

Marta Koszczyc, Łukasz Koper

University School of Physical Education in Wrocław
Department of Didactics of Physical Education
Akademia Wychowania Fizycznego we Wrocławiu
Katedra Dydaktyki Wychowania Fizycznego

Health activities as the image of the lifestyle lived by people in late adulthood

Czynności zdrowotne, jako obraz stylu życia ludzi późnej dorosłości

Summary

Human life can be inscribed within specific development stages, beginning with the period of infancy until advanced old age. Each stage has its own characteristics of changes connected with regularities, possibilities and needs of a given age group. This means that in each chapter of life men should experience contentment and well-being in the physical, mental and social sphere. Achievement of harmony in these three areas of human existence is possible if man is able to undertake activities pertaining to lifelong caring for health. It also applies to the contemporary seniors. The research undertaken by the authors is exploratory and was aimed to identify the profile of health activities (in the areas of rational eating, physical activity, avoiding stimulants and prevention). From the ethical point of view, the research was to substantiate the obligation of taking up pro-health activities as part of the actions affirming a decent life of aging people.

The cognitive objective came down to the answers to the following research questions:

1. How do seniors participating in the study live their pro-health lifestyle?
2. Which pro-health activities are undertaken most frequently?

For the purposes of the research, the questionnaire developed by Andrew Steptoe and Jane Wardle entitled "Health and Behaviour Survey Questionnaire" was used. It consisted of 28 questions concerning five classes of behaviour: using stimulants, behaviors supporting health including those connected with taking up physical activity, diet and eating habits, behaviors associated with car driving and medical prevention (Ostrowska, 1999).

The point of departure for this paper was an attempt to characterise the lifestyle of people in late adulthood on the basis of health activities stated by them. The authors of the present study endeavored to determine the type of behaviors the subjects undertake in order to increase their vital potential. In the presented research results it may be noticeable that in no area of their pro-health lifestyle do seniors declare any activities aimed to achieve a healthy lifestyle of a high degree. However, they add importance to activities concerning the quality of eaten products as well as regularly eaten meals. Therefore, the fact that seniors do not equate systematically preformed exercises with health-inducing activities of contemporary people seems to be an alarming issue. Following a pro-health lifestyle by seniors in all its spheres would be advantageous for their existential potential. In the authors' opinion, this is possible, if a contemporary man understands the relationship between effective activities (health activities) and a successful life.

Key words: health activities, lifestyle, people in late adulthood

Streszczenie

Życie ludzkie można wpisać w określone fazy rozwojowe począwszy od okresu niemowlęctwa aż po etap późnej starości. Każda z faz ma swoją specyfikę przemian związanych z prawidłowościami, możliwościami i potrzebami danej grupy wiekowej. Oznacza to, że w każdym rozdziale życia, człowiek powinien doświadczać zadowolenia i dobrostanu w sferze fizycznej, psychicznej i społecznej. Osiągnięcie harmonii w tych trzech obszarach ludzkiej egzystencji jest możliwe, jeśli człowiek będzie umiał podjąć działania w zakresie całościowej troski o zdrowie. Dotyczy to również współczesnych seniorów.

Podjęte przez nas badania należały do badań typu eksploracyjnego i zmierzały do rozpoznania profilu czynności zdrowotnych (w obszarach racjonalnego odżywiania, aktywności fizycznej, unikania używek oraz profilaktyki lekarskiej). Z etycznego punktu widzenia badania miały uzasadnić powinność podejmowania prozdrowotnych czynności w działaniach afirmujących godne życie starzejącego się człowieka.

Zadanie poznawcze sprowadziło się do odpowiedzi na następujące pytania badawcze:

1. W jaki sposób seniorzy biorący udział w badaniu realizują prozdrowotny styl życia?

2. Które czynności prozdrowotne podejmowane są najczęściej?

W badaniach został wykorzystany kwestionariusz „Zachowania zdrowotne a zdrowie” (Health and Behaviour Survey Questionnaire) stworzony przez Andrew Steptoe i Jane Wardle składający się z 28 pytań dotyczących pięciu klas zachowań: stosowanie używek, zachowania wspierające zdrowie w tym zachowania związane z podejmowaniem aktywności fizycznej, dieta i zwyczaje żywieniowe, zachowania związane z prowadzeniem samochodu oraz profilaktyka lekarska (Ostrowska, 1999).

Punktem wyjścia do powstania niniejszej była pracy próba scharakteryzowania stylu życia ludzi w późnej dorosłości na podstawie deklarowanych przez nich czynności zdrowotnych. Starano się także określić jaki rodzaj zachowań badani podejmują, aby pomnożyć swój potencjał vitalny. W przedstawionych wynikach badań możemy dostrzec, że w żadnym z obszarów prozdrowotnego stylu życia seniorzy nie deklarują działań związanych z uzyskaniem wysokiego stopnia prozdrowotności. Nadają oni jednak wysoką rangę działaniom podejmowanym w zakresie jakości zjadanych produktów oraz regularnego spożywania posiłków. Niepokojący jest zatem fakt, że seniorzy nie utożsamiają systematycznie podejmowanych ćwiczeń z działaniami kreującymi zdrowie współczesnego człowieka. Realizowanie przez seniorów prozdrowotnego stylu życia we wszystkich jego sferach byłoby korzystne dla ich potencjału egzystencjonalnego. Naszym zdaniem jest to możliwe, jeśli współczesny człowiek zrozumie zależność pomiędzy skutecznym działaniem (czynnościami zdrowotnymi) a udanym życiem.

Słowa kluczowe: czynności zdrowotne, styl życia, ludzie późnej dorosłości

Introduction

Human life may be inscribed within specific development stages, beginning with infancy until advanced old age. Each phase has its own unique character of changes connected with regularities, possibilities and needs of a given age group. This means that in each chapter of life, men should experience contentment, satisfaction and well-being in the physical, mental and social sphere. Reaching harmony in these three domains of human existence is possible, on the condition that men are able to undertake activities with a view to lifelong caring for health. It also refers to contemporary seniors.

In the 70s the theory of health fields by Marc Lalonde was introduced. It acknowledged the fact that a lifestyle determines human health in 50% (Lalonde, 1974). WHO defines a lifestyle, as “a way of life based on mutual relationship between conditions of life in a broad sense and individual behavior patterns determined by socio-cultural factors and individual characteristics” (Misiuna, 1994).

By making lifestyle the main predictor of human health, Marc Lalonde at the same time verified the cognitive value of the biomedical model of health in which, as we know, the co-variate of subjectivity in health activities is excluded. From the anthropological point of view, this model was considered as reductionist for it ignored the human dimension in terms of personality and dignity. Revision of thinking about determinants of health forced far-reaching political and economic changes of democratically developed societies consisting in extending the areas of civil self-government and inducing a sense of joint responsibility for individual and common interest. A new ideological model of civic and self-governing societies recommended assuming joint responsibility for personal health, yet political and educational entities were to undertake common programs promoting a healthy lifestyle. Thus, attention was paid to the importance of conscious and individual activities of the subject, who may learn health, who can promote, protect it and participate in the healing process. Activities performed by adults should therefore lead to rationalization of pro-health activities in accordance with predominating theories, and enable practical acquisition of healthy lifestyle principles into the behaviours of the participants; (learning health activities through performance of activities with their alternating intellectualization).

Reflections on the notion of health behaviors

In the present study, the authors use the notion of “health activities” substituting it with a commonly used expression “health behaviors”. In this manner the authors are emphasizing the relationship between this notion and physical anthropology of man as a person, thus as a subject who is intrinsic, autocratic and self-aware to take up activities of cultural contents, in accordance with a value pattern and its ideological model accepted by the social group. The “behavioral” definition of men excludes this authorization (subjectivity as such) and shows an “individual” as a reactive substance, that is *behaving* depending on the rewards given and penalties imposed (Pawłucki, 2009).

A human lifestyle is described however, as the area of behaviors undertaken by men, therefore we have found that it is vital to define this notion in the present work.

The phrase “health behaviors” causes many interpretative problems, both to practitioners as well as scholars, as its conceptualization provides direct empirical meaning.

In Polish academic writing a review of various perspectives of health behaviors has been presented by Krzysztof Puchalski. This author has defined health behaviors as “behaviors (or types of behaviors) selected by the observer and /or subject of activities, which on the basis of a certain system of knowledge (e.g. popular beliefs, a given scientific concept, social ideology etc.) remain in the significant, defined in the average option, relationship with health, expressed within the meaning established in this system of knowledge” (Puchalski, 1990). In this definition a cause and effect relationship has

been shown between the pro-health choices and self-awareness and conceptualization of the notion of health. If health and illness are treated as separate states (man is either healthy or ill and there are no indirect states) then they remain beyond control of an individual, which means that health, in this manner of perceiving is brought down to the rules of biological function of an individual, based on innate possibilities (biomedical model), only. Health activities, however are limited to seeing a doctor acting as a “bio-engineer” whose task is solely to repair a damaged body. The patient is not treated holistically and a man with a dysfunction has “no say in his/her situation”.

In a holistic and functional model, health is a changing source, whereas an illness is a deficit of such immunological source, the potential of which depends on a conscious activity of a subject and a man is both a subject (decides about changes in relation to him/her-self) as well as a social person connected relationally with society and nature (Sęk et al. 1992). Health activities will be undertaken with the intention to maintain and increase the vital potential. The above relationship has been confirmed by the research carried out and published in 2002 by American Cancer Society. The obtained results showed that, every third death caused by cancer may be prevented by changing one’s diet, taking up physical activity, protecting against UV radiation (Łuszczynska, 2004).

A type of definitions relating to the awareness of the subject is represented by David S. Gochman. According to this author, the area of health behaviors covers such personal attributes as beliefs, expectations, motivations, observations and other cognitive elements, personal characteristics, including emotional states and qualities, patterns of one’s behavior, action and habits, connected with maintaining, regaining and improving health (Gochman, 1988).

Another issue emphasized in the theoretical perspective of behaviors was the relationship between health behaviors and health from the point of view of their effects. An example may be the definition given by Andrzej Gniazdowski to whom health behaviors taken up by men induce certain positive or negative results in the field of health. The author sets apart two groups (Gniazdowski, 1990):

- behaviors in favor of health – e.g. taking up physical activity, rational eating, avoiding stimulants, maintaining the hygiene of the body and environment, coping with stress;
- anti-health behaviors - contributing to occurrence of and sustaining disorders, depressed mood e.g. using stimulants and drug abuse.

Health activities in seniors vs. value of health

The factor that is most motivating in order to take up specific health activities is the value that is attributed to health (Heszen-Niejodek, Życińska, 2001). Evaluation of health plays also an intermediary role between cognitive processes and readiness for activities supporting health. If in the deliberations about health activities of the contemporary seniors we assume that their basis is the existential value of health, this will mean that an adult does not refer health only to theoretical aspects, but takes up specific activities on the plane of human existence. For the purposes of the present study the following definition of value proposed by Jan Szczepański has been accepted, according to which value is any material or ideal object, idea or institution, actual or imaginary object, in relation

to which individuals or communities adopt a stance of respect, attribute a significant role in life to it and aspiration for achievement of it is considered compulsory to them (Szczepański, 1970). The above point of view treats values as *phenomena* which belong to the world of culture, becoming apparent in situations connected with activities of a social person (Znaniński, 1912). Health as a value is the concept developed throughout the cultural development, referring to various forms of social awareness and considered equivalent with the mental and physical equilibrium state of men in social environment (Kowalski, Gawęł, 2007). By assigning high values to health we give meaning to life and make choices of specific health behaviors both in terms of oneself as well as other people.

The lifestyle lived seniors participating in the survey.

The research undertaken by the authors was explorative and aimed to identify the profile of health activities (in the areas of rational eating, physical activity, avoiding stimulants and prevention). From the ethical point of view, the research was to substantiate the obligation to take up pro-health activities in actions affirming a decent life of aging men.

The cognitive task came down to the answers to the following research questions:

1. How do seniors participating in the survey live a pro-healthy lifestyle?
2. Which pro-health activities are undertaken most frequently?

Methods

For the purposes of the research “Health and Behaviour Survey Questionnaire” developed by Andrew Steptoe and Jane Wardle was used. It consisted of 28 questions concerning five classes of behaviors: using stimulants, health-supporting behaviors including behaviors connected with physical activity, diet and eating habits, behaviors connected with driving and (medical) prevention (Ostrowska, 1999).

Types of statistical analysis.

1. Descriptive statistics enabled us to present results in the form of arithmetic means.
2. The authors applied data clustering using k-means performed with the use of STATISTICA software. This is a method of classifying objects according to several criteria at the same time (method of multidimensional classification). Owing to its use and having one non-diversified group of objects (e.g. subjects), investigated in terms of a certain number of traits, K-clusters with biggest similarities are obtained, and at the same time they differ from the objects constituting other clusters. In each cluster a different number of persons can be found.

Results

Beneficiaries of “Babie lato” programme participated in the research. Persons constituting an experimental group were selected in an informed manner and expressed their voluntary consent to participate in the project. All seniors participating in this study are inhabitants of Wrocław.

100 persons including 86 women and 14 men took part in the study. Mean age was 60,5 years (Fig.1).

Gender of subjects

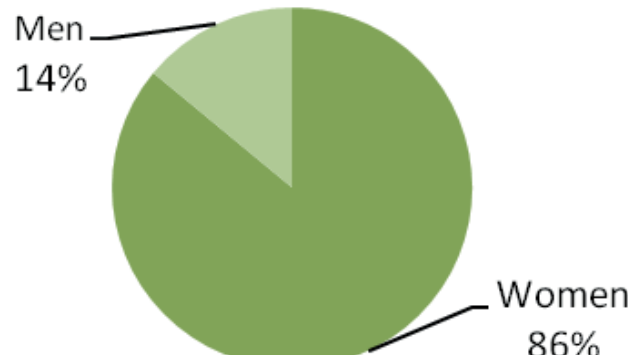


Fig. 1. Division of subjects in terms of gender

From among the whole group of respondents 63% declared that they were married (wife, husband). Divorced persons, widowers or widows accounted for a group of 13%, whereas 11% seniors defined their marital status as single (Fig.2).

MARITAL STATUS

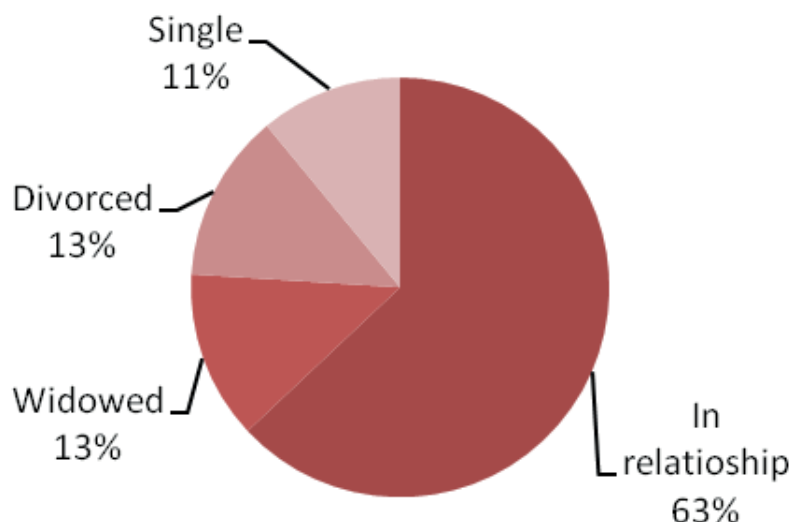


Fig. 2. Division of subjects by marital status.

87% of respondents stated that they have children whereas 31% were still living with them. A household with a spouse was maintained by 59% seniors, 10% were living alone (Fig.3)

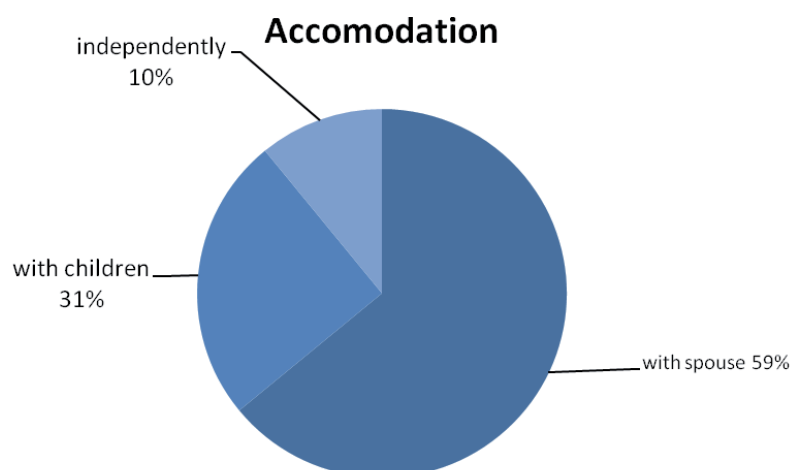


Fig. 3. Division of subjects according to family status.

The research revealed that the highest percentage of subjects worked as teachers (13%). Another professional group was represented by economists (10%). The other seniors worked as both white collar workers (lawyer, clerk, HR specialist, food technologist), and blue collar workers (tailor, car mechanic, installation electrician).

Gender and age of respondents did not diversify obtained research results in terms of statistics. Perhaps, it was conditioned by a definitely lower number of men in the group included in the survey. A more thorough analysis of obtained results revealed, however, a difference within the profile of pro-health activities undertaken by men and women.

We would like to begin presentation of our research results with the image of the health activity profile.

The task of the elderly participating in the study was to answer the questions from the questionnaire. After having gathered the questionnaire material we proceeded to check answers given by respondents based on rating scale sets prepared in advance and to assign a specific number of points to the answers. For each answer the subject might have received from 0 (minimum value) to 4 points (maximum value) depending on the extent to which the behaviors displayed by him/her were considered compliant with contemporarily applicable guidelines concerning pro-health activities and thus activities that are advantageous for health. The number of answers referring to questions on each sphere of health activities included in the research was varied. Therefore it was necessary to calculate mean value from the obtained points for each sphere. This mean value was an indicator of the extent of healthy lifestyle in the behaviour of a respondent in a given sphere. This indicator varied between 0 and 4 points. For the purposes of the research it has been assumed that:

- mean value within the range from 0 to 1 point – indicates a low level of health lifestyle activities in a given sphere,
- mean value within the range from 1 to 3 points – indicates a medium level of health lifestyle,
- mean value within the range from 3 to 4 points – indicates a high level of health lifestyle.

Subsequently, mean indicators of health lifestyle referring to each analysed sphere of activity for the entire group of respondents were calculated, thus presenting the profile of health activities representing at the same time the lifestyle among seniors (Fig.4).

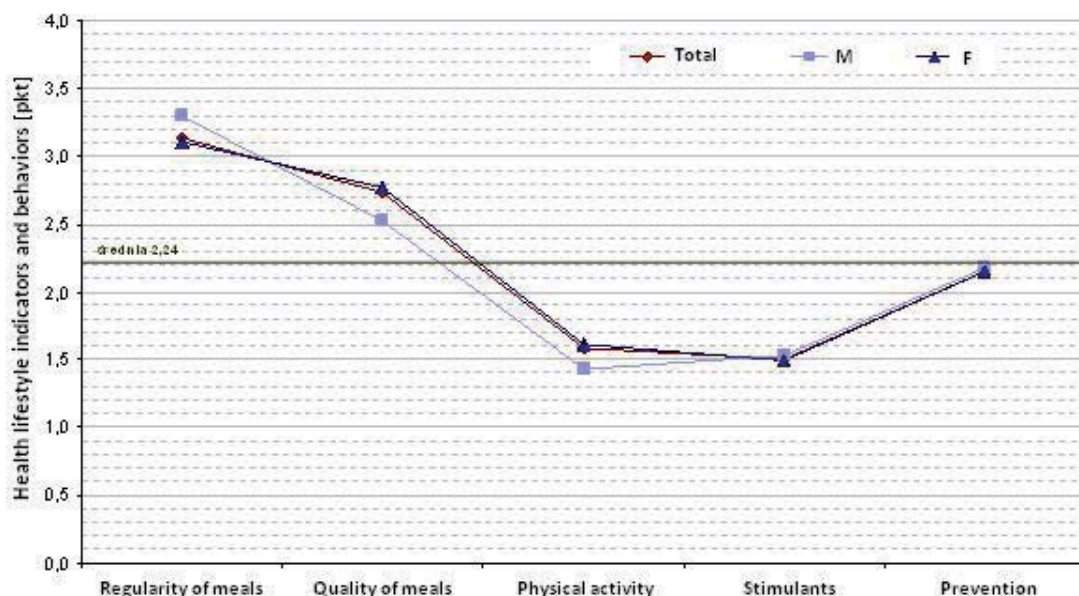


Fig. 4. Profile of health activities in seniors.

On the basis of obtained results we may expect, that senior lifestyle is at a satisfactory level, for mean value of health lifestyle indicator is equal to 2,24 (Fig.4). It should be emphasized however, that in two out of five spheres, respondents obtained a low grade for their health lifestyle (physical activity and stimulants – significantly below the mean value).

Seniors use best the possibilities of maintaining health by implementing the principles of rational eating in everyday life. A more thorough analysis of obtained results allows us to claim that respondents care about the quantity of eaten meals and their quality (Fig.5). The confirmation of the above statement is relevant declaration made by 45% respondents eating from 4 to 5 meals a day, whereas every second subject has 3 meals every day.

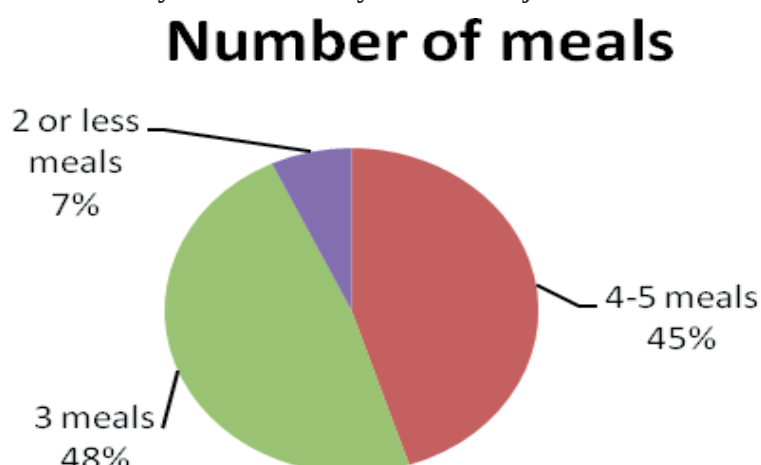


Fig. 5. Number of meals eaten by seniors during the day.

Quality of meals eaten by respondents (in the light of contemporary guidelines –food pyramid) appears to be satisfactory. 73% seniors state conscious avoidance of products containing animal fats and cholesterol. They try to avoid products containing a high level of fat, such as: fatty meat, and animal fats (lard) (Fig.6). It should be emphasized that about half of the respondents (47%) claim that they eat a meal containing meat at least once a day (beef, pork, poultry, cold meat) (Fig.7). In addition, the subjects try to include fiber-rich food, such as brown bread, oatmeal, fruit and vegetables (76%) in their diet (Fig.6). Unfortunately, every third subject declared that they would eagerly have two snacks in between the meals. Considering the fact, that 45% seniors have from 4 to 5 meals during a day, two snacks in addition may condition the occurrence of obesity.

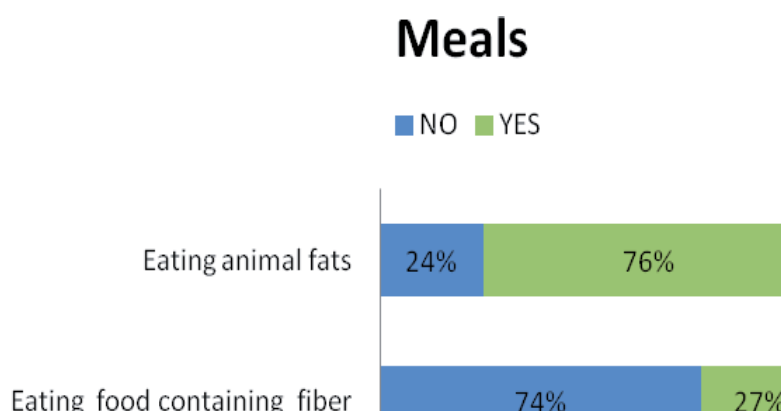


Fig. 6. Percentage of answers concerning quality of food.

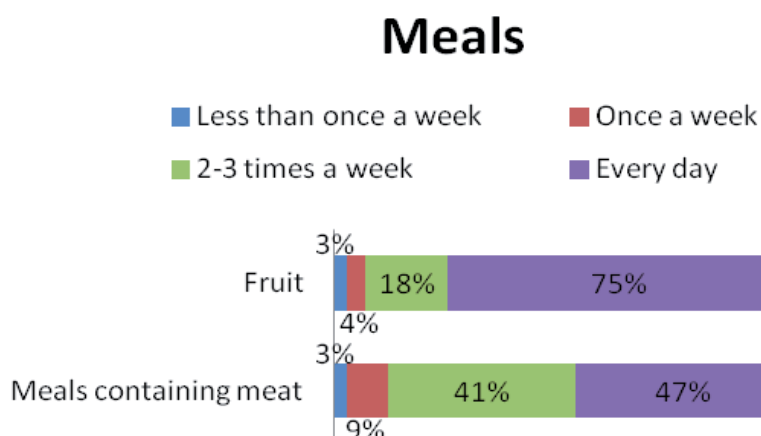


Fig. 7. Percentage of answers concerning the type of eaten food.

Another area describing human health are preventive activities. The results revealed that preventive measures taken up by seniors are slightly below the average level (pro-health indicator - 2,15). More than 60% subjects gave a negative answer to the question: Do you take your blood pressure regularly? This seems to be a worrying phenomenon that the blood pressure remains in close relationship with diseases referred to as “diseases of the civilization” (obesity, diabetes, cardiovascular disease).

It should be mentioned that awareness of regular laboratory tests (blood and urine - 85% respondents) and dental check-ups (83% respondents) is at a high level in seniors (Fig.8).

Badania profilaktyczne

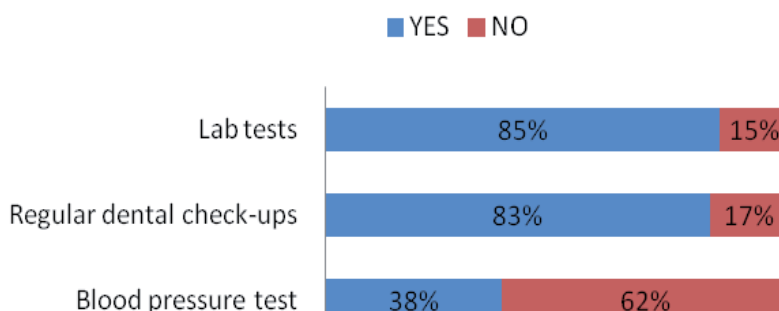


Fig. 8. Percentage of answers concerning prevention

As for regular tests aimed to diagnose cervical and breast cancer, the results are unsatisfactory. Only 37% women perform cytological cervical smear once a year. Another group was represented by women who did the smear once every 2-3 years. Similar results were obtained for regular breast self-exam. More than half respondents declared that they perform breast self-examination once a year despite the fact that 74% know how to do it (Fig.9). As for men, 9 out of 14 declare that they know how to examine their testicles, whereas 7 respondents perform such examination once a year, only.

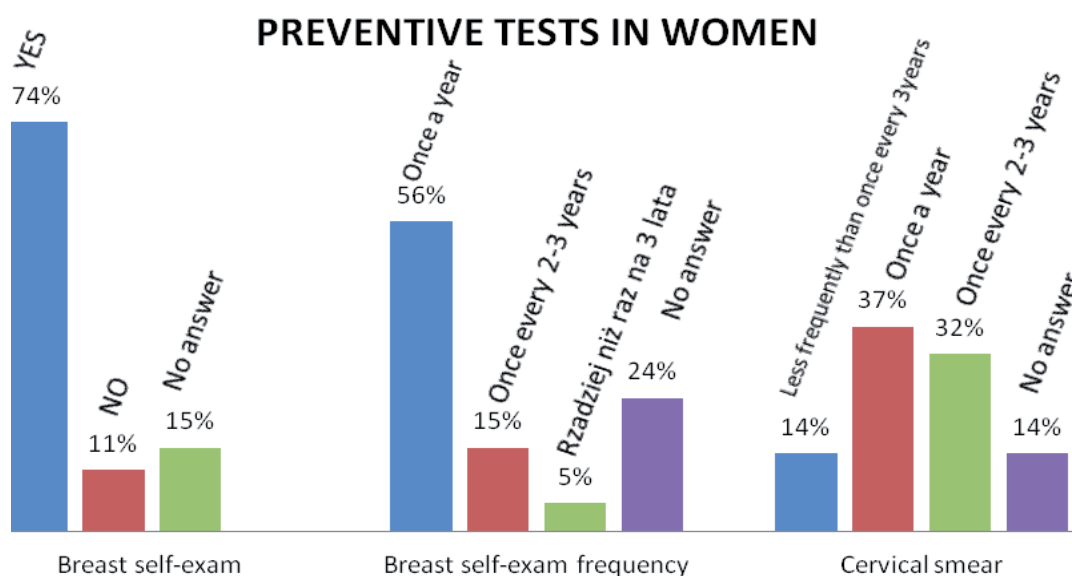


Fig. 9. Percentage of answers concerning regular preventive tests among women

In the group of adult subjects the status of health lifestyle in their behaviors connected with avoidance of stimulants is definitely below the mean value (Fig.4). This situation may be conditioned by the fact that 89% respondents declare drinking coffee less frequently than 5 times (cups) a day. A definitely opposite (positive) picture was obtained in terms of smoking cigarettes. About half of adults (49%) stated that they tried to smoke cigarettes and 24% smoked in the past. 16% never tried to smoke cigarettes.

A similarly unfavorable picture of health activities is observed in the area of regularly undertaken physical activity. Despite the fact that those respondents declared undertaking physical activity during the last two weeks (82%), only 23% exercised 6 times and more (Fig.10).

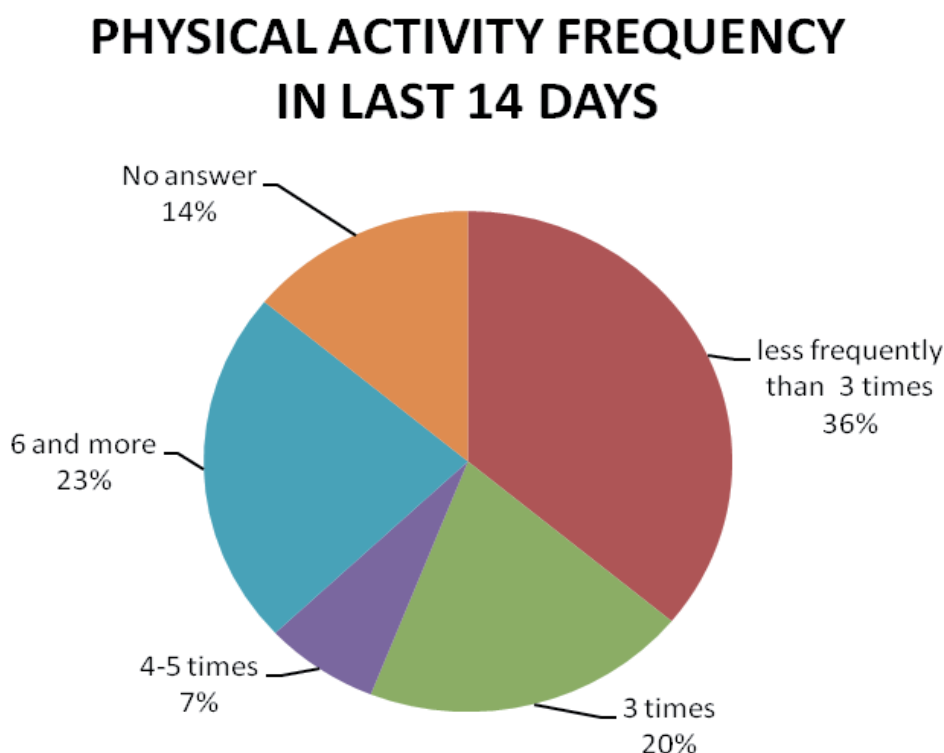


Fig. 10. Percentage of answers concerning physical activity.

As for the forms of exercise the following sports predominated: physical exercises (30%), cycling (18%) and walking (11%). According to WHO an average man should regularly undertake physical activity 3 times a week for 30 minutes at a heart rate 130 beats per minute. Walking everyday on foot the same distance seems to be even less favorable for 47% respondents claim that they walk on foot the distance of less than 2 km a day (Fig.11). The norm recommended by WHO is 10 000 steps daily which equals on average 5 km of walking. This is an indispensable strain to maintain the function of the vascular, respiratory system, as well as the muscular and skeletal system. This type of conduct should be considered as a disregard for fulfillment of the biological need for exercise. This may be caused by the fact that in the period of aging reluctance to get involved in physical exercise occurs in the body. It is connected with on-going involutional changes in the locomotor system. Moreover, a stereotype that old people are frail and decrepit predominates in Polish society.

WALKING DISTANCE

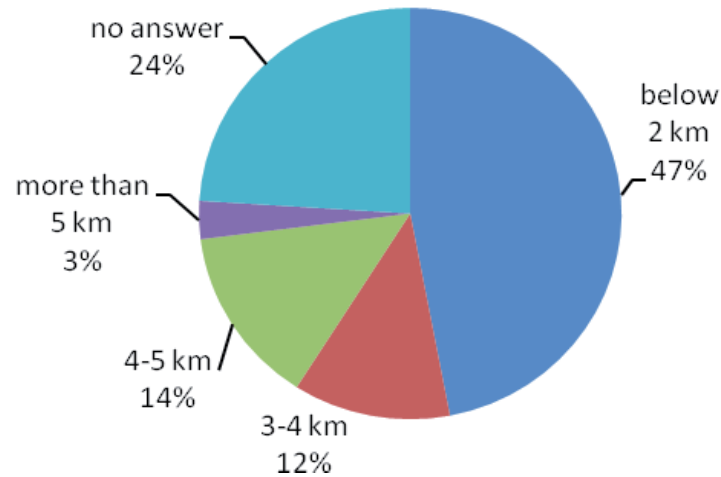


Fig. 11. Percentage of answers concerning the walking distance

Seniors participating in the survey present a high level of health activities in the field of sleep hygiene. More than half respondents declare that they sleep 6-7 hours daily on average, and 40% exceed 8 hours (Fig.12).

NUMBER OF SLEEP HOURS

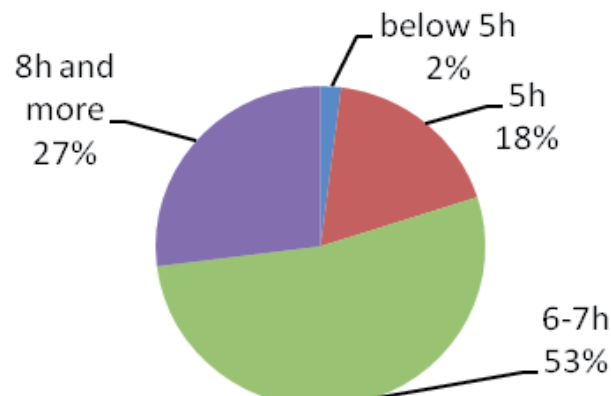


Fig. 12. Percentage of answers concerning the number of hours set aside for sleep.

Presentation of one common lifestyle profile for all subjects, defined on the basis of mean values indicating the level of health lifestyle demonstrated by senior behaviors in every sphere occurred to be insufficient, as individuals who took up pro-health activities more often and those who never (or hardly ever) follow the health lifestyle remained out of sight. Therefore, we attempted to select homogenous groups of individuals who are most similar in terms of undertaken health activities. Owing to the use of analysis of clusters three groups of persons have been selected (Fig.13).

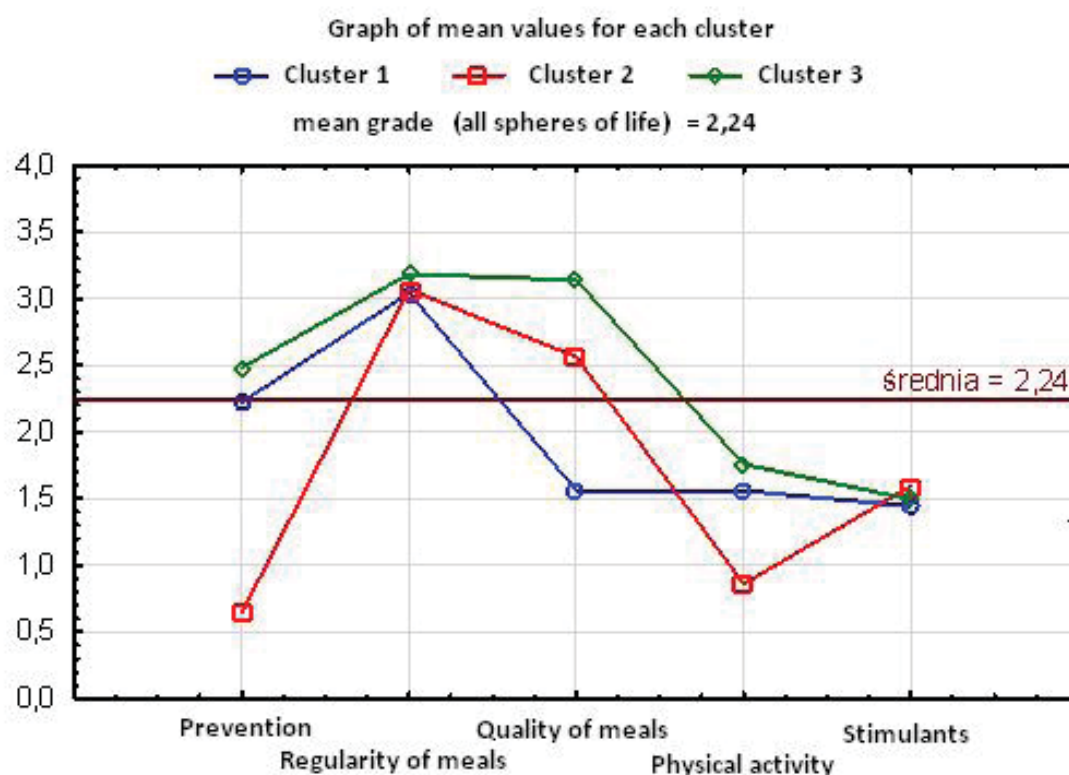


Fig. 13. Mean profiles for three groups of persons obtained as a result of cluster analysis.

When facing the obtained results, it may be said that group 3 (N=65) consists of persons with average frequency of taking up pro-health activities (2,4). In 3 out of 5 spheres of life covered by the study, respondents obtained slightly higher values of the indicator than mean values. In terms of systematic physical activity and avoidance of stimulants, persons from the most pro-healthily functioning group achieved a low level of behaviors.

The hierarchy of five behaviors constituting the lifestyle profile represented by 65 seniors in the group (Cluster 3) has revealed that they by far exceed other persons in terms of the quality of meals, more frequent prevention activities, physical activity and attaching more importance to regular meals (Fig.13).

Group (Cluster 2), the least numerous (N=15) consists of individuals whose lifestyle profile is most diversified and most dangerous to their health. This is confirmed by the lowest value of health lifestyle indicator out of all clusters (1,74) proving anti-health lifestyle. In this group, seniors less frequently undergo medical check-ups (0,64) and they avoid any physical activity most frequently (0,86). In terms of regularity of meals and avoiding stimulants they behave like respondents from groups 1 and 3. The only exception are activities connected with regularity of meals. Thus we may assume that their caring for health consists mainly in the quality of food and regularity of meals.

The first group (cluster 1) of respondents (N=20) consists of individuals, whose health activity profile is least diversified in terms of the quality of meals (1,56), undertaken physical activity (1,55) and avoiding stimulants (1,44). The level of activities undertaken

by this group with regard to health is lower than average (1,9). Similarly to groups 2 and 3, they seem to be the best in terms of regularity of meals and their quality. This group, however, shows more concern for the quality of meals than group 2. In the hierarchy of behaviors constituting their lifestyle, prevention activities and systematic physical activity predominate (Fig.13).

Discussion and Conclusions

The point of departure for this paper was an attempt to characterise the lifestyle of people in late adulthood on the basis of health activities declared by them. We attempted also to determine the type of behaviors undertaken by the subjects in order to increase their vital potential. In the results presented in this paper we may notice that in no area of healthy lifestyle seniors declare any activities pertaining to achievement of high-degree healthy lifestyle. However, they add importance to activities taken up in terms of the quality of eaten products as well as regularly eaten meals.

It should be emphasized, however, that due to the combination of: the habit of having snacks in between meals, decreased metabolism (involutional changes) and extremely low physical activity, seniors are prone to obesity and consequently to “diseases of the civilization”.

Achievement of the level of health lifestyle indicator close to average value in the area of prevention may suggest that seniors appreciate the importance of early diagnosis of diseases. Unfortunately, the most neglected activities in terms of prevention are regularly performed cervical smears, breast and testicle self-exams.

In two out of five pro-health spheres (stimulants and physical activity) the respondents achieved the rate below the mean value, whereas the lowest value of the health lifestyle indicator may be observed in terms of physical activity. Therefore it seems a worrying issue that seniors do not equate systematically preformed exercises with health-inducing activities of a contemporary man.

Living a healthy lifestyle by seniors in all its spheres would be favorable for their existential potential. In our opinion, this is possible, if a contemporary man understands the relationship between effective action (health activities) and a successful life.

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