

The providing of youth's life quality in health promoting schools of L'viv region

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Purpose: *to establish the role of health-promoting schools in providing of life quality of youth of school age.*

Material & Methods: *the project activity and its benefits for youth's life of 69 health promoting schools were analyzed. 2108 students of 10–11 grades was surveyed. 1080 students was studied in health promoting school.*

Results: *the objective conditions for life quality formation according project activities 'Health promoting school' were described. The factors that contribute high life quality level of school youth were identified with regression analysis.*

Conclusions: *the increasing of odds ratio for life quality was identified for males (in 2,2–2,6 times), for respondents with high levels of physical activity (in 1,3–2,8 times) and respondents which studied in health promoting schools (in 2,3–3,1 times).*

Keywords: *health, quality of life, physical activity, youth, school.*

Introduction

The search of effective ways of the improvement of quality of life of the population in the conditions of an unsatisfactory medico-demographic situation and difficult economic realities remains relevant for the Ukrainian state.

Quality of life – is the multicomponent and dynamic structure which is identical for everybody, irrespective of age, sex, residence, social status, and so forth [2–4; 10]. The model of quality of life, which is concluded according to the hierarchical principle, contains components of a different order (physical, psychological and material components, social activity, development and self-identification, external environment), moderators and mediators (variables that predetermine or explain the communication between the independent factors and the general indicator of wellbeing), and also indicators [3]. Physical training and sport has got the concept “the quality of life that is connected with health” in the branch of the development, which actually involves only domains “Physical component”, “Psychological component” and “Social activity” whereas other components are transferred to the category of independent variables, moderators and mediators [3; 9].

It is necessary to consider that such structure emphasizes the existence in quality of life of objective conditions which can be observed and measured definitely, and also the subjective part which is displayed in the form of personal judgments or answers of the interested persons. Studying of their wellbeing taking into account conditions and opportunities of the school environment is important in the case of children and youth. It is necessary for the identification of factors which are capable to provide high rates of quality of life of younger generation [5].

Nowadays Ukraine actively participates in the program of WHO “Schools of assistance of health” [8], the total of such

educational institutions in our state makes over 4 thousand. Schools of health actively work in the direction of ensuring the high level of physical activity, healthy food, take measures for the prevention of consumption of psychoactive agents, change the school environment for the creation of safe and favorable conditions for study and work [8]. The participation of educational institutions in complex healthcare projects provides the complete strategic approach that will lead to the improvement of health and progress of children with high probability; however the communication between study at school of assistance to health and quality of life is investigated insufficiently.

Communication of the research with scientific programs, plans, subjects

The research was carried out with support and within tasks of the Program of the development of education of Lviv on 2009–2012 and 2013–2016.

The purpose of the research

To establish the value of activity of schools of assistance of health in ensuring quality of life of youth of school age.

Research tasks: 1) to analyze the design activity of schools of assistance to health and its advantages to quality providing life of youth; 2) to find the factors which define high quality of life of pupils.

Material and Methods of the research

The Questionnaire for the coordinator of the European network of schools of assistance of health is used for the estimation of healthcare activity of educational institution [1]. 69 coordinators of schools of assistance to health of the Lviv region took part in the poll. The influence of the healthcare design activity on subdomains of quality of life according to certain

indicators was analyzed (tab. 1) [3].

2108 pupils of 10–11 classes (47,25% of respondents from rural areas; 50,00% of respondents – female persons), in particular, 1080 pupils (50,00% of girls and 50,00% – inhabitants of rural areas) studied at schools of assistance to health took part in the questioning.

Data collection for the regression analysis was carried out according to the system “Quality and way of life of pupils of the Lviv region” [6] with use:

- the questionnaire of MOS Sf-36 – for the estimation of the general indicator of physical and mental wellbeing [7; 11];
- the questions of the questionnaire PEDSQL (The tool for the determination of quality of life of children, Pediatric Quality of Life Inventory) – the relations with schoolmates and bullying;
- PAQ-A scales (The questionnaire for the determination of level of physical activity of teenagers, Physical Activity Questionnaire for Older Children and Adolescents) – for the characteristic of physical activity of respondents;
- the questions concerning the level of the academic and sports competences and food of respondents.

The analysis of data provided an assessment of chances (odds ratio, OR) and their confidential intervals (confidential intervals, CI).

Results of the research and their discussion

The network of the schools of assistance to health (SAH) unites different educational institutions for which the major task is the preservation and the promotion of health of all participants of the teaching-educational process which in turn demands introduction of different methods of pedagogical, scheduled, hygienic, sports-improving and sports-mass maintenance. 98 educational institutions belonged for 2015 to the network of SAH of the Lviv region. Among them – are the general education I–III educational institutions of the I–III

st. (55,1%), I–II st. (7,1%), schools with profound studying of separate objects (6,1%), gymnasiums, and lyceums (6,1%), teaching and educational complexes (17,3%), boarding school (1,0%), elementary schools (2,1%), preschool children’s institutions (3,1%), out-of-school educational institutions (2,0%) and school (1,0%). The majority of SAH (64,3%) is located in rural areas also are small by the number of pupils and teachers. About 100 children study in six, till 300 children in 32 educational institutions, 18 – educational institutions – over 500 children among the analyzed SAH. The average number of teachers who work at these schools makes 46 ± 23 persons, the minimum indicator – 17, maximum – 102, in particular, in a third of educational institutions of pedagogical workers is till 30 persons. A position of a social teacher is provided only in 21,2% (N=14) SAH of educational institutions, 42,4% (N=28) – a psychologist, 60,6% (N=40) – a medical worker, however in 16,6% of schools (N=11) of the last work not less than two.

Among the main reasons for entry into the network of SAH, respondents defined: 1) a requirement to create the corresponding outlook and to create conditions for the realization of capacity of society; 2) a desire to improve health of participants of the teaching-educational process; 3) a need for strengthening of work on questions of a healthy way of life of youth, in particular, sports and improving activity; 4) a desire to introduce new medico-pedagogical improving innovations, to create the system of monitoring of a state of health of pupils; 5) a requirement to set up cooperation on a healthy way of life with other educational institutions; 6) a need to improve material support of educational institution and its financing.

It should be noted the expressed administrative character of tasks which defined schools in design activity. It is possible to distinguish from them conceptual (the preservation and promotion of health of participants of the teaching-educational process, the formation of a conscientious and responsible attitude to health, the creation of favorable environment as to a necessary condition of education of the healthy personality), organizational (the adjustment of the relevant system of educational work, developing of the system of monitoring, the improvement of physical, mental and spiritual health of pupils by

Table 1
Theoretical structure of quality of life of youth

Domain	Subdomain	Indicators
Physical component	Somatic health	Health, food
	Daily activity	Level of physical activity, level of physical activity
	Free time	Recreation, hobby
Psychological component	Emotional state	Mood, feeling of happiness
	Self-assessment	Perceptions of oneself, control of own life
Social activity	Interaction	Social roles, social support, relations with a family, colleagues
	Cohesion	Social inclusion, social integration, social capital
Material component	Financial condition	Income, privileges
	Employment	Study conditions
	House conditions	Living conditions, characteristic of housing
Development and self-identification	Education and skills	Achievements, status, social, psychological, practical skills
	Activity and choice	Success, opportunities
	Autonomy	Control over own life, choice
	Purposes and values	Desires, expectations
External environment	Rights	Universal, according to legal documents
	Environment	Respect, advantage, equality, access for the public benefits, sanitary and hygienic conditions

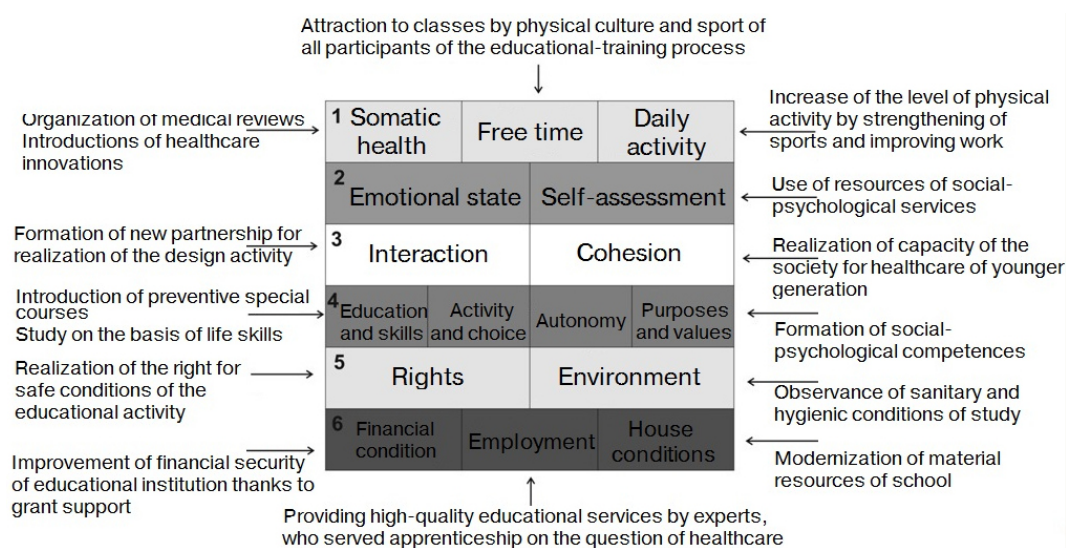
means of introduction of the specialized preventive courses, the observance of sanitary and hygienic conditions, and so forth) and the tasks which are connected with a human factor (attraction to the healthcare activity of experts of a different profile, and to classes of physical culture and sport – to all participants of the teaching-educational process, the professional development of teachers and level of knowledge of parents concerning the preservation and promotion of health).

The expected results of activity of educational institution as Schools of assistance to health are directed to pupils, parents, pedagogical collective and society. As advantages to pupils it is possible to consider the creation of the healthcare educational environment which helps to reduce incidence, to improve the academic progress, to create and develop life skills which are necessary for the prevention of behavioral risks, ensuring positive changes in abilities and relations of pupils. According to all biographical particulars of the facultative courses of the preventive orientation – “Providing a healthy lifestyle and prevention of HIV/AIDS”, “The future begins today”, “Youth is at the crossroads”, “Personal advantage. Safety of life. The public position”, “Assistance to the educational work “Equal- is equal “among youth of Ukraine”, “To be happy. I can do it”, “Say NO to violence”, “Useful skills” and so forth are introduced in all SAH. Hot meals, in particular, free for pupils of younger school and pupils of preferential categories are adjusted in all educational institutions. The majority of schools (84,1%) carry out the specialized study for participants of the project, in particular: 75,4% – for pedagogical workers, 76,8% – for pupils, 58,0% – for parents, 14,5% – for society. The activity of a number of schools of assistance of health promoted the integration of society, and the status of educational institution helped to get grant support according to projects of the European Union, the UN, or the Program of the development of education of Lviv which provided the modernization of material resources of school (purchasing of sports to stock, the power storing actions and so forth).

The project coordinator of the School of Assistance of Health is the director in the majority of educational institutions

(49,3%), in 50,7% – these duties are fulfilled by the deputy director (23,3%), the teacher of bases of health (7,2%), the practical psychologist (4,3%), the teacher of physical culture (2,9%), the social teacher (2,9%). The working group which is responsible for the implementation of the project, functions in 68,1% of SAH of Lviv. The involvement in the healthcare design activity of health workers (at 10,1% of schools), teachers of Christian ethics (5,8%), initial classes (7,2%), members of parental committee (5,7%) and student’s parliament (1,4%) is low. It is separately necessary to note on the different level cooperation which is adjusted by schools of assistance to health. SAH involve medical (91,3%), psychological (84,1%), and social (88,4%) services, religious (85,5%) and public (75,4%) organizations to the teaching-educational works. The mentioned establishments give advisory and educational help concerning a healthy lifestyle, lead discussions, lecture halls, seminars and trainings for pupils, and also round tables for parents and teachers, annual medical examinations. Only a half of Schools of assistance to health of Lviv (55,1%) set up the cooperation with other educational institutions in which activity relatively healthcare occupies the defining role, in particular, 1,4% (N=1) cooperate with foreign educational institutions, 17,4% (N=12) – with comprehensive schools which are located in other areas or the cities, 44,9% (N=31) – from SAH which are located in the same area. The cooperation at the All-Ukrainian, regional, local or regional levels was adjusted by 7,2% (N=5) schools of assistance of health of the Lviv region.

Seminars, trainings concerning the introduction of healthcare technologies, reorganizations of School, assistance of health which are focused on directors, deputy directors, teachers of bases of health, physical culture, psychologists who work at other schools of this educational district or area, are provided on the basis of the analyzed educational institutions. However SAH of Lviv carries out the important educational function and promotes the introduction of the latest healthcare technologies generally at the level of educational districts and areas. Schools of the network especially actively cooperate with other educational institutions of the respective educational districts which have no status of school of assistance



Pic. 1. Structural-function chart of influence of the healthcare design activity on quality of life of youth of school age:

1 – physical component; 2 – psychological component; 3 – social activity; 4 – development and self-identification; 5 – external environment; 6 – material component.

to health, and give them the necessary methodical help relatively healthcare and health-formation of participants of the teaching-educational process. The average quantity of SAH in the area – 3, most of all educational institutions of this type are at the Sokalskyi (9) and Brodivskyi (6) areas, least of all – in Peremyshlyanskyi and Pustomytivskyi (on one). There is at least one school of assistance to health only in a third of educational districts (31%). The greatest number of districts which are provided to SAH, in Sokalskyi and Turkivskyi areas – 71,4% and 66,7% respectively. The lowest – in Peremyshlyanskyi (16,7%) and Pustomytivskyi (12,5%) areas. The security of educational districts in other districts of the Lviv region makes 25–40%.

Respondents expect a number of positive displacements from the implementation of the project that the possibilities of educational institution connected with strengthening:

1. Integrative – transformation of the teaching - educational process in the joint activity of all its participants which is directed to the achievement of a condition of physical, spiritual and social wellbeing.
2. Adaptive – training of pupils for independent life, formation of adequate mechanisms of physiologic, psychological, social adaptation for conditions of world around which testifies to preparedness for an independent healthy lifestyle.
3. Healthcare and health-formation – creation of the healthy environment, preservation of health, decrease in chronic incidence, improvement of food of pupils, realization of right on safe and harmless working conditions and studies and so forth.
4. Academic – introduction of facultative courses of the corresponding orientation, healthcare technologies.
5. Material – improvement of material security of educational institution, improvement of security with didactic and methodical materials, concerning formation of a healthy lifestyle.

In general it is possible to claim that the design activity of schools of assistance to health provides the objective conditions of quality formation of life of youth. The activity of educational institution within the School of Assistance to Health project promotes quality providing life of youth as has the direct influence on a number of subdomains (pic. 1) [3].

So, the organization of medical reviews, introductions of healthcare innovations, strengthening of recreational, and sports and improving work provide the influence on the domain “Physical component”. The healthcare activity in educational institution promotes integration and strengthening of the social capital (the domain “Social activity”) by the maximum realization of capacity of society, association of efforts of experts of different level for the preservation of health of younger generation. The school of assistance of health is capable to improve wellbeing according to the domain “Mate-

rial component” as additional financing for the modernization of material and technical resources helps to get the status of such educational institution and experience of design activity, and also to organize specialized study of pedagogical workers for the purpose of providing high-quality educational services. Preventive specialized training courses are introduced, study of children on the basis of life skills is organized that provides the formation of the system of values, social-psychological competence which are necessary for health, safety and success of a young person (improvement of quality of life according to the domain “Development and self-identification”) at the schools of assistance to health.

The criteria of quality forecasting of life of respondents of school age taking into account the social-demographic indicators, and also indicators of the domains, “Physical component”, “Emotional component”, “Social activity” and “Development and self-identification” (tab. 2) are established by means of the logistic regression analysis.

According to the carried-out regression analysis the essential criteria of a high rate of physical wellbeing of youth is a sex (Or=2,20, CI=2,12–2,50), classes in sports section (Or=2,80, CI=2,56–3,21), classes of physical culture and sport more than once a week in free time, the level of physical activity at school (Or=2,43, CI=1,95–2,73), healthy eating habits (Or=1,52, CI=1,44–2,03), sports competence (Or=1,40, CI=1,21–1,65) and study at school of assistance to health (Or=2,29, CI=2,01–2,45). In case of the general mental wellbeing powerful influence studies in SAH (Or=3,11, CI=2,61–3,43) had the level of physical activity at school (Or=1,53, CI=1,34–1,68), classes in sports section (Or=2,13, CI=1,93–2,42), absence of bullying (to Or=1,82, CI=1,68–2,23), relations with schoolmates (Or=1,55, CI=1,23–1,87), sex (Or=2,60, CI=2,45–2,82), and residence (Or=2,11, CI=1,12–2,56). The row of essential predictors of wellbeing of youth is found when carrying out the analysis. Chances of a high rate of quality of life are higher by 2,2–2,6 times at males, by 2,1–2,8 times – at respondents who are engaged in sports section, by 1,3–2,4 times – at pupils who have the high level of physical activity, and 2,3–3,1 times – at youth from schools of assistance to health.

Conclusions

The number of objective conditions of quality formation of life of youth is found within the activity of educational institution according to the project “School of Assistance to Health”. Wellbeing of pupils is established a predictor. Chances of a high rate of quality of life are higher by 2,2–2,6 times at males, by 2,1–2,8 times – at respondents who are engaged in sports section, by 1,3–2,4 times – at pupils who have the high level of physical activity, and 2,3–3,1 times – at youth from schools of assistance to health.

Prospects of the subsequent researches consist in introduction of the specialized preventive courses for the improvement of quality of life of participants of the teaching-educational process.

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Table 2
Predictor of quality of life of youth of school age

Indicator	General physical wellbeing		General mental wellbeing	
	OR	CI	OR	CI
Social-demographic				
Sex	2,20	2,12–2,50	2,60	2,45–2,82
Place of residence	1,15	1,10–1,38	2,11	1,12–2,56
Financial condition	0,67	0,42–1,17	0,82	0,43–0,98
Study at school of assistance of health	2,29	2,01–2,45	3,11	2,61–3,43
Physical component				
Regular nutrition	0,92	0,78–1,34	0,50	0,34–1,2
Healthy eating habits	1,52	1,44–2,03	1,32	1,21–1,45
Classes in sports section	2,80	2,56–3,21	2,13	1,93–2,42
Classes of physical culture and sport more than once a week in free time	2,12	1,52–2,46	1,32	1,08–1,67
Level of physical activity at school	2,43	1,95–2,73	1,53	1,34–1,68
Pastimes in the fresh air	0,81	0,62–1,24	0,72	0,55–1,2
Admissions of study in connection with feeling sick	0,89	0,62–1,04	0,20	0,12–0,48
Mental component and social activity				
Relations with schoolmates	0,90	0,75–1,29	1,55	1,23–1,87
Bullying	1,14	1,12–1,38	1,82	1,68–2,23
Participation of parents in classes of physical culture and sport	1,20	1,13–1,65	1,32	1,1–1,45
Development and self-identification				
Academic competence	0,67	0,43–0,88	0,71	0,56–1,32
Sports competence	1,40	1,21–1,65	0,18	0,05–0,23

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