ACTA UNIVERSITATIS LODZIENSIS
FOLIA SOCIOLOGICA 55, 2015

http://dx.doi.org/10.18778/0208-600X.55.08

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FACTORS AFFECTING HEALTH IN YOUNG AND OLD MEN AND WOMEN'S BELIEFS[1]

Summary The purpose of this article is to compare beliefs concerning factors affecting human health expressed by women and men in two age categories: young (20–37 years) and old (above 63 years). These beliefs constitute one of the aspects of the cognitive component of the attitude towards health. Science provides several models pointing to different types of determinants of the psychophysical condition of individuals. A question arises, what ideas concerning this topic function in popular awareness and does gender and age differentiate these beliefs (and more broadly, the approach towards health). The interest in influence of gender and age on health awareness stems from differences in evaluating the state of one's own health and health-related behaviour of men and women of different age that were observed in social research (Dzwonkowska-Godula et al. 2012; CBOS 2012a). The basis here is the hypothesis about the influence of cultural definitions of femininity and masculinity (*gender*), differentiated in relation to people being in different phases of life (*gendered age*), on attitudes towards health, including health awareness.

Keywords: factors affecting health, attitudes towards health, women, men, youth, older age, gender, gendered age.

1. Factors affecting health in the light of selected conceptions and theoretical models

The health of individuals and populations across all age groups is influenced by a range of factors both within and outside the individual's control (Speller 2007). The importance and role of individual factors is related to the culture, in which an individual functions, and depends, among other things, on health

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[1] The text is based on the results of the research carried out in the project „Gender and cultural concepts of age in relation to the men's and women's attitudes towards their health and appearance". The project was funded by the National Science Centre based on decision DEC-2012/05/B/HS6/03793.

models which function in that culture. It is generally accepted that the breakthrough moment for the change in perceiving health determining factors, which consists of drawing attention to a widely understood social context, instead of overestimating the importance of medicine, was the report by M. Lalonde (1974), which became the basis for health policy of Canada in the 1970s (Pierożek 2015). Lalonde in his report proposed a conception of "health fields", where he distinguished four groups of health determining factors: 1) lifestyle (about 50–52% of all health determining influences); 2) external environment, over which an individual has no influence or the influence is very limited (about 20%); 3) biological factors – all the characteristics related to biology of the human body, including genetic factors, age, sex (about. 20%); 4) organization of health care services – availability, quality, organization, type, health care resources (about 10–15%) (as cited in: Nowak-Starz et al. 2013). This conception had a significant influence on the development of the socio-ecological health model and the change of health policies around the world, as well as created the basis for the development of health promotion. Individuals started being educated, that their lifestyle has the greatest influence on their health and that by changing it, mainly in a health-oriented direction, health can be improved. It needs to be noted that there are numerous socio-economic factors which influence the lifestyle of individuals, and which are independent of them. Despite that, the conception of M. Lalonde is still useful from the perspective of an individual's health, however, as stressed by researchers, it is too simplified from a perspective of population health (Pierożek 2015).

Currently, there are many models for explaining health-determining factors. Western researchers dealing with the issue of health (including determinants of the psychophysical condition of individuals and whole populations), mainly refer to the concept of "The Policy Rainbow" created by G. Dahlgren and M. Whitehead (Dahlgren, Whitehead 1991; Whitehead et al. 2001). In the centre of their model the authors placed biological factors (age, sex, genetic factors), while the next three groups of factors are: lifestyle, social support network and broadly understood socio-economic, cultural and environmental (living and working conditions) factors.

The "Policy Rainbow" model describes the layers of influence on an individual's potential for health. "Whitehead (1995) defined these factors as those that are fixed (core non modifiable factors), such as age, sex and genetic and a set of potentially modifiable factors expressed as a series of layers of influence including: personal lifestyle, the physical and social environment and wider socio-economic, cultural and environment conditions. The Dahlgren and Whitehead model has been useful in providing a framework for raising questions about the size of the contribution of each of the layers to health, the feasibility of changing specific factors and the complementary action that would be required to influence linked factors in other layers. This framework has helped researchers to construct

a range of hypotheses about the determinants of health, to explore the relative influence of these determinants on different health outcomes and the interactions between the various determinants" (Speller 2007).

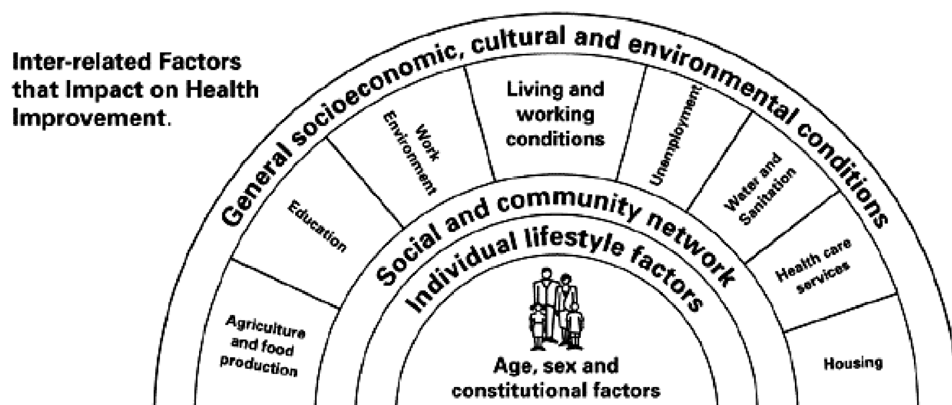

Fig. 1. The "Policy Rainbow"

Sources: Dahlgren, Whitehead (1991).

The conception of Lalonde, as well as that of Dahlgren and Whitehead, point to the responsibility of an individual for his/her health. The authors stress that health, to a great extent, is dependent on actions undertaken by an individual. The main determining factors of human health are one's lifestyle, behaviour, attitudes, actions, and a general life philosophy. A lifestyle which is beneficial to health is described as pro-health. It consists of such behaviour and actions as: physical activity, balanced diet, getting enough sleep, safe behaviour (for example: in road traffic, safe sexual behaviour, or a limited exposure to the sun), avoiding too much stress and an efficient way of dealing with stress, using social support, limiting the use of stimulants, self-examination and self-control of one's body and health, undertaking periodic health examination (Woynarowska 2008).

Stressing the importance of lifestyle, as a factor that influences the psycho-physical condition of an individual, lies at the basis of the healthism ideology which assigns a great importance to an individual's responsibility for one's own health (Borowiec, Lignowska 2012). As emphasized by researchers of this issue, the roots of healthism are seen mainly in the increasing process of medicalization of social life (the expansion of medicine to almost all spheres of life of both individuals and whole societies), while the term healthism means "health cult" or "health obsession" (Lizak et al. 2014). This notion was introduced by R. Crawford, who observed a phenomenon of the dissemination of a social belief that health can be achieved through effort and self-discipline (Crawford 1980). The human body became a "symbol", an indicator of health. People following

such an ideology believe that health is more important than all other values and is a goal in itself, and not a means to achieve other goals. Pro-health behaviour becomes a characteristic (symbol) of good life (as cited in Woynarowska 2013). Crawford considered healthism a middle class ideology, which performs an integrative function and is a tool of social control (Borowiec, Lignowska 2012). Behaviour enforcing healthy lifestyle can be understood as symbolic practices oriented for maintaining boundaries of social groups, in this case the middle class. As emphasized by Borowiec and Lignowska (2012), they are undertaken by individuals not only to preserve health, but also to express class identity and differentiate from other social classes.

Many researchers consider healthism a quasi-health tendency, as well as a behavioural addiction, based on excessive focus on health, which results in distorted functioning in other areas of life (Lizak et al. 2014). A negative consequence of healthism is social pressure for people to behave in ways that are beneficial to health, in accordance to current medical knowledge. As emphasized by Z. Słońska, in case of the healthism ideology one can speak of a kind of "health terrorism" (Słońska 2005). The ideology is regarded negatively by various authors. It is being criticised for, among other things, being the cause of a phenomenon known as "blaming the victim", wherein the blame for becoming ill is attributed to the person struck with the illness (Słońska 2005; Słońska, Misiuna 2015; Puchalski 2005).

2. Methodological assumptions of a qualitative survey concerning attitudes towards health

The above presented scientific, theoretical conceptions of factors which determine the health of a human being are a point of reference for the results of a qualitative survey conducted among women and men of various ages. The survey was performed as part of a research project "Gender and cultural concepts of age in relation to the men's and women's attitudes towards their health and appearance", carried out by the Department of Sociology of Gender and Social Movements of the University of Lodz and financed by NCN (Nacional Science Centre (DEC-2012/05/05B/HS6/03793).

The aim of the study was to investigate the attitudes of individuals towards health, assuming after S. Nowak the structural definition of attitude, which includes the cognitive, emotional-evaluative and behavioural components (Nowak 1973: 23). In this article we refer to the cognitive component of the attitude encompassing beliefs and knowledge about health (as an object of attitude), its nature and properties (Nowak 1973: 43). We are interested in only one aspect of this component, i.e. beliefs concerning factors which influence the psychophysical condition of a person. We compare beliefs of women and men in two age categories:

young adults (20–37 years) and old people (above 63 years). The basis for adapting these age brackets are the results of the CBOS (Public Opinion Research Center) survey where the surveyed Poles concluded that youth does not end until 37 years of age, while old age begins after the 63rd birthday (CBOS 2012b). The variables included in the analysis of the respondents answers were gender and age. In terms of other socio-demographic characteristics the study population was quite homogenous (secondary or higher education; similar economic status; inhabitants of a big city – Lodz). In-depth, semi-structured interviews were conducted with thirty young and thirty old people (in case of the first age bracket there were 15 women and 15 men, in case of the second one – 16 and 14 respectively).

The survey encompassed relatively well educated people, because of an assumption about their higher level of health awareness, reflective thinking and the ability to express opinions and justifying actions undertaken in regard to health, which were important characteristics for realizing a qualitative survey concerning attitudes towards health. The homogeneity of the surveyed population in terms of education, place of residence and economic situation allowed for a focus on the influence of variables of gender and age, which are key from the point of view of the undertaken topic. Due to purposive sampling, the results of this research are not generalisable at the population level of women and men in a given age bracket. However, the qualitative data collected allows for a fuller understanding of beliefs, judgments and behaviour of people, their motives, the accompanying rationalizations and ways of perceiving social reality. It can, therefore, serve as a starting point for conducting a quantitative research.

The interest in the influence of gender and age on beliefs concerning factors that have an impact on human health (or more generally attitudes towards health) was influenced by, among others, the differences established in other social surveys in perceiving the state of one's health and health related behaviour of women and men of various ages (Dzwonkowska-Godula et al. 2012; CBOS 2012a). When adapting a gender perspective in analysing social phenomena (Malinowska 2011) it was assumed that these differences generally stem from the definitions of femininity and masculinity functioning in a given culture, differentiated in relation to people in various stages of life (Kimmel 2004: 95), and including, among others, other expectations concerning health. Similarly to gender, age is also socially constructed. Gender, culturally defined age and both these concepts combined (*gendered age*) influence possibilities, forms and scope of social participation of a human being. They are also the basic categories of the identity (Miluska 1996; Barrett 2005). Thus they influence, among other things, the attitudes of individuals towards health. Models of femininity and masculinity, internalized by an individual in the process of socialization, differentiate the perception of health, attitude towards health, as well as health related behaviour of women and men of different ages.

In this article, based on the results of semi-structured in-depth interviews, we will compare beliefs concerning factors influencing health that were expressed by: 1) young people and old people; 2) young women and young men; 3) old women and old men.

3. The views of young and old people concerning the factors that influence health

Young participants of the survey more frequently than older ones have taken a view that people are individually responsible for their own psychophysical condition. It is they who mainly pointed to the importance of lifestyle: “Health is definitely influenced by the way of life. Namely, being active or not, taking up sports, healthy way of life, which means that diet has an impact on our health and that’s it. Is a specific way of life hygienic or not, the quality and amount of sleep definitely have an influence on our health. Stimulants have an influence on health” (KM_11_30)[2]; “Definitely nutrition, lifestyle...” (MM_3_22)[3]; “If we care for ourselves, for our lifestyle, say, we control what we do in a given day, then it seems that we can also control if we are healthy” (MM_4_24). Respondents enumerated various aspects that comprise lifestyle. Apart from diet, these were: physical activity, performed work, stimulants used, exposure to stress and dealing with it, regularity of everyday life, including time for sleep, personal hygiene. People from older age groups less frequently used the concept of “lifestyle”, rather speaking of “way of life”, “way of living”, “conducting oneself”, “hygiene of life”, or “hygienic way of life”. Their statements were more general and did not include as many elements of lifestyle as statements of young respondents.

Young participants of the survey stressed not only the importance of lifestyle, but also undertaking pro-health actions by individuals, which they called caring for health. In their understanding it’s mainly human behaviour that determines the state of a person’s health: “I think that, as we already said about caring for looks, that one also has to support one’s organism” (KM_2_24). In view of their opinions, caring for health encompassed, among others, controlling the state of health or getting dressed according to weather to prevent any infections: “Regular blood and cervical screening test. And rather recently, if I find something concerning, I try to control it. I care for my health” (KM_15_35); “I don’t know, it seems I do not expose myself to harmful factors, It’s enough that I dress in accordance to weather” (MM_1_21); “Simple putting on a scarf or gloves, which will protect

[2] Abbreviation „KM_11_30” means – “Young women_number of interview_ age of the respondent”.

[3] Abbreviation „MM_3_22” means – “Young men_number of the interview_age of the respondent”.

me from catching a cold" (MM_4_24). It was pointed out that caring for health is strictly related to caring about looks, as it also includes personal hygiene or shaping the body through proper diet and physical activity.

Young people in comparison to older ones proved to be more knowledgeable in terms of proper nutrition. Both young women and young men mentioned the necessity of limiting so called junk food, fast foods, and eating out: "I think that regular eating is also healthy eating. Not necessarily eating out, fast or unhealthy" (MM_4_24); "Eating habits, because we are what we eat. We eat unhealthy food so we are unhealthy" (KM_9_30). They stressed the importance of proper selection of products, meal size and frequency/regularity of eating. Remarks such as "we are what we eat" appeared, as well as examples of diets applied by the respondents themselves (young women) e.g. vegetarianism. It was brought up that improper diet has a negative influence on looks, causes overweight and can lead to various health problems (increase of cholesterol level, diabetes, and fertility problems, which were mentioned by one of the female respondents): "If I were to sit at home all day and just stuff myself with junk food, I don't think that would be healthy for me, or for my looks, because it would all go into the wrong places. Besides that, the liver would stop working after some time, the stomach would expand and not only would there be a problem with losing weight, but it would only get worse, I would constantly feel the urge to eat" (KM_3_24).

A generational difference can be observed in opinions of representatives of various age categories concerning the topic of lifestyle and nutrition seen as health influencing factors. The term 'lifestyle', used by the young, points out that they "naturally" accept that specific lifestyle is the thing which characterises a person, determines his or her social status and identity. Today, as noted by A. Giddens, "lifestyle became something necessary", an individual must make constant choices of "what to wear, what to eat, how to behave at work, with whom to meet in the evening. All such choices (including those more serious and fraught with consequences) are not only decisions of what to do, but who to be" (Giddens 2001: 112, 113). With the dissemination of the healthism ideology lifestyle must include care for one's own health, which is implied by describing it in categories of "healthy" or "pro-health" (cf. Szpunar 2009). When it comes to nutrition, older participants of the survey did not mention such things as "eating out", harmfulness of fast foods and the benefits of home cooking, because probably they rarely eat out and their diet does not include such food as pizza, hamburgers, chips, etc. Furthermore, young respondents grew up in an age, where both traditional media (press, radio, television) and new ones (Internet) devote much space to the issue of "healthy eating", which is related, among other things, to the increasing problem of overweight and obesity, also among children and youth, and the terms diet and losing weight are frequently used and trendy. Additionally, there is an intensive growth of the market of products and services related to proper nutrition (products described as "healthy", "fit", "ecological", various dietary

supplements, consultancy concerning nutrition, dietetics, losing weight, slimming holidays, etc.). Even if this does not result in pro-health behaviour in this field, it certainly results in the increase of awareness and a sense of obligation in terms of nutrition, which is proved by answers of young respondents of both sexes. When talking about diet as a factor influencing health, older people pointed mainly to the necessity of changing eating habits in relation to age and the associated changes in metabolism and health problems. There was mention of avoiding fatty, heavy foods, as well as sweats and moderation in eating (because of the strain of the digestive system, but also a tendency to become overweight): "often food itself has an influence on well-being. If we stuff ourselves with heavy fatty food then our health, let's say… fees it, because our stomach hurts, because we are bloated, because we feel heavy, sluggish, etc." (KST_5_67)[4]; „First of all, eating, self--conduct in general, restrain. It's necessary to control everything" (MST_12_72)[5]. Their statements regarding nutrition are shorter and more general in comparison to statements of young participants of the survey.

In the survey the young more frequently than representatives of the oldest generation pointed to the influence of used stimulants – smoking cigarettes, drinking alcohol or taking drugs – on the state of human health: „Definitely if someone drinks so frequently, then his poor liver probably won't be able to take it. And if someone smokes, and if someone abuses drugs, if he takes invasive ones, I'm not talking about marihuana which basically does nothing, ones like heroine, etc. When you look at photographs of people, you can see what it does to them. So I think these things need to be avoided" (KM_3_24); "I don't smoke and I don't drink, so I don't have such problems related to circulation or alcohol" (MM_12_32). On the one hand, this could be the result of frequent, among young people, use of psychoactive substances, which is also evidenced in the results of a nationwide research (CBOS 2010, 2011, 2012c). On the other hand, this could be the effect of greater knowledge (which however does not result in action) about the harmful effects of tobacco, alcohol and drugs on the human body, formed by various social campaigns, also as part of school education. Representatives of older generations among the participants of the survey were not subjected to such socialising influence during adolescence.

Young and old participants of the survey also had varying opinions about physical activity as a factor that influences health. This stems from different motor capabilities of the body, which are determined by age. Young people emphasized the importance of being physically active, enumerated types of exercises and sports that they themselves undertook. Older respondents spoke not so much about being physically active, but rather about maintaining physical aptitude by

[4] Abbreviation „KST_5_67" means – "Old women_number of interview_ age of the respondent".

[5] Abbreviation „MST_12_72" means – "Old men_number of the interview_age of the respondent".

being mobile "as far as possible": "Of course, physical activity is very important. Walk, exercise if it's possible, definitely" (KST_15_88); "I try to walk fast. Some kind of stationary bicycle here and at home. And I really try to be in motion" (MST_5_64). As shown by CBOS survey results, people above 65 years of age least frequently pointed to "regular practicing of gymnastics, running, etc." as an "activity, which in the greatest degree contributes to improving human health", while respondents up to 35 years of age treated it as a priority, right after "healthy eating" (CBOS 2012a: 87–88).

Interestingly, old people, because of poorer health (evaluated objectively and subjectively) and age related health problems, put more emphasis on professional medicine, indicating its importance to human health. Older respondents more frequently mentioned preventive medical check-ups, visiting the doctor systematically, necessity to treat diagnosed illnesses and taking medicine as actions that have an influence on health: "I think that life is to be lived well. And to do that you should medicate yourself. You should go and check the state of your health" (KST_7_70); "(health depends – added by author) on medical treatment, medicine. I take a lot of medicine, also for blood pressure, blood circulation, such things, because it progresses" (KST_16_89). As the results of the CBOS survey cited in the paragraph above show, almost half of surveyed Poles aged 65 and above considered regular visits to the doctor as one of the most important pro-health actions (respondents up to 35 years of age pointed to this far less frequently) (CBOS 2012a: 87–88). Older respondents in the qualitative survey interviews also emphasized the issue of accessibility of health care and the possibilities of controlling health and treating illnesses as a factor that influences health: "I think that every person, regardless of age, should take some form of comprehensive medical checks. The problem is that the state of our healthcare discourages it" (KST_7_70); "waiting in lines (to the physician – added by author) and so on, this fact discourages many people. Myself included" (KST_1_64).

Young and old interlocutors differed also in perceiving the importance of genes, biological factors for human health. Young people – mainly women – conscious of the existence of diseases with genetic background stated that it is possible to lower the risk of getting sick through one's own actions: "Just because we have something written in our genes doesn't mean that nothing can influence it. [...] so called stress and diet are a big influence, but also past diseases, serious infections, especially when not treated" (KM_2_24). They pointed to the necessity of preventive check-ups, being on a specific diet, and avoiding stimulants: "I am from a family with a history of heart attacks rather than cancer, so I try to prevent it with my lifestyle, diet and physical activity" (KM_6_28). They, therefore, emphasized that health is mainly dependent from the person him/herself: "Partially also genes. I think that humans, in a large extent, have an influence on their own health" (MM_6_27). In the opinions of older respondents one could observe resignation, a conviction about the unavoidability of genetic diseases and a feeling

of lack of influence over them. These respondents referred to their own situation – diseases experienced by themselves or their close ones: “I didn’t have any influence at all, because it just happened… I was surprised that such a thing happened to me. [...] Perhaps I inherited it, because later it turned out that my mom, that there was a tumour, but it was not diagnosed until the age of 72. So it was very late. [...] And I was diagnosed much earlier” (KST_15_88).

Both young and old participants of the survey spoke about environment as a human health influencing factor. However, young people (women) talked mostly about the influence of living in a city and the problem of air pollution: “Definitely environment, environment, it definitely doesn’t have a positive influence. Perhaps also where we live, in a city or outside it. [...] I mean it’s a negative influence, various exhaust gasses, pollution” (KM_7_28). Older respondents referred, in a more general manner, to the question of the quality of the natural environment, not only air, but also the quality of food products (using chemicals in food production), or the problem of nuclear power plants: “One would want to breathe fresh air for example. [...] Very little depends (on us – added by author). And one would like to drink good water and eat non-chemical food. And sometimes it’s better to eat that wormy apple from a tree, because a worm won’t eat an apple with chemicals” (KST_4_66); “the general civilizational condition of a country, this can have an influence. [...] These, these nuclear plants and those various chemicals” (KST_14_86). “This is related, it’s like with everything, as they say, start with the environment, the air” (MST_3_63). Their statements also included remarks concerning the importance of social environment for the proper functioning of a person. There was mention of the influence of the family situation, relations with close ones, the possibility of receiving support and care from them, and the atmosphere at work: “home, family, family warmth, great kids, all of this has an influence on physical health, and I have all of that” (KST_5_67); “Interpersonal (factors – added by author), which means that there needs to be peace and quiet at home. Don’t get angry, don’t fight, don’t pick on minor things and make a big fuss about them. This has a very big influence. [...] Yes, family situation, and also at work. At work there were also various problems, reporting on each other, all kinds of unjust denunciations. Various things happened” (MST_13_77). Emphasizing the importance of this factor, by older people, for the psychophysical condition of a person, probably stems from their reliance on close ones because of worsening health and limitations in standalone everyday functioning. It could also be related to appreciating, from a time perspective, the role of family and social relations in a person’s life.

The distinctive part of the statements made by older respondents of both sexes was pointing to age as a health influencing factor. It was of course mentioned that being old has a negative influence on a person’s psychophysical condition: “The body gets used up. Cholesterol is high, and on top of that sclerosis. These are the factors of old age” (KST_16_89). Moreover, attention was drawn to

sickness related limitations and the necessity of taking medicine, which prevent from being active, which in turn has a negative influence on health. Older people relatively most frequently indicated the importance of the economic situation for being able to care for health, which is related to specific costs (proper diet, medical treatment, etc.): "These financial conditions also, right? because if someone has money, he can afford better food and traveling, right? Healthier lifestyle" (KST_9_71); "There have to be proper conditions, if someone has problems making ends meet, doesn't have enough for proper food, or he becomes addicted to stimulants" (KST_16_89); „Unfortunately health itself costs now, one has to make investments" (MST_3_63).

As the results of the study show, age clearly differentiates health awareness of individuals. On the one hand, this is because of generational differences – health socialization at various times (changes in lifestyle, changes in health promotion and health education). On the other hand, the differences in the psychophysical condition of the body. As they get older, people revise their beliefs considering the influence of their own actions on their health, notice more reasons of illnesses that are independent from them, and the poor condition of the body. Because of increasing health problems they begin to appreciate the role of professional medicine and surrounding people who could provide care during old age.

Nevertheless, both young and old people are not unanimous in understanding what determines human health. Their beliefs are differentiated, among other things, by gender, which can be seen in the analysis results of the statements of women and men in both age categories.

4. The views of young women and young men concerning the factors that influence health

As was already mentioned, young respondents more frequently than older ones emphasized the meaning of diet for a person's health. However, young women and young men pointed to different aspects of a healthy diet, spoke of it in a different manner, referring to their own experiences. Some female participants of the survey provided accurate and detailed information concerning the proper selection of products, meal size and frequency of eating. The female respondents described their own nutrition habits, applied diets and rules: "I happen to be a vegetarian and I try to cleanse, not always, but I try to eat healthy and not eat anything fried, I prefer rather light meals. I eat a lot of vegetables, not really much fruits, rather vegetable juices. I think that small intervals between meals are very important, so let's say what's really important, eating every three hours, [...]. But these have to be small meals, which you can fit in the palm of your hand, and also in the evening, it's important to eat the last meal at seven, eight" (KM_15_35). Some remarks appeared, that it is necessary to attach importance to what one eats, that each product

has specific effects and consequences for the body, so they need to be chosen consciously: "Having the knowledge that everything we do has an effect on us, good, bad, various, but in the end everything has. The only neutral substance is clean water, while water with lemon already has an effect. So this is very important [...] We are responsible for our life and we have a very big influence on what… what we eat, no one is forcing us to eat what we don't want to" (KM_12_34).Young female respondents have shown high awareness and knowledge in the topic of healthy eating. Their peers also stressed the influence of proper diet on health, but they seemed less restrictive in relation to principles of healthy eating, they admitted breaking them: "definitely diet, style of life... [...] I think that my nutrition is so-so. [...] In the media you can hear that proper diet greatly influences health. I think that in some cases it really is so, but I don't suffer any ill effects of my diet. [...] my diet lacks some elements, which are a norm in diets of other people, for example some fruits and vegetables" (MM_3_22); "Diet, the way I eat, what I eat. What we eat through a given period of time, because if we go eat a pizza once, nothing will happen" (MM_10_31).

As shown by the results of nationwide surveys, women more frequently than men declare following a specific diet, both for health reasons as well as for improving their looks (CBOS 2014: 10; CBOS 2005: 5). While caring for figure concerns mostly young people (CBOS 2005: 5). The pressure to be slim and physically attractive originates from a patriarchal model of femininity and assigning significant importance to a woman's physical appearance, which is considered an important element of her human capital, that determines her functioning in social life (Malinowska 2011). As pointed out by C. Hakim, the author of the conception of erotic capital, closely linked to looks and physical attractiveness, women care for this kind of personal resource more than men, because their social status in the contemporary world is reliant on it in a great degree (Hakim 2010: 501, 505, 512).

Nonetheless, in the view of the cultural model of masculinity a man is supposed to be strong, tough, muscular, physically fit (Deaux, Lewis 1984, after: Mandal 2000: 17–18). This leads to men putting greater emphasis on physical activity, which is confirmed by results of other nationwide surveys (CBOS 2012c: 87; CBOS 2013). In the discussed qualitative study young male respondents talked, more frequently than their female peers, about the need to practice sport, be active, improve physical condition as a key factor influencing human health. They enumerated specific types of physical activities: "Some types of sports, generally physical activity. That is, sometimes playing football with friends, ice skating, the pool, the gym" (MM_3_22); "Some type of sport, for example you go to a gym and, for example, on the treadmill. Various strength training" (MM_9_30). Women spoke more generally about the importance of being active and practicing sports, they pointed to such forms of their physical activity as walking or yoga. They also mentioned "healing" characteristics of being active: "I try to be

constantly active, which means I'm a person that prefers to go for a walk, [...] and I don't use a car (KM_15_35); "I limit myself to such activity – taking walks, walking, I sometimes do it but I'm not very consequent at it, [...] I practice yoga, but only at home and only if I manage to find 20 minutes or so, definitely not longer" (KM_15_35); "Very big problems with lumbar spine ceased almost completely thanks to practicing yoga" (KM_12_34).

Another thing that differentiated young men and young women was pointing to other, different than the above mentioned, factors influencing health. Female respondents more frequently raised the importance of mental health for the general well-being of a person. On the one hand, they claimed that mental health and mindset of an individual has an influence on physical health (e.g. gastric ulcers caused by being susceptible to stress) and functioning of the organism: "Peace of mind. I think that peace of mind has the greatest influence. Because I am a person susceptible to stress and that stress unfortunately manifests with problems such as ulcers and similar stories" (KM_8_29). On the other hand, female respondents noticed factors influencing mental health, enumerating relations with people, the surrounding atmosphere, work, sense of happiness, but also actions taken by an individual, that aim at calming down, caring for the sphere of the spirit i.e. by meditation: "Mental health… this is such a combination of physical health, but the general relations with people, work, state of mind, feeling of happiness, that affect the psyche" (KM_10_30); "Meditation, which I became interested in during the last year, [...], or some need to quiet down and not only care for the external, esthetical sphere, but also the spiritual one" (KM_15_35); "A lot, in fact the majority, depends on me and the way I think about it, for example a positive approach to life also" (KM_12_34). This emphasis put by women on mental health and the "spirit-body" balance may be associated with a subjectively evaluated worse mental condition of representatives of the female sex, verified in scientific research, (CBOS 2012a: 93, 96) and their greater susceptibility to such mental illnesses as depression or anxiety disorders (Tobiasz-Adamczyk 2000: 124; Ostrowska 2006: 120; Frąckowiak-Sochańska 2011: 396). It is pointed out, that this is resultant from the social stress experienced by them in connection, among other things, with household chores, financial problems, underappreciation of their work at home and lack of satisfactory gratification for professional work (limited career progression, lower earnings in comparison to men), less opportunities for self-fulfilment (Ostrowska 2006: 120).

Young female participants of the survey also indicated the influence of the amount and quality of sleep and relaxation on human health. On the one hand, this could stem from their conviction that being relaxed and well rested has an influence on a person's looks, which, as already mentioned, has a big impact on social functioning of a woman, as well as her general mood and self-esteem. Thus, their greater emphasis on this aspect in the context of health. On the other hand, this can be an effect of their greater knowledge regarding the topic of healthy lifestyle. The

answers of female respondents concerning other aspects of their attitude towards health also show that they are characterised by greater health awareness than men. It is being pointed out that greater interest of women in the state of their health and their greater knowledge in that field originates from the process of socialization: "during adolescence parents devote more attention to the problems of girls, rather than boys. The result is that girls are more sensitive to all kinds of ailments" (Synowiec-Piłat 2002: 90) and changes taking place in their bodies (Ostrowska 2006: 117).

Young female respondents, more frequently than their male peers, demonstrated a sense of responsibility for their own health. They expressed a belief that basically everything a person does, all choices made and actions undertaken in every sphere of life, have an influence on the psychophysical condition. Their statements show a high level of reflectivity and health awareness, as well as an interest in their own health and the possibilities to influence it. It is worth to quote the words of one of the survey participants, who turned caring for her own health into a passion and a professional occupation, getting education, among others, in the field of traditional Chinese medicine: "The awareness that everything we do has an influence on us, good, bad, various, but in reality everything has an influence. [...] there are very many ways to… I don't know, influence… that, which surrounds us directly, or, I don't know, things like, everything. Because this is a question of, from what plates we eat, what are they made of, yes? There are very many different factors. Do we ride, I don't know, a bike or drive car and so on, it's everything that we do in life, that we have an influence on, everything, well, maybe almost everything. But very many things, we have an influence on this" (KM_12_34). The surveyed women stressed that caring for health requires knowledge, and that knowledge should come from reliable sources. Scepticism was expressed concerning internet "experiments" and healing oneself without consulting a physician.

At the same time, characteristic for young men was pointing to professional work as a factor which influences human health: "Work, food, way of life and your interests as a hobby" (MM_5_25); "Lifestyle, diet, work we perform, definitely some kinds of stimulants which we take, level of stress, all have a big influence on health" (MM_6_27). The inclusion of professional work among health determinants proves the importance of activity in the public sphere in respondents lives (as visible in the first of the above-quoted statements – according to some, it has primary importance for health condition), which corresponds to the patriarchal model of masculinity. Young men also mentioned economic factors influencing human health. As stated by one of the respondents, caring for health requires specific financial contributions: "If you have more money in your wallet, you can give yourself more, yes? [...] Spa, pool and various weird things, for which of course you need an appropriate amount of money" (MM_7_28). This factor is closely related to professional activity and income gained from work, which confirms the importance of professional work for human health perceived by men.

The difference between the answers of young women and young men taking part in the survey, regarding the factors influencing health, also included a different way of expressing a sense of responsibility for their own health. While young female respondents talked mostly about the need to care for health and the importance of pro-health actions, their male peers were more likely to stress the necessity to avoid anti-health behaviour. They pointed to the responsibility of people for harming their own health: "With our actions we can make ourselves sick, yes? It's enough to, I don't know, take stimulants, not dress appropriately for weather, get chilled, eat some kind of junk, all of that. Our behaviour can make us ill" (MM_1_21); "It's everyone's individual decision how they use their body and if, for example, they eat in fast-foods all the time, or do they eat traditionally, do they, for example, count all the calories and all nutrients. I think that it's possible to influence one's health, you can harm it, you can help it, simply by making various decisions and choices" (MM_6_27). This difference in opinions could be resultant from women's greater care for health and their "healthier" lifestyle (Ostrowska 2006: 123; Dzwonkowska-Godula et al. 2012: 127–128). Men understand caring for health as eliminating health-damaging habits and behaviours in the first place – before they start caring for their health they have to stop damaging it.

5. The views of old women and old men concerning the factors that influence health

Older people most frequently referred to "way of life", "way of living" or "proper self-conduct" as factors determining human health. It needs to be stressed, however, that women representing the oldest age category indicated other aspects of lifestyle than their male peers. Female respondents underlined, that a person is responsible for his or her health and so should have proper eating habits, apply a proper diet, be physically active, i.e. "move", and also avoid stimulants. By stressing the importance of a balanced diet, they pointed to eating good quality food and avoiding fatty and heavy foods, which are not good for older people: "Of course, being active is very important. Walk, exercise if you can, definitely" (KST_15_88); "On various factors, on physical activity, on eating, on maintaining a diet. On medical treatment, on medicine" (KST_16_89); "The state of health definitely depends on how we live, in what way, are there stimulants, or aren't there. God forbid any stronger stuff. [...] About addictions, yes. From alcohol or, God forbid, from drugs, it's absolutely out of the question" (KST_4_66). They linked the influence of the mentioned actions not only with health, but also with looks. Older men did not indicate a relation between these two resources. According to a number of women representing the oldest age category (and also younger female respondents), being inactive and eating unhealthy food leads to problems with figure, and thus negatively influences external appearance: "I eat my full and

then my stomach grows. One cannot eat as much as in the old days. One should move more, eat less, also less sweets, and move more" (KST_1_64).

A few statements of older men reveal their awareness of the importance of proper diet in relation to health. They, more frequently than female respondents of their generation, stated that they do not adhere to the rules of proper nutrition: "My wife puts the most attention to it. I'll buy myself some liverwurst because I like it, but not often… I'll buy myself a sausage" (MST_6_66); "Hygiene of life, genetic predispositions. [...] I have a saying: Hygienic way of life is very healthy but very dull. [...] All the things dictated by doctors, dieticians: being active, healthy eating. That what we should adhere to but we don't" (MST_10_71); "Well I think, that yes, still, the hygiene of a person and the diet. I try to eat such things, that I know that […] I like everything and, like everyone else, I like tasty things and I can let go during some party, name day, and eat things that I normally don't eat or eat less for various reasons. because, as I said, one can eat everything, only with moderation" (MST_5_64).

Highlighting the importance of physical activity, older women stressed, that it is important to perform exercise to keep fit and healthy. Older men, similarly to men representing the younger age category, identified physical activity mainly with practicing sport. In their understanding, it is important not only for health, but according to the patriarchal model of masculinity, it is also related with maintaining physical strength. They also related physical activity with the possibility to compete with others: "This active way of life. When I exercise in the morning I get such power, well now I can't anymore, but I have weights at home, and when I used to leave home at 5, I would lift them 30 times or so. But now my cousin, who gave me massages, dissuaded me. He said, don't exert your spine" (MST_6_66); "Yes, being active, this definitely has an influence. [...] because definitely this volleyball, influences that, for example for many years now, at least 20 I have been going to and from work on foot. It's not far, but it's always a 20–25 minute walk. Well, walk. I try to walk fast. A stationary bicycle here at home. And I really try to be active" (MST_5_64).

Older women put more emphasis, than their male peers, on preventive medical check-ups and adhering to the doctor's recommendations, as factors that influence health. Their comments indicate, that in case of health they mostly rely on professional medicine. They, more frequently than men, mentioned systematic visits to the doctor, the necessity to treat diagnosed illnesses, and taking medicine, as actions influencing health: "From medical treatment to medications. I take a lot of medicine, also for blood pressure, blood circulation, such things, because it progresses" (KST_16_89). They also complained about the functioning of health service – accessibility of medical check-ups, specialist physicians. They drew attention to the phenomenon of ageism in health service: "I think that every person, regardless of age, should get some sort of comprehensive medical checks. It's just that the state of our healthcare discourages it. I would eagerly take such a cycle

of tests, once in a while. But when I go to the doctor because of something, I have a cold and I'm ill and I say – doctor, I haven't had a check-up for a year, and she says – do you suffer from anything? Well, basically, no. Then why do these check-ups. And this is how it is. (Prevention – added by author) is all smoke and mirrors. And besides, you talk about prevention, while even those screening tests are (for those who – added by author) are up to 65 years of age. After that there are no more preventive screening tests. You can't get them in any programme. (Cervical screening test – added by author) probably up to 69 years, but I'm also not 100% sure. I go private every 1.5 year" (KST_7_70).

Older female respondents also mentioned the importance of genes, decisive for the length of life, resilience or susceptibility to diseases, stressing the need for constant monitoring of the state of one's health by preventive check-ups: "Perhaps…, they definitely do, because when it comes to my legs, which hurt at night, I definitely took it after my father" (KST_1_64); "I think, first of all, a matter of genes, as I already said, I come from this long-lived family. Consequently, so far I haven't had any greater health problems. Besides, I care for my health, as I said, I take these periodic inspections" (KST_10_71). Their male peers less frequently mentioned genetic defects as a health-determining factor .

As is apparent from the statements of women, they care about health from their own initiative, they have an internalized sense of obligation to care for it. A more active health stance of women stems from the mentioned gender socialization. Their more frequent contacts (in comparison to men) with physicians and greater knowledge concerning health is also related to the performed role of a "home doctor", providing healthcare for children and other members of the family (Tobiasz-Adamczyk 2000: 61). Because of this they "have to" know specific disease symptoms, recognise alarming signs, know ways to prevent various illnesses. This is confirmed by the analysis of answers given by older participants of the survey. Men admitted, that very often they are being persuaded to care for their health, visit a doctor, take medicine by women from their immediate surroundings, wives, partners or daughters: "On nutrition, on making some preventive, basic medical tests, I'm not even talking about very detailed ones. To eat healthier we bought this Zepter set for a lot of money. And it gives results. We don't eat all that fat, we eat ducks, geese but we don't eat fat. My wife puts the most attention to it, I'll buy myself some liverwurst because I like it, but not often… I'll buy myself a sausage" (MST_6_66); "And when it comes to cholesterol, I have an elevated level for some years now. Not very much, but some, so we changed the diet to a lean one. [...] My wife buys herbs in a herbal store. Our daughter sometimes brings us some pills, tincture for the heart. Some Biovital, or something like that. But generally I'm not complaining" (MST_8_70); "By myself, and my girlfriend also persuades me. [...] Women have this somehow more within them [...] Definitely more, sure as hell they care more for their health. [...] This is because a woman is more complicated biologically and has to go to the

doctor, have more contact. A man wouldn't want to have any contact with health-care services at all, this is why it's so related to one's sex, unfortunately. It really is very dependent on one's sex" (MST_2_63). Furthermore, statements of older women taking part in the survey show that they are not only responsible for their own health, but also feel responsible for the health of their close ones.

Even though women also pointed to the importance of using alternative forms of medicine, relatively more men mentioned them and admitted to using the so-called "grandma's" ways to prevent or eliminate various health problems. They referred to, among other things, using dietary supplements and alcohol based tinctures, as medicine that positively influence health, or help to quickly regain health: "For example, I continuously take Ranigast but I also continuously take pomegranate extract every day, because it has general anti-tumour effects, because it's a huge source of antioxidants and antitoxicants. Besides that, during the autumn-winter period I take a cod liver extract for four months, and also liver oil with A and D vitamins, which generally, very positively influences the immunology barrier and I can really feel it. I generally don't take other such medicines" (MST_4_64). Male preference to heal themselves on their own is resultant from their reluctance to visit a physician meaning admitting to an illness, which is treated as a weakness. Poor health, health problems that require treatment do not fit in the patriarchal model of masculinity, according to which "a real man" is strong, fit, doesn't get ill and doesn't complain about health (Dzwonkowska-Godula et al. 2012: 126, 132).

When older women stressed the importance of caring for oneself, for one's health ("Caring for yourself, first of all. Caring about your health" – KST_12_84), their male peers similarly to young men, said that health is influenced by neglecting it: "And such small things as a sedentary lifestyle, not caring for one's own health, thinking that it's just going to go away by itself" (MST_11_71); "I would say the same as my doctor said, that health is comprised of everything. I haven't seen the kidney problem. You have to look out for various things. And all of these things resulted in this [kidney problem]. [...] When there was a cold or something. But when I had a cold I didn't feel that I was ill. Maybe I was, but I drank some tea and I thought that it was gone. But it wasn't gone, it was just hidden. [...] The way you live is important. I didn't have control over all of that" (MST_12_72). The above quotations indicate that women refer to positive activities to improve health (pro-health activities), to "gender-specified female duty-habit of caring for health" (Dzwonkowska-Godula et al. 2012: 132). Men, in turn, first of all see negative behaviour and negligence of health as important factors which influence the psychophysical condition of a human.

Old respondents of both sexes emphasized the influence of professional work on human health, however, pointing to different aspects of that work. Women indicated the influence of the quality of relations at work on the appearance of eventual health problems. They referred, among other things, to stressing situations

at work and the importance of mental health, which according to them has a big influence on physical health. Men drew attention only to harmful work conditions which could result in health problems: "Work that I had definitely had an influence on my health, because I worked in harmful conditions, also chemicals definitely had a very negative influence" (MST_11_71). They also pointed to economic factors related to the process of caring for health. They stressed that medical treatment is expensive and can dissuade from seeking medical advice, as well as using prescribed medicine: "Unfortunately health itself costs now, one has to make investments" (MST_3_63).

6. Conclusion

The analysis of statements of young and old women and men, regarding factors which influence health, allows to conclude a differentiating effect of gender, as well as age. Gender differences stem from different cultural conceptions of femininity and masculinity and a different process of socialization of men and women. Women show a greater sense of responsibility for their own health, and combine caring for it with caring for looks and striving to be physically attractive. Their greater health awareness and "acquaintance" with professional medicine, evident in considerable knowledge about health determinants and the importance of various pro-health activities, is related with a greater awareness of bodily symptoms (due to physical maturation in adolescence) and medicalization of the female body, due to its reproductive function (B u c z k o w s k i 2005: 144). An important factor is also their role of a "home doctor" in the family, which requires medical knowledge and frequent contact with a physician. In the statements of men one can also see reference to the patriarchal model of gender, which relates masculinity with physical fitness, not caring for health and professional work (as opposed to assigning women to the sphere of privacy and family).

The influence of age on beliefs regarding health determinants, expressed by representatives of different generations, is related to the functioning in public awareness of cultural conceptions of youth and old age, created on the basis of biological age characteristics. Therefore, for example, putting more emphasis on physical activity by young people, and professional medicine by older people is the consequence of the differences in physical capabilities and the state of health of young and old organism. Still, the observed differences could also be the effect of generational differences: socialization of different generations in different socio-cultural conditions. Pointing by young people to lifestyle as the main health influencing factor and expressing a conviction about an individual responsibility for one's psychophysical condition comes from the fact that they grew up in a culture, which propagates youth and a healthy lifestyle and the healthism ideology.

The acquired results confirm the validity of including both the variable of gender, as well as age in the analysis of the attitude towards health. However, one needs to take into consideration the cultural character of these variables. Because it is not sex and age in a biological sense that allow us to understand the differences in beliefs, and more generally attitudes, of women and men in various ages regarding health, but their sociocultural conceptions (*gendered age*), which include social expectations concerning, among other things, the attitude towards health and caring for it.

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CZYNNIKI WPŁYWAJĄCE NA ZDROWIE W PRZEKONANIACH MŁODYCH I STARYCH KOBIET I MĘŻCZYZN

Abstrakt. Celem artykułu jest porównanie przekonań dotyczących czynników wpływających na zdrowie człowieka, wyrażanych przez kobiety i mężczyzn w dwóch kategoriach wiekowych: młodych (20–37 lat) oraz starych (powyżej 63 lat). Przekonania te stanowią jeden z aspektów poznawczego komponentu postawy wobec zdrowia. Nauka dostarcza wielu modeli wskazujących na różne rodzaje uwarunkowań kondycji psychofizycznej jednostek. Pojawia się pytanie, jakie wyobrażenia na ten temat funkcjonują w świadomości potocznej oraz czy płeć i wiek różnicują te przekonania (i szerzej postawy wobec zdrowia). Zainteresowanie wpływem płci i wieku na świadomość zdrowotną wynika ze stwierdzanych w badaniach społecznych różnic w ocenie własnego stanu zdrowia oraz zachowaniach zdrowotnych kobiet i mężczyzn w różnym wieku (D z w o n k o w s k a - - G o d u l a i in. 2012, CBOS 2012a). Punktem wyjścia jest tu założenie o wpływie na postawy wobec zdrowia, w tym także świadomość zdrowotną, kulturowych definicji kobiecości i męskości (*gender*) zróżnicowanych w odniesieniu do ludzi będących w różnych fazach życia (*gendered age*).

Słowa kluczowe: czynniki warunkujące zdrowie, postawy wobec zdrowia, kobiety, mężczyźni, młodość, starszy wiek, gender, gendered age.