

THE ROLE OF LIFESTYLE CHANGE IN HEALTH PROMOTION

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Abstract

We are experiencing a period where we are faced with rising healthcare costs, as well as an increased disease impact on the entire population of the country. Although the slogan “prevention is cheaper than cure” may seem old-fashioned, however, it is more true than ever. It is necessary to offer health education and also to promote health care in Romania, in accordance with the international standards, as adopted by the European Union.

Health Promotion is the art and science of helping people change their lifestyle in order to achieve a state of optimal health, restoring the harmony at all levels of human existence.

Promoting a lifestyle which given certain conditions maximizes health, welfare and human fulfilment represents a goal that does not belong exclusively to the health sector; all fields of activity, all those sectors that define the life of an individual or a community are essential parts of achieving a healthy lifestyle.

Modern men adopt a lifestyle where sedentary life, overeating, smoking, erratic working hours and alcohol use are common behaviours. Therefore, they become vulnerable to a new class of diseases of multi-factorial aetiology where the lifestyle plays a prominent role.

Although the lifestyle may be complex, it is still under personal control and lead by the ability to choose extensively, which can be of benefit to the person's life and health. Choices regarding health involve more than objective information.

Health education should be an ongoing concern for health professionals and health educators, psychologists, sociologists, family, for those who through effective collaboration contribute to ensuring physical and mental health in the community, in the increasingly demanding conditions of the modern life, which raise difficult issues regarding human adaptability.

Keywords: health, lifestyle, behaviour, awareness, health promotion.

JEL Classification: I₁₂

Motto:

“Health isn’t everything, but without it everything else is nothing”

(Schopenhauer)

Health promotion should be the primary objective of the healthcare system. Instead of this, it is located at the bottom of the list in most agendas. In general, health is not valued until the moment it is affected and a disease occurs.

We are experiencing a period where we are faced with rising healthcare costs, as well as an increased disease impact on the entire population of the country. The saying "prevention is cheaper than cure" shouldn't be regarded as old-fashioned, since it is more true than ever. It is necessary to offer health education and also to promote health care in Romania, in accordance with the international standards, as adopted by the European Union.

Health Promotion is the art and science of helping people change their lifestyle, in order to achieve a state of optimal health, restoring the harmony at all levels of human existence:

a. at physical level: through exercise, a balanced diet, self-care; by avoiding eating in excess (overeating) or avoiding using harmful substances;

b. at emotional level: through stress management and support during emotional crises;

c. at social level: by creating and constantly maintaining a support network of family, friends, colleagues, community members;

d. at intellectual level: through general education, practical training, continuing professional development, along with defining, implementing and achieving an ongoing career development

e. at spiritual level: through feelings of love, appreciation and hope, along with charitable activities designed to help people around us.

Promoting a lifestyle which maximizes health, welfare and human fulfilment, under certain conditions, represents a goal that does not belong exclusively to the health sector; all fields of activity, all those sectors that define the life of an individual or a community are essential parts of achieving a healthy lifestyle.

In health promotion there are four areas of action:

1. Health education.

2. Public policy interventions (legal and fiscal).

3. Community development and empowerment.

4. Clinical interventions (screening).

The socio-economic factors in our country, which mostly affect people's health at present, have imposed a new lifestyle where sedentary life, overeating, smoking, erratic working hours and alcohol use are common behaviours. Thus, the modern man becomes vulnerable to a new class of diseases of multi-factorial aetiology where the lifestyle plays a prominent role.

Although the lifestyle may be complex, it is still under personal control and lead by the ability to choose extensively, which can be of benefit to the person's life and health. Choices regarding health involve more than objective information; they require understanding the overall goals of an individual.

At the moment, some health education programs, which are an integral part of the public education policies, are carried out at national level. These programs have the aim to influence the modern lifestyle, in order to acquire healthy habits, to create generations with a healthy behaviour, as well as the aim to develop the political will of the authorities to grant health the role and importance it really deserves.

The responsibility for actively educating people for health falls upon us, the nurses. We could help the people who benefit from our services to identify the right decision or to set the right objectives that could have a short- or long-term impact on our health.

The health education activities started in the „Fundeni” Post-Secondary Healthcare School many years ago. The importance granted to this activity by the institution is also reflected in the school's motto: „Education can offer health”.

The action taken has been aimed at raising a positive attitude towards health care, (balanced nutrition, non-smoking, adequate physical activity, avoiding stress) and at decreasing the rate of self-destructive habits (over-consumption of alcohol, coffee, drugs, and dangerous chemicals).

The current project started in October 2013 and aimed at changing our students' habits, as the future leaders in healthcare education and as models for the people.

The aims of the project were then and still are:

1. To inform students and help their self-information about the types of health: somatic, mental, physiological, intellectual, affective, psychological and behavioural

2. To develop in students the psychological structures of information processing concerning these types of health, the self-analysis capacity to evaluate their own health state, in order to choose the appropriate physician for their medical conditions or to identify the connection between their medical problem and the information learnt.

3. To involve the affective states of the students in health care support and development: self-care, confidence in the healing knowledge and aptitudes of the specialists, etc.

4. To engage students in the process of acquiring, maintaining and improving their health and the health of their relatives through skills training, basic care skills and abilities for themselves and their relatives

At the first stage, that of awareness, 89 students attended a course at the beginning of which they filled in a questionnaire whose results are mentioned below.

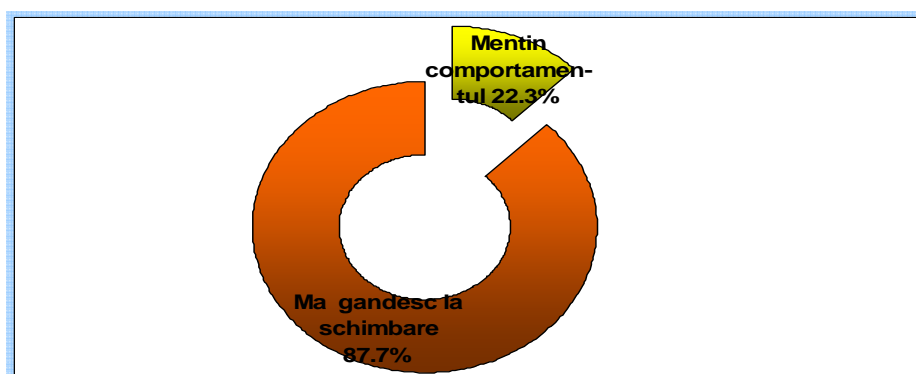
At the question “Do you think that any of you has a destructive habit?” the answers were as follows:

Table 1. Dividing surveyed persons by unhealthy habits

	Over-consumption of alcohol	Over-consumption of coffee	Smoking	Inadequate attitude towards food	Drug consumption	More destructive attitudes
I do. Which?	0	59	35	57	0	11
I am not aware of that. I have a constant habit.	-	-	1	4	-	1
I am aware of that. I have a constant habit.	-	2	4	14	-	2
I am aware of that. I am thinking about changing	-	57	30	39	-	8
b) I don't	89	30	54	32	89	79

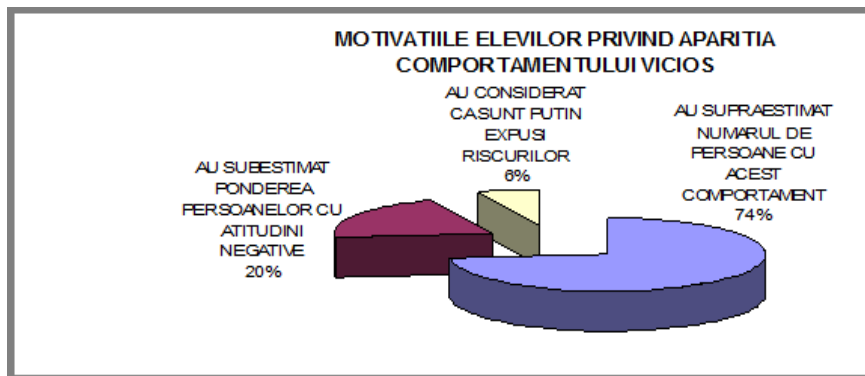
Considering our target group and having examined their answers to this question, we notice that: two habits are missing – over- consumption of alcohol and drug addiction, an alarming rate of people with inadequate food habits and moderate smoking and coffee drinking. We also observe a change disposition for 87.7% of this group of people and 22.3% of them stating a refusal.

Picture 1. Adaptability to change



The second question was “In your opinion, which were the causes that helped in developing this habit?”

Picture 2. Solutions presented by students for improving eating habits



It is interesting to notice that a great number of people consider it is reasonable to sustain their destructive habits just because the vast majority does the same. There is also a great number of people who underestimated the rate of those with negative habits.

For the third item the participants considered that they could increase the fruit and vegetable consumption in the following ways:

- fruit will replace snacks and desserts;
- knowing the ratio of fruit and its importance for health;
- introducing salads and decreasing the ratio of fats and pork;
- giving up smoking and replacing it with fruit;
- giving up elaborate dishes in favour of simpler ones;
- replacing one of the main meals with a meal of fruit and vegetables.

The answers to the fourth question “What will you change in your habits?” shows the willingness to change but says nothing about sustaining this change.

Inadequate attitude towards food:

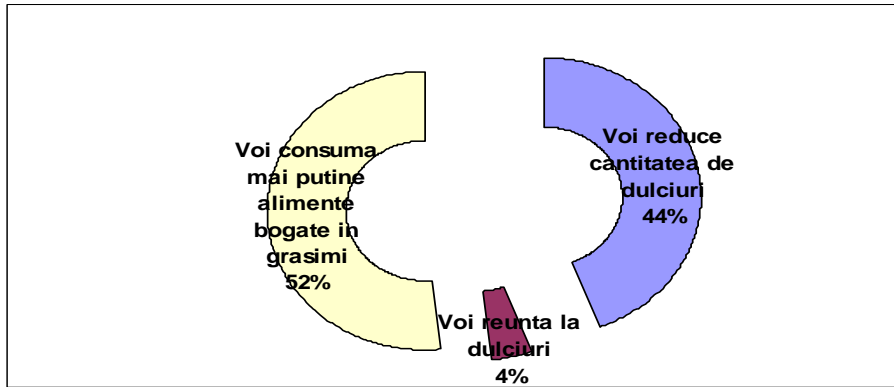
How often?

- daily19 people
- between 2 and 5 days / week.38 people

How much?

- I will reduce the sweets intake..... 15 people
- I will give up sweets..... 4 people
- I will eat more low-fat food.....28 people

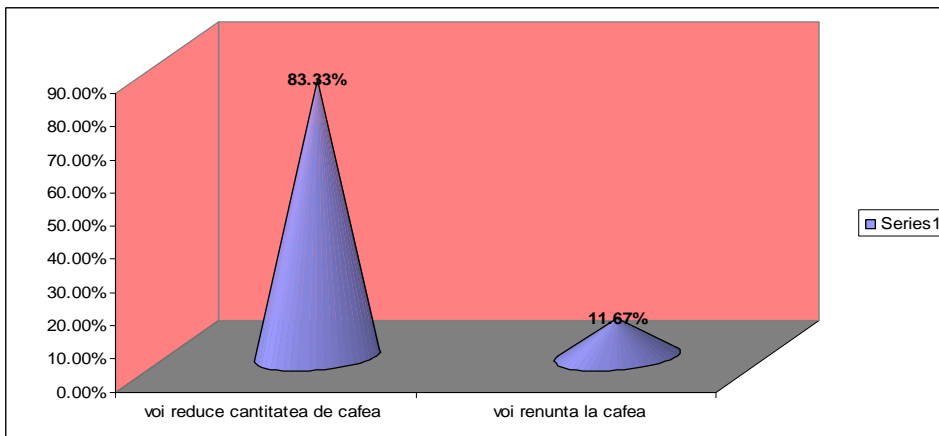
Picture 3. Solutions presented by students regarding the change of the nutrition behaviour



Excessive coffee drinking

- I will reduce the coffee intake /day.....50 people.
- I will give up drinking coffee.....7 people.

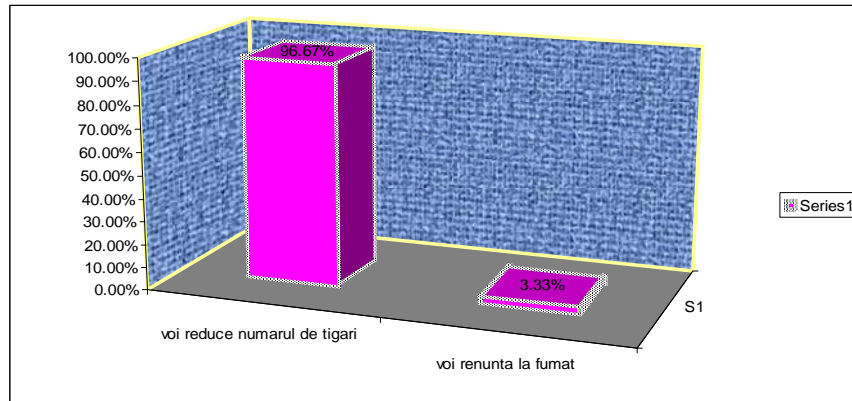
Picture 4. Solutions presented by students regarding the use of coffee



Smoking;

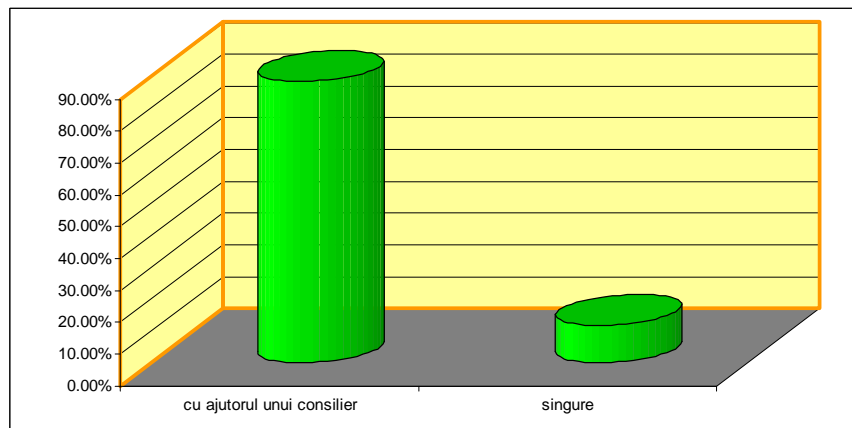
- I will reduce the number of cigarettes /day.....29 people.
- I will give up smoking.....1 people.

Picture 5. Solutions presented by students regarding the use of cigarettes



The answers stressed the fact that in order to change one's habit one needs the help of a professional authority. Only 4 people think they will find the solution to the problem by themselves.

Picture 6. What can strengthen and maintain the new behaviour, in students' opinion



For inadequate food habits the blame falls upon:

a) *environmental factors such as:*

- pre-cooked industrial food with a high- fat content;
- a wide range of high-calorie food at reasonable prices;
- oils and margarines at a very low price;
- mechanical work, urbanization the home electrical supplies which have reduced the caloric need by 700-800 kcal/day, while the calorie intake remained the same. In most work places, the caloric needs have the tendency to reach the values of the basic metabolism.

b) *food factors*: poor education-unbalanced diet, rich in carbohydrates (sweets and fats), irrespective of the body caloric needs;

c) *medication*: cortisone, hormones.

d) *genetic factors*: But let's not forget that „the genes load the weapon while one's lifestyle pulls the trigger”.

The most important factors which contribute to smoking and coffee drinking are:

- curiosity,
- problem solving,
- image,
- peer pressure,
- low self-esteem,
- an answer to loneliness,
- not being well informed about the hidden risks.

Lab tests showed a significant increase of cholesterol and triglycerides at 2 people under 40, which asked for a doctor's help.

During the second stage – of acknowledging information:

- we could make the 6 people aware of their destructive habits and the impact they had on their health;

- we registered an increase in the number of people who wish to change one of their destructive habits.

They are checked for maintaining their positive habits every two weeks. The participants to the program periodically present a summary of their results, worries and questions.

The results of this program are now the following:

- change of eating habits;
- weight loss of 3- 8 kg in 4 months at 7 overweight people;
- weight gain of 2- 5 kilos in 4 months at 4 underweight people;
- a reduction of symptoms caused by inadequate eating – less than the body needs (spasmophilia, morning hypoglycaemia);
- we couldn't convince them to quit smoking but, they agreed to reduce the number of cigarettes/day, and the coffee intake.

We have encouraging results and we think we will get better results by the end of their studies.

The means of research used in this survey were: clinical observation, statistics and content analysis, using the following techniques and instruments:

- the questionnaire,
- the observation (direct or collective);
- the interview (semi-structured, direct, in group)
- the conversation (private, “focus group”);

During the transmission of active information in the working group, we used the following techniques:

- “brainstorming technique” – challenging technique that seeks to mobilize participants to identify needs and possible solutions;

- “brain writing technique” – each person expresses in writing ideas regarding the educational needs for a defined problem, the recorded ideas are then sorted and presented to the group;
- “nominal group technique” – each group member expresses opinions about an issue, and the educator groups the shared ideas.

CONCLUSIONS

Health promotion is putting into practice knowledge-based interventions designed to promote health.

Change is a confusing moment which calls for adaptability; if some people take it as a real „war” against themselves and the rest of the world; other people take it as a peaceful transition to a healthy state.

The moment of change may be characterized by:

- *a sensation of unforeseeable* – many take these changes as something happening overnight, something they know nothing about and which they have not thought of before. When getting ready for such changes it is important to share them with family and friends, to be able to live through them together.
- *novelty* – it requires an increased effort to be able to accept what is different and give up what has been before. Family and friends support is very important for the one who has taken this decision.

The nurse and mentor at the same time has to face the participants in the program as a combination of force, intuition and technical knowledge, has to act as an authority, as an epitome of ethics, in order to give them unlimited hope and trust.

The nurse is becoming a counsellor for any health related human activity.

The present study is focused on the nowadays youth generation, who is exposed more than ever to risk factors provoked by an unhealthy lifestyle.

Analysing the target group from the age perspective, beginning with the age the healthcare problems began because of an inappropriate behaviour, it is rich to support the implementation of an educational healthcare program from a very early age. The fact that there are people who don't acknowledge the risk of an unhealthy behaviour; it is the most severe issue.

They diminish or neglect the professional aid and expose themselves more and more to this century's diseases.

Conclusion, Limitations and Future Research

Experience has shown that man has not always been a rational being, and has not always accepted to do without his whims and pleasures, even if they threatened his health.

The role of behavioural factors in aetiology, disease evolution and recovery is now more clearly stated understood. Over 50% of mortality cases in developed countries (including Central and Western Europe) are caused by behavioural factors.

An integrated awareness about the positive or negative aspect of each behaviour would produce an important decrease in morbidity and mortality caused by diseases of civilization (lifestyle diseases).

We all know that it is an “investment over time” – how very suggestively is called by WHO- the education for health will show its efficiency in time. However, the investments in this area are extremely cost-effective, because they are incomparably smaller and also more useful than the expenses made for therapeutic purposes.

Health education, one of the important areas of health promotion, should be a permanent concern for health professionals and educators, psychologists, sociologists, family, those who through effective collaboration contribute to ensuring physical and mental health in the community, in the increasingly demanding conditions of the modern life, which raise difficult issues regarding human adaptability.

We should never forget that health is the most precious asset and we should offer our students, in addition to the key that unlocks the mystery of reading and writing, the key which provides them with a healthy lifestyle.

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