



Original research article

Health value choices among young adults

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Abstract

Objectives: The aim of our study is to provide a general idea of the health values of the population, their attitude towards people with disabilities, and, to prove the importance of change by highlighting possible shortcomings.

Methods: In our pilot study, a total of 111 people were interviewed. The questionnaire used in the study included the Hofmeister-Tóth and Neulinger value list. Health values and attitudes towards disability were measured using the MAS (Attitudes Toward Disabled People Scale – dimensions: affective, cognitive, behavioral), and the ATDP-O (Attitudes Toward Disabled People) scale. The collected data were analyzed using SPSS 26.0 software.

Results: Health ranks high on the value scale. Most people consider their own state of health as important (4.701) and good (4.126). Based on the results of the MAS questionnaire, respondents show a very negative attitude in all three dimensions. A significant weak correlation was found between the behavioral dimension, overt actions, verbal expressions of behavior, and the ATDP-O attitude scale towards people with disabilities ($r = 0.202$, $p = 0.034$).

Conclusion: Our results suggest that forming the right attitude is essential, and this can be achieved through knowledge transfer. It is important to strengthen multicultural societies, so that we can create a healthier, more livable environment in our world.

Keywords: ATDP-O attitude questionnaire; Attitude; Disability; Health culture; Health value; MAS attitude questionnaire

Introduction

In 2020, one fifth of the population of the European Union lived with disability and 1.3 billion were affected worldwide by some type of disability, according to WHO (2022). The aim of the European Commission's 2021–2030 strategy is to enable all persons with disabilities to become useful members of society with equal access and opportunities, supporting them in developing an independent life and finding employment (European Commission, 2021). However, the attitude of society towards people with disabilities appears to be mostly negative. The literature clearly demonstrates that negative attitudes in mainstream society can create social barriers that determine the quality of life of people with disabilities (Getachew, 2011; Stevens et al., 2013). As several countries are concerned about the difficulties that people with disabilities have to face, different studies have been conducted to understand society's point of view (for example, in Ethiopia (Getachew, 2011), France (Dachez et al., 2015), and Japan (Tsujita et al., 2020)).

Due to the accelerated economic and social development, people pay less attention to their health and health preservation. This also results in a negative attitude towards people with disabilities. Their own health is dismissed as unimpor-

tant, people pay less attention to their lifestyle, and they fail to notice the warning signs of their own body (Viola, 2010). The role of teachers in educational institutions is indisputable, as health education has a deep impact on the health behavior of students (Végh and Pusztafalvi, 2020). It is a proven fact that education and the quality of health are closely related. It is advisable to start imparting knowledge about health behaviors at a young age (Kirkcaldy et al., 2004). Educational institutions can raise awareness and educate students on the value of health and health promotion, so students can become familiar with the opportunities for health improvement. Health values are essential for achieving, maintaining, and restoring optimal health (Csimá et al., 2018; Deutsch et al., 2019; Pavluska, 2015). Health culture is an under-researched area that has recently become the focus of scientific studies (Csimá et al., 2018; Deutsch et al., 2019). There is considerable contradiction within the literature regarding the development of a positive attitude towards people with disabilities and the existence of a high level of knowledge about disabilities. However, the Racial Anti-Discrimination Convention aims to increase knowledge about people with disabilities, and also to promote attitude change, and to dissolve stereotypes. A French study has shown that peer relationships have a positive effect on the development of positive attitudes towards people with disabilities

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(Dachez et al., 2015). It is a proven fact that social distance decreases and the attitude of people becomes more positive towards the disabled the more they meet with them (Vilchinsky et al., 2010). Prior knowledge about people with disabilities also has a positive impact on attitudes (Pongrácz, 2015). The literature also reveals that attitudes are significantly associated with gender, educational attainment, frequency of contact with people with disabilities, self-esteem, and cultural orientation (Getachew, 2011). Cultural factors not only influence our attitudes towards people with disabilities, but also our perceptions of health, and we are not aware of how culture influences our thinking, habits, and health-promoting behaviors. Educational institutions and the process of socialization help to impart the basic knowledge necessary for a healthy lifestyle, and the role of teachers is unquestionable in the development of good health behavior (Végh and Pusztafalvi, 2020).

Presentation of the research

Sample

Although ours is not a random cross-sectional study, we tried to target the widest sample possible. Our research is a pilot study, aiming to lay the foundations for a larger, more comprehensive study. Most MAS studies in the literature use more than 500 items (Lu et al., 2020; Radlińska et al., 2020; Stevens et al., 2013; Tsujita et al., 2020). However, there are examples of reliable, in-depth studies with relatively low item counts, for example, two French studies with 101 and 104 participants (Dachez et al., 2015) or a Turkish study with 165 participants (Yelpaze and Türküm, 2018). We also found an analysis from South Korea where 189 students completed the survey (Lu and Kim, 2017).

With respect to this, we recruited 111 participants for our pilot study. A total of 111 people filled out our questionnaire, of which 45 were men (40.5%) and 66 were women (59.5%). The average age of the respondents was $M = 22.77$ (median of 22 years). The mode, median, and mean values indicate that the values are symmetrically distributed. Of those surveyed, 47 (42.3%) live in a city, 31 (27.9%) in a larger city, 25 (22.5%) in a small town, and 8 (7.2%) in the capital of Hungary. 60 people have a high school degree (54.1%), 31 people (27.9%) have a college/university degree, 16 people (14.4%) have an NQR degree, 2 people (1.8%) have a doctorate/PhD degree, and 2 people (1.8%) have secondary vocational education.

39 of the respondents' mothers (35.1%) have a higher education, 37 (33.3%) have a college/university degree, and 2 (1.8%) have a doctorate. Using Spearman's correlation, significant correlation was not found between the respondent's education and their mother's education, $r = 0.077$, $p = 0.421$ (2-tailed). In general, it cannot be stated that the educational level of the respondent correlates with the educational level of the mother. 42 (37.8%) of the respondents' fathers have a high school diploma, 28 (25.2%) have a higher education, 22 (19.8%) have an NQR education, and 3 (2.7%) have a doctoral degree. Using Spearman's correlation, no significant correlation was found, $r = 0.068$, $p = 0.479$ (2-tailed).

Research question, objectives

Based on the literature, we formulated the following research questions: What characterizes the respondents' value system? Where in the list of health values does the health value appear? Is there a correlation between the health value of the individual and attitudes towards people with disabilities?

The aim of our research was to find out whether respondents with higher health values have more accepting attitudes towards people with disabilities.

Materials and methods

Due to the epidemic situation, data collection was implemented using an online survey. The survey was carried out with a self-completion questionnaire in April 2020. Our pilot analysis aimed for a minimum of 100 respondents. Respondents were provided with a participant information sheet on the homepage of the website, explaining the purpose, subject, and circumstances of the research, including the professional-ethical license number. The respondents indicated their intention to participate by accepting the online consent form.

Our questionnaire contained nearly 50 questions:

- socio-demographic data;
- Multidimensional Attitudes Scale towards Persons with Disabilities (MAS): affective, cognitive, behavioral dimensions. MAS measures affective, cognitive, behavioral components. The more negative the attitude of the individual, the higher the value obtained (Finder et al., 2007; Lu and Kim, 2017);
- ATDP-O questionnaire (Attitudes Toward Disabled People, ATDP-O) (Yuker et al., 1970). The reliability of the MAS attitude scale was acceptable in the sample: affective: $\alpha = 0.805$; cognition: $\alpha = 0.910$; behavioral: $\alpha = 0.579$. The internal consistency of the ATDP-O scale in the sample proved to be good, $\alpha = 0.709$. The reliability indicators observed in the sample are consistent with those found in the literature (Stevens et al., 2013; Tsujita et al., 2020; Yelpaze and Türküm, 2018);
- value scale that measures the value of tools and aims (Hofmeister-Tóth and Neulinger, 2009). To measure values, the value scale was applied, which examines the importance of values (goal value) and the realization of values (instrumental value) in a person's life. The internal consistency and reliability of the scale was excellent in the sample, $\alpha = 0.964$ ($N = 111$).

We used Microsoft Word and Excel for data processing, and SPSS 26 for statistical analysis. Frequency and standard deviation were calculated within the framework of descriptive statistical method. To compare the relationships between the variables and the groups (according to the conditions), we applied Spearman correlation, Pearson point-biserial correlation, and analysis of variance. Relationships between the variables and the differences between the mean values of the groups were considered significant at a value of $p < 0.05$. During data cleaning, outliers were filtered out using the outlier labelling rule, and eliminated where necessary.

The research was granted professional ethical approval by the Scientific and Research Ethics Committee of the Hungarian Health Science Council. We received the Research License from the Pécs Regional Ethics Committee – no. PTE/6926/2017.

Results

Values system

We summarized the averages of the ranked values, both in terms of implementation and importance. In terms of importance, health ranks highest (4.83), and is also very high in terms of implementation (4.73). When it comes to realization, happiness ranks first with a value of 4.77. As a value, authority scored the lowest on both the implementation value scale (3.74) and the importance value scale (3.88). On the imple-

mentation scorecard, order ranked second to last with a score of 4.19. In our study, the results of health as a value are in line with the literature, *i.e.*, respondents consider their health to be important (Hofmeister-Tóth and Neulinger, 2009). The results show that in the implementation value list, happiness (4.77) is followed by health (4.73), security (4.70), and family (4.70).

A study by Lau et al. (1986) on thousands of respondents examined the health values and motivating factors of health behavior. Their results showed that health values of the surveyed women increased with age until late adolescence, and that middle-aged women placed greater importance on health than middle-aged men. They also found a strong correlation between health attitudes and health values in their study. A longitudinal study from 1998 involving patients over 80 years of age revealed that considering their health important has a positive influence on their attitudes towards life and their own health (Tsevat et al., 1988).

To understand what is going on around us, to be able to analyze the environment properly, and to see which processes are natural or necessary, a broad perspective provided by sociology can help us (Giddens, 2008). Health value was examined with sociological variables. Using Pearson's point-biserial correlation, we found a significant moderate correlation between the respondents' health value and gender, $r = 0.250$, $p = 0.008$ (2-tailed). The positive correlation means that women have a higher health value. This is consistent with the literature, which shows that women are significantly more likely to engage in health-promoting behaviors than men. Parents, peers, and stressors have also been confirmed to have a positive effect on health outcomes (Lonnquist et al., 1992). Using Spearman's correlation to examine the relationship between respondents' health scores and the self-reported importance of one's own health, we found a moderately weak significant correlation, $r = 0.225$, $p = 0.018$ (2-tailed). In general, it can be stated that the higher the health value, the more important the respondent considers his or her own health.

In our pilot study using Spearman's correlation, no significant correlation was found between the respondents' health and the highest level of education regarding the importance of values, $r = 0.053$, $p = 0.584$ (2-tailed). Therefore, it cannot be said that the higher the educational attainment, the higher the health value in terms of importance of values. Similarly, no significant correlation was found in terms of implementation between health and the highest level of education, $r = -0.015$, $p = 0.872$ (2-tailed).

Regarding the implementation of values, we found a significant weak correlation between health and working hours per week, $r = -0.276$, $p = 0.045$ (2-tailed). Due to the negative precursor, it can generally be said that the higher the weekly working hours, the lower the health value.

MAS

Respondents' attitudes towards persons with disabilities were measured with the Multidimensional Disability Attitude Scale (MAS). The higher the score, the more negative the attitude. The MAS attitude scale includes emotional, cognitive, and behavioral dimensions. Based on our results, the mean score of the respondents in the emotional dimension is 40.57 (maximum score of 80 points). The mean score of the cognitive dimension is 37.78 (maximum score of 50 points). The mean score of the behavioral dimension is 20.23 (maximum score of 40 points). Based on our results, the attitude of the respondents is negative.

For the emotional (affective) component of the questionnaire, the highest score was 64 (2 people, 0.9%), and the most

frequently occurring score was 35 (11 people, 9.91%). The average score in the emotional component of the questionnaire was 40.57, so the affective component shows a negative attitude towards people with disabilities. The mean value ($M = 37.78$, median 37) of the respondents' thoughts on people with disabilities (cognitive component) also alludes to a negative attitude towards people with disabilities. Based on the results, the highest score was 50 (7 people, 6.31%), and the most frequently occurring score (mode) was 37 (10 people, 9.01%). The highest value in the cognitive component dimension is 50, which indicates a very negative attitude. The highest score for the behavioral component of the questionnaire was 32 (1 person, 0.9%). The highest possible score is 40, so the attitude of the respondents towards people with disabilities does not show a better picture in terms of behavior either.

The negative picture we observed confirms the results of an Ethiopian study in the literature, where college students had negative attitudes (Getachew, 2011).

Livneh's (1982) work analyzed negative attitudes towards people with disabilities in terms of childhood memories, sociocultural system, religion, and frequency of encounter. The study found that all of these memories were associated with the development of negative attitudes towards people with disabilities.

ATDP-O

The mean of the Attitudes Toward Disabled People list is 53.49, and the mean squared deviation from the mean (variance) is 77.12. The value of the standard deviation (st. deviation) is 8.78, *i.e.*, the data deviate from the average by 8.78 on average. The mode of the values is 60, thus the most frequently occurring score was 60. On the Attitudes Toward Disabled People attitude scale, 3 people (2.7%) scored 30, indicating a more favourable attitude. One person achieved the maximum score of 90 (0.9%), which indicates the most unfavorable attitude. Most of the respondents, 9.91% (11 people), achieved 60 points. The number of those who achieved 56 points was very high (8.11%, 9 people), 7.21% (8 people) achieved 58 points, while 6.31% (7 people) achieved 51 points. In summary, the results of the ATDP-O (Attitudes Towards Disabled People) scale show a negative picture among the respondents. The values we obtained are in line with the French study, where the scale results were compared with the MAS results (Dachez et al., 2015).

MAS and ATDP-O

We examined the dimensions of the MAS questionnaire and the values of the ATDP-O attitude scale using a series of point-biserial correlations. Using Spearman's correlation, we found a significant, moderate correlation between the respondents' feelings about people with disabilities (the affective component of the MAS attitude scale) and the ATDP-O attitude scale, $r = 0.253$, $p = 0.007$ (2-tailed). In general, it can be stated that those who have negative feelings about people with disabilities based on the MAS questionnaire, also have a negative attitude based on the ATDP-O questionnaire. Regarding the cognitive component (MAS attitude scale knowledge component) and the ATDP-O attitude scale, significant correlation was not found applying Spearman's correlation, $r = 0.051$, $p = 0.593$ (2-tailed). Using Spearman's correlation, we found a significant, weak correlation between the behavioral component of the respondents (MAS attitude scale behavioral dimension) and the ATDP-O attitude scale, $r = 0.202$, $p = 0.034$ (2-tailed). It can be concluded that those whose overt conduct and verbal manifestations of behavior showed a negative re-

sult also had negative attitudes towards people with disabilities according to the ATDP-O questionnaire.

The work of Yelpaze and Türküm (2018) investigated respondents' attitudes towards disability using MAS and ATDP-O scales and found a correlation in almost all variables. Their results revealed that there was a positive correlation between the attitudes towards disability scale and the emotional component of MAS ($r = 0.11, p > 0.05$), and a positively significant relationship between ATDP-O and the cognitive component ($r = 0.50, p < 0.01$). Our results also showed a significant positive relationship between the ATDP-O values and the behavioral sub-dimension of the MAS attitude scale ($r = 0.36, p < 0.01$). This coincides with the work of Yelpaze and Türküm (2018) where a significant relationship was found between the MAS total score and the behavioral component of the MAS attitude scale ($r = 0.38, p < 0.01$). There was also a positive correlation between ATDP scores with the affective ($r = 0.21, p < 0.05$) and behavioral sub-dimension ($r = 0.29, p < 0.001$) (Dachez et al., 2015).

Pearson's correlation indicated no significant relationship between the attitude towards people with disabilities (ATDP-O) and the gender of the respondents, $r = -0.036, p = 0.708$ (2-tailed). The gender of the respondents does not determine whether the attitude towards disabled people is negative or positive, just as age showed no correlation based on Pearson's correlation [$r = 0.023, p = 0.812$ (2-tailed)]. Our results are in line with those found in the literature. In a study involving 552 participants, it was concluded that neither gender nor age is a determinant of attitudes towards disability (Tsujita et al., 2020), while another study concluded that gender is a determinant of attitudes towards disability. A more negative picture was found in the behavioral sub-dimension for men (Radlińska et al., 2020).

Discussion

In our prospective study, we examined respondents' values and attitudes towards people with disabilities in all aspects. We used reliable measures and compared our results with national data. The reason for the small number of items was to provide the basis for a prospective study. Our study is innovative in terms of its approach to disability, as neither health values nor attitudes towards disability have been looked at in this context.

The decisions we make in our lives are difficult (Beattie et al., 1994; Szűts and László, 2005). Our important choices are influenced by a number of factors, such as attitudes, financial situation, social factors, and values. The literature shows that values shape everything, from the smallest decisions, through our consumption, to our everyday lives. The dominant value hierarchies in society "influence, shape, or even determine the outlook of generations (via the school system)" (Meleg, 2015). Our health values and health promoting behaviors are also determined by gender, peers, and social relationships (Lonnquist et al., 1992). In summary, value is an organising medium, determined by choices and subject to various influences. Values can be seen as permanent, and they determine our actions through their organizing effects (Rokeach, 1973; Rucska and Kiss-Tóth, 2021).

The WHO (2015) describes disability as a universal issue, as all of us come into contact with people with disabilities in some way, whether through a relative with a disability or through our own involvement. The WHO (n.d.), as the governing and coordinating authority for international health, is

aligned with the UN's core values of respect for integrity, professionalism, and diversity.

Our research question was whether a correlation can be demonstrated between health values and the attitude of the examined target group towards people with disabilities.

In our objectives, we hypothesized that respondents with high health values in the value system (both in terms of importance and implementation) would display more accepting attitudes towards their fellow persons with disabilities (MAS, ATDP-O). Based on the results of the received MAS questionnaire, a very negative picture of the respondents' attitudes was found in all three dimensions. According to the international literature, negative attitudes towards people with disabilities can create barriers (Getachew, 2011) and affect their quality of life. The United Nations and World Health Organization have clearly stated that low quality of life among disabled persons is due to negative attitudes towards them (Stevens et al., 2013).

In our prospective study, the affective component of the MAS scale shows a negative picture. The results we obtained are in line with those observed in the Turkish sample ($M = 41.00, SD = 10.48$), as a negative picture was also found in the 165-item Turkish study (Yelpaze and Türküm, 2018). Similar results can be seen in the Polish study ($M = 40.22, SD = 10.82$) (Radlińska et al., 2020).

In our study, the cognitive dimension of the MAS attitude scale scores the highest ($M = 37.78, SD = 7.76$), which in practice means the respondent's views on the given subject. In the present case, this confirms a negative picture. In our pilot study, respondents' attitudes towards people with disabilities were moderately negative ($M = 37.78$). The work of Vilchinsky et al. (2010) confirmed the existence of a cognitive sub-dimension. In a study conducted on a Turkish sample, Pearson's correlation showed the highest correlation between the behavior and cognition sub-dimensions ($r = 0.50, p \leq 0.01$), followed by behavior and liking ($r = 0.36, p \leq 0.01$), and then cognition and liking ($r = 0.20, p \leq 0.05$) (Yelpaze and Türküm, 2018). Despite the negative picture that emerged in the behavioral dimension ($M = 40.57, SD = 8.95$), the literature shows the exact opposite, with no negative attitudes at all in the behavioral sub-dimension ($M = 15.55, SD = 5.61$) (Yelpaze and Türküm, 2018), similar to the Polish results ($M = 17.84, SD = 5.39$) (Radlińska et al., 2020). In the Turkish study, a t-test showed that the cognitive and behavioral dimensions were related [(cognition-behavior) = 4.93, $df = 164, p < 0.001$] (Yelpaze and Türküm, 2018).

Analysing all three sub-dimensions together, we found a similar picture when compared to international results, as the most negative attitude towards people with disabilities is the highest in the cognitive dimension (based on the average), and the least in the behavioral dimension ($M = 20.23, SD = 4.32$) (Findler et al., 2007).

In an Ethiopian study, gender, educational attainment, year of schooling, higher education, the level of interpersonal relationships, self-esteem, and cultural orientation were found to be significant variables that influenced negative attitudes towards disability (Getachew, 2011). Frequency of contact with a disabled person was also found to be a determinant in the Turkish sample, as a lack of regular encounters may create anxiety in the person who encounters a person with disability (Yelpaze and Türküm, 2018). Polish studies have also found that low education levels, gender, and age are determinants of negative attitudes. According to their results, respondents with lower education levels showed weaker emotional reactions ($r = -0.099; p = 0.021$), the emotional sub-dimension decreased with advancing age, and the cognitive component in-

creased with age ($r = 0.077$; $p = 0.078$) (Radlínska et al., 2020). Other studies found the opposite, *i.e.*, younger age does not imply more favourable attitudes (Dachez et al., 2015; Findler et al. 2007). Radlínska et al. (2020) found no detectable difference between attitude and status as a worker or student, nor between size of homes and negative attitude. A contrasting picture also emerges regarding educational attainment, as a 2004 analysis of data from 30 nations found that educational attainment also determines how long a person with a disability can expect to live (Kirkcaldy et al., 2004).

In our study, the mean score of the ATDP-O questionnaire was 53.49 ($M = 53.49$, $SD = 8.78$), which shows a very negative attitude towards people with disabilities. Our results are in close agreement with the literature, as the ATDP scale results among pre-school teachers and teacher training students show a slightly negative attitude (Dachez et al., 2015; Kovács et al., 2019). There is a significant relationship [$r = 0.253$, $p = 0.007$ (2-tailed)] between the scores of the Affective Component of the MAS questionnaire and the other Attitudes Towards People with Disabilities Scale (ATDP-O), which is almost identical to the Turkish sample (Yelpaze and Türküm, 2018). The behavioral dimension of overt acts, verbal manifestations of behavior, and the ATDP-O attitude scale towards people with disabilities showed a significant weak relation [$r = 0.202$, $p = 0.034$ (2-tailed)], meaning that those who have a negative attitude scale behavioral dimension also have a negative attitude scale on the ATDP-O questionnaire. Our results are in line with the international literature, showing a correlation between the variables (Findler et al., 2007; Yelpaze and Türküm, 2018).

Our results do not suggest that those with a high mean score on the "health as a value" scale have a negative emotional attitude dimension on the MAS questionnaire [$r = 0.028$, $p = 0.769$ (2-tailed)], while we found a significant weak correlation between the importance of health values and the respondents' cognitive attitudes towards people with disabilities [$r = 0.191$, $p = 0.044$ (2-tailed)]. Examining all sub-dimensions of MAS, we only found a weak association for the behavioral component. The attitude of the respondents shows a negative

picture, yet no association with health was found. It could not be clearly established that the importance of health has a positive impact on attitudes towards people with disabilities.

In our study, health value showed no relationship with attitude in terms of implementation. However, the cognitive component of the MAS attitude scale and the health value in the importance value system showed a significant relationship, and this is encouraging for attitude formation. The results obtained are not a cause for discouragement as they suggest that health value and its cognitive component are related to attitudes towards people with disabilities, hence future knowledge transfer may be effective in terms of attitude formation. Attitude formation can be achieved through knowledge transfer, as Pongrácz's (2015) study found that students with more prior knowledge are more accepting of their peers with disabilities. French research has clearly shown that those who have had social contact with disabled people have more positive attitudes towards them (Dachez et al., 2015).

Conclusion

In our opinion, it would be necessary to carry out this study on a larger sample. Based on the results, our hypothesis was confirmed in one case; health value has a positive effect on the knowledge component. Based on the literature, the emotional and behavioral components of our attitude determine our health culture. Health as a value is an element of health behavior, so it not only has innovative social effects, but also has a positive impact on the economy. Developing health as a value is the way to achieve outstanding results in the long term.

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Ethical aspects and conflict of interests

The authors have no conflict of interests to declare.

Hodnota zdraví mezi mladými dospělými

Souhrn

Cíl: Cílem naší studie je poskytnout obecnou představu o hodnotě zdraví mezi mladými dospělými, jejich postoji k lidem se zdravotním postižením a dokázat důležitost změny poukázáním na možné nedostatky.

Metodika: V naší pilotní studii bylo dotazováno celkem 111 lidí. Dotazník použitý ve studii zahrnoval seznam hodnot Hofmeister-Tóth a Neulinger. Hodnoty zdraví a postoje k postižení byly měřeny pomocí škály MAS (Attitudes Toward Disabled People Scale – dimenze: afektivní, kognitivní, behaviorální) a škály ATDP-O (Attitudes Toward Disabled People). Shromážděná data byla analyzována pomocí softwaru SPSS 26.0.

Výsledky: Zdraví je na žebříčku hodnot vysoko. Většina lidí považuje svůj vlastní zdravotní stav za důležitý (4,701) a dobrý (4,126). Na základě výsledků dotazníku MAS vykazují respondenti velmi negativní postoj ve všech třech dimenzích. Byla zjištěna signifikantně slabá korelace mezi behaviorální dimenzí, zjevným jednáním, verbálními projevy chování a škálou postojů ATDP-O k lidem s postižením ($r = 0,202$, $p = 0,034$).

Závěr: Naše výsledky naznačují, že vytvoření správného postoje je zásadní, a toho lze dosáhnout přenosem znalostí. Je důležité posilovat multikulturní společnosti, abychom v našem světě mohli vytvořit zdravější prostředí pro život.

Klíčová slova: hodnota zdraví; kultura zdraví; postižení; postojový dotazník ATDP-O; postojový dotazník MAS; přístup

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