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Characteristics of life style of families from the Lublin Region

Life style is a basic determinant of the state of human health. This thesis is justified by numerous theories indicating health conditions which cover many various factors. One of these theories is the concept of four areas of health by M. Lalonde, according to which the life style considerably affects health (53% of effect) [5]. Thus, what is life style? This concept has many meanings. The sole name "style" comes from the Latin term "stilus" and means the mode of conduct, behaviour (9). Z. Słońska and M. Misiuna define this term as a "set of everyday behaviours specific for an individual or community" (11). In reference to health life style this is "the whole of mutually connected behaviours, customs and habits, which may exert an effect on the level of risk of premature development of specific diseases, and are determined by social-cultural factors and individual traits" (2).

The components of life style, considered in the context of health, are health behaviours inducing defined --positive or negative -- health effects in people by whom they are realized (10). The components aiming at the maintenance or improvement of the health status are closely associated with health promoting life style. These are the following behaviours: 1. Actions undertaken by a healthy individual in order to achieve a higher level of their own health. 2. Preventive behaviours, including any activity undertaken in order to prevent diseases or detect a disease at its pre-symptomatic stage. 3. Behaviour of people who belong to the group with increased risk, or of those who due to their life situation, are exposed to higher morbidity risk than others. This conduct is aimed at prevention of the effects of such risk. 4. Actions associated with the provision of biological continuity, e.g. to get pregnant. 5. Behaviours aiming at the maintenance and improvement of the health of a fetus or child. 6. Behaviours biased towards the improvement of the state of the environment (13).

The current list of health promoting behaviours recommended at present covers the following: moderate physical exercise, consumption of only small amounts of alcohol, maintaining proper body mass, regular nutrition, everyday consumption of breakfast, avoiding snacks, eating furtively between meals, non-smoking, regular night rest lasting 7–8 hours (8). These behaviours reflect five basic areas of life style, i.e. hygiene of nutrition, physical activity, consumption of alcohol and coffee, rhythm of life and psychical hygiene (4).

The process of shaping an individual life style is closely connected with socialization and educational actions, to which an individual is subject since birth (3). Therefore, an important role in this area is ascribed to parents, as those who exert a decisive effect on a child's behaviour and habits, also with respect to health.

The objective of the presented study is the analysis of life style of families from the Lublin Region. An attempt has been undertaken to demonstrate the scope and character of activities undertaken by the respondents, which serve the strengthening and protection of health, as well as to expose the areas of life style which are most neglected in this respect.

MATERIAL AND METHODS

The empirical materials were the replies obtained from 118 families from the Lublin Region. The study tool was a questionnaire form of the authors' own construction. The respondents participating in the study were urban inhabitants ($n=59$; 50.00%) and rural inhabitants. The most frequent structure of a family living in one household was a two-generation family: parents and children ($n=69$; 59.48%), more rarely a three-generation family ($n=30$; 25.86%) and a one-generation family ($n=12$; 10.34%). Nearly half of 118 married couples possessed three or more children ($n=52$; 44.07%), and a high percentage were families with two children ($n=39$; 33.05%). The respondents most often evaluated their material standard as mediocre ($n=73$; 62.39%), whereas 33 families evaluated this standard in positive terms (28.20%). A large majority of respondents were occupationally active females ($n=77$; 61.21%), and males ($n=73$; 64.60%). A greater number of females than males were engaged in work in the household ($n=16$; 13.79%) or were unemployed ($n=21$; 18.10%), although they had a better education level. The study showed that in a group of females the most frequent level of education was secondary school ($n=56$; 47.46%), while among males vocational education occupied the first position ($n=46$; 40.71%).

RESULTS

In order to recognize the life style of the families in the study the respondents were asked to evaluate the frequency of performing activities indicated in the questionnaire form, on the scale from 0–4 (0 – never, 1 – rarely, 2 – not very often, 3 – frequently, 4 – always), and the arithmetic mean value was calculated (M). These activities represented each of five areas of life style and belonged to the category of positive activities, which serve maintaining and supporting health. The analysis of the data obtained showed that the highest number of scores was ascribed to activities in the area of nutrition hygiene. The fact that deserves special attention is that the category of behaviours undertaken always covered preparation of one hot meal during the day ($M=3.80$), and the consumption of the second breakfast by a child ($M=3.56$). The respondents also confirmed that they regularly have three meals daily ($M=2.96$). Among the activities within this area, declared as performed “not very often”, are those which refer to the type of diet applied. In this group the respondents mentioned: avoiding salt and hot spices ($M=2.11$), limited consumption of fatty food ($M=2.46$), and consumption of diversified meals ($M=2.53$). Only the consumption of vegetables and fruits, as well as drinking juices and dairy products, as an element of the principles of the correct diet, was described as “often” ($M=3.09$) (Table 1a).

The second dimension of life style the respondents were asked about was the daily rhythm and schedule. Proper behaviours in this sphere, compared to activities in the area of hygiene of nutrition, obtained considerably lower mean values, which means that these activities were undertaken less frequently. Only the observance of the recommended duration of sleep 7–8 hours daily, was qualified into the group of activities performed frequently ($M=2.97$).

Physical activity is a totally neglected, and at the same time extremely important, area of the life style of families. The study showed that regular physical exercise (2 hours weekly) remain within the category of behaviours performed rarely, and not only with respect to adult family members ($M=1.42$), but also children ($M=1.71$). Similarly, active leisure is not a very popular form of spending free time. The ratio between active and passive forms of leisure was 1:1, which means that the activities from both categories are in an equal degree preferred by families. An example may be watching television together ($M=3.06$), and playing active games outdoors ($M=3.04$) (Table 1b).

Table 1 a. Degree of realization of activities belonging to health promoting life style by families in the study

Activities of health promoting life style	M	SD
Regular consumption of three meals a day	2.96	0.34
Taking second breakfast to school	3.56	0.38
Everyday consumption of fruit and vegetables	3.09	0.35
Avoiding fatty food	2.46	0.31
Consumption of one hot meal a day	3.80	0.39
Application of diversified diet	2.53	0.32
Everyday drinking of juices and milk	3.03	0.35
Avoiding salt and hot spices	2.11	0.29
Leisure time during the day	2.30	0.30
Regular night sleep of 7-9 hours daily	2.97	0.34
Work during extra hours	1.87	0.27
Exercising sports for at least 2 hours daily (adults)	1.42	0.24
Exercising sports for at least 2 hours daily (children)	1.71	0.26

Table 1 b. Degree of realization by the families in the study of activities belonging to health promoting life style

Activities of health promoting life style	M	SD
Check-up visits to a dentist (twice a year) – adults	2.42	0.31
Check-up visits to a dentist (twice a year) – children	2.55	0.32
Health check-ups (twice a year) – adults	2.21	0.30
Health check-ups (twice a year) – children	2.36	0.31
Forms of spending leisure time together	3.06	0.35
➤ watching TV		
➤ reading books	2.89	0.34
➤ listening to music	3.02	0.35
➤ games outdoors	3.04	0.35
➤ walks	3.00	0.35
➤ work in the garden	2.89	0.34
➤ other	3.33	0.37
Solving family problems and troubles	3.21	0.36
Common talks	3.25	0.36

The respondents, in an inappropriate way, perceive the functions to be fulfilled by medical institutions in family life. These institutions are ascribed a considerably greater role as units the task of which is treatment and elimination of the effects of diseases, and not prevention and health prophylaxis. This thesis was reflected by the replies obtained which confirmed that regular health check-ups and regular visits to the dentist are not very frequent. It is characteristic, however, that children participate in prophylactic examinations more often than adults. This results not only from parents' care of the child's health, but also from the programme realized by health services in relation to a "small patient", e.g. the prophylactic vaccination programme.

The subsequent element of life style is psychological hygiene. The behaviours from this area are activities associated with care of correct relationships between family members, as well as support provided by family members for those in need. The value of positive contacts, love, and strong family bonds, is very high, which is reflected by high arithmetic mean values for these activities (M=3.25 and M=3.21).

Analysis of the results obtained brings to light the life style of families, which is characterised by a small number of behaviours conducive to health, especially in the area of physical activity and daily rhythm. In order to confirm the truth of this observation, the respondents were asked to indicate in the questionnaire form the behaviours which, in their opinions, are most difficult to realize in the everyday mode of life. It is a significant fact that almost all activities undertaken with small frequency were mentioned. Among these activities the respondents most often mentioned: exercising sports for at least 2 hours weekly (n=40; 29.85%), monitoring of the state of health by health check-ups (n=15; 11.19%), regular visits to the dentists (n=12; 8.96%), and leisure time during the day (n=12; 8.96%).

Many factors exert an effect on the whole of this situation. One of these factors is the level of possessed knowledge concerning health promoting life style, evaluated by the respondents according to 5 – degree scale (0 – insufficient, 1 – average, 2 – satisfactory, 3 – good, 4 – very good). The mean value obtained for the total population was 1.86. This value suggests that there occur many deficits, which may be the cause of incorrect interpretation of health promoting recommendations. Knowledge significantly affects behaviour which, in a considerable degree, is dependent on the information possessed. Therefore, the respondents undertook an attempt to define what, in their opinions, is life style – through the interpretation of the slogan “Our family lives healthily”. This allowed the evaluation of the scope of understanding of this term by the respondents. The provided replies were qualified into several categories, according to which life style is associated with the following: • correct nutrition – meaning regular consumption of meals and consumption of large amounts of fruit and vegetables, as well as spending leisure time outdoors • psychological hygiene – understood as the skill to relieve tensions, joy of life, cheerful nature, also as love in a family, strong family bonds and positive contacts between family members • lack of disease – physical and mental efficiency, absence of genetic and chronic diseases in a family, and also lack of the necessity to use medical advice, • care of health – consisting in proper care, especially with respect to children • medical care – understood as easy access to institutions providing medical services and high quality of medical care • level of income obtained – possessing a sufficient amount of financial resources, which may be allocated for using private consultation rooms.

The respondents evaluated the degree of realization of the above-mentioned slogan in reference to their own life mode in the categories “difficult to say” and “rather Yes” (M=2.95). This reflects the respondents’ clear doubts while definitely stating that the activities undertaken by them are sufficient for protecting and supporting health.

DISCUSSION

The presented study shows that the life style of the families in the survey, in many respects, is incorrect in relation to health, especially in such areas as physical activity, daily rhythm, or using the services of medical institutions for prophylactic purposes. Studies by other authors confirm these observations. According to the studies by M. Cisek et al., concerning the analysis of the conditioning of health behaviours in a family, only 12% respondents declared that they exercised sports. Among the remainder, the way of spending leisure time was mainly watching television (58.00%), reading books/newspapers (46.70%), or performing household activities (44.25%) (1). Similar data were obtained by B. Królikowska, who studied motor activity in a group of families with children aged 7–12. The results of her studies confirmed that passive forms of spending leisure time are preferred by parents. Only 33.33% of mothers participated in playing active games during their free time. The situation was slightly better in the case of fathers – 58.00% of them reported active recreation (7).

Parents not only do not exercise sports with their children but also – as confirmed by W. Kolodziej – nearly 60% of them do not provide incentives for their children to independent motor activity (6).

Participation in health check-ups as one of the forms of prophylaxis still remains insufficient. The above-quoted results of studies by M Cisek et al. showed that only 10% of families regularly use this type of visit (1).

Also, in reference to other life style dimensions, there are many similarities between the results of the presented study and data obtained by other authors. An example may be activities in the area of hygiene of nutrition. In this area of life style a positive behaviour is the consumption of the “second breakfast” by a child. In the presented study this activity is often undertaken. A similar situation is noted among rural adolescents aged 15–19, where nearly a half of them (48.00%) take their “second breakfast” for school, and 16.20% – take it often (12). The recommendations in the area of hygiene of nutrition appear to be the best known and most willingly realized. This may be due to the perception of correct nutrition as a basic dimension of health promoting life style. The study by D. Umiastowska conducted among students in Szczecin confirmed this opinion. The objective of this study was the determination of categories in which life style is understood, by indicating the factors that in respondents’ opinions determine it to a significant degree. The answers most frequently provided were correct nutrition, care of physical health and participation in various forms of physical activity (14).

In the authors’ own studies, the respondents defined their life style as “rather positive”. A similar evaluation was obtained in the studies by E. Warchoń-Sławińska and K. Włoch, who surveyed nurses. Over a half of them considered their life style as “rather hygienic” (54.90%), while 14.00% expressed an opinion that they led such a life style “from time to time” (15). These evaluations are an expression of many doubts in both groups in the study, concerning the effect of activities performed by them on health.

CONCLUSION

1. Life style of the families examined has few health promoting features. Many activities for the protection and supporting health, especially in the area of physical activity, using services of medical institutions as a form of prophylaxis and daily rhythm are realized to an insufficient degree.

2. In respondents’ opinions, there are recommendations concerning health promoting life style, which are difficult to implement into everyday practice. These are activities the frequency of performance of which was slow, e.g. regular physical exercise or monitoring of the state of health by participation in health check-ups.

3. One of the factors shaping health promoting life style is knowledge possessed in this area. According to respondents, the level of this knowledge is insufficient.

4. The slogan ‘to live healthily’ is associated by the respondents mainly with the observance of correct nutrition and active spending of leisure time, as well as with care of good mental well-being, manifested by strong family bonds and correct relationships between family members.

5. The majority of respondents are of the opinion that the mode of life they lead satisfies the requirements of ‘healthy style’; however, many respondents have doubts concerning positive evaluation in this area.

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SUMMARY

Lifestyle is one of the most important factors exerting an effect on the state of health. Its components are actions undertaken by an individual, which in reference to health may serve its protection and support, or contribute to its deterioration or even loss. The objective of the presented study is the recognition of the life style among families in the Lublin Region. The data obtained showed that this life style has an insufficient number of health promoting features, and many of the recommended activities, especially in the area of physical activity and daily routine, are not undertaken or insufficiently realized.

Charakterystyka stylu życia rodzin województwa lubelskiego

Styl życia jest jednym z najistotniejszych czynników mających wpływ na stan zdrowia człowieka. Jego elementami składowymi są działania podejmowane przez jednostkę, które w odniesieniu do zdrowia mogą służyć jego ochronie i umacnianiu lub też przyczynić się do jego pogorszenia, a nawet utraty. Celem niniejszych badań było poznanie stylu życia rodzin z województwa lubelskiego. Dane, jakie uzyskano, wykazały, że posiada on zbyt mało cech prozdrowotnych, a wiele z zalecanych czynności, zwłaszcza z obszaru aktywności fizycznej i rytmu dnia, jest zupełnie niepodejmowanych lub realizowanych w stopniu niewystarczającym.