

УДК 796.03:613.99

Vision of Healthy Lifestyle for Women of Older Generation

Valentina L. Arkhipova* and Olga N. Moskovchenko

Siberian Federal University

79 Svobodny, Krasnoyarsk, 660041 Russia ¹

Received 2.09.2011, received in revised form 9.09.2011, accepted 16.09.2011

Period of active longevity is caused by a large number of biological and social factors, determined by the genetic structure of an organism and its adaptive reactions to external and internal behavioral factors. Elderly person's lifestyle to the full extent can be related to external factors. At this age the style of life has a great influence on health, and consequently, on the quality of life.

It is possible to live a healthy lifestyle only on condition that a person has a general concept of its components. This general concept can be changed during some period of time. The concept depends on person's social status in society, and includes moral, cultural and social norms, values and ideals. It also includes age, sex, standard of living, education and residency in the district, city (town) where there are facilities to realise the motor function.

In order to study social background of keeping a healthy lifestyle, the survey of women of older generation, who attend health clubs has been conducted.

The urgent character of this problem is caused by the fact that in modern sociocultural environment researches of healthy lifestyle are held on schoolchildren, students and middle aged people. There are few researches which characterise the concept of healthy lifestyle of people of older generation.

The introduced experimental material confirms the urgent character of the problem. The algorithm of evaluation of the relevance of the factors that characterise the healthy lifestyle had been developed. Concepts of women of the older generation, who attend health groups are represented.

Keywords: health, healthy style of life, the older generation, questioning, factors, that form healthy style of life.

Introduction

The problem of lifestyle was always interesting for the researches. Thus, the father of modern medicine Hippocrates claimed that food and exercise, work and rest are equally important to support good health. The famous German philosopher Immanuel Kant held the same opinion. Russian physiologist I.I. Mechnikov believed that for good health and longevity it is necessary to live a proper lifestyle, which he named orthobiosis.

“Ortho” – proper, “bio” – connected with life.

The main criteria of orthobiosis are: harmonious constitution; well-balanced personality; work ethics; balance between physical and intellectual work. V.V. Rozenblat's point of view on Mechnikov's orthobiosis, according to the modern approach to the lifestyle, includes eight factors: work, sleep, positive emotions, balanced diet; bad habits elimination; keeping to the regime; cold water treatment; sufficiency of physical activity.

* Corresponding author E-mail address: varhipova@gmail.com

¹ © Siberian Federal University. All rights reserved

It is impossible not to agree that these are the factors of healthy lifestyle (HLS).

One of the most important factors of the lifestyle is person's health, so there is the term "healthy lifestyle (HLS)". HLS, nevertheless, is understood generally. Healthy lifestyle helps to form many-sided person and contributes to person's physical perfection. The lifestyle considered to be healthy only under condition that it is being developed and complemented with various healthy elements, and physical exercise is one of the elements.

According to V.K. Balsevitch (1985) physical exercising and sports are the main aspects of the healthy lifestyle, as they are associated with the bridge that connects social and biological parts of a human being. So, the central link of HLS methodology is supposed to be a revolutionary method in a human physical activity analysis.

A number of foreign researches, in particular (Bayer, Sheiberg 1997; Health and et, 2000), identify the lifestyle as a enormous category, which includes individual forms of behavior, activity and realization of one's opportunities at work, in daily life and cultural traditions typical of a social-economic style. In order to determine the lifestyle, different sociological researches are being held, various especially developed questionnaires which include from 20 up to 70 questions are being used. The questions are combined into several topical units to study schoolchildren's and young adult's lifestyles.

Russian researches (Brekhman, 1981; Moscovchenko, 1999–2010; Polievsky, 2006 etc.) believe that the lifestyle not only determines, but also influences people's well-being in general and health individually. The definition of the healthy lifestyle includes a certain approach to life's activities which forms a person to be a creative, active individual, motivated to self-improvement and personal fulfillment, straightening health, acquiring moral values and needs, which exclude

bad habits. The healthy lifestyle includes typical forms and ways of people's everyday activities, which straighten and improve body's reserve abilities. Herewith I.I. Brekhman notices that health is not just absence of illnesses but a person's social and physiological harmony, friendly relationships with other people with nature and with their own personality.

V.N. Cheremisimov (2005) believes that the process of forming a person's healthy lifestyle should be considered as a three-stage model. During the first stage, it is mostly important that positive motivation to keep and straighten one's health should be formed. During the second stage valeological competence should be formed, during the third stage certain activities oriented to keeping up and straightening one's health, where optimal physical activity is an important element should be formed.

The importance of the first stage is obvious, as it is useless to discuss the second and the third stages without the first one. Meanwhile for people of older generation this task is not simple, as it is necessary to consider living conditions, food quality, facilities for recreational physical training. Besides, the majority of older people believe that the only way to the healthy lifestyle is a medical treatment for the diseases, which is medically prerogative.

Valeological competence formation provides getting knowledge about which external factors, peculiarities of human behaviour and bad habits have a negative influence on human health and how it is possible to eliminate or reduce their negative influence. Besides, valeological competence includes the system of knowledge about formation, straightening and maintaining health, which is a necessary basis for active lifestyle.

The third stage includes a certain work motivation to maintain the healthy lifestyle. This stage includes that measures which should

be taken to lower the negative factors influence and giving up bad habits. The important part of the third stage is optimal physical activity and different ways of health improvement, such as sensible nutrition, cold water treatment, hydrotherapeutic procedures and mental status control. Hence, every person's task is to create their own individual healthy lifestyle, what is achievable if valeological competence is present.

According to N.V. Bredikhina's (2006) differentiation, people of older generation who visit health clubs should be regarded as representatives of the "self-sufficient" type. This type is certain to maintain their health individually. Cognitive component in this case is characterised by knowledge and information about HLS.

Despite the fact that a lot of attention is paid to HLS achievement, there is no generally accepted definition of "healthy lifestyle". There is no single concept of HLS, taken as a federal programme, but the scientists' opinions are the same. Healthy style of life is the key to maintaining and improving the health of the individual and the whole nation in general.

Results of the research and its discussion

The sociological research was held. 203 women who attend health groups took part in the research. The age qualification was from 51 to 81 years, average age – 70 years.

When we started to make the questionnaire, on the basis of the interviewing we made a hypothesis, that despite the fact, that the respondents for several years regularly visit health groups, their ideas about healthy lifestyle are stereotyped and insufficient.

During the data processing 20 questionnaires were rejected, so the further analysis was taken on 183 questionnaires. All the respondents answered the question "Do you think the healthy lifestyle

is necessary?" affirmatively. The question "In your opinion the healthy lifestyle is...". 44 % of all the respondents didn't answer the question or answered trivialities (it is good, it is health, good mood, life extension etc.), 56 % – enumerated factors of HLS. 43 % of the respondents named from 5 to 9 factors, which are:

- going in for sport;
- healthy diet (moderate, well-balanced, do not overeat, eat more vegetables);
- good sleep (not less than 7-8 hours a day);
- getting rid of bad habits (smoking, taking drugs, consuming alcohol etc.);
- cold water treatment;
- friendly attitude to other people;
- communication with friends;
- having hobbies;
- going to the countryside.

32 % of the respondents mentioned up to 4 factors of HLS, 25 % mentioned 1-2 factors (going in for sport and healthy diet).

Then the respondents were offered to formulate the main factor, in their point of view, of the healthy lifestyle. Answer results look as follows. For 28 % it is physical activity. An active living attitude, interest for life, optimism, good mood, well-being – 23 %. The aspiration to maintaining health is the main factor of the healthy style of life for 10 %. Only 6 % of the respondents mentioned healthy diet as the main factor and 2 % – as absence of bad habits. Unfortunately 29 % couldn't define the main factor.

The self-estimation of physical health results look as follows: excellent – 4 %, good – 17 %, satisfactory – 72 %, bad (poor) – 3 %, at the same time 5 % of respondents did not answer the question. The presence of chronic diseases (cardiovascular system diseases, gastroenteric tract diseases and osteochondrosis) was mentioned by 78 %. This self-estimation has a subjective character and does not coincide with

the data of questioning. According to the results of the examination in “Health monitoring” laboratories, 15.5 % have good physical health, 58.1 % – satisfactory, 26.4 % physical health is lower than average (corresponds with bad).

However, the bad physical health cannot be considered as low working efficiency of the individual. A physical health is dynamical concept which parameters vary during short period of time and depend on a pulse rate, blood pressure and excessive weight. Despite this, the physical health let us judge physical potential of the person.

The results of answers for the question « Do you look after your health, and how regularly do you visit doctors?» were the following: 56 % of respondents visit doctors only in case of necessity (in case of disease), 22 % look after health closely and regularly, and visit doctors even for the preventive purpose. The same number of the respondents considers that they look after their health, but in case of minor ailment they prefer to receive treatment with the help of non-conventional medicine.

More than a half of the respondents (53 %) believe that their physical health has been improved by different kinds of physical activities and preventive measures. It is for this purpose 26 % visit steam room or sauna, 23 % use massage, 13 % use cold water treatment, 7 % follow different low-fat diets or fasting and 12 % of the respondents use alternative medicine (hirudotherapy, acupuncture, respiratory gymnastics, herbal medicine). However, it is necessary to mention that more than a half of the respondents use several preventive measures. Nevertheless 26 % of the respondents systematically use prescription drugs to improve their physical health. This tendency is probably connected with their diseases. 4 % from time to time use sedatives and sleeping pills.

Then the respondents were offered Vasilieva and Zhuravleva’s questionnaire (1999) where they had to rank 11 factors of the healthy style of life. Full data on answers is displayed in the table, in percentage and overall indexes¹.

Analysing the table we see that out of 11 factors of HSL 26 % put physical exercises to the first place, 21 % – to the second place, 31 % – to the third and the fourth places. The overall index – 0,76. Therefore 78 % of the respondents consider this factor of healthy style of life as very important. In our opinion this index is lower than had been expected, considering the fact that respondents attend health groups.

Gerontologists believe that moderation in food consumption, which means restricting of overeating, calorie intake reduction, taking sufficient amount of vitamins and microelements are necessary conditions for prevention of not only premature ageing but also serious illnesses.

The second important factor is a well-balanced and healthy diet. It was put to the first place by 12 % of the respondents, to the second by 17 %, to the third and the fourth place by 11 % of the respondents. The overall index – 0,65. It is noticeable that only 6 % of the respondents consider a healthy diet as the main factor for the healthy lifestyle.

According to the respondents the harmonious relationships in the family play a big role in the healthy lifestyle. This factor was put from the first to the sixth place by 83 % of the respondents (11 %, 20 %, 14 %, 14 %, 12 %, 11 % respectively). The overall index – 0,69. We think that the results can be explained by the fact, that when people get older and lose the loved ones, the family values are becoming more important (40 % of the respondents are widows or live alone, 47 % live with husband, children or grandchildren).

The factor that was named “Positive attitude to yourself” 44 % of the respondents put to the first three places, 20 % to 4–5 places, 28 % to 6–7

Table 1. Rating of the healthy lifestyle factors (% to the number of the respondents and overall indexes)

Rank place HLS factors	1	2	3	4	5	6	7	8	9	10	11	k
	n1	n2	n3	n4	n5	n6	n7	n8	n9	n10	n11	
Do not take drugs	20,75	4,72	3,77	4,72	0,94	3,77	4,72	12,26	7,55	11,32	29,25	0,40
Participate in sports	26,42	20,75	15,09	16,04	4,72	7,55	6,60	1,89	0,94	0,00	2,83	0,76
Positive attitude to yourself	14,15	11,32	18,87	10,38	9,43	16,04	12,26	4,72	0,00	1,89	1,89	0,66
Harmonious relationships in the family	11,32	20,75	14,15	14,15	12,26	11,32	9,43	0,94	4,72	0,94	0,00	0,69
Do not drink alcohol	1,89	6,60	6,60	4,72	10,38	5,66	5,66	26,42	14,15	14,15	7,55	0,38
Well-balanced and healthy diet	12,26	16,98	11,32	11,32	9,43	14,15	7,55	12,26	1,89	2,83	0,00	0,65
Live full spiritual life	11,32	7,55	5,66	13,21	19,81	6,60	16,04	7,55	7,55	6,60	1,89	0,56
Do not smoke	0,00	4,72	5,66	6,60	4,72	3,77	11,32	13,21	27,36	20,75	3,77	0,34
Do not have promiscuous sexual relations	0,00	0,00	1,89	7,55	1,89	0,94	3,77	11,32	15,09	22,64	36,79	0,18
Positive attitude towards other people	0,94	7,55	15,09	7,55	18,87	15,09	9,43	8,49	11,32	6,60	0,00	0,53
Personal development, self-improvement	4,72	1,89	4,72	7,55	10,38	16,98	15,09	4,72	8,49	14,15	13,21	0,40

places. The overall index – 0,66. Consequently, more than 90 % of the respondents who took part in the experiment realise that their interpersonal relationship, physical and mental condition depend on these two factors.

Factor “To live full spiritual life” was rated ambiguously. Almost 20 % put this factor to 5 place, 16 % to 7 place and 11 % to the first place. It was impossible to get the same opinion from all the respondents, as everybody has a personal understanding of this concept. Factor “Positive attitude towards other people” was also rated differently. The third of the respondents (34 %), put this factor to 5-6 places, for the rest the places ranking varied.

Factor “Personal development, self-improvement” has a low ranking. The overall index – 0,40. A probable reason of the low ranking is that this factor is usually connected with work and social activity, but only 6 % of the respondents continue to work.

Traditionally when HLS is considered the special attention is paid to such health risk factors as alcohol, smoking and drug addiction. Overall indexes to this factors are not high and constitute 0.38, 0.34, 0.40 respectively. We believe that it is connected with the fact that the respondents are well informed about harmful influence of the health risk factors, besides all the respondents visit health groups, and consequently have certain points of view on these factors.

Factor “Do not have promiscuous sexual relations” turned out to be absolutely not relevant for the respondents (overall index – 0,18), but in individual questionnaires it was put to the third, the fourth and the fifth place.

Answer for the question “Where and how do you get the knowledge about healthy style of life?” is connected with self-esteem of their own

intellectual potential. Only 18 % responded that they have enough knowledge. 74 % get knowledge themselves by reading books, magazines and other literature, 12 % consult the specialists, 7 % use internet sources, 14 % – get information from TV- and radio-programmes. 8 % didn't answer the question.

Then the respondents were offered to formulate topics that concern healthy lifestyle in order to broaden the horizons. 15 % wanted to hear the information about a healthy diet for the elderly age. 6 % preferred respiratory exercises and yoga, 5 % pointed out different topics (cold water treatment, self-massage, influence of physical exercises to organism, ability to cope with stresses, phytotherapy, psychological knowledge, hirudotherapy and bioenergetics). At the same time, 68 % of the respondents didn't answer the question or answered that they get the knowledge they need by themselves. The answer to the previous question confirms that.

Conclusion

It should be noted in conclusion that the research allows us to suggest that there is a contradiction between necessity to live healthy life and vague understanding of HLS factors, the insufficiency of knowledge about healthy lifestyle. It was proved by the open questions where respondents were asked to list the factors of healthy lifestyle. It was difficult for some respondents to rank the HLS factors. In our opinion, the ranking procedure increased respondents vision of healthy lifestyle. The fact that a large number of the respondents didn't want to increase and deepen their knowledge about healthy lifestyle means they underestimate the importance of knowledge in formation of health and healthy lifestyle concept.

¹ Overall indexes were calculated according to the following formula: $K = (n_1 + 0,9n_2 + 0,8n_3 + \dots + 0,2n_9 + 0,1n_{10} + 0n_{11}) / (n_1 + n_2 + n_3 + \dots + n_9 + n_{10} + n_{11})$

References

- N. Abaskalova, *System Approach in Forming Healthy Style of Life Among Educational Process Subjects at School and Higher Educational Institution* (Novosibirsk: NSPU, 2001), in Russian.
- B.G. Akchurin, "Physical Activity as Form of Spiritual and Social Health Reproduction", *Physical Training Theory and Practice*, 12 (2009), 13-16.
- V.L. Arkhipova, "Physical Activity in Healthy Life Style of People of Older Generation", *Physical Culture and Sport in the Educational System: XII National Research and Practice Conference Proceedings*, (Krasnoyarsk: SFU, 2010), 149-152.
- V.L. Arkhipova and O.A. Katsin, "Brief Results of the Selective Questioning of Students of the Physical Training and Sport Faculty of the Siberian Federal University on Healthy Style of Life", *Physical Culture and Sport in the Educational System: XII National Research and Practice Conference Proceedings*, (Krasnoyarsk: SFU, 2010), 153-156.
- K. Bayer, *Healthy Style of Life*, (M.: Mir, 1997), in Russian.
- V.K. Balsevitch, "Sport Factor in Healthy Style of Life", *Communist*, 12 (1985), 55-56.
- L.D. Batisheva, "Middle-aged Women Premature Ageing Prevention by Health-improving Physical Exercises", *Physical Training Theory and Practice*, 4 (2007), 60-61.
- L.D. Batisheva, "Middle-aged Women Premature Ageing Prevention by Health-improving Physical Exercises", synopsis of cand. of pedag. scien.thesis, (Maikop, 2007), in Russian.
- N.V. Bredikhina, "Orientation of the Population to the Healthy Style of Life: Regional Aspect", synopsis of cand. of social scien. thesis, (Chelyabinsk, 2006), in Russian.
- E.G. Bulich, *Human Health: Biological Basics of Life Activity and Physical Activity in its Stimulation*, (Kiev: Olimpiyskaya literature, 2003), in Russian.
- M.Y. Vilenskiy, "Methodological Analysis of General and Specific in Concepts "Healthy Way of Life" and "Healthy Style of Life", *Physical Training Theory and Practice*, 11 (2004), 2-7.
- M. D. Weist, "Mental health promotion", *Journal of School Health*, 71 (2001), 101-104.
- A.M.Gendin, N.I. Drozdov., M.I. Sergeev, M.I. Bordukov and P.A. Mayer, *Formation of Student's Healthy Style of Life (Social and Cultural Analysis)*, (Krasnoyarsk: PPD of KSPU, 2004), in Russian.
- S.A. Gonyants, "Physical Culture of Adult Population: View from the Past to the Present and the Future", *Physical Training Theory and Practice*, 9 (2009), 2-7.
- V.A.Gurov, "Healthy Style of Life: Scientific Ideas and Objective Situation" *Valeology*, 1 (2006), 53-59.
- P.K. Durkin and M.P. Lebedeva, "Interest to Physical Culture and Sport as Factor of Healthy Style of Life Formation", *Physical Culture. Coaching, Education, Training*, 2 (2004), 55-58.
- V.N. Zuev and P.N. Devaikin, "Healthy Style of Life in Regional Mass Media", *Physical Training Theory and Practice*, 11 (2008), 3-7.
- A.G. Komkov and L.I. Lubisheva, "Sociological Basics of Healthy Style of Life and Physical Activity of Schoolchildren", *Physical Culture. Coaching, Education, Training*, 1 (2003), 40-46.
- I.S. Krasnov, "Methodological Aspects of Russian Peoples' Healthy Style of Life", *Physical Culture. Coaching, Education, Training*, 2 (2004), 61-63.
- N.A. Krasnoperova, "Pedagogical Supply of Students' Healthy Style of Life Formation", *Physical Training Theory and Practice*, 6 (2008), 16-19.

- L.I. Lubisheva, "Sport Culture as Advanced Topical Area", *Pedagogics*, 6 (2005), 44 – 49.
- Liebau Eckart, "In-Form-Sein" als Erziehungsziel Padagogische Überlegungen zur Sportwissenschaft. 2 (1989), 139-153.
- E.V. Manuilenko, "Individual Programmes on Students' Healthy Style of Life Formation" *Physical Training Theory and Practice*, 2 (2009), 44-46.
- V.V. Markov, *Basics of Healthy Style of Life and Deceases Prevention*, (M.: Akademia, 2001), in Russian.
- O.N. Moskovchenko, "Systematic Approach to Healthy Style of Life Evaluation", *Valeology*, 2 (1999), 4-10.
- O.N. Moskovchenko, "Person's Individual Health: Aspects of Biological, Psychophysiological and Social Adaptation ", *Valeology*, 4 (2000), 8-13.
- O.N. Moskovchenko, "Conceptual Basics of Healthy Style of Life", *Physical Culture in the System of Education: scientific research and practice conference information package*, (Krasnoyarsk: Krasnoyarsk state university, 2000), 72–76.
- O.N. Moskovchenko, "Student's Healthy Style of Life as the Main Factor of His/her Health ", *Youth of Siberia to Russian Science: International research and practice conference*, (Krasnoyarsk: NSEE Siberian institute of business, management and psychology, 2010), 390-394.
- L.V. Pasechnik, "Physical Activity Optimization as Health Preservation Factor ", *Physical Training Theory and Practice*, 11 (2007), 68-70.
- S.A. Polievskiy, *Physical Activity Stimulation*, (M.: Fisicheskaya Cultura, 2006), in Russian.
- V.V. Rosenblat, *Symphony of Life*, (M.: Fisicultura and Sport, 1989), in Russian.
- S.N. Rusanova, "Physical Culture as Factor of Healthy Style of Life Formation", *National scientific practical conference information package "Psychologo-pedagogical and Medico-biological Problems of Physical Culture and Sport"*, (Chelyabinsk : SUrSU, 2009), 246.
- M.A. Savenko, "Physical Activity of Elderly People " *International scientific practical conference information package "Modern problems of Physical Culture and Sport"*, (SPb.: SPbNII fisicheskoi culturi, 2008), 105-108.
- M.A. Savenko, "Determinants of Elderly People's Active Longevity", *Synopsis of cand. of medic. scien. Thesis*, (SPb.: 2009), in Russian.
- I.I. Sokovnya-Semenova, *Basics of Healthy Style of Life and First Medical*, (M.: Academia, 2002), in Russian.
- G.M. Soloviev, *Culture of Healthy Style of Life: Theory, Methodology; Systems*, (M.: Ilekxa, 2009), in Russian.
- L.V. Fathullina, "Informational-educational Technologies of Socio-cultural Activities in Propaganda of Healthy Style of Life Among Younger Generation", *Physical Training Theory and Practice*, 10 (2008), 81-84.
- F.P. Filatov, "Psychological Analysis of Social Vision of Health ", *Synopsis of cand. of phyc. scien. Thesis*, (Rostov-on Don, 2001), in Russian.
- V.N. Cheremisiv, *Valeology*, (M.: Fisicheskaya Cultura, 2005), in Russian.
- E.N. Chernisheva, "Adaptive Possibilities of Those, Who Go In For Recreational Physical Training at the Period of Age Regress", *Physical Training Theory and Practice*, 6 (2010), 61-64.

A.G. Shedrina, *Healthy Style of Life: Methodological, Social, Biological, Medical, Psychological, Pedagogical, Ecological Aspects*, (Novosibirsk: Alpha-Vista, 2007), in Russian.

Представления женщин старшего поколения о здоровом образе жизни

В.Л. Архипова, О.Н. Московченко
Сибирский федеральный университет
Россия 660041, Красноярск, Свободный, 79

Период активного долголетия обусловлен большим количеством биологических и социальных условий, определяемых наследственной структурой организма и адаптивными реакциями организма к внешним и поведенческим факторам. К внешним факторам в полной мере можно отнести образ жизни пожилого человека. В этом возрасте образ жизни оказывает особое влияние на состояние здоровья, а значит и на качество жизни. Вести здоровый образ жизни возможно только при наличии определенных представлений о его составляющих. Эти представления со временем меняются, зависят от социального статуса человека в обществе, включают нравственные, культурные, социальные нормы, ценности и идеалы; возраст, пол, уровень жизни, образованность, место жительства в масштабе района, города, где есть условия для реализации двигательной активности. С целью изучения социальных предпосылок к ведению здорового образа жизни проведено целенаправленное анкетирование женщин старшего поколения, занимающихся в группах здоровья. Актуальность данной проблемы обусловлена тем, что в современной социокультурной среде исследования по вопросам здорового образа жизни направлены на школьный, студенческий, средний возраст и практически отсутствуют работы, характеризующие представления об образе жизни людей старшего поколения. Представленный экспериментальный материал подтверждает актуальность проблемы. Разработан алгоритм оценки значимости факторов, характеризующих здоровый образ жизни. Исследованы представления женщин старшего поколения, занимающихся в группах здоровья о критериях здорового образа жизни.

Ключевые слова: здоровье, здоровый образ жизни, старшее поколение, анкетирование, факторы, формирующие здоровый образ жизни.
