

LIFESTYLE AND ITS QUALITY AMONG RESIDENTS OF WARSAW SUBURBAN COMMUNES

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ABSTRACT

Research focuses on potential existence of relation between the quality of life of rural respondents (rated subjectively) and the level of physical activity and the amount of time spent on it. Additionally, it investigates to what extent the respondents lead healthy lifestyle which includes healthy diet. Diagnostic survey is a research method that was applied. The techniques used include: international physical activity questionnaire (IPAQ) test, Batterie rapide d'efficience frontale (BREF) test – verifies quality of life and interviews with original questionnaire (developed by authors). The research shows that rural areas inhabitants are aware of factors that determine people's health. At the same time they seem not to be aware of negative influence of using stimulants on their health. The remarkable thing is that respondents point out how important physical activity is as an element determining well-being. After conducting the research, a leading conclusion emerges that there is a need to formulate an educational program for rural residents, indicating the proper implementation of individual elements of the lifestyle.

Key words: lifestyle, rural area, physical activity, Warsaw suburbs

JEL codes: I12, Q19, Z2

INTRODUCTION

In the available literature on the subject, we do not find research that would show the relationship of the quality of life of rural residents with the style of this life and especially physical activity. A widely perceived image of uneven distribution of farmers' annual work stimulates reflection on their participation in activity, which is an recognized as one of many elements shaping health [Cury and Ravenscroft 2001, Janion 2006, Fortuna 2012, Wojtasik et al. 2015]. Not always the conditions in which a person lives and the environment in which he works, or the specificity of this work, translates into maintaining good health

through physical activity and an appropriate quality of life [Woźniak et al. 2015].

Scientific research conducted on a European scale has shown that the state of human health is determined by 53% of lifestyle, 21% by environmental factors, 16% depends on genes and 10% on specialist medical care [Mogiła-Lisowska 2010]. This fact inspires to pay special attention to the various components of a healthy lifestyle. Nowadays from the perspective of physiology, physical activity is perceived as a necessary element in the everyday functioning of a human being [Booth et al. 2002]. Compensating the sedentary nature of work with physical exercises is essential for health [Kwilecka and Brożek 2007]. According to

the World Health Organization guidelines, in order to maintain health, a person should undertake physical activity of moderate intensity at least 4–5 times a week for 30 min [EACEA 2008]. At the same time, the forms of physical activity implemented should be adapted to the needs and physical fitness, as well as the individual preferences of people exercising, so that they positively affect the quality of life.

As mentioned before, physical activity, which is a leading component of a healthy lifestyle, should go hand in hand with proper nutrition. The latter occurs when a person provides his or her body with the necessary nutrients, at the same time supplying it with the energy necessary for its functioning [Drewnowski and Evans 2001]. In Poland, the biggest problem of everyday diet is excessive consumption of foods, including animal fats and carbohydrates, shortage of dairy products, fruits, vegetables and whole grains. In combination with the irregularity of eating meals, such a diet is not conducive to a healthy lifestyle [Mogiła-Lisowska 2010].

The increase in the level of technological development, the pace of professional life, the all-embracing stress, poor nutrition, low physical activity, and frequent use of stimulants – largely favors the occurrence of non-infectious diseases, for example: obesity, heart and circulatory system diseases, depression, cancer and others [Haapanen-Niemi 2000]. The antidote for them is certainly regular physical activity combined with proper diet and avoidance of stimulants. Meanwhile, working in the countryside gives you a chance to realize a greater dimension of activity than it is in the case of living in a large agglomeration, for example in professions of white-collar workers, although at the same time many studies emphasize the effects of disharmonious workload on farmers' work [Holmberg et al. 2003, Xiao et al. 2013]. At the same time, being in the natural environment can mobilize physical activity undertaken intentionally for health and relaxation [White et al. 2016].

Bearing in mind the value of physical activity, we undertook to find the relationship between lifestyle – especially the dimension of physical activity and the quality of life of rural families. This objective determined the definition of research issues, determined by the search the relationship between the quality of life

rated subjectively by the respondents and the level of activity and time used by the inhabitants of villages near Warsaw, and to what extent the respondents implement the so-called healthy lifestyle in the use of stimulants and diet.

MATERIAL AND METHODS

The diagnostic method is used. The technique used is a coherent international physical activity questionnaire (IPAQ) test examining physical activity, Batterie rapide d'efficience frontale (BREF) test verifying the quality of life and an interview with an author's questionnaire (research tool). The IPAQ test is one of the best and the most recommended tests to assess the level of physical activity. It is particularly recommended by international researchers like the European Physical Activity Surveillance System (EUPASS) and the European Health Interview Survey (EUROHIS). The questionnaire provides a comprehensive picture of the subject's physical activity [Biernat et al. 2007].

The BREF test is used to assess the quality of life. It was adopted and introduced to Polish conditions by Wołowicka and Jaracz [2001]. Research tools are questionnaires of the above-mentioned tests.

The study group consists of 174 people, coming in equal proportions from the municipalities of Leoncin and Kampinos. Only adults were involved in the study. Respondents over the age of 61 are dominant, just over 18% of all respondents. The least numerous group – in the 18–24 age bracket, they constitute only 4.6% of all respondents.

Farmers dominate among the surveyed, they constitute 54% of all respondents, the second place is occupied by sellers (less than 6%). Most people live in two-generation families, they constitute 46.4% of all respondents. Single or double families constitute 16.7% of all respondents.

RESULTS AND DISCUSSION

In order to determine the opinion of respondents on factors affecting health, subjects were asked to rate (1 – a minor factor, 5 – a very significant factor) to individual determinants such as nutrition, weight,

smoking, natural habitat, physical activity, alcohol consumption, stress, genetic predisposition and support from family or friends.

Taking into account the arithmetic mean of the answers given, in the opinion of the respondents the first, the most important factor affecting our health is nutrition, the second the physical activity, and the third – natural habitat (Table 1). The least important factors for our health were smoking, genetics and alcohol consumption. 50% of respondents considered physical activity as an extremely important factor and it was the highest percentage of responses given at level 5. Second place was stress, the third – nutrition and natural habitat. No person recognized nutrition as a factor irrelevant to our health. The most varied were the answers to alcohol consumption, and the smallest ones – the impact of nutrition.

The nationwide research of the adult population of Poles has determined the specificity of the style of drinking alcohol in the countryside. Namely, the inhabitants of the village are dominated by: abstinence (women), daily drinking, drinking every 2–3 days, and drinking less than once a week.

For contrast, residents of small towns more often drink alcohol once a week than others, and residents of large cities drink the least among three groups of residence. Unfortunately, with age, the frequency of alcohol drinking among adult Poles increases [Mogiła-Lisowska 2010].

In our interview, the frequency of alcohol consumption has the following picture – 34% of respondents said they did not drink alcohol at all, 38% said they consumed alcohol less than once a week, 21% answered that they drink once a week or every two or three days. Only 4% of people admitted to drinking alcohol every day. This element of the drinking model differs from the population studies cited above – the type of alcohol consumed is mostly (45%) of the preferences of weak alcohols, 17% indicate strong drinks, while 38% had no opinion on the subject. Only 6% of people said that they thought about stopping or changing the model of drinking alcohol, 11% of the respondents happened to have feelings of guilt and remorse in connection with the consequences of their drinking. Share of 10% admitted to irritation or anger in connection with criticizing their drinking patterns by close ones, and 8% of respondents happened to reach for alcohol right after waking up after too much intake the previous day. Exactly 1.8% of all respondents answered yes to all the above questions, 2.4% of the respondents to three questions, 5.5% of people to two and 9.7% of people for one.

The Cage test indicates the probability of alcohol addiction when minimum two of the four options are experienced by the subject. The respondents' declarations show that 9.7% of them observe two or more of the four behaviors related to alcohol consumption. Over half of the respondents never smoked cigarettes,

Table 1. The distribution of responses assessing the importance of particular factors for health

Specification	Nutrition	Body weight	Smoking	Natural habitat	Physical activity	Alcohol	Stress	Genes	Support	Others	
	%										
Level of importance	1	0	2	11	1	1	11	8	4	4	0
	2	4	12	5	5	6	10	6	12	5	17
	3	14	19	17	14	15	21	16	25	25	50
	4	35	32	22	34	29	29	22	31	33	17
	5	47	36	45	47	50	29	48	28	34	17
Arithmetic mean	4.25	3.85	3.78	4.13	4.19	3.46	3.97	3.63	3.80	3.33	
Factor of changeability	0.20	0.29	0.37	0.26	0.24	0.41	0.32	0.32	0.31	0.31	

Source: The author's own research outcomes.

22% quit smoking and 24% smoked cigarettes. Meanwhile, smoking is negatively correlated with participation in physical recreation, as indicated by the National Cancer Institute [n.d.]. An important problem in our analysis is to determine the level of physical activity of the surveyed villagers. It was analyzed due to the seasonal nature of work, separately for individual seasons (Table 2).

The respondents were characterized by medium or large variation due to the time devoted to particular activities. The greatest dispersion was observed in the distribution of time devoted to hard work and walking or cycling in the winter, the smallest in the distribution of time spent on the sitting or lying down also in the winter. The average time devoted to hard work ranged from 2.5 h a day in winter to 3.5 h in the summer. The average respondent spent 1.8 h a day in the winter to 3.4 h in the summer on walking or cycling. The aver-

age time spent standing or walking ranged from 3.5 h in the winter to 4 h in the summer. The highest average time was observed in winter and was devoted to sitting or lying down, 4.7 h a day. In summer, the respondents spent an average of 3 h a day on this activity. In spring, autumn and winter, the respondents spent the least time on walking or cycling, in the summer on sitting or lying down. In spring and summer, the highest average time was observed for standing or walking, in autumn and winter for sitting or lying.

The health consequences of a sedentary lifestyle are widely known today. The burden of the movement apparatus, circulatory system, respiratory system, or deprivation of objective metabolic possibilities are examples indicated most often in many social studies [Niedzielska et al. 2017]. Meanwhile, respondents reported time-varying sitting data in particular seasons (Table 3).

Table 2. Statistical measures describing the distribution of the number of hours spent daily on particular activities in subsequent seasons

Physical activity	Season of the year	Arithmetic mean	Factor of changeability	The first quartile	The second quartile	The third quartile
Sitting/ /Lying	spring	3.3	0.67	2	3	4
	summer	3.0	0.76	1	2	4
	autumn	3.8	0.59	2	3	5
	winter	4.7	0.49	3	5	6
Standing/ /Walking	spring	3.6	0.63	2	3	5
	summer	4.0	0.61	2	4	6
	autumn	3.8	0.61	2	3.5	5
	winter	3.5	0.69	2	3	5
Walking/ /Cycling	spring	2.9	0.68	1	3	4
	summer	3.4	0.65	2	3	5
	autumn	2.7	0.78	1	2	4
	winter	1.8	0.97	1	1	2
Working hard	spring	3.2	0.87	1	3	5
	summer	3.5	0.81	1	3	5
	autumn	3.3	0.84	1	3	5
	winter	2.5	0.99	1	2	4

Source: The author's own research outcomes.

Table 3. Statistical measures describing the distribution of time spent in sitting position in particular seasons of the year

Specification	Weekday				Weekend			
	spring	summer	autumn	winter	spring	summer	autumn	winter
Arithmetic mean	3.5	3.2	3.9	4.5	3.4	3.3	3.9	4.4
Factor of changeability	0.64	0.73	0.60	0.51	0.56	0.58	0.53	0.51
The first quartile	2	2	2	3	2	2	2	3
The second quartile	3	2	3	4	3	3	4	4
The third quartile	4	4	5	6	4	4	5	6

Source: The author's own research outcomes.

During the week, the respondents spent time in a sitting position average from 3.2 h a day in summer to 4.5 h a day in winter. During the weekend this time was longer in the summer, it was 3.3 h a day and shorter in the winter, 4.4 h. In the winter, 25% of respondents spent time sitting down at least 6 h a day, both during the week and during the weekend. The respondents were characterized by moderate or strong variability due to the sitting time. The greatest variation was observed in the summer day in summer, the smallest in the whole week in winter.

The respondents are dominated by people with a sufficient level of activity, they constitute 55% of all respondents (Table 4). Only 28 people (16%) are rural residents who do not show a sufficient level of physical activity.

The results can be considered satisfactory because over 80% of respondents are people who represent a high or sufficient level of activity.

In view of the lifestyle elements discussed above, the respondents define their quality of life in a varied way. It was observed that the average level of satisfaction with the physical domain among respondents

Table 4. Respondents by activity level (results of the IPAQ test)

Level of activity	<i>N</i>	%
Insufficient	28	16
Sufficient	95	55
High	51	29

Source: The author's own research outcomes.

was 70%. The respondents were characterized by poor diversity, as the deviation from the average level constituted only 22% of the arithmetic mean. Half of the respondents defined their level of satisfaction with this domain as not less than 71%. It can be concluded that the inhabitants of the surveyed villages are generally satisfied with their health, because only 8.62% of the respondents obtained less than 50% of the 35 points possible to obtain in this domain.

The level of satisfaction of the respondents from the psychological domain is higher than from the physical domain. The average quality of life assessment in this area was 77% with an average deviation of 12%. Half of the respondents assessed their satisfaction with this domain of life as not smaller than 78%. The distribution of the level of satisfaction with the psychological domain was characterized by left-sided asymmetry, and thus persons with a degree of satisfaction above the average level were dominant. Only 2.3% of rural residents obtained less than 50% of the maximum 30 points in this domain.

The level of satisfaction with the social domain among respondents was even higher than from the psychological domain. Almost every fourth inhabitant of the village obtained the maximum number of 15 points in this category of quality of life. Only 2.87% of the respondents won less than 60% of points. The average level of satisfaction with the sphere of social life of respondents was 88% with an average deviation of 14%. Half of the rural population assessed the degree of satisfaction with this domain as not less than 87%. Distribution of satisfaction level was characterized by a very strong left-side asymmetry, which means that

respondents with a higher than average level of satisfaction with this sphere of life prevailed considerably.

The level of satisfaction of the inhabitants of the studied villages from the environmental domain was definitely lower than from the psychological and social domains, but slightly higher than from the physical domain. The average level of satisfaction in this category of life was 72% with an average deviation of 12%. Half of the respondents assessed the quality of life in this area at a level of not less than 74%. Persons who obtained less than 50% in this domain from maximum 35 points constituted only 5.17% of all respondents.

Summing up, it can be stated that the respondents were rather satisfied with the quality of life in the physical and environmental domains and very satisfied with the quality of life in the psychological and social domains. Connections of the quality of life with its style have a special significance among the elderly, although the path to high values of the quality of life of this group leads through the earlier stages of ontogenesis [Rejeski and Mihalko 2001].

In order to examine the correlation between the level of physical activity and the level of satisfaction with the quality of life in each of the four analyzed domains, the arithmetic mean and the standard deviation of the satisfaction level for each category were calculated in three groups of physical activity (Table 5).

The highest average level of satisfaction with the quality of life was observed for the social domain (86%) in the group of people with a high level of phys-

ical activity, the lowest for the physical domain in the group of respondents with insufficient level of physical activity. The average quality of life assessment for the physical, psychological and social domains is the highest for people with a high level of activity, while the lowest for those with an insufficient level of activity. For the environmental domain, the average degree of satisfaction is highest for rural residents with a sufficient level of physical activity (Table 5).

Distributions of satisfaction level for each domain divided into three groups of physical activity were tested with the Shapiro–Wilk test for normality of distribution. As a result of the tests, the hypothesis of normality of distribution for a few variables was rejected, which made it impossible to examine the significance of differences in arithmetic means between particular groups of a given level of physical activity with the Student’s *t*-test.

To examine the significance of differences in the level of satisfaction with the quality of life for individual domains between groups with a given level of physical activity, the Mann–Whitney U test was used (Table 6). The test results indicate a statistically significant difference between the level of satisfaction with the quality of life in each of the domains in groups with sufficient and insufficient level of physical activity and with high and insufficient level of physical activity. In addition, a statistically significant difference was found in the environmental domain between groups with a high and sufficient level of physical activity.

Table 5. Arithmetic mean (\bar{x}) and standard deviation (*SD*) according to the level of physical activity and quality of life domain

Domains – BREF test	Physical activity – IPAQ test					
	high <i>N</i> = 51		sufficient <i>N</i> = 95		insufficient <i>N</i> = 28	
	\bar{x}	<i>SD</i>	\bar{x}	<i>SD</i>	\bar{x}	<i>SD</i>
	%					
Physical	74	16	71	14	61	16
Psychological	78	12	78	11	71	14
Social	86	12	85	14	81	16
Environmental	70	11	71	12	68	13

Source: The author’s own research outcomes.

The next analyzed element of the lifestyle of the subjects are eating habits. The largest number of people (45.6%) consume three meals a day, the second place is taken by respondents consuming four meals (36.9%), 12.5% of people sit down to meals five times a day, and 2.5% of those surveyed consume two and seven meals.

The most commonly consumed both during the day and weekly product were raw vegetables and meat products, the least often – potatoes and groats. The largest variation among respondents was observed for the distribution of the number of weekly consumed groats

and daily cooked boiled vegetables. The smallest dispersion was visible for the distribution of the number of meats and raw vegetables consumed weekly. It is worth noting that 25% of respondents consume up to once a week groats, three times cooked vegetables and at most four times a week meat, raw vegetables and potatoes (Table 7).

Almost half of the respondents consume vegetables produced in their own household. More than half (56%) of respondents do not have to buy eggs in the store (Table 8). Cottage cheese, butter and cream

Table 6. The level of physical activity and the quality of life of the rural respondents (results of Mann–Whitney U test)

Significance of differences between groups	Physical domain		Psychological domain		Social domain		Environmental domain	
	<i>t</i> -test	<i>p</i>	<i>t</i> -test	<i>p</i>	<i>t</i> -test	<i>p</i>	<i>t</i> -test	<i>p</i>
High – sufficient	–0.415	0.678	–1.459	0.145	–1.469	0.142	–2.044	0.041
Sufficient – insufficient	–7.998	0.000	–7.997	0.000	–6.746	0.000	–6.495	0.000
High – insufficient	–12.555	0.000	–9.944	0.000	–7.794	0.000	–5.932	0.000

Source: The author’s own research outcomes.

Table 7. Statistical measures describing the distribution of the number of daily and weekly consumption of particular types of food

Food product	Frequency	Arithmetic mean	Factor of changeability	The first quartile	The second quartile	The third quartile
Meat	daily	1.38	0.48	1	1	2
	weekly	5.35	0.36	4	7	7
Meat products	daily	1.64	0.45	1	2	2
	weekly	5.74	0.33	5	7	7
Boiled vegetables	daily	1.42	0.68	1	1	1
	weekly	4.73	0.47	3	5	7
Fresh vegetables	daily	1.81	0.59	1	1	2
	weekly	5.51	0.37	4	7	7
Groats	daily	1.23	0.49	1	1	1
	weekly	3.40	0.68	1	3	6
Potatoes	daily	1.16	0.52	1	1	1
	weekly	4.99	0.40	4	5	7

Source: The author’s own research outcomes.

Table 8. The origin of consumed food products – own cropping/production

Frequency	Consumption (%)					
	vegetables	cottage cheese	butter	sour cream	eggs	others
Always	49	8	7	16	56	28
Sometimes	27	13	7	8	11	21
Never	24	80	86	77	33	51

Source: The author's own research outcomes.

produces a small percentage of households surveyed. The respondents drink an average of 1.2 l of water per day, 0.6 l of tea, 0.4 l of coffee and 0.5 l of sweet drinks.

The generalized image of the diet of the subjects can be assessed positively. The determinants of this model are: 3–4 meals a day, a lot of raw vegetables, a balanced weekly dose of meat protein and more than 1 l of water a day.

CONCLUSIONS

As a result of the tests, the statistical significance of differences in the level of satisfaction in all areas of life between groups with sufficient and insufficient activity level and between groups with high and insufficient level of physical activity can be considered. In addition, statistically significant differences were also observed between the subgroup with a high and sufficient level of physical activity for the environmental domain. When comparing the arithmetic means calculated for particular subgroups, it can be concluded that the increase in the level of physical activity positively affects the level of satisfaction with the quality of life in all areas of life among the study group. Achieving a sufficient level of activity results in a significant increase in satisfaction with the quality of life. Differences between the sufficient and high levels are only visible in the environmental domain.

At the same time, respondents at risk of alcohol dependence (two and more indications in the Cage

test) assess their own quality of life as lower than those surveyed in each domain. Pearson correlation coefficients calculated for the correlation between the results obtained in the Cage test and the quality of life levels in each domain have assumed negative values, which means that the more positive answers regarding the risk of alcohol dependence, the lower the quality of life of the respondents.

Consuming minimum four meals a day including raw vegetables, groats, potatoes and drinking more than 1 liter of water a day have an impact on the assessment of quality of life only in the physical domain. In the psychological domain, the average level of satisfaction of people using this model of nutrition is the same as the others. In the social and environmental domains, the average level of quality of life assessment is higher in the group of people using other eating patterns.

The surveyed inhabitants of the villages near Warsaw prove their insight into the importance of health-modeling factors, but they underestimate the negative value of stimulants. They also do not value the genetic influence on their own health. In modeling health, highly valued physical activity deserves attention.

The poll of the relationship of selected pro-health behaviors in the aspect of the subjectively rated quality of life clearly suggests the creation of an educational program aimed at properly applied and purposefully selected physical activity of rural residents. In addition to the importance of purposeful physical activity, the program should emphasize the right way of eating and the ability to respond to stress.

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STYL ŻYCIA A JEGO JAKOŚĆ WŚRÓD MIESZKAŃCÓW GMIN PODWARSZAWSKICH

STRESZCZENIE

Problematyka badań dotyczy poszukiwania związku omiędzy jakością życia ocenianą subiektywnie przez badanych a poziomem aktywności i czasem, jaki wykorzystują na nią mieszkańcy wsi podwarszawskich oraz na ile badani realizują tzw. zdrowy styl życia w zakresie korzystania z używek i sposobu odżywiania się. Zastosowaną metodą badawczą jest sondaż diagnostyczny. Wykorzystana technika to zwarty test international physical activity questionnaire (IPAQ) badający aktywność fizyczną, test Batterie rapide d'efficience frontale (BREF) weryfikujący jakość życia oraz wywiad autorskim kwestionariuszem wywiadu. Wyniki badań wśród mieszkańców podwarszawskich wsi wskazują na ich wiedzę w zakresie znaczenia czynników determinujących zdrowie. Jednocześnie badani nie dostrzegają negatywnego wpływu używek. Znaczące jest wskazywanie przez respondentów znaczenia aktywności ruchowej w kontekście utrzymania zdrowia. Po przeprowadzeniu badań wylania się wiodący wniosek, iż istnieje potrzeba sformułowania programu edukacyjnego dla mieszkańców wsi, wskazującego na właściwe realizowanie poszczególnych elementów stylu życia.

Słowa kluczowe: styl życia, wieś, aktywność fizyczna, gminy podwarszawskie