assoc. prof. PhDr. Murgová Anna, PhD.

Physical activity and health perception of school-age children

St. Elizabeth University of Health and Social Sciences, Bratislava

Health is not a permanent and unchangeable state but it is a dynamic process that is based on the systematic interaction of Man on the environment and vice versa. It is in everyone's interest to put responsibility for their health, in the first place in their lives. Lifestyle is the most important factor affecting health. An integral part of the lifestyle is physical activity. Lack of exercise is also a global problem (Amisola et.al, 2003). Nowadays, the lack of physical activity is caused by automation, auto-mechanization and conveniences that lead us to omit physical exertion and movement from everyday life (Sobieszczanska a kol., 2009). Children and youth spend their free time watching TV or playing computer games instead of doing sports (Mülerová, 2009). Higher physical activity strengthens human health and at the same time reduces his weight. Attention should be paid to the movement regime (Hošková, 201). It is necessary to use all available forms of movement load, which must be suitable for Man, in order to increase his energy expenditure (Bunc, 2008). Research shows, that children who exercise regularly, have better developed muscles and much less problems with improper posture. Appropriate physical education also helps to increase resistance to infections, has a good effect on the nervous system, metabolism, respiratory and circulatory systems (Pastucha, 2011). "People who lead an active life filled with a variety of physical activities live longer and have a lower incidence of civilization diseases, such as heart and blood-vessel diseases, diabetes, high blood pressure, and some tumor diseases." (Vítek, 2008, p. 42).

In order to address this issue, we conducted a study in 2013 that aimed, among other things, to find out, what is the physical activity of children, the use of leisure, what kind of sport they do, how they perceive their physique, what diseases they suffer, who takes care of their health support and how they perceive their health. 720 respondents from 16 addressed primary schools of the Zemplín region of the Slovak Republic participated in the research. By sex, the research sample consisted of 352 boys and 368 girls aged from 10 to 16 years. According to the place of residence, out of the total number of respondents, 198 respondents lived in the city and 522 respondents lived in the village.

We used the questionnaire to find out, what is the physical activity of children. UPC Pan-European TV survey from 2007 shows, that 37% of children in Slovakia spend an average of 1,5 to 3 hours a day in front of a television screen (HBSC 2005/2006). WHO recommends a maximum TV and DVD viewing time of 1-2 hours per day. We also used a questionnaire to identify how respondents spent their leisure time during the day. Most respondents 216 (30,0%) chose an option (at the computer), 202 respondents (28,1%) chose the option (sports activities). Then followed the option of (watching television), which was chosen by 138 respondents (19,2%). 111 respondents (15,4%) chose the option (by walks) and least respondents 53 (7,3%) reported (reading books). It follows that respondents most often use their free time at the computer and the least respondents use their free time by reading books.

We also surveyed respondents how many hours a day they watch TV programs, including video and DVD movies. Most respondents 213 (29,6%) responded by option (two hours), followed by option (about three hours), which was marked by 146 respondents (20,3%).

We were also finding out how often respondents performed physical activity lasting less than 60 minutes per day over the past 7 days. Most respondents 209 (29,0%) stated, that they perform physical activity every day, followed by respondents who marked the option "2 days" in the number of 120 (16,7%).

We were able to verify what kind of sport they performed, using a questionnaire, in which they were supposed to mark the sport that they perform most frequently. The most marked sports that respondents do are football (86,7%), cycling (74%), dancing (69,5%). In general, the number of young people doing sports, whether organized or recreational, is relatively low.

How do respondents perceive their physique? Most of the respondents 446 (61,9%) perceive their physique and express the option "just right", in second place 115 (16,0%) respondents marked the option "a little slim". With the advent of puberty, girls are starting to care more about their appearance.

We also investigated what types of diseases occur in respondents. Most respondents - 549 (76,3%) reported cough, sore throat and fever. An interesting finding is that the back, head and leg pain is the second most common disease among respondents - 98 (13,6%).

We investigated even the frequency of respondents' diseases. More than half of respondents - 407 (57,2%) reported the disease frequency 2 to 3 times a year. Most respondents - 124 - are registered in dentistry, 80 respondents are registered in allergology, 70 in dermatology.

Out of the total number of respondents – 441 (61,5%) attend a school that is involved in the 'Health Promoting Schools' network, and 395 (55,0%) say they have a person at school dealing with issues of health support.

Respondents were also asked to answer the question how they evaluate their health. 172 respondents (23,9%) rated their health as "excellent", as "good" 431 respondents (59,9%), as "not bad" 91 respondents (12,6%) and as "bad" 26 respondents (3,6%). Overall health assessment has been shown to be a predictor of mortality. In this respect, promoting young people's health has a significant impact on their future adult health.

464 respondents (64.5%) were interested in information about healthy lifestyle, 69 respondents (9.6%) were not interested, and 186 respondents (25.9%) did not think about it. A positive finding is that about two thirds of respondents are interested in obtaining information, which suggests, that they are not indifferent to health issues.

Poor health can significantly affect the achievement of life goals. It is gratifying that studies on health and attitudes to health in children and young people are underway. It is also gratifying that the Slovak Republic has also participated in the international study HBSC - Health Behavior in School Aged Children, which is carried out in cooperation with the WHO in 43 countries. It aims to monitor the health and health-related behavior of schoolchildren in their social context. National Report HBSC Slovakia informs very clearly and transparently about the health and welfare of children and youth in various countries and shows the position of Slovakia among them.

The findings of our study will serve to provide information on health and health-related behavior of schoolchildren in the Zemplín region in Slovakia and to develop effective health promotion programs, health education programs and monitor their effectiveness not only at regional, national but also international level.

References

AMISOLA, R. V. B., - JACOBSON, M. S. 2003. Physical activity, exercise and sedentary activity: Relationship to the causes and treatment of obesity.2003. *Adolescent Medicine*, Vol. 14, 23-37.

BUNC, V. 2008. Příčiny a detekce nadváhy a obezity dětí. In Mužík, V., Dobrý, L., Süss, V. Tělesná výchova a sport mládeže v biologickém, psychologickém, sociálním a didaktickém kontextu. Brno: Masarykova univerzita, 2008. s. 45 – 53. ISBN 978-80-210-4589-7.

HOŠKOVÁ, B. 2012. *Vademecum. Zdravotní telesná výchova (druhy oslabené)*. Karolinum, 2013, 132 s. ISBN 978-80-246-2137-1.

KOLEKTÍV AUTOROV. 2009. *Sociálne determinanty zdravia školákov. HBSC- Slovensko – 2005/2006.* Národná správa. Košice: Equilibria, 2009. 100 s. ISBN 978-80-89284-29-0.

MÜLLEROVÁ, D. 2009. Obezita - prevence a léčba. Praha: Mladá fronta, 2009. 261 s. ISBN 978-80-204-2146.

NÁRODNÝ PROGRAM PODPORY ZDRAVIA. 2000. *Zdravie pre všetkých v 21. storočí*. Bratislava: Národné centrum podpory zdravia, 2000. ISBN 80-7159-123-8.

PASTUCHA D a kol., 2011. Pohyb v terapii a prevenc idětské obezity. 1.vyd. Praha: Grada Publishing, 2011. 128 s. ISBN 978-80-247-4065-2.

SOBIESZCZANSKA, M., et.al. 2009. *Physical activity in basic and primary prevention of cardiovascular disease*. PubMed - indexed for MEDLINE [online]. 2009, [cit. 2018-06-15]. Dostupné z World Wide Web: http://www.ncbi.nlm.nih.gov/sites>. PMID: 19711738 [PubMed - in process].

VÍTEK, L. 2008. Jak ovlivnit nadváhu a obezitu. GradaPublishing, 2008. 160 s. ISBN 978-80-247-2247-4.

WHO. 2015. Obesity. Facts and figures. The challenge of obesity - quick statistics. [online]. 20015. [cit. 23.8. 2018] Dostupné na www: http://www.euro.who.int/en/what-we-do/health-topics/noncommunicable-diseases/obesity/facts-and-figures

Пані др. Сузанне Кодоні, логопедка, MAS Cranio Facial Kinetic Science (MCFKSc)

«Побудова мовлення у дітей з депривацією з ментальними порушеннями». Стратегії комунікації у осіб із важкою формою інвалідності

Базель (Швейцарія)

Ж иття без контакту з іншими людьми не можна собі уявити. Комунікація створює основу для людського співжиття. Комунікація є важливою складовою частиною нашого життя, без якої не можна собі уявити наше щодення. У всіх міжлюдських стосунках усвідомлена чи неусвідомлена комунікація проходить таким чином, що жодна людина не може уникнути цього.

Але що таке, власне, комунікація? Що її позначає і чи можна її описати?

Поняття «комунікація» походить від латинського слова «communicatio» - повідомлення або розмова, порозуміння.

Комунікація – це обмін інформацією між людьми за допомогою мов чи знаків. Для комунікації завжди потрібно мінімум двоє людей, які б були залучені в процес спілкування.

Ми розрізняємо передавача певного повідомлення та його отримувача.

При цьому комунікація може проходити різними комунікаційними каналами:

- акустично (те, що можна почути)
- оптично (те, що можна побачити)
- тактильно (те, чого можна торкнутися)

Так само можна комунікувати і письмово. Для цього ε декілька прикладів: листи, електронні повідомлення і т.п.