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### *The influence of physical activity in female students' lifestyle on their wellness*

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Wpływ aktywności fizycznej w stylu życia studentek na dobrostan

#### INTRODUCTION

Health is an important factor in every person's life. However, we perceive it and appreciate it differently depending on our age. For the youth it is often an abstract term, since it is difficult to appreciate something that one possesses and hence is unable to imagine the lack of it. The older we are, the more we appreciate our health. And the less healthy we are, the more we appreciate it.

How do we define health? Numbers of definitions can be found in the literature. It will be a different term for medical service workers, healthy people and ill or disabled ones, economists, church authorities, psychologists or PE teachers. It will differ depending on a person's education level, health condition or professional career. It is definitely a multi-aspectual term.

I. Heszen and H. Sęk [2] present different definitions of health, both popular and professional ones. They define health as the lack of disease or suffering symptoms; a biopsychosocial wellness; the potential of the characteristics and the life context of a human being; a process and a value.

The most commonly used definition is the one proposed by WHO – health is a condition of complete physical and mental efficiency. Health is the complete physical, mental and social wellness of a human being, not only the lack of disease or disability.

With regard to M. Lalonde's model of "the fields of health", our health depends mostly on four groups of factors. A lifestyle of a single human being or the whole society has the largest impact (53%). The natural environment, both physical and social, is responsible for our health in 21% and genetic factors in 16%. The medical service and the condition of medical care are of the marginal importance (10%) [3].

Each human is responsible for their health. Nowadays, a person leading an unhealthy lifestyle must feel responsible for indispositions of body to a greater extent than their doctor. The latter one can only neutralize the effects of their patient's irresponsibility.

A person's lifestyle has a positive or a negative influence on their health condition depending on whether it is healthy or unhealthy. Pro-health actions such as 7 – 8 hours of sleep a day, maintaining stable weight, restraining from smoking cigarettes, moderate alcohol consumption and systematic physical activity can positively influence our health, prevent us from diseases and be conducive to recovery. Unhealthy actions, on the other hand, can deteriorate our health and inhibit the recovery [1, 2].

H. Sęk [6] defines a healthy lifestyle as “a system of healthy actions typical of an individual conditioned by their temperament features, knowledge, general opinions about the world, life and their own competence, a value system and individual experiences connected with their health; and social and cultural variables”.

Health and somatic development are genetically conditioned. However, they are modified to a large extent by numerous environmental factors, both natural and geographical, social and economical, but also cultural ones [5].

Health as wellness happens to be associated with a high quality of life. However, the term ‘a quality of life’ has a wider meaning and is used both by representatives of economic, social or medical studies [2].

A quality of life is a multidimensional term. What determines the evaluation of a quality of life is a person’s subjective opinion on it. However, this opinion tends to be dynamic. It can vary as internal and external factors change. These changes refer to all the aspects of life, also those affected by the condition of health [8].

When evaluating a human’s quality of life influenced by their health condition, the following significant factors can be mentioned [7]:

- physical wellness – suffering from such disorders as pain, nausea, etc.,
- functional wellness – the ability to take part in everyday activities connected with work and rest,
- emotional wellness including positive and negative feelings,
- social functioning – the ability to participate in social activities and serving roles and enjoying them,
- satisfaction with medical treatment including financial problems,
- sexual and intimate sphere including problems connected with how we perceive our own body.

The aim of the present study is to find out what factors are the most important for a group of female students in keeping a good health condition and establish whether they are satisfied with their lifestyle and whether there is a room for physical activity in their free time.

## MATERIAL AND METHOD

The hundred regular female students of the Department of Health Studies at Jan Kochanowski University of Humanities and Sciences in Kielce participated in the research, including second-year students of nursing studies (37%) and physiotherapy studies (63%). Only 14% of students are residents of Kielce, over a half (53%) lives in a village (table I).

**Table I. The characteristics of the tested group of students**

A division criterion	the group’s numerical force
studies: nursing	37
physiotherapy	63
territorial origin: a village	53
a town up to 100 000 inhabitants	11
a town up to 100 000 inhabitants	17
a town over to 100 000 inhabitants	3
Kielce	14

In the present research, a method of a diagnostic poll was used and a questionnaire served as a basic technique of collecting empirical data.

The intensity of the relations between variables was measured with the Pearson contingency coefficient based on the chi-square statistic. In order to facilitate comparisons and interpretation of the results, the standardization of the coefficient with regard to a maximum value for the analyzed case was made.

## RESULTS AND DISCUSSION

Regardless of the faculty and a permanent residence, a majority of the students point to a lifestyle of a single human being or the whole society as the factor that has the biggest influence on the health condition (table II). The environment is the least frequently mentioned factor. In some groups it was not mentioned at all. In the poll,  $\frac{3}{4}$  of the respondents point to a lifestyle (74%), then to genetic factors (18%). Regardless of a permanent residence, a lifestyle is the most appreciated factor. However, the percentage is the lowest for students from towns. These relations are of average intensity and in both cases the Pearson contingency coefficient is below 0.5.

**Table II. The faculty vs. the factor that has the biggest impact on health condition in students' opinion**

A division criterion	The group of factors having an impact on health condition				Differences' significance and relationships measure
	lifestyle	Genetic factors	Medical care	Environment	
studies: nursing (N = 37)	29	4	3	-	chi <sup>2</sup> = 6.76 p < 0.05 C = 0.32
physiotherapy (N= 63)	45	13	1	4	
territorial origin: a village (N=53)	42	9	1	1	chi <sup>2</sup> = 18.07 p < 0.001 C = 0.45
a town up to 10 000 (N=11)	10	1	-	-	
a town up to 100 000 (N=17)	8	4	3	2	
a town over to 100000 (N=17)	14	3	-	-	
In total	74	17	4	4	

The source: results of the present research

When we take into consideration not only the most frequently quoted factors but also the other ones in the whole hierarchy, the importance of each group of factors turns out to be different. Assuming that four points represent the most important factor and one point the least important one, we obtain the average values presented in table III. According to this scale, the environment has a bigger importance as well as genetic factors. Medical care takes last place in the hierarchy of factors.

**Table III. The importance of the groups of factors that have an influence on health condition in students' opinion**

A division criterion	The group of factors having an impact on health condition			
	genetic factors	Medical care	lifestyle	environment
studies:				
nursing	2.08	1.48	3.64	2.51
physiotherapy	2.34	1.71	3.50	2.00
territorial origin:				
a village	2.30	1.45	3.74	2.34
a town up to 10 000 inhabitants	2.27	2.00	3.63	2.00
a town up to 100 000 inhabitants	1.94	1.59	2.88	2.06
a town over 100 000 inhabitants	1.94	1.53	3.82	1.76
In total	2.25	1.63	3.56	2.19

The source: results of the present research

Table IV presents selected factors from each group which has a different influence on health condition in students' opinion. Nowadays, the pace of life is very fast, we suffer from lack of time and have too many responsibilities. Hence, the lack of physical activities, bad eating habits and inability to cope with stress are the factors which have an enormous influence on disfunctions of a human body. These factors are reflected in the research results. The most frequently mentioned factors include physical activity (88%), sensible diet (63%), and the ability to prevent stress (55%). Less than a half of respondents mention taking care of an unborn child's health (45%). For every third student it is essential to live in a healthy house, work in a healthy place and study in a healthy school (36%). Clean air and water are important for 28% of students. 29% is in favour of healthy lifestyle – restraining from smoking cigarettes, not overusing alcohol, coffee and medicines. Among the least frequently indicated factors are those referring to the natural environment – its degradation, dangerous waste, noise and ionizing radiation.

**Table IV. Students' territorial origin vs. most important factors that have impact on their health condition**

Most important factors that have impact on students' health condition	a village N=53	a town up to 10 000 N=11	a town up to 100 000 N=17	a town over to 100 000 N=17	In total (%)	Rank
a sensible diet	29	6	11	7	63	II
unpolluted air and water	14	2	2	5	28	VII
taking care of an unborn child's health	4	0	2	2	45	IV
physical activity	49	9	14	11	88	I
safe food	12	1	5	3	25	VIII
elimination of the risk of suffering from genetic diseases	2	0	1	0	6	XIV
organization of medical care	7	0	0	2	11	XII
preventing stress	28	7	8	7	55	III
healthy house, school and work-place	20	5	7	7	36	V
pro-health education	4	0	0	4	18	X
easy access to medical services	9	0	1	3	13	XI

Most important factors that have impact on students' health condition	a village N=53	a town up to 10 000 N=11	a town up to 100 000 N=17	a town over to 100 000 N=17	In total (%)	Rank
using stimulants	11	5	3	2	29	VI
degradation of natural environment	2	0	0	0	9	XIII
noise	6	2	2	2	2	XV
dangerous waste	9	2	0	2	4	XIV
proper human relations	19	4	3	6	22	IX
ionizing radiation	0	1	1	0	2	XV

The source: results of the present research

Academic students inhabit different environments. Depending on whether a student lives in a village, a town or a city, they have different access to sports buildings and medical services, experience a different level of noise and air pollution, have a different pace of life, and suffer from a different amount of stress. Does this independent variable determine different answers? Physical activity appears the most essential factor but students from each group often indicated to other five factors: a healthy diet, stress prevention, a healthy house, school and workplace. For students inhabiting villages, Kielce and other cities, proper human relations are also important (table IV).

Putting the mentioned factors together into groups of factors in order to hierarchise them, we receive results presented in table V. The table shows the percentage of possible answers in a given group of factors. The researched issue presented in this way shows that the results support the thesis included in the introduction to this study. A lifestyle influences health condition to 50 - 60%, the environment to ¼, genetic factors to under 20%, and medical care to less than 10%. A lifestyle is the least appreciated factor in large cities. Students living in a village often mention genetic factors and a lifestyle while the role of medical care is underestimated. It is a relation of an average intensity ( $C = 0.44$ ).

**Table V. Factors influencing health in each group of factors (data in %)**

A division criterion	The group of factors having an impact on health condition				differences' significance and relationships' measure
	genetic factors	Medical care	lifestyle	Environ-ment	
territorial origin:					
a village	16.8	0.8	59.2	23.2	chi <sup>2</sup> =12.34 p < 0.05 C = 0.44
a town up to 10 000	11.1	5.6	57.4	25.9	
a town up to 100 000	15.6	-	59.4	25.0	
a town over to 100 000	14.5	9.2	52.6	23.7	
In total	15.5	2.7	57.9	23.9	

The source: results of the present research

According to the students, a lifestyle is undoubtedly considered the most influential factor in terms of health care. Each human has a huge influence on their lifestyle, hierarchy of activities in their free time, and attitude to physical activity. People, regardless of their age, also in the group of academic students, are aware of and agree that each adult should care for their physical efficiency and spend their free time actively. However, it frequently occurs that a wish for being physically active remains a pure declaration. There appear a lot of internal and external obstacles on the way to the aim achievement.

**Table VI. The level of satisfaction of the students with the way of taking advantage of their free time (data in %)**

A division criterion	The level of satisfaction					differences' significance and relationships' measure
	definitely YES	rather YES	it is hard to say	rather NO	definitely NO	
studies: nursing physiotherapy	2.7 14.3	43.2 50.8	10.8 17.5	5.4 9.5	32.4 4.8	chi <sup>2</sup> = 16.05 p < 0.01 C = 0.46
territorial origin: a village a town up to 10 000 a town up to 100 000 a town over to 100 000	9.4 - 5.9 23.5	54.8 63.6 29.4 41.2	11.3 27.3 23.5 11.7	- 9.1 23.5 17.6	24.5 - 11.8 -	chi <sup>2</sup> = 26.83 p < 0.01 C = 0.52
In total	10.0	48.0	15.0	8.0	15.0	

The source: results of the present research

Many obstacles are connected with the amount and quality of free time, the lack or deficiency of it, inability to do what we like or what we consider healthy and advisable. Table 6 presents the percentage of students satisfied or dissatisfied with the way they take advantage of their free time. Only every tenth student is positively satisfied with the way they spend their free time. The most significant percentage occurs among students from Kielce and similar cities.

Nearly a half of students (48%) has certain doubts but is satisfied in general. Fifteen per cent of them is deeply dissatisfied. Two thirds of students from villages, towns and cities are satisfied with their leisure. The relation between territorial origin of students and the level of satisfaction with their leisure time is of high intensity (C = 0.52).

Recreational sport is not popular form of spending free time among academic students in Kielce. Walking, watching TV and meeting friends are the most popular ones [4]. In the tested group, the top of the hierarchy is invariable. Unfortunately, doing recreational sport in free time (31%) is much less popular than passive leisure activities such as watching TV (70%), surfing the Internet (69%), reading books (66%) or simple idleness (54%). Table VII presents the details with regard to where students live. Idleness and sleeping is second most popular form of spending free time among students from towns. Walking is first in the hierarchy.

**Table VII. The hierarchy of students' attitudes in their leisure time**

The way of spending free time	Territorial origin				In total (%)
	a village N = 53	a town up to 10 000 N=11	a town up to 100 000 N=17	a town over to 100 000 N=17	
watching TV	38	8	12	12	70
reading books	34	8	13	11	66
going to the disco	37	7	12	10	66
theatre	5	1	3	1	10
cinema	11	5	4	9	29
doing recreational sport	13	2	7	9	31
meetings, chatting	42	10	13	14	79
walking	45	10	15	12	83
trips and spending time in the open	25	4	7	8	44
playing bridge, chess	4	-	-	1	5

The way of spending free time	Territorial origin				In total (%)
	a village N = 53	a town up to 10 000 N=11	a town up to 100 000 N=17	a town over to 100 000 N=17	
DIY	3	1	1	3	7
surfing the Internet	35	8	13	13	69
computer games	15	1	2	7	25
idleness, sleeping	25	6	14	9	54

The source: results of the present research

A vast majority of respondents considers a lifestyle the most important factor influencing health condition. Since such a huge number of students are satisfied with their way of spending free time and physical activity appears the most essential for maintaining good health for many years, a question arises how important a physical activity in free time is for the tested students, both satisfied and dissatisfied with the way they spend their leisure time. The answer is presented in table VIII.

It appears that not all the students who claim that they are satisfied with the way they take advantage of their free time go jogging, play with a ball, go swimming or cycling. It applies to every third student tested in this group, and every fourth in the group of the dissatisfied with the way they spend free time. Satisfied students enjoy spending their time in front of a computer, TV or reading books. Dissatisfied students are aware of the fact that watching TV, idleness or sleeping are not good ways of spending free time.

**Table VIII. The way of spending free time and the level of satisfaction with their leisure time**

The way of spending free time	satisfied N = 58	hesitant N = 18	Dissatisfied N = 24
watching TV	36	15	16
reading books	38	15	9
going to the disco	36	13	12
theatre	5	3	1
cinema	18	4	3
doing recreational sport	19	5	6
meetings, chatting	45	15	14
walking	45	14	17
trips and spending time in the open	27	7	6
playing bridge, chess	3	-	-
DIY	8	-	-
surfing the Internet	39	13	10
computer games	12	3	5
idleness, sleeping	24	12	14

The source: results of the present research

If we isolate active ways of spending free time and the most popular passive one – watching TV, from the list of all leisure activities, it appears that only students' permanent residence has a statistically significant impact on the range of participating in each form of leisure activity (table IX). However, it is a relation of low intensity ( $C = 0.18$ ).

**Table IX. Active forms of spending free time vs. a faculty and territorial origin of the students (data in %)**

A division criterion	going to the disco	doing recreational sport	walking	trips and spending time in the open	watching TV	differences' significance and relationships' measure
studies:						
nursing	56.8	27.0	78.4	81.1	75.7	n. i.
physiotherapy	71.4	33.3	79.4	84.1	66.7	
territorial origin:						chi <sup>2</sup> =35.84 p < 0.001 C= 0.18
a village	69.8	24.5	79.2	84.9	71.7	
a town up to 10 000	63.6	18.2	90.9	90.9	72.7	
a town up to 100 000	70.6	41.2	76.5	88.2	70.6	
a town over 100000	58.8	52.9	82.4	70.6	70.6	
satisfaction with leisure time:						n. i.
satisfied	62.1	32.8	77.6	77.6	62.1	
dissatisfied	50.0	25.0	58.3	70.8	66.7	
hesitant	72,2	27.8	83.3	77.8	83.3	
In total	66.0	31.0	79.0	83.0	67.10	

The source: results of the present research.

Going to the disco is the least popular among students living in large cities (58.8%). It is probably due to many other possibilities of managing their free time. The majority of students living in Kielce or other large cities do recreational sport (52.9%). The inhabitants of towns mostly watch TV (72.7%), walk (90.9%) and rarely do sport (18.2%). The fact that the numbers of students in each group are small, a far-reaching generalization is not possible.

The relation between students' satisfaction with the way of managing their free time and their actual participation in active leisure activities appears to be very interesting. Students satisfied with their free time go to the disco, do recreational sport, walk and spend their time in the open more frequently and watch TV more rarely than students dissatisfied with their free time management. However, these differences are not statistically significant (figure 1).



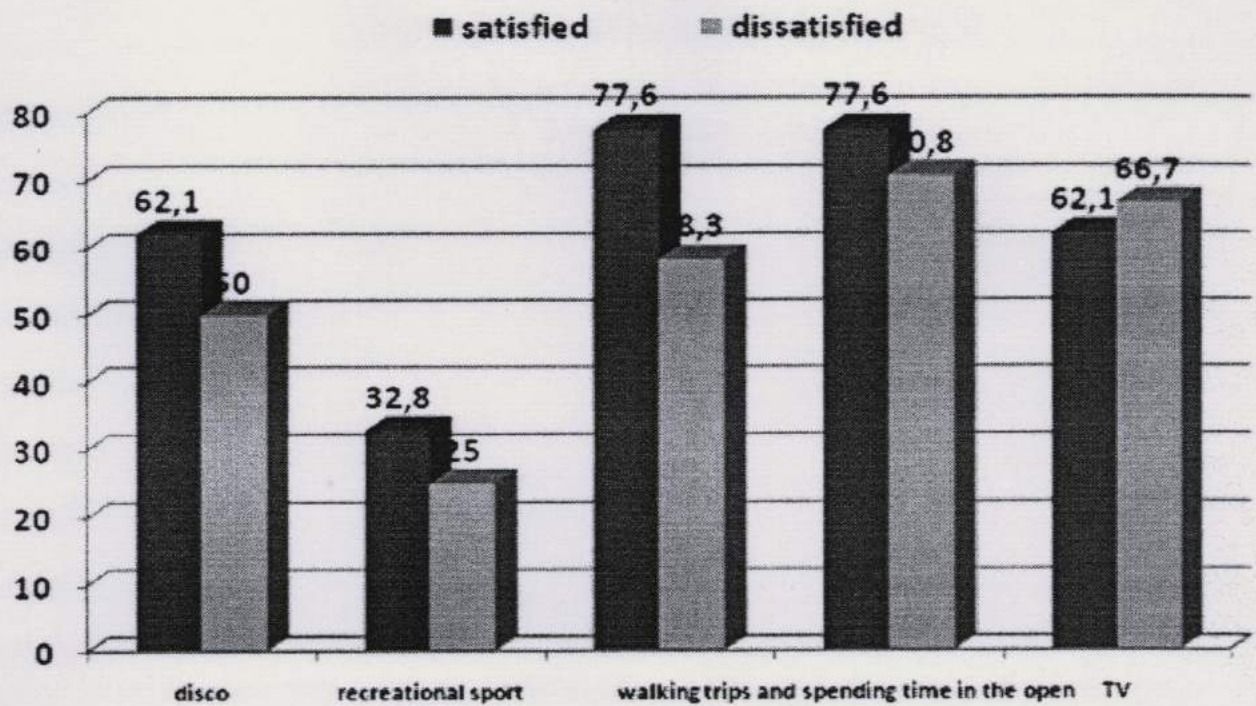


Figure 1. The participation of students satisfied and dissatisfied with spending their free time actively

Table X. The position of physical activities in free time management of the students

A division criterion	Leisure		differences' significance	relationships' measure
	Physically passive	physically active		
studies: nursing physiotherapy	2.05 2.25	1.97 2.40	chi <sup>2</sup> = 6.81 p < 0.01	C = 0.17
territorial origin: a village a town up to 10 000 a town up to 100 000 a town over 100 000	2.13 2.09 2.41 2.41	2.26 2.09 2.41 2.29	n. i.	-
satisfaction with leisure time: satisfied dissatisfied hesitant	1.91 1.96 2.26	2.19 1.78 2.05	chi <sup>2</sup> = 33.69 p < 0.001	C = 0.39

The source: results of the present research

Do students prefer spending time passively or actively? Considering four forms of physical activities (disco, recreational sport, walking and spending time in the open) and four passive ways of spending leisure time (watching TV, sitting in front of a computer – playing computer games and surfing the Internet, idleness and sleeping), it has been marked which ways of spending free time are symptomatic of a tested group of women (table X).

Second-year students of physiotherapy studies prefer physical activities. Second year students of nursing studies slightly more often choose a passive way of spending free time. It is a relation of low intensity (C = 0.17). Statistically insignificant differences occur when analyzing the way of spending free time with regard to a place of living. Students inhabiting villages spend their free time actively more frequently, and students inhabiting large cities –

passively. The relation of average intensity occurs between satisfaction with taking advantage of free time and its actual management ( $C = 0.39$ ). Students spending their time actively are more satisfied with it.

## CONCLUSIONS

1. The students indicate a lifestyle as the factor which has the biggest impact on the health condition. It includes systematic physical activity, sensible diet and stress prevention. Taking care of an unborn child's health and avoiding stimulants are also important factors.
2. The majority of the surveyed students are satisfied with the way they spend their free time. However, it is not related to the quantity of pro-health activities in free time. Students satisfied with their free time management choose physical activities – do recreational sport, go to the disco, walk and spend time in the open more frequently ( $C=0.39$ ) and rarely watch TV in comparison to students dissatisfied with their leisure time. However, these differences are statistically insignificant.
3. Doing recreational sport applies to every third student. The most popular ways of spending free time include walking, social meetings, watching TV and surfing the Internet.
4. Students (also with regard to the choice of the faculty) are highly aware of the importance of caring for health throughout a healthy lifestyle. However, practical actions do not reflect this awareness due to the lack of a proper attitude to physical education.

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## ABSTRACT

The hundred regular female students of the Department of Health Studies at Jan Kochanowski University of Humanities and Sciences in Kielce participated in the research, including second-year students of nursing studies (37) and physiotherapy studies (63). The aim of the present study is to find out what factors are the most important for a group of female students in keeping a good health condition and establish whether they are satisfied with their lifestyle and whether there is a room for physical activity in their free time. In the present research, a method of a diagnostic poll was used and a questionnaire served as a basic technique of collecting empirical data. The intensity of the relations between variables was measured with the Pearson contingency coefficient based on the chi-square statistic. The students indicate a lifestyle as the factor which has the biggest impact on the health condition. It includes systematic physical activity (88%), sensible diet (63%) and stress prevention (55%). Taking care of an unborn child's health (45%) and avoiding stimulants (29%) are also important factors. The majority of the surveyed students are satisfied with the way they spend their free time (58%). However, it is not related to the quantity of pro-health activities in free time. Students satisfied with their free time management choose physical activities ( $C = 0.39$ ) – do recreational sport, go to the disco, walk and spend time in the open more frequently ( $C=0.39$ ) and rarely watch TV in comparison to students dissatisfied with their leisure time. However, these differences are statistically insignificant. Doing recreational sport applies to every third student (31%). The most popular ways of spending free time include walking (88%), social meetings (79%), watching TV (70%) and surfing the Internet (69%). Students (also with regard to the choice of the faculty) are highly aware of the importance of caring for health throughout a healthy lifestyle. However, practical actions do not reflect this awareness due to the lack of a proper attitude to physical education.

## STRESZCZENIE

W badaniach uczestniczyło 100 studentek studiów dziennych Wydziału Nauk o Zdrowiu Uniwersytetu Humanistyczno – Przyrodniczego Jana Kochanowskiego w Kielcach. Próbę celową stanowią studentki drugiego roku kierunków pielęgniarstwo (37) i fizjoterapia (63). Celem badań jest ustalenie, jakie czynniki są uznane przez studentki za najważniejsze w celu utrzymania dobrego stanu zdrowia i czy są one zadowolone z prowadzonego przez siebie stylu życia, a czy w ich czasie wolnym jest miejsce na aktywność fizyczną. W badaniach własnych zastosowano metodę sondażu diagnostycznego, a za podstawową technikę zbierania danych empirycznych przyjęto badania ankietowe. Siłę związków pomiędzy zmiennymi badano za pomocą współczynnika kontyngencji C Pearsona. Jako czynnik mający największy wpływ na stan zdrowia badane studentki wymieniają styl życia (74%). Najwięcej wskazań dotyczy systematycznej aktywności fizycznej (88%), przestrzegania diety (63%) i przeciwdziałanie stresom (55%). Ważnymi są także dbałość o zdrowie dziecka w okresie ciąży (45%), a także zdrowy dom, szkoła, praca (36%) i powstrzymanie się od stosowania używek (29%). Większość badanych jest zadowolona ze sposobu wykorzystania swojego czasu wolnego (58%). Nie wiąże się to jednak z wielością zachowań prozdrowotnych podczas wypoczynku. Zadowoleni z zagospodarowania swojego czasu wolnego częściej wybierają wypoczynek aktywny fizycznie ( $C=0,39$ ), uprawiają sport rekreacyjny, częściej chodzą do dyskoteki, częściej chodzą na spacer i wyjeżdżają na łono przyrody, a rzadziej oglądają telewizję od studentek niezadowolonych z wykorzystania czasu wolnego, ale są to różnice nieistotne statystycznie. Uprawianie sportu rekreacyjnego dotyczy tylko co trzeciej spośród badanych studentek (31%), a najpopularniejsze sposoby spędzania czasu wolnego to spacerowanie (88%), spotkania towarzyskie ze znajomymi (79%), oglądanie telewizji (70%) i surfowanie po internecie (69%).

**RISK FACTORS  
AND PREVENTION IN A FIGHT  
FOR HEALTH AND WELLNESS**

Praca zbiorowa pod redakcją  
Prof. dr hab. med. Jerzego MOSIEWICZA

Lublin, maj 2008