THE STUDENTS AND THE STATUS OF HEALTH: FROM SOCIAL REPRESENTATION TO CONSUMER PRACTICES. SOME RESULTS OF A SOCIOLOGICAL RESEARCH AT "ALEXANDRU IOAN CUZA" UNIVERSITY OF IASI

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Abstract

The interest in the sociology of health is relatively new in our country. With a few exceptions, the scientific publications in this area have been related to demography studies, medical sociology and medical ethics. The people's health condition is an important indicator of the social and economic situation worldwide (Alexandrescu , Istrate, 2012).

Unfortunately some diseases tend to appear at early ages, triggered by the modern lifestyle and new consumption practices. Therefore, it is important to evaluate the health condition in the course of a lifetime. For many Romanian university students, we do not expect the (auto) evaluation of health to be a current practice, considering the generally positive subjective appreciation of the health condition and the low rate of diseases and mortality. However, the young people's lifestyle and consumer practices are very important indicators of their health condition.

During our research we have applied a questionnaire to a representative sample of students from "Al. I. Cuza" University of Iasi, with a primarily descriptive function, considering the exploratory nature of our study. We have tried to explain some specific differences according to gender, forms of studies and positive health practices among university students.

Keywords: subjective evaluation of health, consumer practices, preventive health care, and positive health practices

Résumé

L'intérêt pour la sociologie de la santé est relativement nouveau dans notre pays. À quelques exceptions les publications scientifiques dans ce domaine sont en relation avec les études démographiques, la sociologie médicale ou éthique appliquée dans les sciences médicales. L'état de santé d'une population est un indicateur important pour la situation économique et sociale dans le monde entier (Alexandrescu, Istrate, 2012).

Malheureusement, certaine maladies apparaisse aux jeunes âges en raison de la vie moderne et les nouvelles pratiques de consommation. Dans ce cas est important d'évaluer l'état de santé au cours de la vie. Pour de nombreux étudiants roumains nous n'attendons pas à ce que la (auto) évaluation de la santé n'est pas une pratique courante en raison de l'évaluation subjective généralement positive de l'état de santé et de la baisse du taux de maladie ou de mortalité. Dans le même temps le mode de vie des étudiants et les pratiques de consommation sont des indicateurs très importants pour évaluer l'état de santé.

Dans notre recherche, nous avons appliqué un questionnaire à un échantillon représentatif d'étudiants de l'Université Al. I. Cuza de Iasi avec une intention descriptive en

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raison de la conception exploratoire de cette recherche. Nous avons essayé d'expliquer certaines différences spécifiques entre les sexes, les formes d'études, les pratiques de santé positives chez les étudiants.

Mots-clés: l'évaluation subjective de la santé, pratiques de consommation, les soins de santé préventifs, pratiques positives de santé

Rezumat

Interesul pentru sociologia sănătăţii este relativ nou în ţara noastră. Cu câteva excepţii, publicaţiile ştiinţifice în acest domeniu sunt legate de studii demografice, sociologie medicală sau etică aplicată în domeniul ştiinţelor medicale. Cu toate acestea starea de sănătate a populaţiei este un indicator important pentru situaţia economică şi socială din lume (Alexandrescu , Istrate, 2012) .

Din păcate, unele boli apar la vârste mai mici ca urmare a vieţii moderne şi a noilor practici de consum. În acest caz, este important să se evalueze starea de sănătate de-a lungul întregii vieţii. Pentru mulţi studenţi români nu ne aşteptăm ca (auto) evaluarea stării de sănătate să fie o practică comună din cauza estimării subiective în general pozitive a stării de sănătate şi ratelor mici ale unor maladii sau a mortalităţii. În acelaşi timp, stilul de viaţă al studenţilor şi practicile de consum sunt indicatori foarte importanţi pentru a evalua starea de sănătate.

În cercetarea noastră, am aplicat un chestionar pe un eşantion reprezentativ de studenţi de la Universitatea Al I. Cuza din Iaşi, cu o intenţie în primul rând descriptivă, din cauza designului exploratoriu al acestei cercetări. Am încercat să explicăm şi unele diferenţe specifice între sexe, forme de studiu şi ale practicilor pozitive de sănătate în rândul studenţilor.

Cuvinte cheie : evaluarea subiectivă a sănătăţii, practici de consum, practici preventive în sănătate, practici pozitive de prezervare a sănătăţii

1. An overview of the previous research

A good introduction to the subject of our research was the relatively recent book published in Romania and signed by I. Ionescu and A. Lupu (2007). In this book the authors have studied the topic of the status of health on a representative sample of 1003 students from all the universities of Iaşi, Romania. The main issues covered by the questionnaire were: living conditions, financial and working status, nutrition, academic schedule and specific activities, time management, personal social networks, some consumption practices (smoking, drinking etc.) and sexual behavior. These researches found a model in a great European survey explained by M. Baumann (seen on the Internet). A research named *La santé des etudiants en Europe* comprised many waves of analysis on a large sample of students across Europe. Related to these researches, we can quote one article by Steptoe and Wardle (2001), where some of the differences between Western Europe and the former Communist states of Eastern Europe based on health behaviors and psychosocial stress are explained. For the aforementioned authors, the university students have some special characteristic features: they are more informed and

susceptible to apply a healthy behavior. Steptoe and Ward recognized that the university students have a relatively good health and an important social position. One of the conclusions of their study was the fact that East European students had a less healthy lifestyle. From another article written by Wardle and Steptoe (1991), we can observe the main issues in university students' health research: substance use (cigarette smoking, alcohol consumption), positive health practices, diet and eating habits, driving behavior, preventive health care. Each category has other subordinate indicators and we consider that many of these items can be applied in our research.

Another perspective was proposed by S. Coulange and all. (2009) in a comparative research between Université de Genève and Haute Ecole de Santé de Genève. According to these authors, the main issues related to student's health are: precariousness (access to housing, access to financial aid, cultural origin, socio-economic level, access to employment, economic crisis, delayed recovery studies), mental health (depression, suicidal ideation, stress) and risk behavior (alcohol, drugs, tobacco, sex). It is difficult to resume all the contributions to the research of the students' health behavior. For example, Ben Lakhdar and all. (2012) have studied cigarette smoking among French students and H. Wechsler and all. (2003) have studied the habit of drunk driving among college students etc.

Other suggestions for further research can be provided by the databases of the analysis at the level of the entire Europe. In this case, the European Commission gives a great list of indicators which estimate the Public Health (see ECHI- list of indicators) and another research can include the domain of health within a larger context. For example, the research about the health status of a population was related to many more variables, from quality of life indexes to quality of consumption. Kaplan and Saccuzzo (2005; 502) specified that for most people health and the quality of life are very important and interrelated in the same time. Some diseases are regarded as affecting life quality and life expectancy. We can review this relationship in a recent research *Quality of life in Europe: Impacts of the crisis* (2012). In this research the public services, health and health care, represent a domain among other seven domains which/that characterize the quality of life. At the European level the health satisfaction is good or very good for 64% with some differences according to gender, age, income, degree of urbanization. In this context it is specified that "while men have lower life expectancies, reported mental and physical health problems are more numerous among women, in all age groups" (page 130).

2. People's Health in Romanian Research

Unfortunately, in a Report by the Presidential Commission for the Analysis and Elaboration of the Politics for Public Health in Romania (2008) the 99th position is conferred to Romania in an international top health systems, due to some of the

system's critical problems. The authors of this report recommended some politics and strategies directed at the whole population under the general condition of the "solidarity principle that guides the Romanian health care and social protection systems" (A. Rebeleanu, D. Soitu, 2012).

There are specific researches in Romania dealing with health issues: research within the health system care in Romania and research on the representative sample of the population. The research about health in Romania (INS and IRECSON; 2000, 2008; INSP, 2010) contains some specific details about the entire population and very few data about the results on specific age categories (respectively people aged 18-25 years).

Other researches try to combine these two directions: we can quote a complex study named „Romanian Sanitary system: realities, causes and solutions" made in 2008 by the Government of Romania – Agency for the Governmental Strategy. The categories surveyed were: nurses, pharmacists, doctors, general population. From the databases of this research[1] we can present some results regarding the population aged 18-25 years old-part of which was university students. According to the report of this research the characteristics were: volume of the sample was 1214 people's aged minimum 18 years old; probabilistic, multistage stratified sample; maximum error ± 3 % and confidence level 95%. In this sample the age categories were 18-25 years old 16.6%; 25-40 years old 28%; 40-65 years old 36.4% and older than 65 years 18.9%.

We intend to present some results just for the population aged 18 to 25 years old. For this population, the considerations already presented were confirmed: 71% declared that they don't suffer from any disease. Just 10% said that they suffer from hypertension, 6% suffer from heart diseases and 4% suffer from rheumatic diseases. Other percentages had very low values in the condition of a question with multiple responses. Very interesting is the comparison between the young people between 18-25 years old and the entire sample in some specific behavioral categories (*see Table 1*).

We can observe some differences: sleeping after midnight and eating fast food products are specific to the young people. Other behaviors are very similar: doing sport, eating fruits and vegetables or drinking alcohol.

Another research was made in Romania by *Daedalus Consulting* in 2007 and the results are available on the website of the company in two reports: *Health System in Romania* and *Attitudes and habits related to health*. From the first report we observed some important data for the population aged 18-24 years (*see Table 2*).

[1] Databases were public on the site of the Agency for the Governmental Strategy (AGS), in 2009; now this site is closed!

Table 1: *Practices for the population aged 18-25 years*

		Daily or almost daily	Several times a week	Several times a month	Once a month or less	Never
Positive health practices						
Sport, motion	18-25 years old	44%	20%	7%	7%	12%
	Entire population	45%	16%	8%	9%	18%
Sleeping after midnight	18-25 years old	30%	27%	17%	13%	13%
	Entire population	18%	22%	20%	18%	22%
Eating practices						
Eat at fast food	18-25 years old	5%	18%	15%	24%	38%
	Entire population	3%	7%	9%	19%	63%
Eating fruits and vegetables	18-25 years old	63%	27%	6.5%	3%	1%
	Entire population	60%	32%	5%	2%	0.5%
Substance use						
Alcohol	18-25 years old	5%	9%	19%	28%	39%
	Entire population	5%	10%	20%	27%	37%

Source: AGS, 2009, personal calculation

Table 2: *Evaluative health related issues*

	Percents
I go to the doctor only when I have a health problem	79.4%
I go to the dentist only when I have a problem with teeth / gums	79.7%
Average number of the health problems in 1 year	1.28
Number of visits to the doctor in 1 year	0.98
Treatments on the basis of medicaments	67.1%

Source: www.daedalus.ro, accessed 25.03.2014

From the second report for the same category, 18-24 years old we observed differences between the awareness of the importance of some activities for health care and their actual practice (*see Table 3*).

With this data we can conclude about the social representations and practical aspects of the preventive health care among the young people.

Another research was made by IRES and its name was *Food safety and habits consumption in Romania* (2013). This research was made on 1493 people aged minimum 18 years old; probabilistic, multi-stratified sample; maximum error ± 2.5,

CATI method. For the entire population we observed some consumption habits which we can only interpret with prudence: eating fruits (63% daily, 22% several times a week) or vegetables (56% daily, 28% several times a week) etc. The most daily consumed food is: bread (89%) and coffee (68%). After fruits and vegetables follows bottled water (47%) and tea (40%). The least consumed are beef, canned meat, and fish. Very interesting for this research was the fact that Romanians are interested in a great proportion (87%) in food safety.

Table 3: *Differences between importance and practices of health related issues*

The following activities ….	…are very important for health care (%)	…are regularly practiced (%)
…Respect for the sleeping time	68	48.3
…Regular meals	70.6	42.6
…Regular medical control	60.2	20.6
…Physical exercises (sports)	68.3	63.9
…Diet	48.3	39.1
…Meditation/praying	34.6	42
…Vitamins	29.7	22
…Fasting	32.6	20.5

Source: www.daedalus.ro, accessed 25.03.2014

In Romania we can mention an article signed by Marian Vasile (2014), where the author has tested "whether life satisfaction is influenced by the assessment of health, quality of public health services, and if health assessment is moderate by the specific context. The results confirmed this expectations showing how health can act through multiple pathways on quality overall life". If we were to quote the same author (2010) we could relate the status of health to the lifestyle. For example, the author has identified six clusters or lifestyle and the specific cluster for teens was named: *(future) individualists' entrepreneurs*. They are involved usually in many activities outside their home, they practice sports etc. This lifestyle, very mobile and very well informed, can influence the status of real or perceived health. In this case the *health lifestyle*
is important to quote [this concept was developed by Cockerman (2007), apud M. Vasile (2010)].

3. Field research in "Al. I. Cuza" University from Iasi

3.1. Theme and objective research

In these research we have tried to explain some specific differences according to gender, forms of studies and positive health practices among university students (from the Al. I. Cuza University). The main objectives are descriptive: obtain data about the preventive health care among the students, about diet and eating habits, about positive health practices and about substance use and alcohol.

3. 2. Research methodology

We have applied a questionnaire to a representative sample of students from “Al. I. Cuza” University of Iasi, with a primarily descriptive function, considering the exploratory nature of our study.

3.3. Characteristics of participants in the study / studied community

We made a sociological research in the 2011 academic year on a representative sample for the students of UAIC Iasi (license and master)[2]. The sampling was a probabilistic one, stratified, clustered (the clusters was the university students groups); the volume of the sample was 945 students; maximum error ± 3.2 % and confidence level 95%. The structure of the sample was:

Table 4: *Structure of the sample*

		Percents
Gender	**Male**	29.5%
	Female	70.5%
Study domains	Exact sciences	11%
	Natural sciences	14%
	Humanistic	9%
	Theology	4%
	Law	8%
	Social/politics	21%
	Economy	27%
	Sports	6%
Forms of studies	License	82%
	Master	18%

3.4. Approximate or expected results

For many Romanian university students, we do not expect that the (auto) evaluation of health is a current practice, considering the generally positive subjective appreciation of the health condition and the low rate of diseases and mortality. In the mean time we tried to compare some results with other data from several research made in Romania. We present the results of our research in a descriptive logic trying to add some specific chapters as we already mentioned.

First of all, the university students had estimated the degree of satisfaction with life and the status of the personal health. All these questions were scales with values 1-very satisfied to 4-very unsatisfied.

[2] This research was made with the students from Master *Political Marketing and Communication* from the Faculty of Philosophy and Social Political Sciences, UAIC.

Table 5: *Levels of satisfaction*

	Very satisfied	Quite satisfied	Quite dissatisfied	Very dissatisfied
Satisfaction with life	22%	58%	14%	3%
Satisfaction with health	22%	57%	15%	2%

These values are quite similar and a simple analysis of crosstabulation indicating the association between these two variables are statistically significant (χ^2=128.6, df=9, p=0.000; γ=0.486). These results confirm some of the theoretical issues already mentioned. Other evaluations of the subjective health were as follows:

Table 6: *Auto-perception of health status*

	Percents
I'm very healthy	15%
I'm quite healthy	56%
I have some health problems	27%
I have a serious illness	1%
No answer	1%
Total	100%

This situation confirmed the previous results: 27% of the students recognize some health problems. Among these health problems were: acne, anemia, digestive problems, rheum, sinusitis, respiratory viruses, food poisoning etc. Some special cases where mentioned: infection with Ah1N1 virus, A hepatitis, one case of HIV/SIDA, nodules, ulcer etc.

We intend to present some categories of behaviors related to preventive health care, diet and eating habits, positive health practices and substance use and alcohol.

a. preventive health care

For our respondents some descriptive issues were as follows:

Table 7: *Gender differences in preventive health care*

Male and female	Yes	No
Are you enrolled at family doctor?	91%	9%
You have done a vaccine against Ah1N1?	9%	91%
You have ever had a test for HIV / AIDS?	23%	77%
Female only		
Have you ever had a Papanicolau test?	28%	72%
Have you been vaccinated against cervical cancer?	5%	95%
Have you ever had a breast control?	18%	82%

These data tend to characterize a university student population that is not very well involved in preventive health care due to very low percentages in this table concerning some specific cases. During the research there were in Romania well known campaigns against Ah1N1 and cervical cancer. Unfortunately, the number of people who have undergone treatment was very low (at the level of entire population).

The university students from our sample recognized that in 40% cases they did not make free medical analysis in the last 12 months. In this situation the answers for the next question where predictable:

Table 8: *What do you do if you have a mild disease?*

	Percents
Ask for family doctors or from campus	23%
Treat me alone at home	39%
Treat me afteraccording to Internet information	5%
I spoke with a druggist/apothecary	20%
Asked help from parents / relatives / friends	13%
Total	100%

One of the important indicators can be the sexual life and the attention paid to the protection against specific diseases.

Table 9: *Sexual behavior and preventive health care*

	Male	**Female**
Have you already had sexual intercourse?	83%	70%
Do you have a stable sexual partner?	57%	60%
Do you have accidental sexual relations?	30%	6%
Do you/your partner use condom?	58%	47%
Do you use contraceptive?	-	31%
Do you made regular gynecologic controls?	9%	45%

These data can be related with other specific articles published in Romania by C. Oanes (2010), C. Faludi (2005) etc. One important discussion can be raised about the uses of condom and the risk of contamination with HIV or other viruses.

b. Diet and eating habits

Choosing among foods and drinks that are preferred by students is difficult and for that we chose to specify some main categories. Another suggestion would be clustering the products in estimating if they are good or bad for the health.

Table 10: *Frequencies for consumption of foods and soft drinks*

	Daily or almost daily	Several times a week	Several times a month	Once a month or less	Never
Foods					
Eating meet	39%	47%	9%	4%	1%
Eating vegetables	52%	40%	6%	2%	-
Eating fruits	44%	39%	13%	4%	-
Eating dairy	31%	42%	17%	7%	3%
Eating sweets	33%	35%	21%	10%	1%
Eating chips, snacks	6%	16%	29%	39%	10%
Soft drinks					
Cola drinks	17%	32%	24%	20%	7%
Energy drinks	2%	8%	14%	41%	35%
Natural coffee	26%	15%	11%	20%	28%
Coffee type 3 in 1	26%	20%	13%	21%	20%
Tea	14%	19%	18%	28%	21%

Some foods' consumption is very high (eating meet or sweets) but there is also a good percent for vegetables or fruits. These data can probably be real because of place for eating (the students declare that they eat in their own room-70% and just 17% declared that they eat at the canteen). In Iaşi, eating everyday at the canteen can be expensive considering that students declared in great majority that they spend more than 50% of money for food. Some other data can be useful here: just 28% percent consider the breakfast most consistent meal and just 10% preferred fast food products.

For diet and eating habits is very important that students are attentive to the specifications for any food products. When they buy something they are interested in:

Table 11: *Fallowed information about products*

Guarantee period	76%
Price	68%
Ingredients listed on the label (E substances)	33%
Habit with the product	25%
Brand/Name of the product	22%
Calories	16%
Manufacturing site	8%
The Bio label	3%

These indicators are important in the evaluation of the preoccupation for healthy diet. We can observe the preeminence of interest for guarantee period, for the price of the product and low interest for calories or other: in this case the students can

buy cheaper products but without the minimum qualities. In other research made in Romania P. Dobrescu, M. Ciocea and D. Cismaru (2009) over 744 students conclude that 61% don't pay attention to the number of calories, to the content of E substances (46, 5 %) or fat content (53 %). In the same time very important for the students was the guarantee period (85, 2%) and quality-price ratio (76, 5%). The conclusion of these authors was that for Romanian university students "the preoccupation for an adequate, healthy diet is very low". The same conclusion can be drawn for our research. Fortunately there are some social media campaigns, for example *Consumix campaign* initiated by the creionetica.ro. Point of depart: how would be the society if we all decide to have a healthy lifestyle?

c. Positive health practices

Identifying positive health practices can be very difficult due to their diversity. For example, in our country there is a popular tradition of fasting and many nutritionists recommend that as a positive health practice. Among students, 40% of male and 60% of female declared that they had fasted at least once in the last 12 months. The period of fasting is variable from several days to several weeks. Another issue consists in practicing sport activity:

Table 12: *Sportive activities*

	At least once a week	Several times a month	Once a month	Several times a year	Never
Excursions/hiking	47%	21%	11%	19%	2%
Team sports	11%	14%	13%	**46%**	**16%**
Individual sports in gym	14%	9%	9%	**42%**	**26%**

We can observe a low interest for team sports or for individual sports in gym partially due to the costs for rent of the stadiums or specific devices.

d. Substance use and alcohol

It is difficult to appreciate whether the answers in this case are real and we prefer to view all the data with some precautions. In fact, we can question people directly (about their own consume) or indirectly (about the colleague's consume, friends or known's). This is the explanation for some similar questions:

Table 13: *Substance use (percents for positive answers)*

	Male	**Female**
You smoke?	38%	26%
Someone offered you drugs for consumption?	34%	14%
Have you bayed drugs?	9%	2%
Du you tried drugs?	15%	6%
Do you have friends/known that tried drugs?	25%	15%

Some data was influenced by the temporary success of the weed consumption at the time. Today all the weed shops are closed, but there still are a lot on the Internet (from 2011 in Romania is illegal to distribute substances with psychotropic effects!).

We observe that smoking is the most widespread among students and we ask about number of cigarettes smoked every day in average:

Table 14: *Number of cigarettes smoking*

	Mean	Median	Mode
Male	14	13	20
Female	11	10	10

The differences between male and female were visible and predictable. Unfortunately approximate 80% from these students (male or female) declare that they smoke cigarettes every morning before eating. At this specific consume can be added the alcohol consumption:

Table 15: *Alcohol consumption among students*

	Daily or almost daily	Several times a week	Several times a month	Once a month or less	Never
Drinking wine	2%	9%	30%	43%	16%
Drinking bier	3%	12%	26%	39%	20%
Strong drinks	1%	3%	13%	41%	41%

* * *

We tested if there are specific differences between different categories of population in the sample (from 1-very satisfied to 4-very unsatisfied):

Table 16: *Differences for satisfaction with life/health*

Gender	Mean (male)	Mean (female)	Z
Satisfaction with life	1.90	2.00	-2.59 (p=0.009)
Satisfaction with health	1.86	2.02	-3.4 (p=0.001)
Residence	Mean (urban)	Mean (Rural)	
Satisfaction with life	1.96	2.01	-0.82 (p=0.407)
Satisfaction with health	1.98	1.94	-0.73 (p=0.465)
Types of studies	Mean (license)	Mean (master)	
Satisfaction with life	2.00	2.04	-1.05 (p=0.119)
Satisfaction with health	1.97	2.01	-0.637 (p=0.524)

The non–parametric tests show that we have significant statistical differences between male and female for life satisfaction and satisfaction with health. For residence or types of study there are not significant statistical differences.

Finally we constructed a binary logistic model with the following results:

Table 17: *Binary logistic model for the predicted*
Self evaluation of health status
(1- satisfied with personal health; 0- unsatisfied with health).

	Exp(B)	Wald	p
q9dimin	1.194	.390	.532
q15fum	1.729	3.973	.046
q17_ore	1.195	4.026	.045
FAC1_1	.759	4.971	.026
q43vacc	.622	1.699	.192
Constant	1.382	.229	.632

The independent variables entered in the model were: q9dimin (1-in general I eat every morning, 0-I don't eat in the morning), q15fum (1-I smoke, 0-I don't smoke), q17_ore (number of sleeping hours during the night), fac1_1 (index for *sport practicing* obtained from three variables: *excursions/hiking*, *team sport* and *individual sport in gym* using principal components method, KMO=0.566, Sig.=0.000, total variance explained 53%), q43vacc (1-I make Ah1N1 vaccine, 0-no). We can conclude that self evaluation of the health status is non-dependent of the breakfast or vaccine but depends of other variables entered in the model. We can observe the odds ratio for the healthy behaviors.

3.5. Concludes with implications and applications results

This article is a general introduction to the health research concerning university students, with a case study on UAIC Iasi. Some results can be useful for the specific decision making levels in public health from the university or from the national or regional health care organizations. Of course, it would be important to implement another research at the regional or a national level to aid some specific social and medical campaigns among university students. Some results from our analysis are critical and can be relevant for other in depth studies combined with qualitative data. In fact, one of the limits of this research is the self-declared method with the specific bias.

Another important issue is the analysis of the differences between university students from European country. In this case many foreign students who came in Romania with Erasmus mobility can be questioned. Unfortunately it is difficult to construct some representative samples. At the micro-social level we can observe the exchange of information between Romanian and foreign students and in the same time we can study the contact between foreign students and the Romanian health care system.

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