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CHILDREN'S POINT OF VIEW TO HEALTH RELATED SOCIAL FACTORS

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Abstract

The article raises a problem that we do not pay sufficient attention to children's point of view to health. Children's health understanding is closely related to the absence of disease. Due to the growing age and educational programs children's perception about health is extended to social factors. However, it is a constant challenge to find out meaningful correlations of social factors with health as it is a broad field, influenced by the number of aspects. The article introduces original results of KIDSCREEN 52 survey which is conducted for the first time in Lithuania. Children's point of view to health is related to the social factors in conjunction with health status, communication with parents, age and gender. Children without health problems demonstrate positive evaluation to health related social factors. The more children talk with parents about health the more they demonstrate positive evaluation to health related social factors. The boys revealed that they more often than girls are talking to their parents about health in general, they assess their health better and they are very likely to agree with statements describing their physical health and well-being. The age of the children interacts with all factors of the questionnaire in a weak but statistically significant correlation. A direct correlation was found between children's age and overall health assessment. All aforementioned statements are based on statistically significant correlations, which are demonstrated in the article. Our research findings are consistent with already existing; therefore, they complement meaningfully the social ecological approach to health promotion and education.

Keywords: *health promotion, children, social factors.*

Introduction

Kostmann & Nilsson (2012) note that it is rarely considered to talk about the health from children's perspective, because there is prevalent attitude that children do not know what is the best for them, that is why the parents' and experts' attitudes are more important. Researches of the childhood phenomenon (Juodaitytė, 2003) encourage paying special attention to the children's cultural, educational and psychological perspective on all the issues, including health. In addition, in today's society, where consumerism is strongly established, the personal awareness of health issues is very important.

Often both children's and adults' approach to health is analyzed by reflecting it from the perspective of the disease. In part, this situation is implied by the methodological imperatives and their expression on the basis on constructed health and medical research. Gadamer (1996) states that only disease may exist as the subject, whereas health cannot. Health is a person's life as well-being, as a person's involvement in life, participation, presence and communion with other people. Meanwhile, the disease is what destroys the sense of wholeness of a person's life. The disease can be analyzed as an objective fact, for the reason that it is something outside of the human's life, because the disease can be controlled, while the health is given: it is difficult or almost impossible to control it as a specific object. Over the past few decades, deepening the subjective-interpretative epistemology in the social sciences, increasingly the question comes to the attention: "what is health?" in the qualitative research. Furthermore, the development of concepts of negative health (illness/disease/disability) and positive health (well-being, wellness), enable operationalizing the question "what is health?" in the quantitative research as well.

The question "what is health?" could never be separated from the environment. Health is considered as integral part of human environment: "health is related to the ability of an organism to maintain a balance with its environment <...> Health exists when an organism works with its environment successfully and is able to grow, function, and thrive" (Larson, 1999, p. 131).

Larson (1999) proposes to distinguish four models that explain the conceptual shift from the medical to the environment focused approach to health:

- Medical model – the absence of disease or disability.
- WHO model – state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity.
- Wellness model – health promotion and progress toward higher functioning, energy, comfort, and integration of mind, body, and spirit.
- Environmental model – adaptation to physical and social surroundings; a balance free from undue pain, discomfort, or disability.

Recently, research instruments were developed, which enable the operationalization of social environment as health resources. The authors chose KIDSCREEN instrument which enables on the basis of statistical parameters to analyze a wide range of environmental factors which are important for health promotion in a family. Our research hypothesis is organized on the notion that children's communication with parents on health issues is significant for the way children evaluate health related social factors. Our research data confirm the hypothesis as follows: the more children talk with parents about health the more they demonstrate positive evaluation of health related social factors, and vice versa. Moreover, children without health problems demonstrate positive evaluation to health related social factors. The boys revealed that they more often than girls are talking to their parents about health in general, they assess their health better and they are very likely to agree with statements describing their physical health and well-being (they were *physically strong*, *healthy*, *physically active*, *feel energetic*). The age of the children interacts with all factors of the questionnaire in a weak but statistically significant correlation. A direct correlation was found between children's age and overall health assessment. All aforementioned statements are based on statistically significant correlations, which are demonstrated in the article. Such findings are important as they enable to develop health promotion programs, which are based on the "cumulative impact of multiple environmental conditions" (Stokols, 1996, p. 285).

The novelty of the study is that KIDSCREEN instrument was used in Lithuania for the first time, which enables to collect unique data, also brings the imperative to carry out the questionnaire validation. To ensure full validation process a pilot study was conducted. Questionnaire's internal consistency (Cronbach's alpha) and factor analysis were conducted. Our study used a common questionnaire compatibility rate – 0.848, and the individual claims ranging from 0.797 to 0.890. Therefore, we can conclude that the questionnaire validation results are good.

The **aim** of this research is to reveal factors which influence meaningfully children's point of view towards the health related social aspects.

Research methodology is based on quantitative approach.

The research instrument – KIDSCREEN 52 questionnaire in which questions are divided into the following categories: demographic characteristics (gender, age, child's perception whether he or she has a disease or disability, etc.), and factors as follows: physical activity and health (e.g., *how often are you running around*, etc.); feelings; the general mood; about yourself; leisure; family and family life; money; friends; school and learning; bullying. All questions were closed-ended with multiple answer choices for each question (according to the 5-point Likert-scale). Respondents were asked to select the best answer that best reflects their views.

Data processing methods. After collecting the questionnaires, the survey data were entered and analyzed using SPSS (Statistical Package for Social Sciences) for Windows data acquisition and analysis software package version 21.0 and MS Excel spreadsheets. Data entry errors were checked by calculating answers' frequencies. The quantitative characteristics of dependency, and the homogeneity of the proportions of equations used in the evaluation by Mann-Whitney test, the relationship between the two procedures for the scale of the measured variables was used to determine the nature of Spearman (ρ) correlation coefficient of direction and questionnaire validity was checked with Cronbach's alpha test.

The Research Organization. An anonymous survey was conducted during the period between the end of 2015 and the beginning of 2016, in collaboration with the Public Health Offices in different municipalities and public health specialists, working in the randomly selected schools. Randomly selected secondary schools were informed about the research and as the permission to carry out an investigation was received, each school handed out anonymous questionnaires. Anonymous survey was attended by children (2^{nd}-12^{th} classes) in general education institutions. To ensure anonymity, each questionnaire was put in a separate envelope so that after filling in the questionnaire the envelope could be sealed to ensure that the respondent is not recognized.

The research sample. The study included 1,763 children between the years of 8-18; of which 51.14 percent were girls and 48.86 percent were boys. The smallest group of the study participants was the children between 9 and 10 years of age (equivalent to 5.43 percent and 4.52 percent.), 15-year-olds accounted for the largest share – 12.24 percent from all the study participants.

Research results

Child's subjective health assessment and correlations with factors. Statistically significant differences were found between the children who have health problems and all the factors contained in the questionnaire, except monetary factor (Table 1).

Analysis of individual factors showed that children who do not have health problems are more likely to accept the statements of physical activity and health, feelings, leisure, family and family life, friends, school and learning factors. Children with health problems are more likely to accept the claims assigned to the general mood, about yourself, and bullying factors.

Table 1. Child's subjective health assessment and correlations with factors

	Physical activity and health (p=0.00)	**Feelings (p=0.00)**	**General mood (p=0.00)**	**About yourself (p=0.00)**	**Leisure (p=0.00)**	**Family and family life (p=0.00)**	**Friends (p=0.02)**	**School and learning (p=0.00)**	**Bullying (p=0.00)**
No health problems	897.38	897.62	837.65	861.00	883.99	894.23	880.44	883.94	844.98
With health problems	640.83	680.13	1093.93	957.50	787.70	707.82	796.81	708.15	954.45

The examination of children with and without long-term disability, illness or injury, the connection with the following statements in the questionnaire showed statistically significant differences for the majority of the items. Children who say that they have no health problems, *felt physically stronger and healthier* (p=0.00), *more physically active* (p=0.00), *could run well* (p=0.00), *felt more energetic* (p=0.00) compared with those, who have pointed any kind of health disorder. Also, children who do not have health problems were more likely to state that *their life is enjoyable* (p=0.00), *they are feeling happy that they are alive* (p=0.00) and they felt *the pleasure of living* (p=0.00), compared with children with health impairments. In addition, healthy children *have more cheerful feeling* (p=0.00), *good mood* (p=0.00) and *had fun* (p=0.002). *The feeling of satisfaction being "myself"* was more identified by youth with no health conditions (p=0.001), while those with health problems more often identified *that they feel worried about the way they look* (p=0.009) and *want to change something in their body* (p=0.00). Family life and family factor analysis showed that *understanding of parents* (p=0.00), *love of parents* (p=0.00), *happiness at home* (p=0.00), *time spent together with parents* (p=0.00), *belief that parents treat them fairly* (p=0.00) were more often recognized by healthy children. They also evaluated the entertainment factor more favorably, noting that *they can spend leisure time the way they want* (p=0.036), *they had enough time to meet with friends* (p=0.024), and *enough time to stay outside* (p=0.00). Schools and teachers factor also showed that children without health problems significantly *get on better with the teachers* (p=0.004) and *the others* (p=0.002), *are satisfied with their teachers* (p=0.033), *more willingly go to school* (p=0.00), *they are more successful in their studies* (p=0.00) and *are better at concentrating* (p=0.00). Meanwhile, those with health problems often feel so bad that *they do not want to do anything* (p=0.00), *feel that they are doing everything wrong* (p=0.00), *as if nothing is right* (p=0.00), *they feel sad* (p=0.00), *alone* (p=0.002), and *as if they are fed up with everything* (p=0.00). They also frequently *suffered pressure* from the close environment (p=0.00). Bullying factor statements showed that the worst evaluation is also more common

in children who have health problems (*the other boys and girls are laughing at me* (p=0.003), *the other boys and girls are mocking me* (p=0.001).

Child's communication with parents and correlations with factors. The more children talk to their parents about the health, the more children agree to the *feelings* (p=0.00; r=-0.165), *leisure* (p=0.00; r=-0.081), *family and family life* (p=0.00 r=-0.190), *money* (p=0.00; r=-0.106), *friends* (p=0.00; r=-0.087), *school and learning* (p=0.00; r=-0.136) statements. The less children talk with their parents about health, the more they agree with the *bullying* (p=0.00, r=0.087) factor statements (Table 2).

Table 2. Child's communication with parents and correlations with factors

	Physical activity and health (p=0.00)	**Feelings (p=0.00)**	**Leisure (p=0.00)**	**Family and family life (p=0.00)**	**Money (p=0.03)**	**Friends (p=0.000)**	**School and learning (p=0.000)**	**Bullying (p=0.000)**
Talk to their parents	887.51	903.91	909.10	889.72	889.19	888.27	889.97	845.31
Do not talk to their parents	791.14	657.81	624.14	733.56	767.45	758.43	688.86	966.92

Analyzing the individual statements, it is possible to give some examples. The more children talk to their parents about the health, the more they support the fact, that they *feel energetic*, they *feel pleasure of life*, *happiness of being alive*, *satisfaction with life*, *being in a good mood*, *feeling cheerful and merry*.

On the other hand, the less children speak with their parents about their health, the more inclined they are to agree with the statement that *it is felt as if everything they do is wrong*, *feeling sad*, *feeling so bad that they did not want to do anything*, *feeling as if everything is wrong*, *loneliness*, *being pressured*, *jealous of other boys and girls or their appearance* and *wanting to change something in his/her body*.

Children's age and correlations with factors. When analyzing how the age of the children interacts with other factors in the questionnaire, a weak but statistically significant correlation was found.

Direct, statistically significant correlation between the child's age and *general mood* was identified (r=0.206, p=0.00), also among the statements *about themselves* (r=0,180, p=0.00), *money* (r= 0.152, p=0.00) and *friends* (r=0.062, p=0.01) factors. Inverse correlation was found between children's age and *feelings* (r=-0.182, p=0.00), *family life and family* (r=-0.126, p=0.00), *school and learning* (r=-0.380, p=0.00) and *bullying* (r=-0.176, p=0.00) factors (Table 3).

Table 3. Children's age and correlations with factors

	Feelings	General mood	About yourself	Family and family life	Money	Friends	School and learning	Bullying
r	*-.182***	*.206***	*.180***	*-.126***	*.152***	*.062***	*-.380***	*-.176***
p value	*0.000*	*0.000*	*0.000*	*0.000*	*0.000*	*0.010*	*0.000*	*0.000*

When analyzing the age of the children and the connection between the statements contained within factors, a direct correlation was found between children's age and overall health assessment. Also, a direct correlation between age and six out of seven overall mood (mood and emotions) characterizing statements was found (*did you feel that you are doing everything wrong*, *did you feel sadness*, *did you feel so bad, that you did not want to do anything*, *did you feel that everything is wrong in life*, *did you feel fed up with everything*, *did you feel lonely*, *did you feel pressure*). Direct correlation was observed between age and *being worried about how one looks like*, *being jealous of other boys and girls*, *the desire to change something in one's body*, *having enough time to meet with friends*. With regard to financial factors, which consist of three statements in the questionnaire, all of them have a direct correlation with age: having enough money for one's needs, having enough money to be able to do something with friends, and having enough money to do the same things as friends do. It is also a direct correlation between children's age and the possibility *to talk with friends about anything*, and *to rely on friends*.

Meanwhile, there is an inverse correlation with the age of children and the statements describing social acceptance, the school's environment and its importance for health, helping each other (friends), also the statements describing physical and mental well-being. In terms of self-perception, there is an inverse correlation between age and *felt satisfaction to be as one is*, and *satisfaction with one's clothes*. In leisure factor an inverse correlation was found with age and *having enough time for oneself*. Three out of three claims within the family and family life factor have been found to have a statistically significant inverse correlation with age.

Gender and correlations with factors

Statistically significant relationship between gender and 8 out of 10 factors was found (Table 4). Statistically significant relationship was identified not only with school and learning, but also with bullying factors. When examining the gender factors, the Mann-Whitney method allowed determining to which factors boys and girls tended to agree more. Research has shown that all the factors with which sex characteristics have statistically significant links are more likely accepted by girls.

Table 4. Gender and correlations with factors

	Physical activity and health (p=0.00)	Feelings (p=0.00)	General mood (p=0.00)	About yourself (p=0.00)	Leisure (p=0.00)	Family and family life (p=0.00)	Money (p=0.00)	Friends (p=0.00)
Girl	*891*	*898*	*896*	*898*	*896*	*895*	*895*	*894*
Boy	*849*	*852*	*852*	*857*	*857*	*856*	*850*	*855*

In order to determine how boys' and girls' opinions towards the statements in the questionnaire differ, the Mann-Whitney test was used. This test showed that for the most part of the study respondents the responses according to gender differ. Girls more often than boys *felt sad*, they also more often *felt so bad that they did not want to do anything*, that *everything in life goes wrong*, they more typically *felt that they are fed up with everything*, *lonely*, and *pressured*. Self-perception assessment also revealed that girls are more *concerned about how they look like*, that they *are more jealous to how other boys and girls look like* and they also show the tendency *to want to change something in their body*.

Meanwhile, the boys revealed that they more often than girls talk to their parents about health in general, they assess their health better and they are very likely to agree with statements describing their physical health and well-being (*were physically strong*, *healthy*, *physically active*, *could run well*, *feel energetic*). Boys are more likely to accept the statements describing the psychological well-being, like *feeling happy that you are alive*, *being satisfied with your life*, *being in a good mood*, *happy*, and *having fun*. Furthermore, they are more *satisfied with being as they are*, as well as they are *satisfied with the clothes they have*. The boys also differ in assessing leisure factors: they agree to a greater extent with the fact that *they have enough time for themselves*, *free time to do what they want to do*, *have enough opportunities to be outdoors*, *have enough time to meet with friends*, *can choose what to do in their spare time*. Assessing the relationship with parents, boys are more in favor of claims that *parents understand them*, they *feel loved by their parents*, *feel happy at home*, state that *their parents have enough time for them* and *they can talk with their parents whenever they want it*. In assessing money factors and social environment as well as peers, those statements which showed a statistically significant association are more likely to be accepted by the boys. Between school and learning, social acceptance factor and gender statistically significant relationships were not found.

Discussion on a theoretical contextualization of research results

For many years, research about how children understand health has been conducted from the illness perspective. The study by Siegal & Peterson (1999) shows that children's understanding of health as biological illness phenomenon has deep historical roots and is closely related to myths. Modern research about how children understand health is broadly based on child's development stages. Schmidt & Frohling (2000) argue that the smaller the child, the more they tend to define health as the absence of disease. The study by Myant & Williams (2005) shows that 4-12 year-old children's understanding of health and disease depends on their age. However, in the same age group, there is a different understanding of health and disease. It can therefore be assumed that the children's understanding of health and disease is related to their social and cultural experiences. A striking difference is in the period of 9-12 years. 9-10-year-olds talk about health as the absence of disease, while 11-12 year-olds talk about health, linking it with the person's behavior.

Myant & Williams (2005), in accordance with their colleagues' research results, conclude that nowadays children are more aware of the health and disease compared with the research results from the 8th decade of the twentieth century. The researchers conclude that this tendency is related to the changes in terms of children: studies use child-friendly methodologies, which consist of the child-sensitive methods such as open-ended questions that allow for children to open out. In addition, the researchers concluded that the children's knowledge about health is improving due to the growing public awareness of health issues and a strong focus on health

education in schools. The research by Williams & Binnie (2002) shows that 4-7 year old children's knowledge about the disease is strongly influenced by the training program. The study by Kostmann & Nilsson (2012) of 9-11-year-olds shows that human relationships are a very important health factor. Various other studies of 8-15 year-old children showed that health factors identified were good friends, food, good sleep hygiene, physical activity, sport and happiness. Good relationships with friends and family are identified as love, support, openness, listening. Shagena, Sandler, & Perry (1988) show that children's understanding of health is associated with the locus of control. Healthy children are characterized by stronger internal locus of control than children with health problems.

In terms of health education, it is increasingly expressed that it is very important "to help students to develop a holistic health concept, develop health-enhancing skills, habits and attitudes, the responsibility for their own and others' health and to encourage them to choose a healthy lifestyle' (On general health education program approval, 2012, Chp. II, Section 7). It is public (social) health, related to our view of ourselves, as the members of the society. It is the human ability to adapt to society or social group to which he or she belongs. It reflects our relationships with people, that is, with whom we communicate: family members, co-workers, friends (Gudžinskienė, 2007). The results of health education are not only good health, but also a healthy lifestyle, which is perceived as a "way of life, the daily habits of a whole, helping to maintain, protect and improve health" (On general health education program approval, 2012, Chp. II, Section 8).

According to the social ecosystem approach, individual health behavior is fostered easier when there is a suitable environment support and/or reinforcement. However, only the environmental support is often not a sufficient condition; for example, to encourage the consumption of fruits, placing a tray with fruits, will not necessarily help, if educational work and/or motivation system were not integrated. Therefore, the ecological model focuses on the interactions between the environment and the person's behavior, attitudes and so on. In addition, the ecological model focuses on the proper identification of the relationships between the different factors, such as free running program for the promotion will not necessarily form the habit of walking to work or school (Sallis et al, 2008, p. 470).

Conclusions

Children's point of view to health related social factors is related to health status, communication with parents, age and gender.

Children without health problems demonstrate positive attitude towards health related social factors stating that they *felt physically stronger and healthier*, *were more physically active*, *felt more energetic*, *had enjoyable life*, *the pleasure of living*, etc.

Our research data confirm the following hypothesis: the more children talk with parents about health the more they demonstrate positive attitude towards health related social factors (they *feel energetic*, they *feel pleasure of life*, *satisfaction with life*, *are in a good mood*, *feel cheerful and merry*), and the less children talk with parents about health the more they demonstrate negative attitude towards health related social factors (*feeling as if everything they do is bad*, *feeling sad*, f*eeling so bad that they did not want to do anything*, *feeling as if everything is wrong*, *loneliness*, *being pressured*).

The boys revealed that they more often than girls talk to their parents about health in general, they assess their health better and they are very likely to agree with statements

describing their physical health and well-being (*were physically strong*, *healthy*, *physically active*, *could run*, *feel energetic*).

The age of the children interact with all the factors of the questionnaire in a weak but statistically significant correlation. A direct correlation was found between children's age and overall health assessment.

Our research findings are consistent with already existing; therefore, they complement meaningfully the social ecological approach to health promotion and education.

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CHILDREN'S POINT OF VIEW TO HEALTH RELATED SOCIAL FACTORS

Summary

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The article raises a problem that we do not pay sufficient attention to children's point of view to health. Children's health understanding is closely related to the absence of disease. Due to the growing age and educational programs children's perception about health is extended to social factors. However,

it is a constant challenge to find out meaningful correlations of social factors with health as it is a broad field, influenced by the number of aspects. The article introduces original results of KIDSCREEN 52 survey which is conducted for the first time in Lithuania. Our research results demonstrate that children's attitude towards health related social factors is related to health status, communication with parents, age and gender and are based on statistically significant correlations, which are demonstrated in the article. The **aim** of this research is to reveal the factors, which meaningfully influence children's attitude towards health related social aspects. **The research instrument** – KIDSCREEN 52 questionnaire.

Data processing methods. After collecting the questionnaires, survey data were entered and analyzed using SPSS (Statistical Package for Social Sciences) for Windows data acquisition and analysis software package version 21.0 and MS Excel spread sheet. **The research sample.** The study included 1,763 children between the years of 8-18; of which 51.14 percent were girls and 48.86 percent were boys. The smallest group of the study participants was the children between 9 and 10 years of age (equivalent to 5.43 percent and 4.52 percent.), 15-year-olds accounted for the largest share – 12.24 percent from all the study participants. The novelty of the study is that KIDSCREEN instrument was used in Lithuania for the first time, which enables to collect unique data, also brings the imperative to carry out the questionnaire validation. Questionnaire's internal consistency (Cronbach's alpha) and factor analysis were conducted. Our study used a common questionnaire compatibility rate – 0.848, and the individual claims ranging from 0.797 to 0.890. Therefore, we can conclude that the questionnaire validation results are good.

Children without health problems demonstrate positive attitude towards health related social factors stating that they *felt physically stronger and healthier*, *were more physically active*, *felt more energetic*, *had enjoyable life*, *the pleasure of living*, etc. Our research data confirm the following hypothesis: the more children talk with parents about health the more they demonstrate positive attitude towards health related social factors (they *feel energetic*, they *feel pleasure of life*, *satisfaction with life*, *are in a good mood*, *feel cheerful and merry*), and the less children talk with parents about health the more they demonstrate negative attitude towards health related social factors (*feeling as if everything they do is bad*, *feeling sad*, f*eeling so bad that they did not want to do anything*, *feeling as if everything is wrong*, *loneliness*, *being pressured*). The boys revealed that they more often than girls talk to their parents about health in general, they assess their health better and they are very likely to agree with statements describing their physical health and well-being (*were physically strong*, *healthy*, *physically active*, *could run*, *feel energetic*). The age of the children interact with all the factors of the questionnaire in a weak but statistically significant correlation. A direct correlation was found between children's age and overall health assessment. Research findings are consistent with already existing; therefore, they complement meaningfully the social ecological approach to health promotion and education.