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Health Concerns over Time: The Apparent Stability

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Health Concerns Over Time: The Apparent Stability



Ruth C. Engs

Introduction

Durkheim's (1951) theory of social change suggests that as society changes people's attitudes and beliefs also change. Over the past decade there have been many social changes in our culture. In general there has been a change in the status and role of women, intergroup relationships, and alternative life styles (Miller & Garrison, 1982; DeLamater, 1981). Among health related behaviors, there has been an increase in drinking and a decrease in the use of marijuana among high school youth (Miller, et al., 1983). There has also been a decrease in cigarette consumption

among adults but an increase in smoking among young women (Masironi & Roy, 1983). Sexual activity, children born to unmarried women, and sexually transmitted diseases have also increased among youth (Oswalt, 1974; Walters & Walters, 1980).

It is assumed that the changes in these health related and other behaviors, based upon Durkheim's hypothesis, are reflected in a change in attitudes, values, or concerns about a variety of health issues. These possible changes in health concerns could have implications in health education curriculum, especially in the general health education or personal health courses at the high school and college levels.

However, over the past decade there has been a dearth of literature that provides information about youthful health concerns. There appears to be only a limited amount of information assessing possible change in health concerns over a period of time. There are also few studies about the effect of gender on health concerns. Schlaadt and Engs

(1971), studying 285 personal health students at a western university in 1970, found that the top ten items concerning health were primarily environmental issues, in the following order: air pollution, water pollution, population explosion, birth control, Vietnam combat, biological/chemical warfare, atomic warfare, auto accidents, and "what I'll be like in 10 or 15 years."

Goodrow (1977) investigated 786 personal health students during 1976 at a southern university, using the same questionnaire as Schlaadt and Engs. He found that the top ten concerns were about equally divided between environmental and more personal health issues such as cancer, "what I'll be like in 10 to 15 years," water pollution, smoking and disease, air pollution, birth control, mental illness, starvation, alcohol dependence, and auto accidents. Moreover, Goodrow found a high correlation between several different southern universities in their ranking of health concerns. When he compared his 1976 sample with the sample from the 1970

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Schlaadt and Engs study, he also found a high correlation between the rankings. He concluded that health concerns of college students had changed very little over a six-year time period.

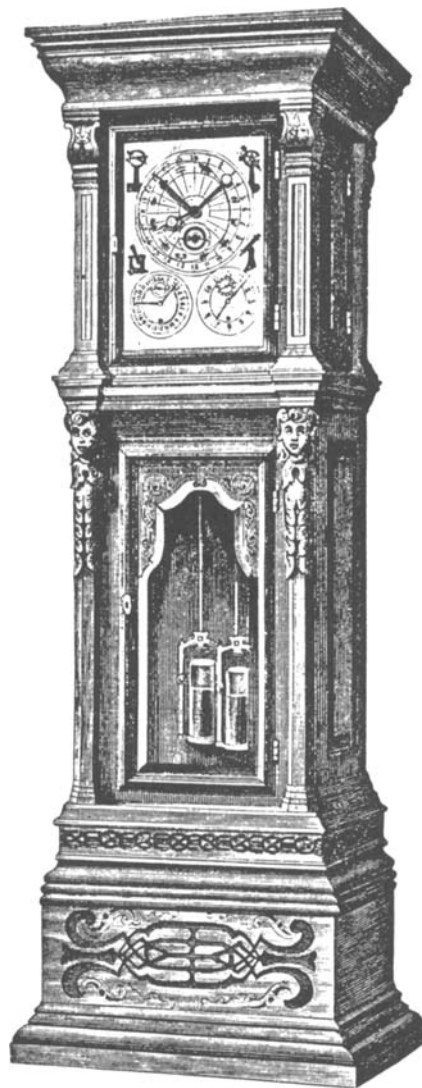
A study by Radius, Dillman, Becker, Rosenstock, and Horvath (1980) indicated that among 249 adolescents, health in general was a concern. At least 44 percent of the youths report they were worried about various health matters. Most of the items they were concerned about included such personal health problems as dizziness, something in the eye, headaches, throwing up, stomach aches, and fevers. Smith (1980) found that concerns for the future, dating, marijuana, and human relationships were most important among 15 to 21 year-old students.

Some reports have examined the possible differences between health concerns and gender. Schlaadt and Engs (1971) found that females were significantly more concerned about a number of items compared to males, such as pregnancy, childbirth, nausea, headaches, and overweight. Compared to females, the males were more concerned about acne and, "what I'll be like in ten years," only. Radius, et al. (1980) found that females were more concerned in general about health concerns. They also perceived themselves more susceptible to illness compared to males. Goodrow (1977) stated that "males demonstrated an increased concern for such topics as radiation, liver disease, childbirth, and birth control. Women showed more interest in eye disorders, headaches, heart disease, varicose veins, and aging." Smith (1980) found few differences in his sample between health and other concerns between males and females.

Since there have been few studies examining the health concerns of either secondary or tertiary level students, particularly over a period of rapid social changes and health behaviors, it would be interesting to examine the health concerns of students for possible curriculum planning and revision. Thus, the purpose of this study was to determine the health concerns of students enrolled in personal health classes. The purpose was also to compare these concerns with the results of other studies accomplished over the past decade, which used the same instrument to evaluate possible changes over time. Finally, the purpose of the study was to investigate the effect of gender on health concerns due to the many social changes affecting women during the past decade.

Methodology

The *Health Concern Questionnaire* (Engs, 1970), which has been utilized by several investigators (Schlaadt & Engs, 1971; Goodrow, 1977) was used for this study. The questionnaire was administered to all students enrolled in all the



personal health sections of a large mid-western university during spring and fall semesters of 1982 during the first day of class and before any health content had been discussed.

Three items on the original questionnaire were changed to update the terminology. "Vietnam Combat" was changed to "combat," "Atomic Warfare" to "Nuclear Warfare" and "Venereal Diseases" to "Sexually Transmitted Diseases." Students were asked to check how concerned they were about each of the 50 items in terms of how they felt it affected their physical, mental, or social well-being. Students indicated their degree of concern for each item by using the number 5, "extremely concerned;" 4, "very concerned;" 3, "moderately concerned;" 2, "mildly concerned;" and 1, "not concerned." The resulting data were computer tabulated to obtain a mean score for each item. For interpreting the results of the calculations, "extremely concerned" = 5.00-4.56, "very concerned" = 4.55-3.56, "moderately concerned" = 3.55-2.56, "mildly concerned" = 2.55-1.56, and "not concerned" = 1.55-1.00.

Results

Table 1 shows the ranking of each health concern by mean score. In case of ties, the one with the greatest variance was ranked first. From this table it can be seen that students were only "very concerned" about one item, "moderately concerned" about 24, and "mildly concerned" about the rest of the items.

To determine possible changes over time about these various health items, a Pearson correlation between the rankings of the mean scores of the 50 items for this 1982 data was compared to the 1976 data of Goodrow (1977) and the 1970 data of Schlaadt and Engs (1971). The correlation between the 1982 and the 1976 data indicated a significantly ($p < .001$) high association ($r = .66$) between these time periods. Likewise, the correlation coefficient ($r = .65$) between the 1982 and 1970 samples also indicated a significantly ($p < .001$) high association between these two samples.

A t-test was used to determine possible differences in the mean score of each item on the questionnaire between males and females. A statistically significant difference ($p < .05$) was found for nine items. Females were significantly more concerned about cancer, childbirth, nervousness, overweight, varicose veins, and automobile accidents. Males were significantly more concerned about combat, sexually transmitted disease, and death.

Table 1. Health Concerns of 670 Personal Health Students at the University, Spring and Fall 1982, Ranked by Mean Score (5 Points Highest Possible Score)

Order	Topic	Mean Score
1.	What I'll be like in 10 or 15 years	3.66
2.	Birth control	3.46
3.	Cancer	3.44
4.	Auto accidents	3.43
5.	Nuclear warfare	3.16
6.	Use of contraceptives	3.13
7.	Death	3.11
8.	Childbirth	3.00
9.	Overweight	2.97
10.	Air pollution	2.96
11.	Pregnancy	2.92
12.	Poor teeth or decay	2.89
13.	Heart disease	2.86
14.	Eye disorders and blindness	2.84
15.	Sex behavior	2.83
16.	Smoking and disease	2.79
17.	Sexually transmitted disease	2.75
18.	Water pollution	2.74
19.	Acne	2.73
20.	Moodiness	2.72
21.	Nervousness	2.70
22.	Biological and chemical warfare	2.70
23.	Being burned	2.68
24.	Alcohol dependence	2.67
25.	Body odor or halitosis	2.58
26.	Drug abuse	2.53
27.	"Colds"	2.52
28.	Combat	2.52
29.	Emphysema or respiratory disease	2.46
30.	Drowning	2.45
31.	Sterility	2.45
32.	Firearm accidents	2.44
33.	Radiation	2.42
34.	Airplane accidents	2.42
35.	Population explosion	2.40
36.	Starvation and malnutrition	2.38
37.	Suicide	2.37
38.	Mental illness	2.34
39.	Headaches	2.30
40.	Kidney diseases	2.24
41.	Accidents due to electric current	2.22
42.	Liver diseases	2.18
43.	Mononucleosis	2.15
44.	Varicose veins	2.15
45.	Tuberculosis	2.04
46.	Nausea	2.03
47.	Homosexuality	2.00
48.	Riots	2.00
49.	Poisoning by snakes	1.75
50.	Masturbation	1.68

Discussion

It is encouraging to find auto accidents (rank 4) and cancer (rank 3) among the top concerns of the students because these are two of the leading causes of death among this age group and, hopefully, students would have some concern about them. However, suicide, which is also a leading cause of death among this age group, ranked 37, and the students indicated only a mild degree of concern about this item. Perhaps this problem is not being thor-

oughly discussed in mental health units of the personal health courses in secondary schools, and students may not be aware that suicide is a problem among their age group. It was also encouraging to find that birth control and contraceptives were also in the top ten concerns since various studies have indicated increased sexual activity among this age group.

The high association between the data from the present study and the samples from 1976 and 1970 appears to

indicate little change over time of these health concerns and, in fact, a stability of the health concerns over a span of 12 years. The finding of little attitude change over the past 12 years, which included many social and behavioral changes, is interesting. Many assume that health and other values, concerns, and mores change over time as a reflection of the changes in social behaviors, as theorized by Durkheim. Perhaps it takes much more time for attitudes and concerns to change after social behavior changes. Or, perhaps the attitudes or degree of concern regarding many of the items on this instrument had *already* changed among this age group before the resulting behaviors such as increased sexual activity, drinking, divorce, or sexually transmitted diseases among youth in our society over the past twelve years had been observed.

Six items ranked in the top ten during both the 1982 and 1970 time period namely: birth control, use of contraceptives, "What I'll be like in 10 or 15 years," auto accidents, nuclear war, and air pollution. Moreover, rankings of sexually transmitted diseases, drug and alcohol dependence, and smoking—which have been issues of the past 12 years—for the most part did not change. Sexually transmitted disease ranked 17 both time periods, alcohol dependence ranked 26 in 1970 and 24 in 1982, and smoking and disease ranked 14 in 1970 and 16 in 1982. The ranking of concern about drug abuse, however, did drop from 13 in 1970 to 26 in 1982. Perhaps the ranking of this particular item is consistent with the trend of decreased drug use among youth.

These results are also interesting in view of a study by Alles and Eddy (1980) surveying parents and the "public" over a ten year time period (1969–1979). Alles and Eddy found that such issues as drug, alcohol, smoking, and sex education had received increased support among parents as educational topics to be covered in the school. Perhaps this apparent increase in concern by parents during the time period stems from attitudes, values, or concerns gained as youth in the 1960s and early 1970s which they now could voice and be heard by school administrations as "responsible citizens" rather than as youthful members of the "hippy generation."

When gender differences were examined, females tended to have more concerns or worries about health items and issues than males. Such differences also have been found by others (Schlaadt &

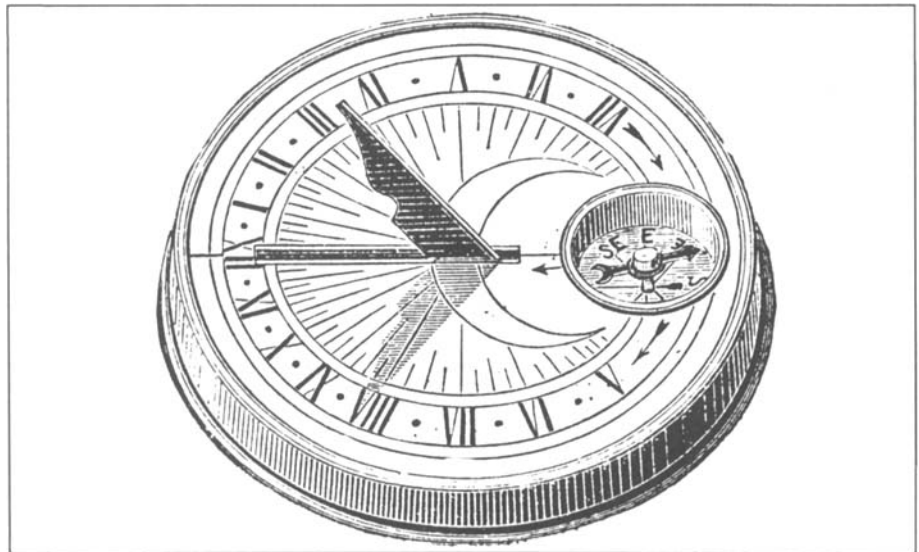
Engs, 1971; Radius, et al., 1980; Goodrow, 1977). It is interesting to note that the males were concerned about items that may be considered more "male oriented" in our society, namely: combat and death (perhaps because of potential military duty) and sexually transmitted diseases (possibly from potentially more sexual activity with a variety of partners). Females, on the other hand, primarily were more concerned about "female oriented" issues relating to appearance and to their gender functioning.

Conclusions and Recommendations

The study appears to indicate that there have been few changes in the health concerns of students, at least among these samples, over a twelve-year time period. The study also appears to support Goodrow's conclusions of the apparent stability of health concerns over time. Apparently, social changes in health and other social behaviors do not appear to have dramatic influences on health concerns as implied by Durkheim's hypothesis. The lack of significant variance over the past twelve years suggests that major modifications and changes of course content aimed at trendy issues or current problems is unwarranted. The study also indicates that females have a higher degree of concern about more health issues than do males, which also supports some other investigations. In some cases perhaps, separate courses on "women's health issues" would be warranted to meet the needs of women having more health worries or concerns.

As suggested by many others in the field of health education, well planned curricula that include all of the basic foundations of health sciences and wellness need to be established. Within this structure, possible fads or new health problems or philosophies can be integrated, and issues of concern to women can still be addressed. As an example, it would be assumed that most personal health courses at the high school and college levels would have a unit on sexually transmitted or communicable diseases. Within such units, the apparently new AIDS disease and its possible ramifications to individuals or society could be discussed. It is not necessary to develop a whole course on this topic as a completely "new" health problem. However, it is important for individual instructors, at all grade levels, to contin-

ually identify possible areas of high student concern or interest; not for dramatic curriculum change, but for integration into the existing curriculum and perhaps paired with less interesting material. For example, under a communicable disease unit, AIDS could be discussed with such diseases as measles or tetanus and with discussions about the importance of making sure one has obtained measles immunization and about keeping tetanus immunizations current. Such pairing could make the unit more exciting for both the students and the instructor.



In conclusion, there appears to be a high degree of stability—at least among the students in the samples used for this study—in students' health concerns over a 12-year time span, even though there have been many social and health related behavior changes during the time period. It is recommended that well planned health education curricula based upon strong educational foundations continue to be undertaken and into which possible new or trendy health interests, concerns, or problems can be integrated easily. Furthermore, it is suggested that more research be carried out to determine if health-related behaviors in our society change after attitudes or concerns change, or if attitudes and concerns change before behaviors.

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