

Annual International Scientific Conference Early Childhood Care and Education, ECCE  
2016, 12-14 May 2016, Moscow, Russia

## Features of Psychology of Health of Primary School Children

Olga Y. Kamakina \*

*Yaroslavl State Pedagogical University, Uglichekaya st 72, Yaroslavl, 150031, Russia*

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### Abstract

The question of studying health behaviour of children is relevant in connection with the need to preserve and strengthen children's health. The article presents the research data on the attitude to health of primary school children and their parents. The most common types of health behaviour and their features are revealed.

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Peer-review under responsibility of the organizing committee of ECCE 2016.

Keywords: health, health behaviour, components related to health, types of health behaviour.

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### 1. Introduction

The problem of preserving and strengthening the health of children today is especially important against the background of the crisis tendencies inherent in the institution of the family and deteriorating indicators of children's health. [1, p.150] Attitude is a system of temporary connections of a human as a personality - the subject with all the reality or with its individual parties.

Health attitude is a system of individual, selective relations of a person with various phenomena of the reality, contributing to or, on the contrary, threatening the health of people, as well as some individual assessment by a person of his or her physical and mental state [2,p.279-280].

Health attitude includes the following components: cognitive, emotional-volitional, pragmatist, axiological.

We studied the characteristics of the health behaviour of children of primary school age and their parents. It is exactly in the family that the primary structure of interpersonal relations is built, laying the fundamental basis of the person's attitude to the world, to him- or herself, including to health.

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\* Corresponding author. Kamakina O.Y. Tel.: +7-910-979-6398  
E-mail address: [olekam@bk.ru](mailto:olekam@bk.ru)

## 2. Method

The participants of our research were 360 children and 273 parents of surveyed children, their class teachers, as well as medical staff in the schools of Yaroslavl city. The sample consisted of 197 students of the first forms and 163 students of the fourth forms; their parents: 257 mothers, 116 fathers. For the purposes of the research the following methods of studying health behaviour were implemented. For students of the 1st and 4th forms we used the children's questionnaire "My health and I", the method of unfinished sentences, the projective drawing test "Health", the methodology "Value orientation of primary school age children" of T. V. Bragina, multifactor personality questionnaire of R. B. Cattell, R. V. Koan, and the technique of self-study of Dembo-Rubinstein. For parents of the children surveyed we used the psychosocial questionnaire for parents "Health of my child", the technique of unfinished sentences, a survey for parents "Methods of preserving and strengthening health", a questionnaire of parental relationship (A.J. Varga, V.V. Stolin), Dembo-Rubinstein method of studying the evaluation of the child by the parent, MUST-test (P.N. Ivanov, E.F. Kolobova). Statistical data processing was performed using the software "STATISTICA" version 6.0, the correlation analysis, the method of statistical processing – Mann-Whitney U Test, Spearman non-parametric test, Wilcoxon non-parametric test, the nonparametric Chi-square test, the analysis of variance ANOVA, and the content analysis.

## 3. Results and discussion

Children's ideas about health are varied and include ideas about physical, psychological, social well-being, dominated by such ways of preserving and strengthening of health as healthy environment, physical activity, and a good rest. The vast number of drawings on the theme "Health" is of emphatic or rhythmic nature, which indicates the emotional richness of children's feelings about their health, it reveals the influence of the emotional atmosphere in which a child is placed on his or her state of health. 65 (18, 05%) of the authors represent a positive image, 90 (25%) – negative, 205 (56, 94%) – neutral. The presence of signs of anxiety, tension is observed in 185 (51, 39%) of children's drawings, signs of aggression are observed in 32 (8, 9 %) cases. In 155 (43, 06%) children's drawings there is no predominance of color, multiple colors are used. Blue and green are more often used as predominant colours, which can be interpreted as an expression of the need of children to relieve muscle tension, restore forces, to have a sense of security, to protect themselves from danger [2,5,10]. The level of brightness is weak in drawings of 58 (16, 11%) children, the average level can be seen in drawings of 200 (55, 56%) children, strong – of 102 (28, 33%) children. This suggests that for 16, 11% of children, this symptom may indicate the stiffness, uncertainty, low energy resources, and for 28, 33% – greater emotional tension, anxiety [3,9,10]. The low rates of effective component were observed in the sphere of: compliance with diet, sleep, work and rest regime. We found out that there are significant differences between boys and girls in the following positions: have good dreams (3,06 vs. 3, 48,  $p < 0, 01$ ) and the call to play (3,39 vs. 3, 81,  $p < 0, 05$ ). There are also significant differences between the students of the 1st and 4th forms in the following positions: goes to bed before 10 p.m. (3,43 vs. 2,36,  $p < 0,01$ ), has free time for games (3,39 vs. 3,09,  $p < 0,05$ ), the mood at school (3,86 vs. 3,53,  $p < 0,05$ ), is invited to play by the peers (3,45 vs. 3,80,  $p < 0,05$ ). It may be noted that towards the 4th form primary school children have significantly worse indicators of optimal mode of work and rest, emotional well-being, but improved indicators of social well-being (contacts with peers).

When studying the features of parental health behaviour we have found that parents are not critical of the assessment of the health of their child, there is a discrepancy between the actual health status of the child and its assessment by the parents. The competence of parents in the sphere of health has a considerable focus on ways of preserving and strengthening of physical health, and the underestimation of the ways of preserving and strengthening of psychological and social health. The child's health is a significant value orientation for parents (ideal representation being a healthy child is in the first place). Though as the real importance of health in the hierarchy of values among parents is low – on 5th place for mothers and on the 6th place for fathers – this discrepancy influences the formation of valuable orientations of children of primary school age. For children, the value orientation 'healthy' is not significant, it is in last place.

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