

HEALTHY LIFESTYLE IN LITHUANIA AND LATVIA STUDENT POPULATION IN THE CONTEXT OF INDIVIDUAL VALUES

Remigijus Kinderis

Klaipeda State University of Applied Sciences, Lithuania

Jūratė Danielienė

Klaipeda State University of Applied Sciences, Lithuania

Abstract. *It is believed that the greatest impact on health is done by lifestyle, which is perceived as the habits and customs as the whole, exposed and amplified by socialization process during all human life. The research problem is formulated under the following main question: How healthy lifestyle is expressed when studying at a higher education institution? The aim of the research - to reveal the healthy lifestyle expression of students in tourism and recreation study programmes in the context of individual values. Research methodological substantiation: quantitative and qualitative research accessibility. Methods: individual expert interview (with higher school representatives) and anonymous questionnaire (students). It was established that: the main determinants of a healthy lifestyle are qualities of character, lifestyle, social environment, motivation, knowledge, communication with parents, other family members and surrounding people; the student's choice of lifestyle is mostly determined by family and friends, in other words, those who surround them constantly; health value cherished in the family encourages students at least partially to live according to the principles of a healthy lifestyle. Also, lack of motivation, time and finances leads to and the indifference of the respondents to live according to the principles of a healthy lifestyle.*

Keywords: *healthy life style, components of a healthy lifestyle, behaviour.*

Introduction

Health in the broadest sense is understood as a comprehensive physical, social and spiritual well-being and a phenomenon of healthy lifestyle is the object of medicine, sociology, public health, psychology, education science, history, anthropology, management science. According to Norkus (2012), although young people are traditionally regarded as the healthiest social group, researches show the number of youth-specific health problems and health-damaging behaviours (Jankauskas & Jatulienė, 2008; Narkauskaitė et al., 2011; Stukas & Dobrovolskij, 2009). These researches show that health of young academic people are affected negatively by lack of physical activity, alcohol, tobacco and other psychoactive substance use, unhealthy diet, stress, inappropriate work and rest, other. It is

believed that the greatest impact on health is done by lifestyle, which is perceived as the habits and customs as the whole, exposed and amplified by socialization process during all human life (Norkus, 2012).

The research problems are formulated under the following questions: How healthy lifestyle is expressed when studying at a higher education institution? How indicators of lifestyle are related to students' attitudes? How/do indicators of a healthy lifestyle depend on the social environment? How/does higher education institution contribute to student health education? What are the factors that mostly affect students' healthy lifestyle? Do students consider healthy lifestyle as a value?

The object of the research – a healthy lifestyle in the context of the individual values.

The aim of the research – to reveal the healthy lifestyle expression of students in tourism and recreation study programmes in the context of individual values.

Objectives of the research:

1. To analyse the components of a healthy lifestyle in the context of the expression of individual values and determinants in student behaviour in theoretical aspect.
2. To prepare research methodology of students' healthy lifestyle expression in the context of individual values.
3. To investigate component expression of healthy lifestyle in students' behaviour in the context of the expression of an individual's values.
4. To analyse the tourism and recreation study programs student's healthy lifestyle components of the expression of determinants.

Research methodological substantiation: quantitative and qualitative research accessibility. Methods: individual expert interview (with higher school representatives) and anonymous questionnaire (students).

The concept of healthy lifestyle and its components

The concept of a healthy lifestyle proposed by Gochman (1997) states that a healthy lifestyle is reflected not only by noticeable, visible actions or behaviour, but also by mental processes and experiences. Proškuvienė (2004) supplements perception of a healthy lifestyle, arguing that it is a daily way of life that strengthens and improves the body's reserve capabilities, helps people to stay healthy and to protect and improve their health. Adaškevičienė and Strazdienė (2013) support this idea stating that a healthy lifestyle is a complex of constant behaviour and habits of a person, which reveals the peculiarities of his or her life and which describes the human way and character. Similarly, Gudžinskienė et al., (2013) - defines a healthy lifestyle, which is a form of an individual's lifestyle,

helping to preserve and strengthen health. Meanwhile Norkus (2012) and Deshpande et al. (2009) identifies the healthy lifestyle, as our daily habits and customs of the whole. Thus, a healthy lifestyle is a multifaceted concept that reveals the everyday human life, which not only helps to maintain health but to cherish and to promote a positive approach to health, and which describes the interaction between an individual's personal characteristics and living conditions. Multidimensionality of a healthy lifestyle concept reveals the fact that it includes the following key components: nutrition; physical activity; tobacco consumption/not consumption of tobacco; alcohol and other psychoactive substance use/not use; pharmaceutical use; work and rest (sleep) mode; sexual behaviour; stress and ability to cope with it; hygiene habits; preventive health check; other behaviours that can affect health. As already clarified, health of the public directly depends on the whole society, public welfare, and the very healthy lifestyle can and should be perceived not only as a universal, humanistic, but also as an economic asset.

Healthy lifestyle factors

After analyzing the theoretical material, it can be stated that the following factors influence the emerging habits of healthy lifestyle: character peculiarities, lifestyle, social environment, communication with parents and other family members, people around them, learning (Gudžinskienė & Česnavičienė, 2013), and often these habits change depending on the environment surrounding the person. According to Bulotaitė, Vičaitė (2016), the comprehensive development of personality provides a great opportunity to properly educate youngsters as well as to care for their health. These are the first factors that influence the personality of how to live well and take care of their health and refuse or even not have bad habits (Fig. 1).

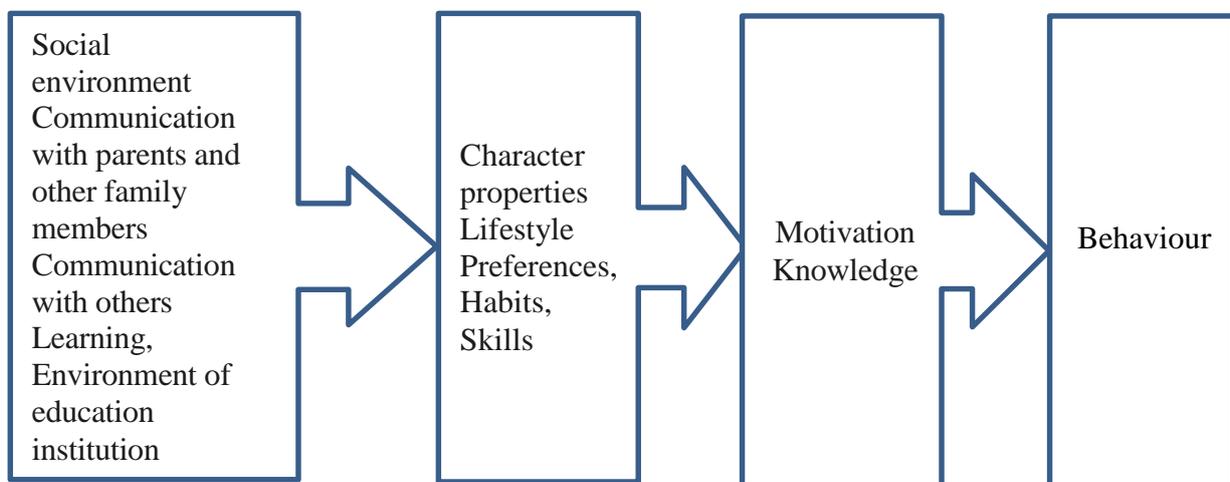


Figure 1. Environmental impact on individual behaviour

Gustaitienė (2003) distinguishes factors influencing healthy lifestyle that have a positive and negative impact on it: habits, attitudes (promotion of healthy lifestyle); skills (healthy lifestyle training, organization of health promotion activities); example (example of a healthy lifestyle of parents and other close relatives); seriousness of a disease (perceived health threat); motivation (understanding the benefits of healthy lifestyle, individual motivation); knowledge (individual information).

Therefore, it can be argued that the main factors shaping healthy lifestyle and influencing on health are: social environment, communication with parents, other family members and others, learning, environment of the education institution, peculiarities of the character, way of life, provisions, habits, skills. In addition, during childhood and puberty, an individual's behavioural pattern often accompanies him or her throughout all life, unless there is a change. Meanwhile, health model influences human motivation, knowledge that changes in the event of an illness. However, sometimes people perceive damage of their behaviour to their health, but do not change their behaviour, this happens because these people are completely not motivated to change something due to health, their knowledge is inadequate or their imaginary social norms are very important.

The concept of healthy lifestyle components in the context of individual values

Paul and Upadhyaya (2017) argue that values are an integral part of human life, which defines what is significant in it. Values define how to behave, what principles to follow and show what is important to a person in life. The aforementioned authors distinguish the following values of an individual: money, friendship, family, religion and morals, politics and social organization, love, leisure, maturity, character traits and work. Thus, values can be not only internal human beliefs, behaviour or goals, but also material objects. Consequently, the notion of values can be described as the ambiguous concept, which is inseparable not only from the individual's inner world, but also from the external one. Health has a different value depending on the social context. In other words, what that value means to the public and the person. However, it is very difficult to say specifically when values have a direct impact on human behaviour (Paul & Upadhyaya, 2017). Values derive from personal human experience, transmitted from generation to generation and partly due to the environment. In other words, not only people shape their values by themselves, experiencing different situations, but also it is done by economic, cultural and political environment situations (Adaškevičienė & Strazdienė, 2013) (Fig. 2).

To summarize, it can be argued that values are the rules of how to behave, the principles to follow and what is important to a person. Individual values are

influenced and shaped by various external and internal factors that help the individual to understand the value of a healthy lifestyle and direct towards different values. Meanwhile, the value of a healthy lifestyle, which manifests itself through education, knowledge, beliefs, as well as family aspects, forms the basis of a healthy lifestyle that is widely recognized and fostered in society, but only it only depends on society whether the value of a healthy lifestyle will become the most important value for everyone.

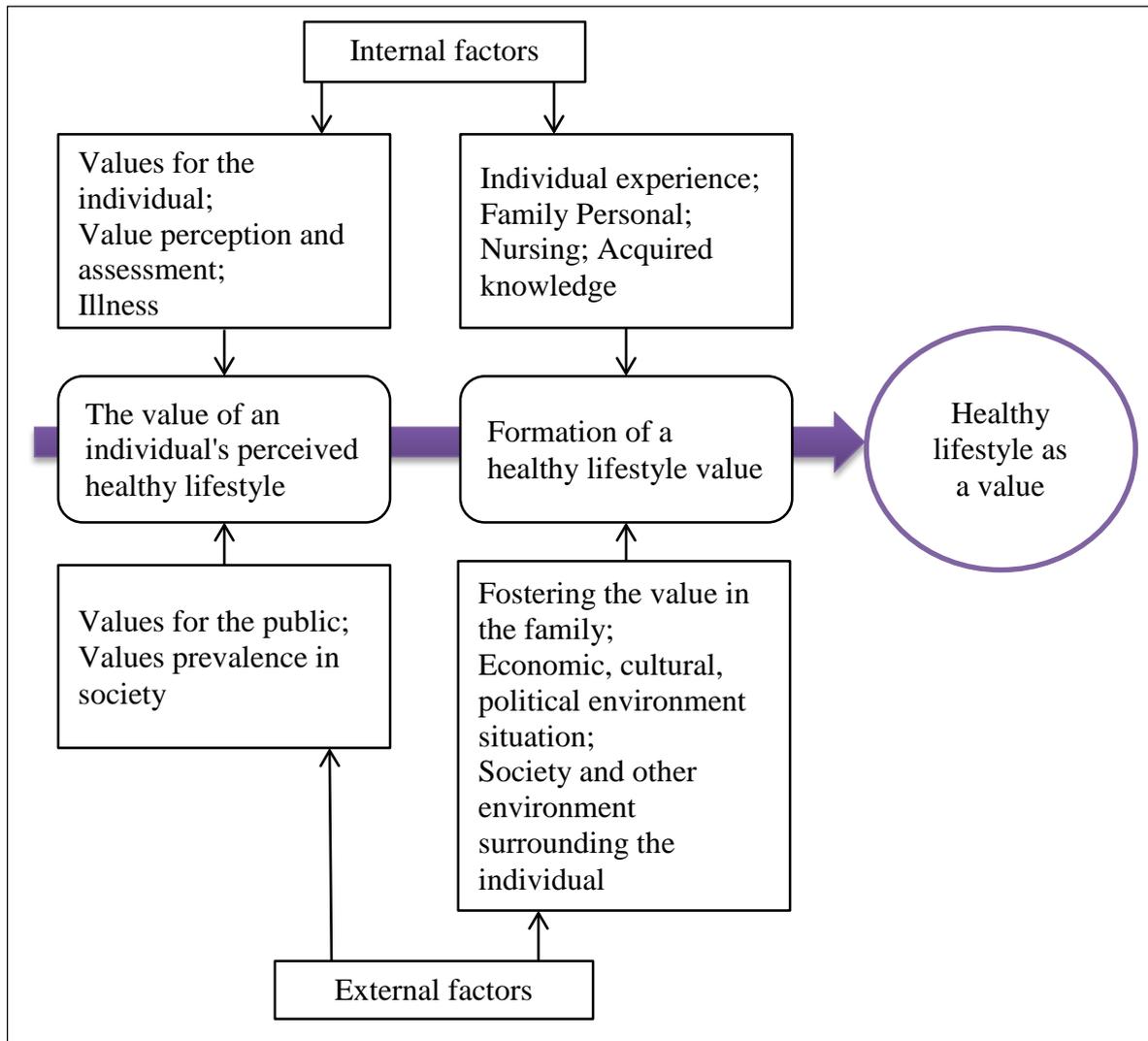


Figure 2. **Environmental impact on individual behaviour**
Research methodology

Quantitative and qualitative research accessibility: ethnographic case research strategy. Methods: semi-structured individual expert interview and anonymous questionnaire. The research was planned for two phases: the first phase of a qualitative study (semi-structured individual expert interview with higher school representatives in Latvia and Lithuanian higher education schools),

the second phase of quantitative research (quantitative study of higher school students' questionnaire). The study provides targeted sampling method – mixed target selection (qualitative research phase) and probability (random) multistage sampling method (quantitative stage of the investigation).

The research of data processing methods: qualitative analysis of the content, context analysis, quantitative analysis with the programme SPSS. The data were analysed and presented structuring them into tables and describing the text i.e. using structural and interpretative analysis of data types in both phases of the research. To present the research data line style was selected, which is also called a linear – analytical style.

Validity of the research (internal/external), reliability and ethics. To support and ensure the internal validity of the research, the researcher participated in the research using mechanical data recording and data storage media, and collected the accuracy of the facts, presenting a research report to the informants. It was also planned to interview a statistically significant number of students. To support and ensure the external validity it was planned to provide most possibly detailed research and report description (interview transcription and abstraction). The research was based on the reliability of pre-prepared research methodology based on scientific Kvale (1996) and Bryman (2016) recommendations of the research instruments, properly collected and analysed research data.

According to the case of the research, research ethics principles group was exceptional - in terms of the ethics of the tested, which was secured on the basis of: voluntary, informative, equivalence, anonymity and confidentiality principles.

Results of the research

When analysing the socio-demographic questions of the quantitative research, it turned out that 45 students of tourists and recreation study area from one higher education institution in Lithuania (code of subjects – LIT) and 27 students of tourism and recreation study area from one higher education institution in Latvia (code of subjects – LAT) participated in the research. Women dominated in both groups (LIT-97.8 %; LAT-92.6 %) with an average age of between 19 and 21-year-old which was of about 70 %. Most of the LIT subjects (73 %) were unemployed, while LAT ones (60 %) were working and studying at the same time, and the average monthly amount of money available to them was different: LIT - from 250 Eur to 450 Eur and LAT – from 250 Eur up to 700 Eur. The level of education of the parents of both groups was similar: LIT: higher - 48.9 %, vocational – 40 %, secondary - 8.9 %, lower secondary -2.2 %, LAT: higher - 40.7 %, vocational – 37 %, secondary - 22.2 %, lower secondary – 0 %. The place of residence of the groups of people was similarly distributed: LIT: with the parents - 24.4 %, the rent of the dwelling in a couple – 24.4 %, dwelling in the dormitory -

37.8 %, LAT: with the parents - 44.4 %, the rent of the dwelling in a couple - 33.3 %, live in a dormitory - 7.44 %.

The first group of questions was designed to find out how students evaluate their health, care for hygiene and how often they are sick, and what are the factors characterizing a healthy lifestyle. Both groups of students distinguished the following factors that mostly characterise healthy lifestyle: healthy and balanced diet, active, sufficiently frequent and regular physical activity, regular and proper rest and sleep mode and suitable emotional state, good emotional well-being, stress-free life. The two groups also noted that they did not sufficiently take care of their health and did not regularly check it (55 %), because they get ill less than twice a year and properly take care of hygiene (washing the teeth twice a day, washing hands as often as possible, and bath 3 to 7 times a week).

The second group of questions was intended to find out whether students live healthy, what people surround them to advocate healthy lifestyle, what factors influence healthy lifestyle, what individual values aspects mainly determine healthy lifestyle promoting and what values students promote, what they consider as the values and what makes influence on them when shaping health as a value.

Student groups responded to the question about the promotion of healthy lifestyle differently: LAT-18.5 % – not propagated, LIT-44.4 % – not propagated. The type or style of the students’ lifestyle is mostly influenced by: the family (LAT-55.5 %, LIT-55.5 %), friends (LAT-36 %, LIT-46.75 %), financial situation (LAT-77.9 %; LIT- 71.1 %), Internet (LAT-25.9 %, LIT-42.2 %). Healthy lifestyle and its promotion are not considered as an important value (Table 1):

Table 1 Important values in your life (1- not important at all, 5 – very important)

		1	2	3	4	5
LAT	Family	(3.7%)	(3.7%)	(3.7%)	(3.7%)	(85.2%)
	Freedom	(3.7%)	(3.7%)	(3.7%)	(29.6%)	(59.3%)
	Friends	(3.7%)	(0.0%)	(7.4%)	(33.3%)	(55.6%)
	Respect	(0.0%)	(3.7%)	(11.1%)	(40.7%)	(44.4%)
	Healthy lifestyle	(3.7%)	(22.2%)	(40.7%)	(11.1%)	(22.2%)
LIT		1	2	3	4	5
	Family	(0.0%)	(0.0%)	(0.0%)	(8.9%)	(91.1%)
	Freedom	(0.0%)	(0.0%)	(0.0%)	(22.2%)	(77.8%)
	Respect	(0.0%)	(0.0%)	(2.2%)	(15.6%)	(82.2%)
	Friends	(0.0%)	(2.2%)	(11.1%)	(35.6%)	(51.1%)
Healthy lifestyle	(8.9%)	(8.9%)	(37.8%)	(28.9%)	(15.6%)	

Respondents also noted that their lifestyle habits changed after studying: LAT - eating habits declined (regular eating; fruit and vegetable consumption; drinking water – 41 %); sleep, rest (time of sleep and rest, quality of sleep and

rest – 66 %), and experiencing stress increased (stressful situations, increased nervousness – 67 %); LIT - sleeping and rest declined (time of sleep and rest, quality of sleep and rest – 77 %); experiencing stress increased (stressful situations, increased nervousness - 75.6 %) as well as self (personality) realization - 42.2 %.

The third group of questions exposes aspects of students' rational nutrition. More than half of the respondents do not comply with the diet, but they seek to have breakfast every day. Also, more than half of the students seek to use vegetables and fruits daily and avoid fast food that is eaten less than once a week. Only 30 % of them drink 2 litres of water per day.

The fourth group of questions was designed to find out students' psychological health, that is, whether they feel mentally tired, if they experience stress, how they fight with it and what is the biggest influence for stressful situations, if they take medicines, etc. Both groups of students of the research spend 7-8 hours for sleep on average, but they experience stress at different rates: LAT - 45.4 % (very often and often), LIT - 62.2 % (often and very often). The main causes of stress are studies, specific study requirements, pressure, reconciliation of work and studies, as well as health issues. They struggle with stress in two ways: they try to avoid it or simply do nothing.

The fifth group of questions allows learning the expression of physical activity of students and how it has changed/unchanged after they started to study. Most of the respondents in both groups (about 65 %) do not sport or exercise very passively - up to an hour per week, and there is no particular disruption to it, just do not want to be bored or do not feel the need.

The sixth group of questions refers students' addictions: alcohol, drugs and tobacco consumption habits of gambling. In the LAT group, 40.7 % are smokers, while in the LIT group only 26.7 % of the students smoke. About 10 % of all respondents do not consume alcohol, the vast majority (52 %) of them use alcohol several times a month. None of the groups uses drugs, but they have tried to use it, and it is about 10 % in both groups.

The respondents were asked to evaluate the contribution of the university to the promotion of healthy lifestyles. Students from both groups noted that College/University has been set up to be sufficiently physically active and College/University has opportunity to get help from a psychologist. Majority of them would like to have special training on health in their College/University on these topics: physical exercise, food nutrition, stress management.

The authors also tried to search for certain interfaces:

- Spearman rank correlation coefficient was used to analyse the link between parent education and duration of students' healthy lifestyle promotion, and did not show a statistically significant relationship

($p=0.64>0.05$). Parent education does not affect the duration of the promotion of healthy lifestyles;

- Spearman rank correlation coefficient was used to analyse the link between parent education and how often students consume alcohol and did not show a statistically significant relationship ($p=0.796>0.05$). Parent education does not affect the frequency of alcohol consumption;
- Spearman rank correlation coefficient was used to analyse the link between income and how often students consume alcohol and did not show a statistically significant relationship ($p=0.679>0.05$). Incomes do not affect the frequency of alcohol consumption. Incomes were divided into two groups: up to 250 euros - 40 (55.6 %) and more than 250 euros - 32 (44.4 %).

Qualitative research (semi structured interviews) found that both groups of students studying at the higher education institutions had the opportunity to regularly eat, choose physical or artistic self-expression activities. Unlike the Latvian Higher institution in the Lithuanian Higher institution according to the school regulation, first-year and second-year students have to take exercise at least two hours a week. Although it is compulsory, students are not willing to use school sports facilities, which are equipped with only basic gear. Students tend to go to city fitness gyms due to better equipment. In addition, they express their wishes to take exercise with a coach of certain sport.

Conclusion

1. The concept of healthy lifestyle is a multifaceted concept that emphasizes the individual's behaviour, habits, customs and practices that promote health. Healthy lifestyle components, rational nutrition, physical activity, no harmful habits, work and rest regimes, stress and ability to deal with it, and personal health screening are manifested through the values of a healthy lifestyle that directly affect students' actions, which depend on how they perceive it, appreciate what they know about it, in other words, how they behave in order to be healthy.

2. Research methodological substantiation: quantitative and qualitative research accessibility. Methods: individual expert interview (with higher school representatives) and anonymous questionnaire (students). The study provides targeted sampling method - mixed target selection (qualitative research phase) and probability (random) multistage sampling method (quantitative stage of the investigation). The research of data processing methods: qualitative analysis of the content, context analysis, quantitative analysis with the programme SPSS. The data were analysed and presented structuring them into tables and describing the text i.e. using structural and interpretative analysis of data types in both phases of

the research. To present the research data line style was selected, which is also called a linear – analytical style.

3. After exploring the expression of the components of a healthy lifestyle of students in the study programmes of tourism and recreation, in their behaviour it was revealed that students do not adequately take care of their health and do not check it regularly because they are sick less than twice a year and properly take care of hygiene (washing the teeth twice a day, washing hands as often as possible, and bathing 3 to 7 times a week). More than half of the respondents do not comply with the diet, though seek to have breakfast every day. Also, more than half of the students try to use vegetables and fruits daily and avoid fast food that is eaten less than once a week. Both groups of students drink less than 2 litres of water per day, average sleep time is 7-8 hours and more than half of them often experience stress.

The main causes of stress are considered studies, specific study requirements, pressure, reconciliation of work and studies, and health issues. About one third of the respondents smoke, and those who do not use alcohol all make up about 10 %. None of groups use drug, but have tried to use about 10 % in both groups. Most people do not exercise or exercise only very passively – up to an hour per week, and there is no particular disruption to them. The researchers failed to capture a meaningful link between parental education and the duration of the student's healthy lifestyle promotion; between parents' education and how often students consume alcohol; between income and how often they consume alcohol.

4. Both groups of the respondents distinguished the following factors that characterize the healthiest lifestyle: healthy and balanced diet, active, sufficiently frequent and regular physical activity, regular and proper rest and sleep mode and suitable emotional state, good emotional well-being, stress-free life. The type of way or style of the students is mostly influenced by the family, friends, financial situation, the Internet. Healthy lifestyle and its promotion are not considered to be an important value by the respondents.

References

- Adaškevičienė, E., & Strazdienė, N. (2013). *Vaikų sveikatą stiprinančio fizinio aktyvumo ugdymas*. Klaipėda: Klaipėdos universiteto leidykla.
- Bryman, A. (2016). *Social Research Methods*. London: Oxford University Press.
- Bulotaitė, L., Vičaitė, S. (2016). Su sveikata susijusį elgesį aiškinančios teorijos ir modeliai: kas skatina keisti elgesį. *Public Health, 1* (72), 9-20.
- Desbpande, S., et al. (2009). Factors Influencing Healthy Eating Habits Among College Students: An Application of the Health Belief Model. *Canada Health Marketing Quarterly, 26* (2), 145-164.

- Gochman, D. S. (1997). Health Behavior Research: Definitions and Diversity. In D. S. Gochman (ed.) *Handbook of Health Behavior Research, Vol. I. Personal and Social Determinants*. New York: Ple-num Press.
- Gudžinskienė, V., & Česnavičienė, J. (2013). Sveikos gyvensenos ugdymo įgyvendinimas 5-8 klasių mokinių požiūriu. *Socialinis darbas, 12* (2), 319–329.
- Gustaitienė, L. (2003). *Sveikatos priežiūros politika ir organizacija*. Kaunas: Vytauto Didžiojo universitetas.
- Jankauskas, J., & Jatulienė, N. (2008). *Vilniaus universiteto studentų gyvenimo kokybė*. Vilnius: VPU.
- Kvale, S. (1996). *InterViews: An Introduction to Qualitative Research Interviewing*. Thousand Oaks, CA: Sage.
- Narkauskaitė, L. et al. (2011). Psichiką veikiančių medžiagų vartojimo paplitimas tarp Lietuvos aukštųjų mokyklų studentų. *Visuomenės sveikata, 1* (52), 91–97.
- Norkus, A. (2012). *Sveika gyvensena Lietuvos studentų populiacijoje: edukacinis diagnostinis aspektas*. Daktaro disertacija, ŠU.
- Paul, E., & Upadhyaya, H. (2017). Gender Wise Relationship between Values and Moral Judgment of High School Students. *The International Journal of Indian Psychology, 89*, 107-113.
- Proškovienė, R. (2004). *Sveikatos ugdymo įvadas*. Vilnius: Leidykla.
- Stukas, R., & Dobrovolskij, V. (2009). Visuomenės sveikatos studentų mitybos ypatumai. *Sveikatos mokslai, 1* (62), 2147–2153.