

Summary

Health behaviors of teachers in the context of sociodemographic conditions

Introduction. Health behaviors constitute a very important element of a human life. Awareness of pro-health behaviors and ways of eliminating incorrect behaviors should significantly contribute to the improvement of the health of the society.

Schools in Poland are an educational environment in which the cultural and health behavior patterns of children and adolescents develop and consolidate. Therefore, it is extremely important to promote health as early as in the school environment. This role is given to teachers, who should be highly aware in terms of health behaviors they want to pass on to the younger generation. Health education plays an important role in the process of health promotion. It is related to entrusting the teacher with the role of a 'health guide'. Apart from parents, the teacher has the best chance of becoming a creator of the health promotion process among children and adolescents. The role of the teacher in this process is presented by the World Health Organization (WHO); the teacher must be included into the process of educating the young generation in terms of the value of health and leading a healthy lifestyle. This is a task for 'guiding teachers': those who have the necessary knowledge about the determinants of health, and whose behaviors, lifestyles and activities will encourage children, members of the local community, to be active for the health's sake.

So far, little research has been conducted on health behaviors of teachers in Poland and worldwide; there is even less empirical data indicating the existence of relationships between health behaviors and sociodemographic variables in this professional group.

The aim of the study. The main goal of this dissertation is to assess the health behaviors of primary school teachers in the context of sociodemographic determinants.

Material and research methods: 315 primary school teachers from Kalisz powiat participated in this study. The method used in the study was a diagnostic survey. Three survey questionnaires were used: author's survey questionnaire prepared for the needs of this study, and three standardized questionnaires - Inventory of Health-Related Behavior (IHB), the Satisfaction with Life Scale (SWLS), and List of Health Criteria (LHC). All calculations were performed using STATISTICA 13.3 PL (TIBCO Software).

Results. In the analyzed group of teachers (N = 315, 100.0%), the vast majority were women (N = 277, 87.9%, versus men: N = 38, 12.1%). The average age of the respondents was 46.1 (SD = 9.62, min-max 23-85 years), and the average work experience was 22.1 years (SD = 10.46, min-max. 0.5-41.0 years). The respondents were generally satisfied with their choice of career path (M±SD: 8.31±1.84; min-max 1-10), and reported only slightly lower overall satisfaction with their job (M±SD: 7.95±1.94; min-max 1-10). The respondents noticed a relationship between the financial situation of their family, and their health. Such a correlation was indicated by a total of N=207 respondents (65.7%), and as many as 37.8% assessed this relationship as ‘significant’. Among the reported chronic diseases, the respondents most often declared the presence of arterial hypertension (N=51, 26.2%) and thyroid diseases (N=77, 24.4%). The respondents assessed their health very favorably. In a subjective assessment, ‘good’ and ‘very good’ condition was declared by a total of 74.9% of respondents (N=236). The vast majority of the teachers declared that they tried to follow the principles of a healthy lifestyle (N=282, 89.5%). Among the various types of stimulants indicated by the respondents, occasional alcohol consumption was declared by N=208 teachers (66.0%), while N=25 teachers (7.9%) regularly smoked tobacco products. Nearly 2/3 of the respondents spent only 1 to 3 hours per week on additional physical activity (N=194, 61.6%). Among the preferred leisure activities, the respondents most often indicated reading (N=218, 69.2%) and meeting friends (N=184, 58.4%). It is comforting that nearly 2/3 of the respondents declared that they usually ate 4 to 5 meals per day (N=200, 63.5%); however, more than half of them (N=161, 51.1%) admitted snacking between meals.

Life satisfaction was measured by a standardized tool – the Satisfaction with Life Scale (SWLS). The results indicated a certain advantage of the respondents with an ‘average’ and ‘high’ level of life satisfaction. Assessment of health-related behaviors was measured by a standardized tool – the Inventory of Health-Related Behavior (IHB). The obtained results indicated a certain advantage of respondents with ‘low’ and ‘average’ level of health behavior in comparison to people with a ‘high’ level. The health evaluation criteria were analyzed with the List of Health Criteria (LHC). The most important health criterion for the respondents was ‘not feeling any physical ailments’.

Socio-demographic factors (gender, age, BMI, number of years of experience, satisfaction with the career path, marital status, family financial situation) which determined teachers' health behavior were identified. It was found which of the variables obtained from the IHB scale had the strongest impact on the health of teachers (subjective health assessment). The results showed that ‘preventive behavior’ had the greatest impact on the

health of this professional group. It was also determined which dimension of health awareness (according to LHC) influenced health behaviors of teachers. It was found, inter alia, that there was a positive correlation between the frequency of eating sweets and the desire 'not to feel any physical ailments' ($z=2.218$, $p=0.027$); there was a negative correlation between the time spent weekly on sedentary leisure and the desire 'not to feel any physical ailments' ($z=-3.395$, $p=0.001$); the group that preferred to spend the time in front of the computer significantly more often felt the need to 'be happy most of the time' than people who did not prefer that type of leisure activity ($t_{df=313}=2.01$, $p=0.045$); the group that preferred to rest in their free time had a significantly higher need for 'working without tension and stress' than people who did not prefer that type of leisure activity ($t_{df=313}=2.136$, $p=0.033$); there was a positive correlation between the number of glasses of alcohol and the desire 'not to feel any physical ailments' ($z=2,077$, $p=0,038$).

Conclusions. It was found that age, sex, place of residence, education, marital status, years of professional experience, and socio-economic conditions were significant factors that influenced the health behaviors of the analyzed teachers. In the study group, incorrect health behaviors prevailed; the pandemic caused slight changes in health behavior, but anti-health behavior still prevailed. The assessment of life satisfaction conducted with the Satisfaction with Life Scale (SWLS) indicated a slight advantage of the teachers with an 'average' and 'high' level of life satisfaction. Meanwhile, the results of Inventory of Health-Related Behavior (IHB) indicated a slight advantage of the respondents with a 'low' and 'average' level of health behaviors. The Inventory of Health-Related Behavior (IHB) also helped distinguish individual categories of behaviors: eating habits, preventive behaviors, positive mental attitudes, and health practices, and indicated that the respondents' preventive behaviors had the strongest impact on their behavior and health. For the teachers, the most important health criteria (according to the List of Health Criteria (LHC)) were 'not feeling any physical ailments' and 'having all body parts functional'. The main hypothesis and detailed hypotheses, i.e. that sociodemographic factors determine teachers' health behavior, were confirmed.

Key words: health, health behaviors, lifestyle, sociodemographic factors, teacher.