

# Religiousness, value of health and health behaviours among medicine and clerical students



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## Introduction

A health is one of major value influencing on satisfaction and quality of life. It occupies one of the most important places in the hierarchy of values. Health may be treated as a psychophysical characteristic which ensures optimal functioning in various contexts. Health behaviours involve actions which prevent diseases and improve health. Basic health behaviours include balanced diet, physical activity, no smoking, no substances abuse and a regular lifestyle. Health attitudes depend on many factors, such as sex, age, education, income or education. Some research show that religiousness as an important factor forming perception of health value and shaping health behaviours.

## Aim and research groups

This research tries to answer the questions: do exist differences in hierarchy of values between medical and clerical students? Are there differences in health behaviours between these two groups of students? Are there correlations between religiousness and health behaviours?

Research groups consisted of 160 students of medicine (M=21,34; SD=0,96) and 129 theology students preparing to priesthood (M=22,04; SD=1,66). All of them were 3<sup>rd</sup> year students.

## Scales

To measure religiousness was used the scale of Huber C15 (five dimensions: Cognitive interest, Ideology, Prayer, Experience, Worship and General score). To measure hierarchy of values was used: LWO Personal Value List (wealth, goodness, health, intelligence, appearance, love, courage, sense of humor, joy, knowledge). Health behaviours were measure by the IZZ (proper eating habits, prophylactic behaviours, positive psychological attitude, health-seeking behaviours), Quiz Fagerström's Scale (smoking) and direct questions about physical activity and alcohol drinking. BMI was also calculated for all respondents.

## Results

Tab. 1. Statistical differences in values between medical students and students of seminars

Value	Medical students	Students of seminars	Z	p
wealth	26.39	19.00		
goodness	61.76	61.31		
health	112.46	86.56	-3,154	.002
intelligence	93.60	83.03		
appearance	21.46	22.82		
love	115.20	148.25	3.805	.000
courage	38.42	46.94		
sense of humor	37.50	32.27		
joy	92.76	94.31		
knowledge	83.29	88.94		

Tab. 2. Differences in health behaviours between groups

	Medical students	Students of seminars	Coefficient (t/U)	p
BMI	21.58	24.058	-7,714 (t)	.000
Number of daily meals	3.11	2.27	-3.154 (t)	.002
Proper eating habits	18.86	17.41	2.624 (t)	.001
Prophylactic behaviours	19.64	17.26	4.612 (t)	.000
Smoking	0.34	0.04	2.235 (t)	.026
Alcohol use	23362	6041	991 (U)	.000

There are significant statistical differences for BMI, number of daily meals, proper eating habits, prophylactic behaviours and alcohol use between two groups. Correlations between religiousness and health behaviours are very low and few (prophylactic behaviours  $r = 0,24^*$ , Positive psychological attitude  $r = 0,17^*$ , Fagerström's scale  $r = -0,21^*$ ) in group of medical students. There is no significant statistical correlations between religiousness and health behaviours in group of students of seminars.

## Conclusions

- Both groups have proper BMI and quite good health behaviours
- Medical students more frequently use stimulants such as alcohol and tobacco than seminar students do
- Medical students have better results in other health behaviours than students of seminary (diet, prophylactic behaviour)
- There are weak but significant correlations for religiousness and health behaviours in medical student group and it may indicate that the medical knowledge is insufficient in shaping proper health behaviours and that a religiousness can play a role in this process.

## References

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