the poor social welfare of the subjects' families. Furthermore, dependencies between the health behaviours of the young people and their gender, their parents' educational level, their home conditions and the household's financial situation were observed.

Key words: young people, rural areas, diet, stimulants.

Streszczenie Wstęp. Niezbyt korzystne warunki życia ludności, w tym zwłaszcza na wsi, i stosunkowo niski poziom kultury zdrowotnej nie sprzyjają zachowaniu zdrowia ludności. Stan zdrowia ludności kraju, w tym także młodzieży, oceniany jest jako wysoce niezadowolający.

Cel badań. Celem badań było poznanie niektórych wybranych uwarunkowań zachowań zdrowotnych młodzieży od 15. do 19. roku życia ze środowiska wiejskiego.

Material i metody. Badaniami objęto młodzież wiejską w wieku od 15. do 19. roku życia. Przebadano ogółem 984 osoby oraz ich rodziców. Badania miały charakter badań reprezentacyjnych. W badaniach zastosowano autorskie kwestionariusze badań. Zebrane informacje opracowano statystycznie, stosując do analiz statystycznych: test χ^2 , V Cramera, R-rang Spearmana.

Wyniki. Z rodzin pełnych pochodziło 85,87% badanych, a niepełnych (11,45%). Przeważały gospodarstwa nierolnicze, z których pochodziła badana młodzież (52,98%). Sytuacja mieszkaniowa badanych gospodarstw domowych według 69,61% – była dobra, natomiast zła – u 14,5%. W gospodarstwie domowym wystarcza pieniędzy na wszystko (bez oszczędzania) tylko u 6,7% badanych. Najwięcej badanych (35,52%) podało, że „żyjemy oszczędnie i są kłopoty z większymi zakupami”. Najwyższy dochód na 1 osobę miesięcznie w gospodarstwie domowym wynosi 200 zł (wg 40,37%). Odnotowano zależność spożycia I śniadania od płci badanej młodzieży, od wykształcenia rodziców, sytu-

acji finansowej gospodarstwa domowego, stwierdzono brak zależności od dochodu. Zauważono zależność spożycia podstawowych produktów odżywczych od sytuacji finansowej gospodarstwa oraz od dochodu w gospodarstwie domowym. Odnotowano również zależność palenia tytoniu od płci badanych, wykształcenia rodziców, ale nie stwierdzono zależności od dochodów. Wykazano zależność od płci badanych, wykształcenia ich rodziców, sytuacji finansowej gospodarstwa domowego oraz dochodu.

Wnioski. W wyniku przeprowadzonych badań stwierdzono: znaczną przewagę zachowań antyzdrowotnych nad zachowaniami prozdrowotnymi, złą sytuację socjobytową rodzin badanych. Poznano również zależności zachowań zdrowotnych młodzieży od ich płci, wykształcenia rodziców, ich sytuacji bytowej oraz sytuacji finansowej gospodarstwa domowego.

Słowa kluczowe: młodzież, środowisko wiejskie, żywienie, używki.

Introduction

The worsening health condition of the population and numerous hazards and health problems of the population force us to look for manners to improve the *status quo*. One must take care of his health at every stage of life: in the period of childhood and later. We shall think about our own health, its maintenance and improvement already in the school days. In the period when habits and customs are worked out, the protection of one's own health shall be taken into account together with the conduct of a healthy lifestyle and pro-health education [2].

The professional literature shows that this sphere of life and education is a little neglected, probably very varied, subject to the impact of various, both, environmental and individual factors [6].

Therefrom the identification of hazards, becoming familiar with their conditions, diagnosing the situation, in particular, in the group of young people from the rural environment is very necessary and expected. The creation of health promotion and prevention programs in the group of young people from the rural environment must be based on fully reliable social diagnoses of the situation, well documented and monitored [9].

Not very favourable life conditions, of which, in particular, in the country and a relatively low level of health culture expressed by irrational eating, insufficient physical activity, abuse of alcohol and smoking do not foster the maintenance of health of the population. The health condition of the population of Poland, youth included, is evaluated as very unsatisfactory [8].

Detailed activities aimed at the promotion of health at school and in the family and the ability to use the earlier knowledge to analyse and search the factors which make up conditions for pro-health behaviours of young peoples are necessary [12].

Material and research methods

Surveys carried out within the KBN (State Committee for Scientific Research) grant (The main

contractor in the project is: dr Katarzyna Sygit) covered the rural youth aged between 15 and 19. In total, 984 people and their parents were surveyed. This research related to the rural youth from seven districts from the Western-Pomeranian Province (województwo zachodniopomorskie) randomly drawn for surveys. The research had the nature of representative surveys.

In the research, the author's questionnaires were used. The information selected was worked out statistically with the application of statistical analyses Chi square test, V Cramer's test, Spearman's R rank. In this research, only selected conditions for the health behaviour of rural youth were presented.

Results of the research

1. Living standard of rural families from which the rural youths aged over 15 originate

Over 85.87% of those surveyed came from full families, and 11.45% from one-parent families. Not-agricultural farms prevailed, from which the youth surveyed originated (52.98%); but 16.7% of the youth surveyed came from agricultural farms (Table 1).

The housing situation of the households under survey, according to 69.61% – was good, and according to 14.5% was bad (and very bad – according to 1.76%) (Table 2).

Table 1. Type of household

Type of household	Number	Per cent
Agricultural	363	16.77
Agricultural production	99	4.57
Non-agricultural	1147	52.98
Other	556	25.68

The housing situation of the households is	Number	Per cent
Very good	255	11.78
Good	1507	69.61
Bad	313	14.46
Very bad	90	4.16

In the household, there is enough money for everything (without saving), only according to 6.7% of those surveyed. Most surveyed (35.52%) stated that “they lived economically and had problems with larger purchases”. According to 10.16% “there was enough money for the cheapest food but not for clothes” (Table 3).

Can the household afford	Number	Per cent
Everything without saving	146	6.74
We live economically and can afford everything	630	29.10
We live economically and have problems with larger purchases	769	35.52
We can afford the cheapest food and clothes	213	9.84
We can afford the cheapest food but not clothes	220	10.16
We cannot afford the cheapest food and clothes	187	8.64

Gender	Do you have breakfast before leaving for school?				Total
	always	frequently	rarely	never	
Girl	271	116	95	65	547
	49.54%	21.21%	17.37%	11.88%	
Boy	265	67	57	37	426
	62.21%	15.73%	13.38%	8.69%	
Total	536	183	152	102	973
Pearson's χ^2	15.57	$df = 3$	$p = 0.00139$		
Cramer's V	0.13				
Spearman's R rank	-0.12	$t = -3.770$	$p = 0.00017$		

The main income resources in the household	Number	Per cent
From agricultural production	312	14.41
From agricultural pension	131	6.05
Another source	1493	68.96
No source of income	229	10.58

The highest income per 1 person per month in the household amounts to 200 PLN (according to 40.37%), between 201–299 PLN (according to 18.6%) and between 300–391 (according to 14.27%). The main resources of income in the household are: agricultural production – only 14.41%, agricultural pension (6%), however, from other resources as much as 68.9% of incomes (Table 4).

Some selected conditions for the health behaviour of the surveyed rural youth

- The breakfast was consumed: always: 54.47%, frequently 18.6%, rarely 15.45%, never 10.37%.

The consumption of breakfast was dependent on the gender of the youth surveyed (Table 5), also on the education of the parents (Table 6), the financial situation of the household (Table 7), but no dependency on the income was found out (Table 8).

- Consumption of basic nutrient products.

A dependency between the consumption of basic nutrient products and the financial situation of the household (Table 9) and the income of households (Table 10) was found out.

Table 6. Consumption of breakfast by rural youth, depending upon parents' education

Education of the person who fills in the questionnaire	Do you have breakfast before leaving for school?				Total
	always	frequently	rarely	never	
Primary	102 (56.67%)	26 (14.44%)	34 (18.89%)	18 (10.00%)	180
General secondary	124 (59.90%)	36 (17.39%)	22 (10.63%)	25 (12.08%)	207
Vocational secondary	253 (51.63%)	104 (21.22%)	82 (16.73%)	51 (10.41%)	490
University	44 (62.86%)	11 (15.71%)	10 (14.29%)	5 (7.14%)	70
Total	523	177	148	99	947
Pearson's χ^2	13.00	$df = 9$	$p = 0.16250$		
Cramer's V	0.07				
Spearman's R rank	0.01	$t = 0.0813$	$p = 0.68327$		

Table 7. Consumption of breakfast by rural youth, depending upon financial situation of the household

Can your household afford	Do you have breakfast before leaving for school?				Total
	always	frequently	rarely	never	
Everything without saving	44 (60.27%)	15 (20.55%)	7 (9.59%)	7 (9.59%)	73
We live economically and can afford everything	149 (54.38%)	57 (20.80%)	38 (13.87%)	30 (10.95%)	274
We live economically and have problems with larger purchases	202 (57.39%)	61 (17.33%)	48 (13.64%)	41 (11.65%)	352
We can afford the cheapest food and clothes	43 (42.57%)	26 (25.74%)	24 (23.76%)	8 (7.92%)	101
We can afford the cheapest food but not clothes	64 (60.38%)	16 (15.09%)	17 (16.04%)	9 (8.49%)	106
We cannot afford the cheapest food nor clothes	28 (52.83%)	5 (9.43%)	14 (26.42%)	6 (11.32%)	53
Total	530	180	148	101	959
Pearson's χ^2	24.24	$df = 15$	$p = 0.06123$		
Cramer's V	0.09				
Spearman's R rank	0.03	$t = 0.92318$	$p = 0.35615$		

- Risk behaviour of the surveyed youth.
 - Smoking by the surveyed youth.

A dependency between smoking and the gender of those surveyed (Table 11), the education of parents (Table 12) was found out, but no dependency on the income was found out (Table 13).

- Drinking alcohol

A dependency on the gender of those surveyed (Table 14), the education of their parents (Table 15), the financial situation of the household (Table 16) and income (Table 17) was found out.

Discussion

In the life of a young person, there are situations directly related to the maintenance of health (for instance, preventive inoculation or the decision to go and see a doctor) and other – which are predominant – referring indirectly to the health (various elements of lifestyle: resting, eating, physical activity) [12].

These situations are accompanied by identified behaviour – directly or indirectly influencing the

Average income per head monthly in the household amounts to	Do you have breakfast before leaving for school?				
	always	frequently	rarely	never	Total
Up to 200 PLN	232 (59.64%)	54 (13.88%)	63 (16.20%)	40 (10.28%)	389
201–299	97 (48.99%)	45 (22.73%)	33 (16.67%)	23 (11.62%)	198
300–391	75 (51.37%)	36 (24.66%)	18 (12.33%)	17 (11.64%)	146
400–499	51 (53.68%)	22 (23.16%)	17 (17.89%)	5 (5.26%)	95
500–599	30 (51.72%)	12 (20.69%)	8 (13.79%)	8 (13.79%)	58
600 and more	30 (53.57%)	10 (17.86%)	7 (12.50%)	9 (16.07%)	56
Total	515	179	146	102	942
Pearson's χ^2	20.55	$df = 15$	$p = 0.15200$		
Cramer's V	0.09				
Spearman's R rank	0.04	$t = 1.3538$	$p = 0.17612$		

Can the household afford	Can you say that during the last month you have consumed? (meat, vegetables, fruit, vegetable salads, sweets, potatoes, bread, milk)				
	30–20 times	19–10 times	fewer than 10 times	no milk	Total
Everything without saving	34 (57.63%)	12 (20.34%)	6 (10.17%)	7 (11.86%)	59
We live economically and can afford everything	98 (44.55%)	64 (29.09%)	31 (14.09%)	27 (12.27%)	220
We live economically and have problems with larger purchases	147 (49.33%)	68 (22.82%)	40 (13.42%)	43 (14.43%)	298
We can afford the cheapest food and clothes	37 (43.02%)	19 (22.09%)	15 (17.44%)	15 (17.44%)	86
We can afford the cheapest food but not clothes	36 (43.37%)	26 (31.33%)	12 (14.46%)	9 (10.84%)	83
We cannot afford the cheapest food nor clothes	16 (34.04%)	12 (25.53%)	11 (23.40%)	8 (17.02%)	47
Total	368	201	115	109	793
Pearson's χ^2	14.76	$df = 15$	$p = 0.46878$		
Cramer's V	0.08				
Spearman's R rank	0.06	$t = 1.7646$	$p = 0.07802$		

health. The program of pro-health education of pupils shall refer to these situations and behaviours [3, 8].

The way of eating of the population is far from being perfect, and the rural youth's eating is very irregular [4].

According to B. Woynarowska [12] 18% do not have everyday breakfast, and 21% have no meal at school. This has a negative impact on the wellbeing and disposition for learning at school. According to L. Szponar the eating problem is not presented in a satisfactory manner at school [11]. In these

Table 10. Consumption of basic nutrient products, depending upon the income of the household

Average income per head monthly in the household amounts to	Can you say that during the last month you have consumed? (meat, vegetables, fruits, vegetable salads, sweets, potatoes, bread, milk)				
	30–20 times	19–10 times	fewer than 10 times	no milk	Total
Up to 200 PLN	141 (43.93%)	82 (25.55%)	53 (16.51%)	45 (14.02%)	321
201–299	79 (48.17%)	35 (21.34%)	29 (17.68%)	21 (12.80%)	164
300–391	59 (47.20%)	30 (24.00%)	13 (10.40%)	23 (18.40%)	125
400–499	43 (50.00%)	30 (34.88%)	8 (9.30%)	5 (5.81%)	86
500–599	16 (37.21%)	8 (18.60%)	8 (18.60%)	11 (25.58%)	43
600 and more	23 (53.49%)	10 (23.26%)	4 (9.30%)	6 (13.95%)	43
Total	361	195	115	111	782
Pearson's χ^2	23.39	$df = 15$	$p = 0.07624$		
Cramer's V	0.10				
Spearman's R rank	-0.03	$t = -0.8962$	$p = 0.37045$		

Table 11. Dependency of smoking on the gender of those surveyed

Gender	Do you smoke?				Total
	I have never smoked	I used to smoke but I don't	I do smoke	I smoke also on an empty stomach	
Girl	356 (65.20%)	114 (20.88%)	58 (10.62%)	18 (3.30%)	546
Boy	248 (58.22%)	98 (23.00%)	68 (15.96%)	12 (2.82%)	426
Total	604	212	126	30	972
Cramer's V	7.82	$df = 3$	$p = 0.04996$		
Spearman's R rank	0.09				
Pearson's χ^2	0.07	$t = 2.3213$	$p = 0.02048$		

Table 12. Dependency of smoking on the parents' education

Education of the person who fills in the questionnaire	Do you smoke?				Total
	I have never smoked	I used to smoke but I don't	I do smoke	I smoke also on an empty stomach	
Primary	113 (63.13%)	35 (19.55%)	22 (12.29%)	9 (5.03%)	179
General secondary	130 (62.80%)	40 (19.32%)	32 (15.46%)	5 (2.42%)	207
Vocational secondary	296 (60.53%)	120 (24.54%)	59 (12.07%)	14 (2.86%)	489
University	46 (63.89%)	16 (22.22%)	8 (11.11%)	2 (2.78%)	72
Total	585	211	121	30	947
Pearson's χ^2	6.84	$df = 9$	$p = 0.65328$		
Cramer's V	0.05				
Spearman's R rank	0.00	$t = 0.01381$	$p = 0.98899$		

Table 13. Dependency of smoking on the income of the household

Average income per one head monthly in the household amounts to	Do you smoke?				Total
	I have never smoked	I used to smoke but I don't	I do smoke	I smoke also on an empty stomach	
Up to 200 PLN	235 (60.72%)	82 (21.19%)	55 (14.21%)	15 (3.88%)	387
201–299	124 (62.00%)	48 (24.00%)	23 (11.50%)	5 (2.50%)	200
300–391	85 (59.03%)	29 (20.14%)	27 (18.75%)	3 (2.08%)	144
400–499	63 (66.32%)	24 (25.26%)	8 (8.42%)	0 (0.00%)	95
500–99	39 (68.42%)	11 (19.30%)	6 (10.53%)	1 (1.75%)	57
600 and more	36 (62.07%)	14 (24.14%)	4 (6.90%)	4 (6.90%)	58
Total	582	208	123	28	941
Pearson's χ^2	18.00	$df = 15$	$p = 0.26286$		
Cramer's V	0.08				
Spearman's R rank	-0.04	$t = -1.143$	$p = 0.25350$		

Table 14. Dependency of alcohol drinking on the gender of those surveyed

Gender	Do you drink alcohol?			Total
	I have never drunk	I drink	I drink occasionally	
Girl	222 (40.88%)	321 (59.12%)	0 (0.00%)	543
Boy	173 (40.61%)	242 (56.81%)	11 (2.58%)	426
Total	395	563	11	969
Pearson's χ^2	14.24	$df = 2$	$p = 0.00081$	
Cramer's V	0.12			
Spearman's R rank	0.02	$t = 0.56098$	$p = 0.57494$	

Table 15. Dependency of alcohol drinking on parents' education

Your parents have	Do you drink alcohol?			Total
	I have never drunk	I drink	I drink occasionally	
University education (both)	14 (28.57%)	33 (67.35%)	2 (4.08%)	49
General secondary (both)	22 (34.38%)	41 (64.06%)	1 (1.56%)	64
Vocational secondary (both)	179 (40.50%)	259 (58.60%)	4 (0.90%)	442
Primary (both)	51 (42.15%)	67 (55.37%)	3 (2.48%)	121
1 – university, the other – another	17 (29.82%)	40 (70.18%)	0 (0.00%)	57
1 – secondary, the other – another	104 (46.64%)	118 (52.91%)	1 (0.45%)	223
Total	387	558	11	956
Pearson's χ^2	17.25	$df = 10$	$p = 0.06906$	
Cramer's V	0.09			
Spearman's R rank	-0.07	$t = -2.188$	$p = 0.02895$	

Table 16. Dependency of alcohol drinking on the financial situation of the household

Can the household afford	Do you drink alcohol?			Total
	I have never drunk	I drink	I drink occasionally	
Everything without saving	25 (33.33%)	46 (61.33%)	4 (5.33%)	75
We live economically and can afford everything	102 (37.78%)	166 (61.48%)	2 (0.74%)	270
We live economically and have problems with larger purchases	145 (41.43%)	204 (58.29%)	1 (0.29%)	350
We can afford the cheapest food and clothes	39 (38.61%)	59 (58.42%)	3 (2.97%)	101
We can afford the cheapest food but not clothes	52 (49.06%)	54 (50.94%)	0	106
We cannot afford the cheapest food nor clothes	24 (45.28%)	28 (52.83%)	1 (1.89%)	53
Total	24.09	$df = 10$	$p = 0.00736$	24.09
Pearson's χ^2	387	557	11	955
Cramer's V	0.11			
Spearman's R rank	-0.07	$t = -2.214$	$p = 0.02704$	-0.07

Table 17. Dependency of alcohol drinking on the income

Average income per one head monthly in the household amounts to	Do you drink alcohol?			Total
	I have never drunk	I drink	I drink occasionally	
Up to 200 PLN	177 (46.09%)	199 (51.82%)	8 (2.08%)	384
201–299	79 (39.90%)	118 (59.60%)	1 (0.51%)	198
300–391	52 (35.62%)	93 (63.70%)	1 (0.68%)	146
400–499	34 (36.17%)	60 (63.83%)	0 (0.00%)	94
500–599	22 (37.93%)	36 (62.07%)	0 (0.00%)	58
600 and more	18 (31.03%)	39 (67.24%)	1 (1.72%)	58
Total	382	545	11	938
Pearson's χ^2	16.30	$df = 10$	$p = 0.09134$	
Cramer's V	0.09			
Spearman's R rank	0.09	$t = 2.6647$	$p = 0.00784$	0,09

surveys, a dependency between the consumption of the basic nutrient products and the financial situation of the household and its income was found out.

Currently, 16.5% of rural youth smoked at least for one year (between 10–20 cigarettes daily); 16.3% used to smoke; only 66.3% have never smoked [7]. Mental and social conditions of cigarette addiction are stated by A. Jakubik [5]. In the research by B. Woynarowska, this problem relates already to 43% of children, aged between 11–15, and grows sharply together with the age [7].

47.99% of the rural youth drink alcohol [9]. In other research [10] 40–76% of rural youth tried alcohol drinks at the age between 11–15 (90% amongst 15 years old), once a week.

In the research, the dependency between smoking and the gender of those surveyed, and the parents' education was found out but none was found out in the case of income.

As to the alcohol consumption, it depends upon the gender of those surveyed, the education of their parents, the financial situation of the household and the income. B. Woynarowska [12] and other researchers

[1, 3, 5, 11] come to similar conclusions. Establishing of bad health behaviour habits simultaneously to growing in the group of pupils in the future may cause more and more frequent diseases and per cent of deaths (of which excessive mortality of men).

The system of education gives an enormous chance to have an impact on the health of the young people. Naturally we must not forget about the fact that in the process of socialisation, the family has a prevailing importance to a child and for instance the examples transferred there may be strengthened but also contradictory to the examples of pro-health lifestyle [10].

Schools are the place of pro-health education, promoting the health:

- the school is a place where the health is generated. This may exert an impact on the conduct and improvement of the health also owing to the fact that a pro-health education is well implemented.
- the school as a universal organisation facilitates a systematic pro-health education of young people (indirectly) and their parents.

The health behaviours are shaped starting from early childhood in the process of socialisation under the impact of various factors, primarily at home, then, in the nursery, school, group of peers, whose sources are mass media, the examples of human behaviour of the closest environment.

The second decade of life is particularly important and mostly in the period of growing up when a very strong need occurs with young people to become independent from the earlier nearest environment. Becoming familiar and understanding the health behaviour of young people and its conditions makes a basis to program the pro-health education and various projects of health promotion whose purpose is to shape the lifestyle, fostering the health [9].

Results

In consequence of the research conducted (implemented within the KBN grant), with reference to:

- a) living standards of families from which the youth surveyed, from the rural environment, originates, aged between 15 and 19,
- b) the behaviour and health needs of the youth surveyed from the rural environment it was found out:
 1. A prevailing number of anti-health behaviour
 - bad eating habits,
 - the use of stimulants (a high degree of hazard
 - smoking and alcohol drinking).
 2. Dependencies of health behaviour of the children surveyed from their gender, parents' education, welfare and financial situation of the household were found out.

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