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Activity of seniors in the context of health promotion

Summary: Contemporarily, more attention is called not only to the treatment of diseases, but to the promotion of healthy lifestyle, as well. Introduction of the idea of health promotion is of crucial importance in case of seniors, due to the poor health of this group of people in Poland. However, the main aim of health promotion in relation to seniors is not to prolong their lives, but to improve the quality of their lives. Quality of life is to a large extent related to activity (physical, intellectual, social), in the broad sense of the term, which constitutes of the various actions undertaken by an individual. The broader the range of the actions, the better the quality of life. It is obvious that our activity gradually decreases with age. Numerous factors of biological, psychological, and social character have an influence on this issue.

The most important aims of health promotion among people of advanced age are related to the following areas: maintaining and increasing the general physical and psychological agility, maintaining and improving health-related self-control, maintaining the high level or improving the

standard of living and hygiene-related conditions, fostering the existing social relationships and improving their quality and encouraging the starting of new social contacts. Furthermore, when undertaking actions related to seniors one must bear in mind the necessity to prevent the deprivation of people of advanced age and the need for their activation and self-reliance – also in the area of health.

Key words: health promotion, seniors, old age, ageing of society, activation of seniors, sociology of medicine.

Contemporarily, more attention is called not only to the treatment of diseases, but to the promotion of healthy lifestyle, as well. Health promotion is to be understood as "the process of enabling people to increase control over, and to improve, their health. To reach a state of complete physical, mental and social well-being, an individual or group must be able to identify and to realize aspirations, to satisfy needs, and to change or cope with the environment"[1]. One of the most important aims of health promotion is to ensure that individuals and communities undertake health-related actions. The strategy of conducting pro-health initiatives at the central level without providing individuals with the opportunity to participate in them is rejected contemporarily. Health promotion is no longer perceived as the exclusive area of activity of the health service. Currently it is based first and foremost on the activities of local communities and inter-sector cooperation. The third sector and non-governmental organisations are of crucial importance here[2]. From this perspective health promotion is first and foremost a social and political initiative requiring broad activity of groups and individuals[3].

Among all the rules of health promotion the position of self-reliance of communities and individuals is especially high. Self-reliance understood as the ability of individuals to take control of their lives and health[4] is contemporarily treated as the most important aim of health promotion – as its imperative, as it were. Apart from gaining control at the level of an individual it is also essential to motivate people to participate actively in improving health within the communities that they live in.

The idea of health promotion as a postulate to take into consideration the exceptionally broad spectrum of the factors influencing health which is perceived

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1) *Ottawa Carter for HealthPromotion*, "Health Promotion International" 1986, 1 (4); tłumaczenie polskie: J. Karski, *Podstawowe dokumenty dotyczące promocji zdrowia. Pełne i skrótowe wersje podstawowych dokumentów polskich oraz Światowej Organizacji Zdrowia*, [in:] J. Karski, Z. Słońska, B.W. Wasilewski (eds.), *Promocja zdrowia. Wprowadzenie do zagadnień krzewienia zdrowia*, Warszawa 1994, p. 424.

2) M. Synowiec-Piłat, *Promocja zdrowia i profilaktyka onkologiczna w działaniach organizacji pozarządowych*, Toruń 2009, pp. 69–79.

3) Z. Słońska, *Promocja zdrowia – zarys problematyki*, „Promocja Zdrowia. Nauki Społeczne i Medycyna", Rocznik I, Issues 1–2, 1994, p. 43.

4) Ibid., p. 832.

in a "positive" way (as a resource that is available to individuals in their everyday lives or a process of seeking and maintaining balance in the face of numerous strains and difficult situations that we encounter in our everyday lives), with its dependence on psychological, social, economic, and environmental factors taken into consideration. According to K. Tones most of the people active in health promotion accept „the popular definition of 'health gain' that defines a major purpose of health services as follows:

- Adding years to life: reducing avoidable deaths,
- Adding health to life: reducing disease and disability,
- Adding life to years: enhancing quality of life"[5].

Implementing the idea of health promotion is of particular importance in the case of seniors whose situation in relation to health in Poland leaves a lot to be desired. Although the average life span in Poland is now about 4 years longer (currently 78 years for women and 73 years for men), the life expectancy of Poles is lower than of the citizens of most European Union member states[6] (ca. 2 years lower in the case of women, and ca. 3 years in the case of men). This may serve as a proof that the health of Polish seniors is worse. The results of one nationwide survey indicate that 23% of Poles over 50 years of age perceive their health as poor or very poor[7].

The situation is determined by a number of factors such as the ineffectiveness of medical centres and the entire health care system (the insufficient system of financing the procedures connected with treatment of seniors, the insufficient number of specialists in geriatrics and the lack of geriatric day care wards, the poor training system of medical staff of all levels in the various specialisations related to geriatrics). Furthermore, seniors often make complaints about having to wait long to be provided a place in care and medical aid centres and the lack of awareness of their specific needs among the medical staff. There is a lack of local seniors clubs and day care centres[8].

Apart from professional, social, and educational inactivity the poor health of Polish seniors results from their generally inactive lifestyles, as well. Most of the retired declare that they watch TV (92%), listen to the radio and music (79%), and read books, magazines, and newspapers (75%). Nearly a half spend time gardening (49%), helping their families run the house (47%), and taking care of their grandchildren (40%). One in three seniors does sport (general exercise or swimming, going for a walk), one in five uses the internet, one in seven travels within the borders of Poland, and one in

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5) K. Tones, *Health Promotion, Health Education, and the Public Health*, [in:] R. Detels, J. McEwen, R. Beaglehole, H. Tanaka (eds.), *Oxford Textbook of Public Health*, Oxford 2004, p. 832.

6) *The World Bank*, "From Red to Gray" 2007, [qtd. in:] *Raport o kapitale intelektualnym Polski*, Zespół Doradców Strategicznych Premiera, Kancelaria Prezesa Rady Ministrów, Warszawa 2008, p. 131.

7) ESS 2006, Obliczenia DAE MIPS, [qtd. in:] *Raport o kapitale intelektualnym…*, op.cit., p. 131.

8) *Raport o kapitale intelektualnym…*, op.cit., p. 131.

eight is active in the community. One in twelve pensioners (8%) mentioned other forms of spending time, with meeting friends and recreational activities such as knitting (women) or fishing (men) constituting the most common ones[9].

In turn, the results of World Values Survey indicate that about 90% of Poles over 50 years of age are inactive in such areas as sport, culture, and initiatives for the community[10] (for example, in the USA 29% of this group are inactive, in Denmark – 30%, in Austria – 50%, in Czech Republic – 55%, in Spain and Portugal – 63%, in Romania and Ukraine – ca. 90%).

However, the main aim of health promotion in relation to seniors is not to prolong their lives, but to improve the quality of their lives. Quality of life is to a large extent related to activity (physical, intellectual, social), in the broad sense of the term, which constitutes of the various actions undertaken by an individual. The broader the range of the actions, the better the quality of life. It is obvious that our activity gradually decreases with age. First of all, it is the result of biological factors. The state of health worsens, diseases become more common (e.g. chronic diseases, cancer, diabetes, old age diseases: dementia, Alzheimer's disease, Parkinson's disease, degenerative and locomotor system diseases, eyesight and hearing diseases, etc.), which results in the impairment of the agility of seniors. This, in turn, leads to limitation of contacts with other people or even to social isolation of seniors. This isolation may be deepened by the gradual dying out of relatives as well as friends; in consequence, the number of close people that one may count on support from is inevitably reduced. Furthermore, psychologists argue that this process is accompanied by a loss of trust in others and unwillingness to establish new social relationships, which further decreases the activity of seniors.

Apart from the aforementioned agents, some factors of social character influence the decrease in activity typical of old age. The notion of seniors losing their former social roles is emphasised in this context. First of all, one's role in the group of friends and acquaintances is changed or lost. Losing one's professional role due to retirement or receiving disability benefits constitutes yet another issue.

As to the professional activity of seniors Poland has the last position among EU countries, with the average employment index in the group of people of 55–64 years of age 1.5 times lower than the EU average. Professional inactivity of Polish seniors is often accompanied by withdrawal from social life[11]. The inactivity is further deepened by the fact that few members of the group of people of 55–64 years of age – 16.2%[12] – take part in some form of education. That is why people of over 50 years

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9) A. Kolbowska, *Sytuacja ludzi starszych w społeczeństwie – plany a rzeczywistość*, Komunikat CBOS, BS/160/2009, p. 13.

10) World ValuesSurvey 1999, [qtd. in:] *Raport o kapitale intelektualnym…*, op.cit., p. 128.

11) *Raport o kapitale intelektualnym…*, op.cit., [qtd. in:] A. Kolbowska, op.cit., p. 1.

12) *Rynek pracy a osoby bezrobotne 50+. Bariery i szanse*, Warszawa 2007, [qtd. in:] *Raport o kapitale intelektualnym…*, op.cit., p. 129.

of age who are often fully physically and psychologically healthy cease to be professionally and socially active only because they do not update their knowledge and competences[13].

However, nationwide surveys indicate[14], that the pensioners who work are substantially more active than those who do not. They participate in cultural life (they go to the cinema, theatres, and concerts, they visit museums and art galleries, they read), work voluntarily to support the needy, local communities, and parishes, and they take part in active forms of recreation (sport, travelling). The pensioners who do not work take care of grandchildren more often than those who do. Seniors who do not participate in social life are marginalised and are treated like a useless burden.

A. Kozubska states the areas of life in which the seniors are more prone to marginalisation are:

a) participation in the employment market;
b) participation in social contacts outside the family;
c) participation in political life;
d) presence in mass culture and social communication (exclusion from the media or incidental mentioning of these groups and perpetuating the stereotypical, often negative, and always simplified image)[15].

The problem of decreased income and the worsening of one's material standing is also connected with retirement or becoming professionally inactive due to health reasons. This, in turn, limits one's social activity and influences the quality of their fostering. These life events constitute a source of high stress and often lead to low self esteem.

As nationwide surveys indicate, the problem that as much as $^{2}/_{5}$ people fear in relation to old age are difficulties with making a living and bad material conditions[16]. 58% of seniors declare a need of financial support, with only slightly over a fifth of them receiving it (22%)[17]. As to the plans for old age of the younger respondents – most of them declare the need to remain active until advanced age in many areas; however, in the case of most of the pensioners withdrawal from social life is observed[18]. The economic problems of seniors limit their self-reliance heavily, and constitute an influence on their everyday decisions. A person of advanced age in Poland is often faced with dramatic everyday choices – whether to use the money that one has for food, the rent, or e.g. medicines. The seniors are not usually able to

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13) *Raport o kapitale intelektualnym…*, op.cit., p. 129.
14) A. Kolbowska, op.cit., p. 2, 12.
15) A. Kozubska, *Wykluczeni 50+ (na rynku pracy)*, Projekt współfinansowany ze środków Unii Europejskiej w ramach Europejskiego Funduszu Społecznego, p. 2.
16) B. Wciórka, *Polacy wobec ludzi starych i własnej starości, Komunikat z badań CBOS*, BS/172/2000, p. 14.
17) Ibid., p. 12.
18) A. Kolbowska, op.cit., pp. 12–13.

afford to fulfil all of their needs, even the basic ones. In the social campaign organised in 2010 by Fundacja Dbam o Zdrowie („I take care of my health" foundation) called „Wybory 2010" (elections/choices 2010) it was emphasised that 4 millions of Poles do not buy medicines due to their difficult financial situation. One in three Poles does not buy prescription medicines, which means that they do not start or continue treatments advised by doctors. Doctors alert that breaking of a medicine treatment often constitutes a source of serious diseases. As a result of this situation people often have to be admitted into hospitals[19].

However, one of the most significant social issues influencing the quality of life of seniors as well as their activity is the social attitude towards old age. Contemporarily the social status of seniors is subject to substantial degradation. Not only do seniors have less knowledge in comparison with pre-modern societies; their wisdom and experience are also questioned and perceived as useless relics. The major social changes that took place in the 19th century, the increasing number of seniors, and the progress of medical science have undoubtedly had an influence on this perception of old age in our culture.

One must bear in mind that the consequence of the great social processes of the 19th century, i.e. industrialisation, urbanisation, scientific development – including medicine – was not only the progress of civilisation (mainly in relation to technology) but first and foremost the enormous cultural and social changes, including changes in lifestyle. Since the turn of the 20th century changes of the system of values – concentration on youth, agility, and health – have been observed as a result, and these led to emphasis on the visual aspect of old age. Old age is often associated with infirmity, intellectual problems, and ugliness as well as loneliness, suffering, social incompetence and being a burden to the young[20]. One must also bear in mind the changes that have been gradually occurring within families; first of all the disappearance of the multi-generational family (in which such phenomena as ageing and death were always present and tangible, natural, and emotionally close), individualisation of family members (the good of an individual is now more important than the good of the entire group) and quickly becoming independent of one's family – especially in the economic sense. Seniors are needed less and less. We do not want to think about old age, just like we do not want to think about death.

Since the 1960's old age is being presented by the media as a shameful disease – old age is an unwelcome phenomenon that needs to be hidden and an attempt must be made to delay its symptoms in one's looks. Therefore, ageing is no longer perceived as a natural stage in life. Contemporarily old age needs to be fought against, since the value of a human being is reduced to an attractive, young image.

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19) http://www.kampaniespoleczne.pl/kampanie,1099,procent_ktory_likwiduje_wybory, dostęp: 16.07.2010.

20) Tendencję tą potwierdzają także najnowsze badania socjologiczne – np. K. Wądołowska, *Polacy wobec ludzi starszych i własnej starości*, Komunikat z Badań CBOS, BS/157/2009, p. 11.

The aforementioned changes in the attitude towards old age are contemporarily manifest in two main currents. The first of them is the presentation of seniors – in the media, in art – as through a twisted lens – with irony, ridicule, and mockery. The exponents of the second current present the uselessness of seniors for the rest of the society. Old age is a contradiction of sexuality, beauty, joy, and pride.

Health, youth, and prowess have gradually become the determinants of a life of merit, wisdom, and good. According to A. Kepiński the inability to reconcile oneself with the process of ageing is caused first and foremost by the technological development – technological environment serves to enforce in oneself the sense of control of the surrounding world; that is why it is harder to submit to the laws of nature. A defiance of death and old age is born. A defiance that has always been a part of human nature, but never in so fierce a form as nowadays[21]. The highest measure of one's usefulness is one's performance, which is obviously unfavourable to seniors. It should come as no surprise that due to the fear of rejection or even social exclusion seniors attempt to be as full of energy, as committed, or even to look as good as the young. They realise that with a decrease in performance they will become useless. In connection to this, as U. Jarecka argues, old age has become a shameful disease, with a part of the media image (usually related to advertisements) appearing to follow the idea that ageing as an unwelcome phenomenon needs to be hidden; it is also suggested that the main task of an adult individual (most often – an adult woman) is the prevention of ageing. To get old is to „pick up" a shameful disease, i.e. to be old is to be ill. The symptoms are visible in one's looks that constitute one's image. Wrinkles are „inadvisable" (unwelcome), and to look young is our „duty" from the perspective of what is socially acceptable[22]. As a result, ageing is no longer seen as a natural process and it becomes an area of struggle. With such solutions a plastic surgery, anti-ageing creams, and hair dyes to cover the hoar at hand we become convinced that the we may be victorious in the struggle, that we may be able to cheat old age, that we can avoid it (advertisement campaigns, e.g. the Dove Pro-age campaign).

We want to preserve our youth – or to look young and attractive – as long as possible; for these constitute the synonyms of one's value. In the images of old age, especially the ones presented by the media, a tendency to combat the laws of ageing, nature, and human biology is observed. The pursuit to make old age unreal is observed. At the same time the seniors themselves have a tendency not to treat the process of ageing as something inevitable – in the past it was thought that ageing was essentially damage made by the passing of time. However, the perception of the processes of ageing as obvious and natural is gradually changing; the progress

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21) A. Kępiński, *Rytm życia*, Kraków 1992, p. 223.

22) U. Jarecka, *Starość w mediach – konteksty, tendencje i przemilczenia*, [in:] A. Kojder, K.Z. Sowa, *Los i wybór. Dziedzictwo i perspektywy społeczeństwa polskiego. Pamiętnik XI Ogólnopolskiego Zjazdu Socjologicznego Rzeszów – Tyczyn*, 20–23.09.2000, Rzeszów 2003, p. 515.

in medical science and diet has shown that it is possible to eliminate or greatly reduce most of the symptoms of ageing that used to be seen as unavoidable. Due to better diet, hygiene, and health care the average life expectancy is much longer than it was a even a hundred years ago[23]. Anthony Giddens proposes that it is one of the manifestations of the so-called "socialisation of nature".

Since the second half of the 20th century a process a rapid increase of the number of seniors is observed in developed societies[24], which has caused the necessity for changes in the perception of the importance and roles of seniors in societies, as well as the necessity of changes in the social policy. The needs of seniors can no longer be treated as marginal; to the contrary, the representatives of all sectors of social life must take seniors with their needs and problems into account. That is why the seniors are increasingly present in the media, advertisements, and political programmes. Seniors have become trendy[25]. This trend is, however, of a specific character – seniors must be reckoned with, because there is more and more of them; it is worthwhile to gain the support of this group, yet the degradation of the image of an old person still occurs. While in the earlier presentations of old age emphasis was put first and foremost on its negative features, currently the images are glossed over or even ridiculous. Urszula Jarecka states that in the visual the "dark" sides of life such as disease, old age, and death are not present since old age – i.e. intellectual and physical damage – does not constitute entertainment. Old age, as one of the „unpleasant" topics is not present, because when seniors are shown efforts are made to beautify this stage of life, to strip its image of realism[26]. Old age is presented as a third youth. The emphasis put on beautifying the process of ageing is manifest in this aspect. The problems of the ageing of the body, and of the interests and needs of seniors are mentioned; however, they are still shown from the perspective of youth. Old age is stripped of dignity, naturalness, and human warmth in an oblique manner. The importance of that which seniors may provide for others – the family, the representatives of their professions, and the society on its entirety – is downgraded.

It is difficult to expect any radical changes in the attitude towards old age typical in our culture soon or for the cult of youth to be replaced by respectful acceptance of old age and everything that it brings – in the physical, psychological, and social aspects.

Research results are consistent in indicating[27] that the group that express the most kindness towards seniors are three social circles – the family (79%),

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23) A. Giddens, *Socjologia*, Warszawa 2006, p. 185.

24) K. Szczerbińska, *Problemy opieki zdrowotnej nad ludźmi w wieku podeszłym*, [in:] A. Czupryna, S. Piździoch, A. Ryś, W.C. Włodarczyk, *Zdrowie publiczne. Wybrane zagadnienia*, Vol. 2, Kraków 2001, p. 417–424; A. Giddens, op.cit., p. 185.

25) J.P. Bois, *Historia starości. Od Montaigne'a do pierwszych emerytur*, Warszawa 1996, p. 11.

26) U. Jarecka, op.cit., p. 523.

27) B. Wciórka, *Czy zmienia się stosunek Polaków do starości?*, Komunikat z dwusetnego badania aktualnych problemów kraju CBOS, BS/33/2007, p. 5.

the neighbours (68%), and the parish community (64%). The environments that are less kind to seniors are shops (46%) and former places of work (41%). According to the respondents, negative attitudes such as indifference and dislike are prevalent in other social environments. It needs to be emphasised that the centres and agencies that ought to be helpful to seniors are often unkind – health care centres (39%), government offices (32%) – the same applies to the streets (25%) and the means of public transport (20%). Only one in four respondents perceives the young generation as kind to seniors. Half of the respondents (49%) notice the indifference of young people, one in six (17%) – dislike, and only one in four (25%) believe that young people are kind to seniors[28].

It needs to be mentioned that the negative attitudes towards seniors are often expressed in the form of stigmatization or labelling of this social group. As it was formerly stated, in the contemporary society youth, health, and prowess are attributed the highest value. What does not fit in this canon, e.g. old age, is perceived as deviance. People of advanced age are frequently subject to branding social reactions such as ridiculing, exclusion from a group, social degradation, isolation from the so-called "normal" people, verbal and physical aggression, etc. The names given to seniors may serve as example. Such expressions as old coot, buzzard, geezer, wrinkly, etc, are often uttered by the younger members of our society. However, the most important issue to be discussed are the consequences of such stigmatization. E. Lemert argues that social stigmatization is a process of two stages and it includes the primary and the secondary deviation[29]. Primary deviation constitutes in the traits (in this case – being old, being physically or intellectually incapable) or behaviours (forgetfulness, difficulty with dealing with everyday life tasks, apathy) discordant with the norm of a certain environment. At this stage, however, the social environment perceives these features as e.g. minor missteps, and the "perpetrator" remains within the circle of the formerly adopted social roles. It is the belief of Lemert that primary deviation has little influence on one's psychological structure and does not lead to changes in one's personality, self-esteem, and the adopted social roles. The negative social reactions to primary deviation cause greater and deeper psychological strain and lead to assigning one the role of a deviant, leading to secondary deviation. Secondary deviation is connected with such phenomena as social control, punishment, segregation, stigmatization. These reactions lead to changes in one's social structure and one's self-esteem. An individual influenced by secondary deviation becomes an individual whose life and identity concentrate around the fact of deviation. Secondary deviation may be treated as a method of self-defence, an attack, or adaptation of an individual in relation to the problems the he faces as a result of the social reaction to his primary deviation. The reactions of condemnation, degradation, and isolation

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[28] Ibid., pp. 6–7.

[29] E.M. Lemert, *Social pathology, A systematic approach to the theory of sociopathic behavior*, New York 1951; A. Kojder, *Co to jest teorianaznaczaniaspołecznego?*, „StudiaSocjologiczne" 1980, 3/78.

are especially important here. Secondary deviation may constitute a strategic and accepted solution to the difficulties that an individual has to face because of his stigmatization[30].

The process of stigmatization leads to the acceptance of one's image as a deviant. It is not only other people who react to an individual with labelling, defining one as e.g. suffering from sclerosis, an awkward geezer or a cripple, and treating one accordingly, but it is the individual that perceives himself as such, identifying with the assigned role. The stronger the negative social reaction, the higher the probability that it will become an internalised behavioural model.

Labelled individuals (as e.g. useless old men) are to be perceived in their environment from the perspective of their deviant roles. Other roles (e.g. those of a husband, a grandfather, a friend, a professional) become less important or ignored altogether. Such situation makes it difficult or even impossible for a stigmatized individual to return to "normal" social roles or to participate correctly and satisfactorily in social life. It is a result of the fact that negative stigmatization of a person may often lead to a deviant career[31]. An individual is stripped of the opportunity to function within conventional social groups (among friends, professionals, family members), which leads one to the social margin, where deviant behaviours are accepted and rewarded. Then, according to Becker, a deviant identity is formed[32]. One is assigned the role of a deviant and cannot get rid of it. This phenomenon is termed the trap of deviation – an individual withdraws from the society in order to avoid further punishment which leads to further stigmatization caused by the withdrawal or its consequences that in turn results in a deepened withdrawal or aggression. An individual is labelled. How one is perceived by the social environment becomes a part of the deviant orientation and determine one's actions. The group blocks the non-deviant roles (e.g. professional, educational) undertaken by an individual and discriminates him, even though they may at the same time declare to be supportive. The deviant is rewarded for playing the stereotypical role (e.g. a helpless old man unable to learn anything new, like using a computer). The role of the deviant gradually eliminates all other roles.

The existence of a number of the so-called deviant stereotypes[33]. in certain societies needs to be mentioned. Stereotypes constitute the means of organising reality; they make interactions easier in situations when one does not know what to expect from a partner one meets for the first time. The partner is put into one of the stereotypical categories which makes the contact easier, as the stranger is associated with a kind of men one already knows. The greater the social distance

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30) E.M. Lemert, op.cit., p. 77.
31) A. Kojder, op.cit., p. 52.
32) H.S. Becker, *Outsiders: Studies in the sociology of deviance*, Glencoe 1963.
33) A. Siemaszko, *Granice tolerancji. O teoriach zachowań dewiacyjnych*, Warszawa 1993, pp. 295–297.

between an individual and the given category of persons the greater the probability that the individual's image of the category is stereotypical. Even though we might not meet the mentally ill, the disabled, seniors, etc, every day, we "know more or less" who they are and how they behave. We frequently see seniors in their stereotypical roles – as poor, ill, helpless, demanding, and benefitting from social aid[34]. It is important that the actions aimed at seniors serve to overcome the negative stereotypes and to demonstrate that just like in the case of the young members of society among the seniors there are also many interesting and creative individuals, full of commitment and merit, who may constitute a source of inspiration for others[35].

One of the consequences of deviant stereotypes is that it is expected of deviants to act according to our, often erroneous, perception of who they are and how they behave. And so there is a stereotype of a senior as a helpless, dependent individual. If seniors submit to the stereotypical role they may lose their former competences of coping with various everyday life situations. This may lead to the so-called "acquired helplessness". According to one of the surveys conducted by the Public Opinion Research Center the help aimed at seniors fulfils their needs to a large extent. However, symptoms of over-protectiveness were observed among those who provided the help[36]. It must be added that over-protectiveness as well as failure to fulfil the needs is harmful to people of old age, because they limit the seniors' independence and self-reliance.

The results of a survey conducted by the Public Opinion Research Center indicating that only one in five of the respondents would like to spend old age living with the family, and that over a half (57%) would rather live in their own residence and only occasionally benefit from the help of others, including the family, confirm the belief that seniors want to be independent and make their own decisions. Furthermore, one in six of the surveyed (17%) choose solutions that do not require any help of their relatives[37].

Frequently seniors decide not to ask for help and to be self-reliant in relation to everyday life activities, despite their health problems. On the one hand they do not want to be a burden to their relatives, on the other, they often cannot admit to themselves that they actually need help. Therefore, it is crucial for the help provided for seniors to be adequate to their needs, in order not to limit their independence and self-reliance. It is essential for the younger generations to remember to undertake

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34) B. Szatur-Jaworska, 2008, *Uczestnictwo osób starszych w sferze publicznej*, [in:] B. Szatur-Jaworska (ed.), *Stan przestrzegania praw osób starszych w Polsce. Analiza i rekomendacje działań*, Warszawa, p. 115.

35) The Spoko Senior (cool senior) social campaign organised in 2009 by Fresh Brand Design for the Mali Bracia Ubogich association may serve as an example; http://www.kampaniespoleczne.pl/kampanie,903,kiedy_ostatnio_sluchales_babci, retrieved: 16.07.2010.

36) B. Wciórka, op.cit., introduction.

37) Ibid., p. 14.

the actions necessary for the prevention of marginalisation of seniors in numerous aspects of life, apart from direct help and care[38].

The processes and social attitudes discussed above may speed up the worsening of the psychophysical form of seniors, a decrease in their activity, withdrawal from social life, increase in the number of suicides, and even social isolation.

Emphasis must be put on the problem of suicides of seniors, since it is a topic that is often avoided. There are few statistical analyses and empirical researches related to this problem. However, the number of suicides in this age group is growing. It seems necessary to make those of the immediate environment of seniors along with as high a number as possible of the members of younger generations aware that any suicidal tendencies and symptoms thereof displayed by seniors that directly or indirectly indicate the intention to end one's life should always be taken seriously. Such individuals should be provided with special care and social support, with the help of psychological therapy or psychiatric treatment, if possible.

Social isolation is particularly dangerous to seniors. The following factors increasing the risk of isolation of people of advanced age are mentioned in reference books[39] – the age of over 80, widowhood/single status, divorce/separation, no children, being single in a household, bad material standing, recent hospitalisation, and moving to a new location.

The results of a number of researches indicate that social isolation increases morbidity and mortality rate among seniors. It ought to be mentioned hereby that the loss of a spouse is one of the most stressful situations for people of all ages and especially those in old age which over the following two years, most significantly over the following six months, has a substantial influence in the form of increasing morbidity and probability of death of the widowed person, especially in the case of men[40].

For example, A. Ikeda , H. Iso, H. Toyoshima et al[41] have confirmed empirically that men who have never been married have a higher mortality rate related to diseases of the cardiovascular system, the respiratory system, and outside factors. Among women who have never been married the indicators were lower, but the general mortality rate was significantly higher. Divorced and widowed men are at a moderately higher risk of death due to diseases of the cardiovascular system, outside factors, and all other causes than married men; however, such tendency was

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38) These problems were addressed in e.g. the Cane social campaign organised in Israel in 2009, initiated by the Adam LeAdam organisation; http://www.kampaniespoleczne.pl/kampanie,696,podeszle_samobojstwo, retrieved: 25.06.2009.

39) K. Szczerbińska, op.cit., pp. 432–433.

40) M. Sokołowska, *Socjologia medycyny*, Warszawa 1986, p. 201; E. Rogucka, *Społeczne uwarunkowania nadumieralności mężczyzn w Polsce*, Wrocław 1995.

41) A. Ikeda, H. Iso, H. Toyoshima, Y. Fujino, T. Mizoue, T. Yoshimura, Y. Inaba, A. Tamakoshi, *Marital status and mortality among Japanese men and women: the Japan Collaborative Cohort Study*, BMC Public Health: 2007 May 7; pp. 7–73.

not observed among women. To recapitulate, being single was connected with a higher mortality rate than in the case of being married in relation to men as well as women. Divorce and widowhood increase the mortality of men, but not women. The results suggest that single, divorced and widowed individuals are potentially more prone to unfavourable effects on health.

Furthermore, an American research conducted among people of 65 years of age and more confirms that social isolation leads to men being prone to death of ischemic heart disease 5 years sooner[42].

In relation to the above the providing of social support, in the broad sense of the term, becomes an essential aspect of health promotion among seniors. Social support is understood by Antonovsky as one of the elements of the sense of coherence, i.e. the sense of self-reliance (the ability to use the resources available to others)[43].

M. Barrera proposed three methods of evaluating informal social support[44] – the evaluation of rooting in the society (e.g. the indicators of the frequency of contacts with others), the received support (e.g. measuring the actual help provided by the members of the community), the perceived support (e.g. subjective evaluation of the supportive exchange, such as satisfaction with social support).

Limitation of the self-reliance of seniors increase with age, and in the period of late old age they become an actual threat. The first difficulties in functioning appear sporadically at the age of 55–59, with one in nine of the people of 60–64 years of age declaring such difficulties, and with one in five people making complaints about them in older groups. It is obvious that the people in the so-called late old age (75 years of age and more) are the most prone to these problems[45].

Research results indicate that nearly half of all Poles (45%) personally know a person who has problems with some of the everyday life tasks, such as attending to their own affairs in government offices, doing shopping, doing housework, preparing meals, getting dressed or taking care of personal hygiene. Furthermore, 7% of the surveyed admit to currently having such difficulties themselves[46].

Entering old age is also the time when numerous anxieties appear. First and foremost the fear of disease and infirmness (71%) and the loss of self-reliance, becoming dependent on other people, and being a burden to others (58%) appear, then the fear of the threats to material standing, and worsening of the standard

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42) P.M. Engl, E.B. Rimm, G. Fitzmaurice, I. Kawachi, *Social Ties and Change in Social Ties in Relation to Subsequent Total and Cause-specific Mortality and Coronary Heart Disease Incidence in Men*, "American Journal of Epidemiology" Vol. 155, Issue 8, pp. 700–709.

43) A. Ostrowska, *Styl życia a zdrowie. Z zagadnień promocji zdrowia*, Warszawa 1999, p. 109.

44) M. Barrera, *Distinctions between social support concepts, measures, and models*, "American Journal" of „Community Psychology" 1986, 14, pp. 413–445, [in:] N. Krause, *Social support*, [in:] R.H. Binstock, L.K. George [eds.], *Handbook of Aging and the Social Sciences*, Academic Press, San Diego – San Francisco – New York – Boston – London – Sydney – Tokyo 2001, p. 27.

45) B. Wciórka, op.cit., p. 2–3.

46) Ibid., p. 1.

of life (41%) are placed. Furthermore, the vision of a lonely life, of losing the family (37%) and – less frequently – suffering and the sense of uselessness (20%) constitute the sources of anxiety among seniors. Relatively few respondents feel anxious because of the uncertainty of who will take care of them when they are old and who and where will live with them (15%)[47].

Research results indicate that having social support is very helpful even in relation to the acceptance of the process of ageing[48]. Furthermore, seniors when included in the lives and activities of supportive social groups enjoy better physical[49] and psychological[50] health and well-being in comparison to those who do not maintain meaningful relationships with others. Social support substantially increases the chances for a longer life[51].

For example, in the research conducted in Augsburg[52] on a study sample of 1,030 men and 957 women aged 55–74 social integration was measured with the use of social relationships index which contained the following variables – presence of a spouse, the number of close friends and relatives, and relationships with close friends and relatives. It has been confirmed empirically that the mortality rate was higher among the men who lived alone in comparison with married men. Low mortality was observed among those with numerous social relationships. The mortality rate of those who did not provide information about their social relationships was similar to that of those who had few social relationships. The results indicate that individuals with few social relationships have a higher mortality rate over a shorter period of time than those who maintain numerous social contacts. Social relationships were presented as an important predictor of the mortality of senior men and women.

In yet another research the relations between the changes in social ties (in 1982–1985) and the further death until 1993 was assessed on the sample rate

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47) Ibid., p. 14.

48) J.W. Rowe, R.L. Kahn, *Successful aging*, New York 1998.

49) H.B. Bosworth, K.W. Schaie, *The relationship and social environment, social networks, and health outcomes in the Seattle Longitudinal Study: Two analytic approach*, "Journal of Gerontology: Psychological Sciences", 1997, 52B, p. 197–205.

50) N. Krause, *Anticipated support, received support, and economic stress among older adults*, "Journal of Gerontology: Psychological Sciences" 1997, 52B, pp. 284–293; L. Fratiglioni, Hui-Xin Wang, K. Ericsson, M. Maytan, B. Winblad, *Influence of social network on occurrence of dementia: a community-based longitudinal study, The Lancet*, Vol. 355, Issue 9212, 15 April 2000, pp. 1315–1319.

51) J. Liang, J.M. Bennett, N.M. Krause, M. Chang, S. Lin, Y.L. Chuang, S. Wo, *Stress, social relationships, and old age mortality in Taiwan*, "Journal of Clinical Epidemiology" 1999, 52, pp. 983–995; T.E. Seeman, L.F. Berkman, F. Kohout, A. Lacroix, R. Glynn, D. Blazer, *Intercommunity variations in the association between social ties and mortality in the elderly*, "Annals of Epidemiology", 1993, 3, pp. 325–335.

52) A. Baumann, B. Filipiak, J. Stieber, H. Löwel, *Family status and social integration as predictors of mortality: a 5-year follow-up study of 55- to 74-year-old men and women in the Augsburg area*, "Gerontol Geriatr". 1998 Jun; 31(3), pp. 184–192.

of 2,575 inhabitants of rural areas aged 65–102[53]. A summary measure of social ties including information about the marital status, number of close friends and relatives, participation in religious practices and membership in groups was constructed. It was confirmed that a low number of social ties is connected with an increase of mortality rate among men as well as women, with the level of social changes presenting the tendency to increase not being related to higher mortality. It was emphasised that continuation of social isolation may constitute a variable more important in relation to the risk of death than the ongoing changes in social ties.

In the research on the study sample of 28,369 American men aged 42–77 that lasted 10 years[54], it was proven that mortality related to accidents and suicides as well as non-oncologic and non-cardiovascular diseases increased substantially among the men with fewer social ties. Furthermore, the socially isolated men had a greater risk of fatal ischemic heart disease, with the increase in the number of friends related to a major (29%) drop in the mortality rate.

It has also been proven that seniors' satisfaction with available social support is connected with an improvement in the perception of their own health[55].

The results of nationwide research in Poland indicate that senior citizens of this country may count first and foremost on the help of their close families (67%) and that of their neighbours (28%). Friends and acquaintances provide support for people of advanced age much less frequently, which may be related to the fact they themselves need help and constitute an increasingly smaller group. However, it needs to be emphasised that seldom does the help come from centres and agencies[56]. It should also be emphasised that 5% of the seniors receive no support whatsoever[57].

Attention is also drawn to the problem of the insufficient system of support for individuals taking care of seniors. According to the Eurofamcare report[58] a complete support system should include, among others, the following elements – training and information, mentoring and counselling, analysis of the needs, financial support, help in organising professional activities and the responsibilities related to care, providing opportunities to take breaks in the care to rest as well as psychological support.

In relation to the forms of help provided for seniors they are first and foremost[59] help in running the household (74%), attending to many important affairs (doctors, offices)

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53) J.R. Cerhan, R.B. Wallace, *Change in social ties and subsequent mortality in rural elders*, "Epidemiology" 1997 Sep; 8(5), pp. 475–481.
54) P.M. Engl, E.B. Rimm, G. Fitzmaurice, I. Kawachi, op.cit.
55) A.M. White, G.S. Philogene, L. Fine, S. Sinha, *Social Support and Self-Reported Health Status of Older Adults in the United States*, "American Journal of Public Health', October 2009, Vol. 99, Issue 10, pp. 1872–1878.
56) B. Wciórka, p. 4.
57) Ibid., introduction.
58) "Trans-EuropeanSurvey Report", Eurofamcare 2006, [za:] *Raport o kapitale intelektualnym…*, op.cit., p. 132.
59) B. Wciórka, op.cit., pp. 5–6.

(69%), accompanying in various situations (68%), taking care during illness (61%), and providing advice on crucial matters (61%). The number of those helping seniors with personal hygiene (29%) and providing them with financial support (17%) is much lower.

The research results are consistent in indicating that the strongest and the most decisive influence on the health and well-being of seniors is the evaluation of the perceived support[60].

Furthermore, the anticipated support[61] and negative interaction[62] have a greater influence on health and the sense of well-being than factors such as received support and the indicators of social rooting. Anticipated support is defined as the belief that those who are perceived as important will receive the necessary help in the future[63]. Negative interaction, in turn, is related to hostile social situations, characterised by criticism, rejection, rivalry, breeching the limits of privacy and lack of empathy[64]. Such issues as ineffective support and insufficiency of support are also within the scope of this construct[65].

N. Krause suggests that anticipated support may serve to balance the negative influence of stress and constitute a greater source of effectiveness in coping on one's own than the help provided by the members of community[66].

The research conducted by Echenrode and Wethington[67] indicates that people most frequently try to solve their own problems themselves. They look for the support of others only when their own sources are ineffective of insufficient[68]. That is why a number of researchers believe treat receiving support is a sign of failure of individual effort to cope with a difficult situation[69].

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60) F.H. Morris, K. Kaniasty, *Received and perceived social support in times of stress: A test of the social support deterioration deterrence model*, "Journal of Personality and Social Psychology", 1996, 71, pp. 498–511.

61) N. Krause, op.cit.; N. Krause, J. Liang & S. Gu, *Financial strain, received support, and anticipated support in the P.R.C.*, "Psychology and Aging", 1998, 13, pp. 58–68.

62) J.F. Finch, M.A. Okun, M. Barrera, A.J. Zautra & J.W. Reich, *Positive and negative social ties among older adults: Measurement models and the prediction of psychological distress and well-being*, "American Journal of Community Psychology", 1989, 17, pp. 585–605; M.A. Okun, V.M. Keith, *Effects of positive and negative social exchanges with various sources of depressive in younger and older adults*, "Journal of Gerontology: Psychological Sciences", 1998, 53B, pp. 4–20.

63) E. Wethington & R.C. Kessler, *Perceived support, received support, and adjustment to stressful life events*, "Journal of Health and Social Behavior" 1986, 27, pp. 78–89.

64) K.S. Rook, *The negative side of social interaction: Impact on psychological wellbeing*, "Journal of Personality and Social Psychology" 1984, 46, pp. 1097–1108.

65) J.C. Coyne, C.B. Wortman& D.R. Lehman, *The other side of support: Emotional overinvolvement and miscarried helping*, [in:] B.H. Gottlieb [red.], *Marshaling social support: Formats, processes, and effects*, CA: Sage, Newbury Park 1988, pp. 305–330.

66) N. Krause, op.cit.

67) J. Eckenrode, E. Wethington, *The process and outcome of mobilizing social support*, [in:] S. Duck [ed.], *Personal relationships and social support*, Newbury Park, CA: Sage 1990, pp. 83–103.

68) E. Wethington & R.C. Kessler, op.cit.

69) J. Eckenrode, E. Wethington, op.cit.

Wethington and Kessler prove[70] that the very awareness that people are ready to provide us with support in the situations that are difficult for us creates a social safety network. It encourages one to take risk and to make attempts at solving one's problems independently. The anticipation of support from others, therefore, increases one's activity, makes it easier to acquire new competences necessary to cope and improves the ones acquired formerly. What is also important is that the experience of a successful confrontation with a difficult situation without the direct help of other people may be crucial in constructing the sense of well-being, because independently completed tasks allow for the increase of self-esteem and self-control[71]. Functioning within the network of mutual social relationships that provides one with the sense of safety through ongoing support may imply the sense of hope[72]. Losing hope is a critical factor, playing a central role in e.g. the aetiology of depressive disorders[73].

Providing sensible support for seniors is not exclusively related to giving them direct help, with completing all the tasks for them completely inadvisable. It is important, if not essential, to make the seniors feel that they can always count on our support in difficult situations and that there are people around them who may potentially provide help. In this way we do not limit the activity of seniors; what is more, who provide them with the sense of security and well-being.

To recapitulate, the most important aims of health promotion in relation to seniors are concentrated in the following areas:

- Maintaining and improving general physical agility – gradual introduction of regular physical exercise once a week for 60 minutes or every day for 15 minutes is advised; increasing the rationality of diet – regular meals – at least five hot meals a week, adjusting the size of meals to the needs of the body, paying attention to the freshness of products and the quality of dishes;
- Maintaining or increasing the general psychological state („training of the brain" through constant education and teaching others, reading, solving crosswords, participation the University of the Third Age, etc.);
- Maintaining and improving self-control over health (taking better care of one's own health);
- Maintaining the satisfactory level or improving the standard of life and hygiene;

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70) E. Wethington & R.C. Kessler, op.cit.

71) J. Rodin, *Control by any Rother name: definitions, concepts, and processes*, [in:] J. Rodin, C. Schooler, K.W. Schaie [eds.], *Self-directedness: cause and effects through the life course*, Hillsdale, NJ: Erlbaum 1990, pp. 1–18.

72) N. Krause, op.cit., p. 275.

73) K.P. Nunn, *Personal hopefulness: a conceptual review of the relevance of the perceived future to psychiatry*, "British Journal of Medical Psychology" 1996, 69, pp. 227–245.

– Fostering the existing social relationships and improving their quality and encouraging the establishing of new social ties (prevention of social isolation, providing social support, actions aimed at preparation for old age and its acceptance, learning to alleviate the difficult issues connected with the process of ageing, changing negative social attitudes towards old age and seniors).

Furthermore, while undertaking actions aimed at seniors one must bear in mind two essential issues. The first one is the prevention of deprivation of seniors. It is, therefore, crucial to take preventive actions related to health problems, low accommodation standard, financial problems, abuse and violence against seniors, etc. The system of care over seniors ought to be adapted to the needs of this social group. The necessity to exchange care in medical centres with care provided at home or in the local communities of seniors is emphasised. Particular significance is attributed to the role of the families of seniors as well as voluntary workers and the third sector, in the broad sense of the term, i.e. non-governmental organisations (associations and foundations). While helping seniors we should support them in being independent and self-reliant as long as possible. That is how we can increase the seniors' self-esteem and their sense of independence.

Furthermore, the actions aimed at seniors ought to be connected with their activation and becoming self-reliant – also in relation to health. Particular emphasis must be put on prolonging the professional and social activity of seniors, voluntary work, creativity and self-help. Activity conditions, therefore, the agility and prowess of an individual – in the physical, psychological, and social context – and determines the quality of life.

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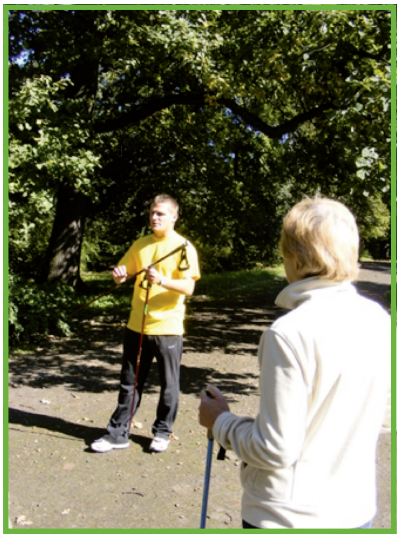
Health education of seniors – photos



Nordic walking exercise

Exercise in the gym

Health education of seniors – photos

Medical examination
before the exercises