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PERCEPTION OF THE INFLUENCE OF PHYSICAL ACTIVITY ON HEALTH AS A CONDITION OF ELDERLY WOMEN'S INVOLVEMENT IN PHYSICAL CULTURE

INTRODUCTION

Physical activity is a key factor in health enhancement at every stage of life. It is listed in international documents as one of patterns of behavior constituting a pro-healthy lifestyle. It was confirmed that the awareness of health benefits connected to physical exercise among female students aged 18-30 from 21 European countries was related to participation in such exercise in the past two weeks [3]. A hypothesis might be suggested that as their state of health gets worse and they become more and more advanced in age, women's participation in various forms of recreational physical exercise will be conditioned by their high awareness of the beneficial effects of physical activity on health. The aim of the study was to determine relations between elderly women's awareness of health benefits connected with physical exercise and their physical activity or passivity.

METHODS

Research into a physically active lifestyle among inhabitants of small towns and villages in western Poland was conducted between 1997 and 2002. The results used in this paper concerned physically active and passive, retired or ill-health retired women aged 50 years and above. The data were collected by means of document analysis and diagnostic poll with the use of questionnaire, interview and observation techniques. To verify the research hypotheses the independence χ^2 test and multiple correspondence analysis (MCA) were employed [4].

RESULTS

The application of MCA (Fig. 1) in combination with the χ^2 independence test results (Tab. 1 and Tab. 2) enabled a comprehensive presentation of the relationships between the perception of the influence of exercise on women's health and physical activity and passivity in the context of their socio-demographic situation. Physically active women (A) more often belonged to the 50-59 age range (1a), lived in towns (2b), had one or two children (3b, 3c) and secondary or post-secondary education (4b, 4c), evaluated their own state of health as very good and good (5a, 5b) and their physical fitness level as medium (6b), appreciated the influence of exercise on health (7a), and believed that the most health-threatening factor for them was alcohol consumption (8a), smoking (8b) or poor diet (8c). Physically passive subjects (B) were more often 60 years old and above (1b), lived in the country (2a), had three or more children (3d) and pre-secondary education (4a), thought the effect of exercise on health to be neutral (7b), rated their physical fitness level as low (6c) and their health as poor or very poor (5d), and considered a sedentary lifestyle the greatest threat to their health (8d). Women with high physical fitness self-evaluation (6a) constituted a small group and were more often physically active (A). Those who assessed their state of health as medium (5c) reported both physical activity (A) and passivity (B).

The health-related motives for engaging in physical activity, i.e. health and the sense of well-being were the most important among women aged 50 and above (Fig. 2). The barriers were mostly cultural, stemming from the lack of cultivated traditions of a physically active lifestyle in our society (inappropriate age, self-consciousness, unwillingness).

Table 1. Socio-demographic characteristics of physically active and passive women

Specification	Physical activity		Total		p for χ^2
	Yes (%)	No (%)	N	%	
2. Subjects' age (in years):					
– 50-59	82.3	67.8	220	73.8	p=0.0052
– 60-75	17.7	32.2	78	26.2	
2. Place of residence:					
– village	29.0	67.2	153	51.3	p=0.0000
– town	71.0	32.8	145	48.7	
3. Education:					
– pre-secondary	33.9	63.8	153	51.3	p=0.0000
– secondary	30.6	21.8	76	25.5	
– post-secondary	35.5	14.4	69	23.2	
4. Marital status:					
– single	4.0	4.0	12	4.0	insignificant
– married	69.4	63.2	196	65.8	
– widow	18.5	27.0	70	23.5	
– divorced	8.1	5.8	20	6.7	
5. Number of children:					
– childless	9.7	7.5	25	8.4	p=0.0005
– one child	18.6	8.6	38	12.8	
– two children	44.3	33.3	113	37.9	
– three or more children	27.4	50.6	122	40.9	

Table 2. Physical activity vs. health in subjects' consciousness

Specification	Physical activity		Total		p for χ^2
	Yes (%)	No (%)	N	%	
1. Effect of physical exercise on health:					
– positive	76.0	43.7	171	57.2	p=0.0000
– neutral	24.0	56.3	127	42.8	
2. Factors threatening subjects' health:					
– alcohol abuse	17.6	9.8	39	13.0	p=0.0009
– smoking	28.8	24.1	78	26.1	
– poor diet	38.4	30.5	100	33.8	
– sedentary lifestyle	15.2	35.6	81	27.1	
3. Health self-evaluation:					
– very good	2.4	2.3	7	2.4	p=0.0019
– good	28.2	11.5	55	18.5	
– average	57.3	65.5	185	62.1	
– poor and very poor	12.1	20.7	51	17.0	
4. Physical fitness self-evaluation:					
– high	9.7	6.3	23	7.7	p=0.0785
– medium	76.6	70.1	122	72.8	
– low	13.7	23.6	58	19.5	

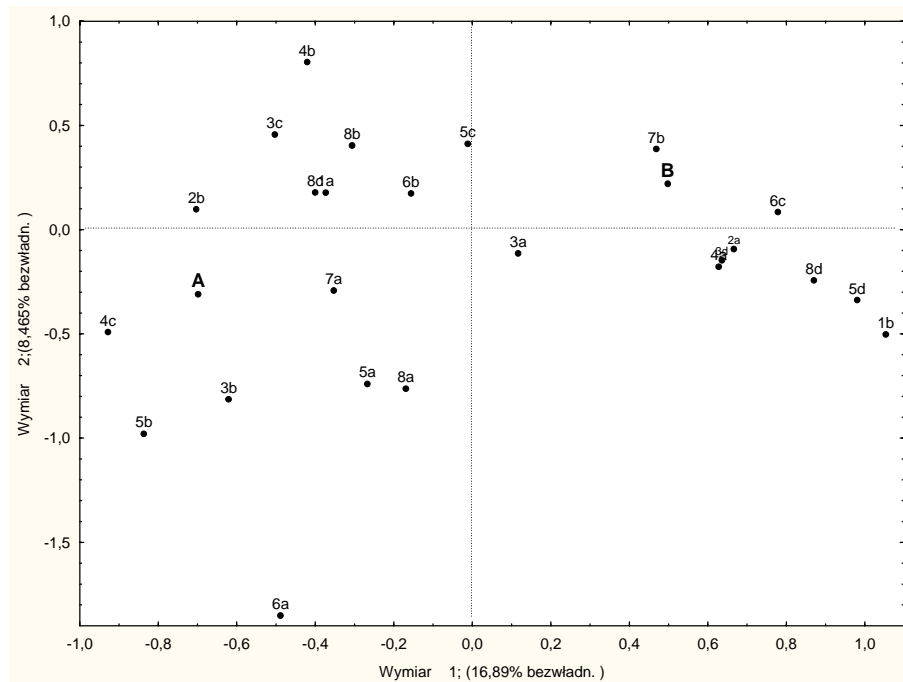


Figure 1. Relations between the perceptions of health benefits of physical activity by physically active and passive women

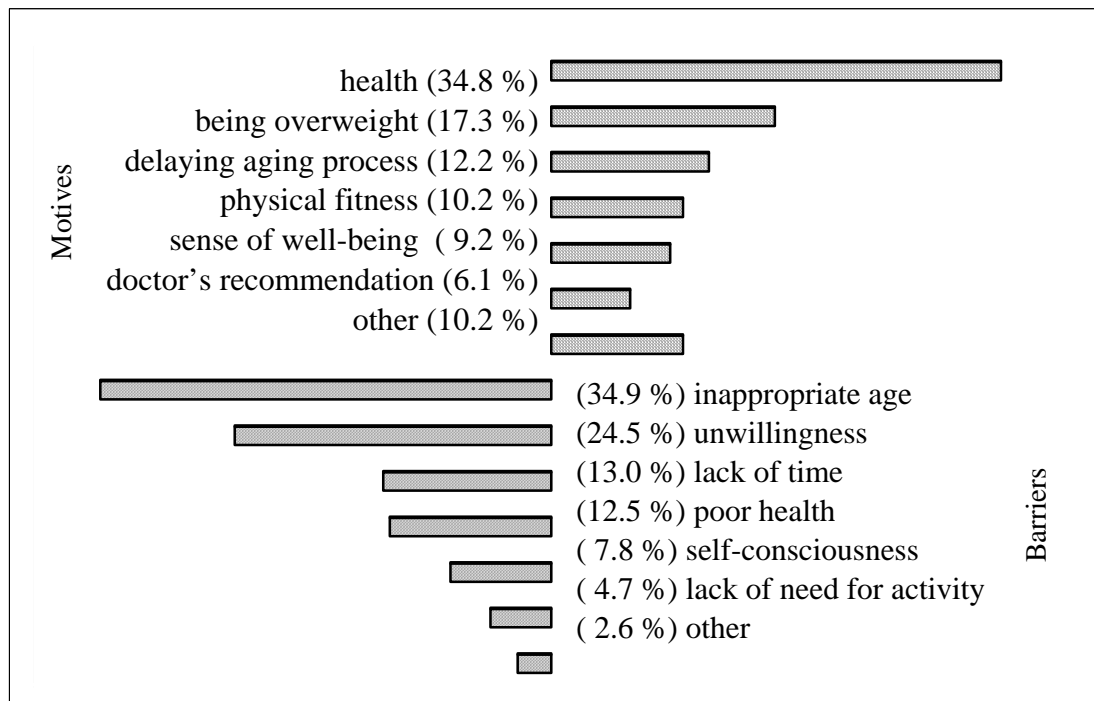


Figure 2. Motives for women's physical activity and barriers preventing it

DISCUSSION

The research results confirmed the hypothesis that high awareness of positive effects of physical activity on health is one of the basic conditions of such activity among adult females. Physically active women highly evaluated the possibility of maintaining and improving health through exercise, which is indicated by their health-related motives for physical activity. In the physically passive group, subjects who appreciated benefits of physical activity, perceived a sedentary lifestyle as the greatest threat to health. It was confirmed that the main causes of physical passivity were cultural barriers and educational shortcomings. The results of the present study correspond to results of other studies. The observed low awareness of the importance of physical activity for health was connected with low physical activity [3]. The importance of physical activity is perceived in various ways, depending on one's engagement in such activity. Respondents from countries where the society is characterized by high physical activity tended to recognize a greater role of this activity in health enhancement in comparison with those from countries with low activity levels (respectively: Finns – 44%; Greeks and Italians – 9%) [1].

The repeatedly proven relationship between physical activity and the awareness of its beneficial effects substantiates the necessity of employing intervention programs [1, 2]. There is a need for a change in the model of women's participation in physical culture, in which in the consciousness of some parts of society physical activity is important only for younger people, and is not of concern to retired women.

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