

Attitudes towards healthy lifestyle promotion in mass media in the Polish adult population

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Abstract

Background: Healthy lifestyle promotion in mass media is a very important way to diminish cardiovascular diseases morbidity and mortality. Effectiveness of healthy lifestyle promotion can, among others, depend on people's attitudes towards it.

Aim: To characterise the Pole's attitudes towards healthy lifestyle promotion in mass media and identify their socio-demographic predictors.

Methods: A research project consisted of qualitative and quantitative studies. Qualitative research containing 30 individual in-depth interviews was carried out from June 2007 to April 2008. A survey on national Polish sample including 934 adults was conducted in November 2008. In the study there was used the scale to estimate the attitudes towards healthy lifestyle promotion in mass media containing four subscales: appraisal of the idea of healthy lifestyle promotion in mass media (regarding a need of healthy lifestyle promotion in mass media), appraisal of its practice (which means credibility as well as effectiveness manifested in the change of people's behaviour), propensity to receive messages and propensity to avoid messages promoting healthy lifestyle.

Results: Above 71% of Poles is characterised by a positive attitude towards healthy lifestyle promotion in mass media. As much as 87% of people positively evaluate its idea; about 70% have high propensity to receive messages promoting healthy lifestyle and only 21% is characterised by high propensity to avoid them. On the contrary, only 29% of the respondents positively evaluate the practice of healthy lifestyle promotion in mass media. The results of multivariable linear regression analysis show that being a woman and having higher education are the predictors of relatively positive attitude towards healthy lifestyle promotion in mass media while living in the biggest cities and being executives or intellectuals are related to more negative attitude.

Conclusions: Results indicate the need to enhance credibility of messages promoting healthy lifestyle as well as create ones that would better reach men and low-educated people.

Key words: health promotion, lifestyle, attitudes, mass media campaigns, adults

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INTRODUCTION

The relationship between lifestyle, in particular such behaviours as improper diet, smoking and lack of physical activity, with morbidity and mortality due to cardiovascular diseases (CVDs) has been shown in numerous studies, such as, for instance, *Framingham Heart Study*, *INTERHEART Study* or *Nurses Health Study* [1–4]. In view of that, an important instrument to reduce morbidity and premature mortality due to CVDs is health education, taking into consideration, among other things, recommendations of *Polish Forum for Prevention of Cardiovascular Diseases Guidelines* [5–7]. The significant element of this edu-

cation is healthy lifestyle promotion, mainly carried out by medical institutions. It often happens through mass media and takes the form of media campaigns using the social marketing techniques [8, 9]. Additionally, increasing public interest in healthy lifestyle cause that more and more attention is being devoted to this subject by mass media, whereas commercial companies refers to health in order to advertise their products and services. It therefore seems that almost every member of modern society had the chance to face with some symptoms of healthy lifestyle promotion and can be characterised by the particular approach to it: positive or negative [10].

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To reflect the positive or negative approach to the specific subject, social sciences use the term “attitude”. Classical, but still widely applied structural conception of attitude distinguishes three components of attitude: affective-evaluative, cognitive and behavioural. The first one indicates tendency to assess and react emotionally in the specific manner towards the subject of the attitude. The cognitive component involves views and opinions of people about the subject of the attitude, and the behavioural component is defined as the tendency to behave in a specific way towards the subject [11]. The attitude towards healthy lifestyle promotion in mass media may be of significant importance for the effectiveness of educational activities [12, 13]. The positive attitude of the recipients towards healthy lifestyle promotion facilitates the health promoters to get through to them with the information, while the negative constitutes the barrier, which seriously makes this contact difficult or impossible. In spite of significant importance of attitudes for the effectiveness of healthy lifestyle promotion, the lack of research on this subject is noticed. Usually, the particular media campaigns are being assessed and if the researchers attention is already concentrated around the attitudes, then the research mostly concerns the chosen subjects of health education or is realised among particular groups of respondents [14–18]. The research carried out in 2006 in Victoria State, Australia [19] was one of the few that aimed, among others, at defining the attitudes towards the subject similar to healthy lifestyle promotion in mass media. The authors investigated the attitudes of that people towards health promotion, that is the subject defined wider than in the study presented herein. The results of the Australian study show that most of the society gives its approval for spending public money for health promotion and expresses the opinion that health promotion is the effective way to improve the population’s health (91% and 85% respectively). Much lesser part of the society (44%) positively assesses the practical activities of the government in the field of health promotion.

The aim of the study was to characterise the Pole’s attitudes towards healthy lifestyle promotion in mass media and identify their socio-demographic predictors.

METHODS

The multi-stage research project was undertaken to learn about the Pole’s attitudes towards healthy lifestyle promotion in mass media, consisting of qualitative and quantitative studies. The qualitative research contained 30 individual in-depth interviews carried out from June 2007 to April 2008 with people who were not professionally connected with medicine, of different age, level of education and place of living. The main purpose of this part of the project was to gather the comments concerning assessments and emotions, opinions and tendencies to react towards healthy lifestyle promotion in mass media. On this basis it was possible to

Table 1. Socio-demographic characteristic of the respondents (n = 934)

Sex	
Woman	53.2
Man	46.8
Level of education	
Higher education	13.6
Secondary education	33.6
Basic vocational education	25
Primary education	27.8
Socio-occupational category	
Executives and intellectuals	8.2
Low-level non-manual employees	9.7
Semi-manual workers (in shops or servicing stations, postmen, conductors etc.)	7.6
Skilled workers	12
Unskilled workers	3.7
Farmers	5.3
Self-employed	3.7
Pensioners	8.7
Retired persons	20.5
Students	7.4
Unemployed	6.8
Housewives and others	6.6
Place of living	
Village	37.3
City up to 20 thousand inhabitants	13.6
City with 20–100 thousand inhabitants	20
City with 101–500 thousand inhabitants	15.6
City with 501 thousand and more inhabitants	13.5
Per capita household income*	
Up to 500 PLN	27.2
501–750 PLN	22.2
751–1000 PLN	23.3
1001–1500 PLN	14.8
Above 1500 PLN	12.5

* The interest rate calculated on the basis of the respondents who had provided their per capita household income (n = 651); 30.3% of the respondents had not provided their income.

construct the Likert scale used in the quantitative part of the study.

In November 2008 the survey on national sample of adult Poles including 934 men and women was conducted under the quantitative part of the study. The realisation of the survey was carried out by the Public Opinion Research Center (CBOS). The sample consisted of people between the ages of 18 and 87 years (average: 46.12; s = 18.23). Table 1 presents detailed characteristics of the sample.

The survey consisted of questions aimed to investigate whether respondents ever had the chance to face with infor-

Table 2. Descriptive statistics and Cronbach's alpha reliability coefficients calculated for the attitudes towards healthy lifestyle in mass media scale and each of the subscales

	Average*	Standard deviation*	Median*	Cronbach's alpha reliability coefficient
Attitude towards healthy lifestyle promotion in mass media	58.82	16.19	60	0.85
Appraisal of the idea	74.36	19.70	75	0.86
Appraisal of the practice	40.68	20.19	40	0.69
Propensity to receive messages	63.44	24.24	75	0.84
Propensity to avoid messages	33.63	23.96	25	0.76

*To ensure comparability of the results obtained at the different scales, the initial results were converted as follows: the number of points obtained at the initial scale had been multiplied by 100 and the result divided by the maximum possible number of points to obtain for the attitude or given dimension.

mation in mass media on the subject of particular behaviours being the elements of healthy lifestyle, what was the kind of those mass media and the Likert scale to research the attitudes towards healthy lifestyle promotion in mass media. The scale was of 15 statements concerning emotions, assessments, opinions and behavioural tendencies towards messages promoting healthy lifestyle in mass media. The respondents were to give their level of approval to each statement, choosing one of the answers: strongly agree, rather agree, rather disagree, strongly disagree, neither agree nor disagree. The scale consisted of four subscales regarding different dimensions of the attitude. The subscale entitled "appraisal of the idea of healthy lifestyle promotion in mass media" included three statements on the need of healthy lifestyle promotion in mass media; the subscale "appraisal of the practice" — five statements concerning credibility and intentions of the messages providers and the appraisal of healthy lifestyle promotion effectiveness (manifested in the change of recipient's behaviour); the subscale "propensity to receive messages" consisted of three statements relating to a greater or lesser interest in the subject of messages; and the subscale "propensity to avoid messages" — four statements relating to reluctance towards messages. Each respondent's score on the scale to research the attitudes was calculated by summing numerical values assigned to the answers indicating level of agreement with the statements included in the scale. The scores for each of the four subscales regarding different dimensions of the attitude were calculated in the same way. The higher scores indicate more positive attitude, better appraisal of the idea, better appraisal of the practice, greater propensity to receive messages (that is more positive approach), and as regards the last subscale — greater propensity to avoid messages (that is more negative approach). In order to present attitude and its dimensions distributions the scores gained by the study subjects on the scale and each of the subscales were grouped together in four equal categories. To define the strength of the relationship between socio-demographic features and attitudes, the multivariable linear regression analysis with bac-

kward elimination of variables was conducted (probability of F-to-remove: 0.05, probability of F-to-enter: 0.01). The explained variables were as follows: attitude towards healthy lifestyle promotion in mass media and dimensions of this attitude. For each explained variable the regression model (including following independent variables: sex, age, level of education, marital status, socio-occupational category, per capita household income and the size of the place of living) was created. The experience of chronic disease of the respondent or someone from his closest environment and the fact of being professionally connected with medicine of the respondent or someone from his environment was controlled. Dependent variables do not had the normal distribution (scores of the Kolmogorov-Smirnov test for normal distribution: "attitude towards healthy lifestyle promotion in mass media" — 0.06 with $p = 0.00$; "appraisal of the idea" — 0.20 with $p = 0.00$; "appraisal of the practice" — 0.08 with $p = 0.00$; "propensity to avoid messages" — 0.18 with $p = 0.00$; "propensity to receive messages" — 0.19 with $p = 0.00$), therefore had been included to the regression analysis in the form of natural logarithm. The unstandardised regression coefficients b , obtained from the analysis, had been de-logarithmed before interpretation, what resulted in obtaining the $\text{Exp}(b)$ values, interpreted in the same way as the logistic regression coefficients (Table 2).

RESULTS

Contact with messages promoting healthy lifestyle in mass media

In recent years, almost all respondents (96%) faced with the information on at least one of health behaviours they were asking about, which have an impact on health (Fig. 1). Most frequently it was the information about the influence of smoking (90%); the fewest respondents, but still quite a lot, faced with the information about stress (80.2%). Television was the most often indicated source of the above information (95.2%). The least often indicated source of information concerning health behaviours was the internet (37.9%) (Fig. 2).

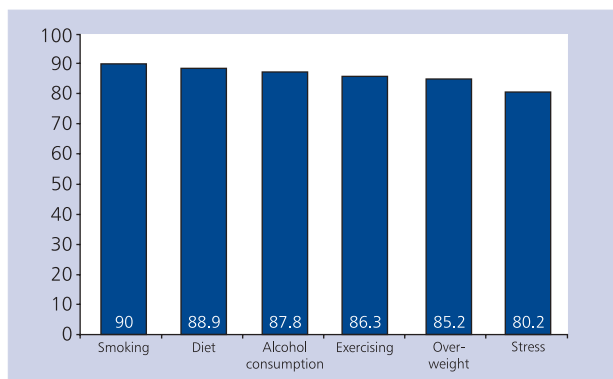


Figure 1. Percentages of respondents who in the last few years faced in mass media with the information on particular health behaviours having the influence on health (n = 934)

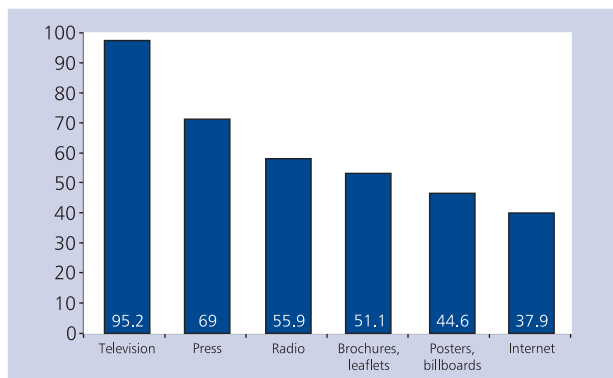


Figure 2. Percentages of respondents who faced with the information on health behaviours having the influence on health in particular mass media (n = 897 — respondents who faced with the information)

Attitudes towards healthy lifestyle promotion in mass media

The majority of Poles is characterised by the positive attitude towards healthy lifestyle promotion in mass media (Fig. 3). Almost three quarters (71.4%) of the respondents shows the positive attitude, while only 13.7% is characterised by the definitely positive attitude. While analysing the particular dimensions of the attitude it had been reported that 86.5% of the respondents positively evaluates the idea of healthy lifestyle promotion in mass media, 69.7% has great tendency to receive messages on the subject of healthy lifestyle in media and 79.5% has small tendency towards avoiding these messages. It is worth paying attention to high percentages of persons who have definitely positive attitude towards the aforesaid aspects of the healthy lifestyle promotion in mass media. These are respectively: 42.2%, 25%, 54.4%. Only one dimension differs from the others in this respect. It is the appraisal of

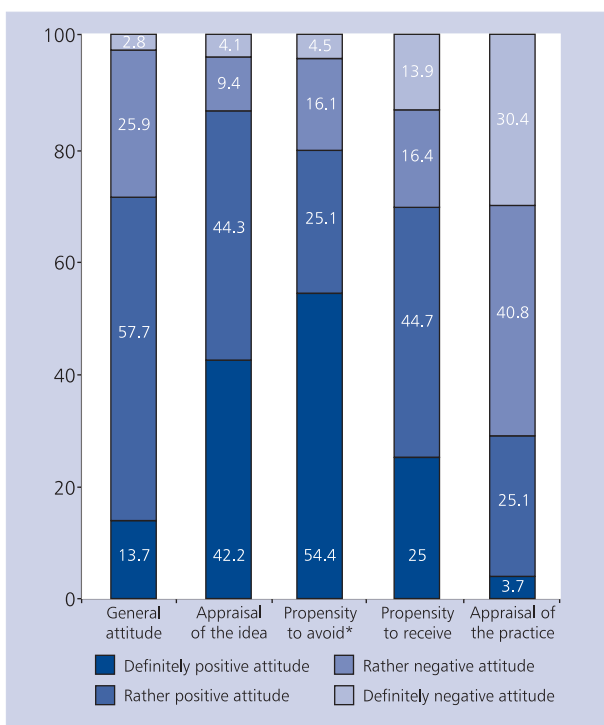


Figure 3. Percentages of respondents who have positive and negative attitudes towards healthy lifestyle promotion in mass media (n = 895); *In case of the each subscale definitely positive attitude means: positive appraisal of the idea and the practice, great tendency to receive messages and low tendency to avoid them. Similarly, negative attitude means: negative appraisal of the idea and the practice, low tendency to receive messages and great tendency to avoid them

the practice of healthy lifestyle promotion in mass media. It turned out that as much as 71.2% of the respondents negatively evaluated that aspect of healthy lifestyle promotion, while 30.4% evaluated it definitely negatively. Only 4% of the respondents evaluated the practice of healthy lifestyle promotion definitely positively.

Socio-demographic predictors of the attitudes towards healthy lifestyle promotion in mass media

The outcomes of the multivariable linear regression analysis allowed to identify attitude predictors towards healthy lifestyle promotion in mass media and its dimensions among the socio-demographic features (Table 3). With the control of other variables, most prominent turned out to be the relationship between the attitude and sex. Being a woman increases more positive attitude towards healthy lifestyle promotion in mass media (Exp(b) = 1.107; p ≤ 0.01), as well as better appraisal of its practice (Exp(b) = 1.088; p ≤ 0.05), greater tendency to receive messages (Exp(b) = 1.189; p ≤ 0.01), and also lesser to avoid them (Exp(b) = 0.838;

Table 3. Socio-demographic predictors of the attitudes towards healthy lifestyle promotion in mass media (the results of the multivariable linear regression analysis)

	Regression coefficient b	Significance	Exp(b)	Corrected R ²
Attitude towards healthy lifestyle promotion in mass media				
Sex (1-M, 2-F)	0.102	0.000	1.107	
Education — higher*	0.106	0.010	1.112	0.057
Socio-occupational category** — executives and intellectuals	-0.112	0.029	0.894	
Place of living*** — city over 500 thousand inhabitants	-0.114	0.001	0.893	
Appraisal of the idea				
Age	0.001	0.011	1.001	0.015
Socio-occupational category** — unemployed	0.107	0.010	1.113	
Appraisal of the practice				
Sex (1-M, 2-F)	0.084	0.028	1.088	
Socio-occupational category** — semi-manual workers	-0.185	0.008	0.831	0.031
Socio-occupational category** — housewives	0.197	0.010	1.218	
Propensity to receive messages				
Sex (1-M, 2-F)	0.173	0.000	1.189	
Education — higher*	0.089	0.046	1.093	
Socio-occupational category** — unemployed	0.168	0.006	1.183	0.081
Place of living*** — city over 500 thousand inhabitants	-0.229	0.000	0.795	
Marital status**** — divorced	-0.137	0.045	0.872	
Propensity to avoid messages				
Sex (1-M, 2-F)	-0.177	0.000	0.838	0.038

Table 3 shows only these explained variables which are in a statistically significant way connected with the attitude or its dimensions; M — male; F — female; *ref. cat. — primary education; **ref. cat. — worker; ***ref. cat. — village; ****ref. cat. — single

$p \leq 0.01$). Age turned out to be positively related to only one dimension of the attitude — with the appraisal of the idea of healthy lifestyle promotion in media ($\text{Exp}(b) = 1.001$; $p \leq 0.05$). Next, the higher education is correlated with more positive attitude ($\text{Exp}(b) = 1.112$; $p \leq 0.01$) and greater tendency to receive messages ($\text{Exp}(b) = 1.093$; $p \leq 0.05$). Membership to executives or intellectuals increases negative attitude towards healthy lifestyle promotion in media ($\text{Exp}(b) = 0.894$; $p \leq 0.05$), while being a semi-manual worker is related to the lesser appraisal of the practice ($\text{Exp}(b) = 0.831$; $p \leq 0.01$). Being a housewife is connected with more positive attitude to the practice of the healthy lifestyle promotion in media ($\text{Exp}(b) = 1.218$; $p \leq 0.01$), and being an unemployed — better appraisal of the idea of these activities ($\text{Exp}(b) = 1.113$; $p \leq 0.01$), and better tendency to receive messages promoting healthy lifestyle ($\text{Exp}(b) = 1.183$; $p \leq 0.01$). Living in the cities with the number of citizens exceeding 500 thousand is connected with more negative attitude ($\text{Exp}(b) = 0.893$; $p \leq 0.01$) and lesser tendency to receive messages ($\text{Exp}(b) = 0.795$; $p \leq 0.01$).

DISCUSSION

The research on the attitudes towards healthy lifestyle promotion in mass media enabled to gain the knowledge about how those activities are perceived by the society and what characteristic features of the recipients have the impact on these attitudes.

The above-mentioned Australian study [19] and the study herein both lead to similar conclusions. The idea of activities promoting health is evaluated very well in both, whereas the practice much worse. Lack of clear information on who is standing behind the messages provided by health promoters can be one of the reasons that appraisal of the practice by Polish society (that is effectiveness and credibility of these activities) is low. According to studies, perceiving the provider of the message as the subject interested in achieving his own benefits has the adverse influence on credibility as well as efficiency of the message [20], whereas the results of the survey not presented in this study show that commercial entities are most frequently perceived as providers of media messages promoting healthy lifestyle. Moreover, the results of the

qualitative study carried out within the scope of the research project presented herein demonstrate that some people do not distinguish the campaigns of commercial character from messages transmitted as part of the programs produced by the public institutions. All this may cause that unfavorable attitudes of some people towards advertisements may transfer to messages promoting healthy lifestyle. Apart from that, the low level of social trust, characteristic of Polish Society may have the negative impact on the evaluation of messages providers intentions [21].

It is worth mentioning that low level of the appraisal of the practice by the recipients do not have to indicate that educational activities are really ineffective. Media campaigns carried out in Poland in recent years turned out to be successful, that is having beneficial influence on state of knowledge and health behaviours [8]. Furthermore, the comparison of the results of surveys carried out in longer periods of time shows that people's behaviours are changing towards more beneficial for health [22], what in a large extent is the effect of longstanding cumulative educational activities.

The positive impact on the effectiveness of the healthy lifestyle promotion in mass media may have observed in the presented study considerable tendency towards receiving and low tendency towards avoiding messages promoting healthy lifestyle. This indicates on significant predispositions of individuals to receive messages regarding this subject accidentally, what is a very substantial result, as the majority of people obtains the information on health behaviours incidentally (not searching for them intentionally) [23].

The results of the presented study indicate that male gender and lack of higher education are the factors that make it difficult to reach with the messages promoting healthy lifestyle. Relatively more positive attitudes of the housewives and unemployed and more negative of those holding high-status positions and inhabitants of the biggest cities suggest that the obstacle in receiving messages might be the fast pace of life, being the characteristic feature of the latter.

The results of the study herein might be interesting for cardiologists, who due to increased attention towards the relation between lifestyle and the aetiology of CVDs, are more often engaged in health campaigns focused on people's behaviours. The examples of such campaigns are POLKARD Media programme "Remember about heart", coordinated by Institute of Cardiology in Warsaw in partnership with the Polish Cardiac Society, Polish 400 Cities Project and International "Quit & Win" Anti-Nicotine Campaign [8]. Moreover, healthy lifestyle promoting plays an increasingly important role in the activity of the cardiac scientific societies in Poland and throughout the world [www.ptkardio.pl; www.heart.org/HEARTORG/], what can be illustrated by World Heart Day, celebrated every year in several dozen countries, including Poland. Knowledge about the attitudes in Polish society towards healthy lifestyle promotion in mass media may be helpful in better

adapting media campaigns to expectations and needs of the recipients.

CONCLUSIONS

The results of the presented study show that the attitude of Polish people towards healthy lifestyle promotion in mass media is relatively positive. Attitudes specified as rather positive and definitely positive are dominating against negative ones. The highest percentage of respondents positively evaluates the idea, while the lowest the practice of healthy lifestyle promotion in media. The important fact for the effectiveness of this promotion is that the vast majority of recipients shows great tendency towards receiving messages on this subject and small to avoid them.

The outcomes of the study suggest that the attitudes towards healthy lifestyle promotion in media, and therefore the odds of receiving messages are connected with some socio-demographic features of the recipients. Being a woman, having higher education, being a housewife or unemployed is connected with more positive attitude, whereas membership to executives or intellectuals, being a semi-manual worker and living in the cities with the number of citizens exceeding 500 thousand — with more negative.

The results of the study indicate the need for increased credibility of messages promoting healthy lifestyle in mass media through emphasizing their non-commercial character and creating messages that would better reach men and low-educated people. These categories are characterised not only with negative attitudes towards healthy lifestyle promotion in media but also, as shows the research, greater spread of behavioural risk factors for CVDs [22, 24].

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Postawy Polaków wobec promowania zdrowego stylu życia w środkach masowego przekazu

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Streszczenie

Wstęp: Ważnym środkiem prowadzącym do ograniczenia zachorowalności i umieralności z powodu chorób układu sercowo-naczyniowego w społeczeństwie jest edukacja zdrowotna skoncentrowana na zdrowym stylu życia, który obejmuje m.in.: właściwy sposób odżywiania się, niepalenie tytoniu, aktywność fizyczną. Tematyka zdrowego stylu życia zajmuje coraz więcej miejsca także w mediach, a firmy coraz chętniej z niej korzystają w celu zareklamowania różnych towarów i usług. W konsekwencji niemal każdy zetknął się z jakimiś komunikatami o zdrowym stylu życia i ma w stosunku do nich jakąś postawę: pozytywną lub negatywną, która może być istotnym czynnikiem wpływającym na odbiór komunikatu.

Cel: Celem prezentowanej analizy jest scharakteryzowanie postaw społeczeństwa polskiego wobec promowania zdrowego stylu życia w środkach masowego przekazu i określenie ich społeczno-demograficznych uwarunkowań.

Metody: Przeprowadzono wieloetapowy projekt badawczy składający się z części jakościowej i ilościowej. Pierwszą część stanowiło 30 wywiadów pogłębionych przeprowadzonych od czerwca 2007 do kwietnia 2008 r. z osobami w różnym wieku, niezwiązanymi profesjonalnie z medycyną, o różnym statusie społeczno-ekonomicznym i miejscu zamieszkania. W części ilościowej zrealizowano badanie metodą wywiadu kwestionariuszowego w listopadzie 2008 r. na ogólnopolskiej próbie reprezentatywnej 934 kobiet i mężczyzn w wieku ≥ 18 lat. W celu zbadania postaw wobec promowania zdrowego stylu życia w mediach (PZSŻM) w kwestionariuszu umieszczono skonstruowaną specjalnie na potrzeby tego badania skalę Likerta, na którą składają się następujące podskale: ocena idei PZSŻM (dotycząca potrzeby PZSŻM), ocena praktyki (odnosząca się do wiarygodności i intencji nadawców komunikatów oraz oceny skuteczności przejawiającej się w zmianie zachowań adresatów), skłonność do odbierania komunikatów medialnych promujących zdrowy styl życia (dotycząca zainteresowania tematyką komunikatów) i skłonność do unikania tych komunikatów (odnosząca się do oporu wobec komunikatów). W celu określenia społeczno-demograficznych uwarunkowań postaw zastosowano wieloczynnikową analizę regresji liniowej.

Wyniki: Niemal wszyscy badani (96%) w ciągu ostatnich kilku lat zetknęli się w mediach z informacjami na temat wpływu na zdrowie przynajmniej jednego z zachowań zdrowotnych wymienionych w kwestionariuszu. Najczęściej wskazywanym źródłem tej wiedzy była telewizja (95,2%), a najrzadziej internet (37,9%). Prawie 3/4 (71,4%) badanych cechuje pozytywna postawa wobec PZSŻM. Analiza poszczególnych wymiarów postawy wskazuje, że 86,5% osób pozytywnie ocenia ideę PZSŻM, 69,7% ma dużą skłonność do odbierania komunikatów na temat zdrowego stylu życia w mediach, a 79,5% ma małą skłonność do unikania komunikatów. Tylko jeden wymiar różni się pod tym względem od pozostałych. Okazało się, że aż 71,2% badanych negatywnie ocenia praktykę PZSŻM. Wyniki wieloczynnikowej analizy regresji liniowej pozwoliły na zidentyfikowanie predyktorów postawy wobec PZSŻM i jej wymiarów wśród cech społeczno-demograficznych. Przy kontroli innych zmiennych najbardziej wyraźne okazały się związki postawy z płcią. Bycie kobietą sprzyja zarówno bardziej pozytywnej postawie wobec PZSŻM ($\text{Exp}(b) = 1,107$; $p \leq 0,01$), jak i lepszej ocenie praktyki PZSŻM ($\text{Exp}(b) = 1,088$; $p \leq 0,05$), większej skłonności do odbierania komunikatów ($\text{Exp}(b) = 1,189$; $p \leq 0,01$) oraz mniejszej do ich unikania ($\text{Exp}(b) = 0,838$; $p \leq 0,01$). Wiek pozytywnie wiązał się jedynie z oceną idei PZSŻM ($\text{Exp}(b) = 1,001$; $p \leq 0,05$). Z kolei wyższe wykształcenie jest związane z bardziej pozytywną postawą ($\text{Exp}(b) = 1,112$; $p \leq 0,01$) i większą skłonnością do odbierania komunikatów ($\text{Exp}(b) = 1,093$; $p \leq 0,05$). Przynależność do kadry kierowniczej lub inteligencji sprzyja negatywnej postawie wobec PZSŻM ($\text{Exp}(b) = 0,894$; $p \leq 0,05$), a praca fizyczno-umysłowa wiąże się z niższą oceną praktyki ($\text{Exp}(b) = 0,831$; $p \leq 0,01$). Natomiast bycie gospodynią domową sprzyja bardziej pozytywnemu stosunkowi do praktyki PZSŻM ($\text{Exp}(b) = 1,218$; $p \leq 0,01$), a bycie bezrobotnym — lepszej ocenie idei PZSŻM ($\text{Exp}(b) = 1,113$; $p \leq 0,01$), a także większej skłonności do odbierania komunikatów PZSŻM ($\text{Exp}(b) = 1,183$; $p \leq 0,01$). Negatywnie na postawę wobec PZSŻM wpływa mieszkanie w miastach o liczbie ludności przekraczającej 500 tysięcy i jest związane z bardziej negatywną postawą ($\text{Exp}(b) = 0,893$; $p \leq 0,01$) oraz mniejszą skłonnością do odbierania komunikatów ($\text{Exp}(b) = 0,795$; $p \leq 0,01$).

Wnioski: Wyniki badania wskazują na potrzebę zwiększenia wiarygodności komunikatów PZSŻM oraz tworzenia przekazów w taki sposób, aby trafiały w większym stopniu do mężczyzn oraz do osób gorzej wykształconych. Kategorie te cechują się bowiem nie tylko bardziej negatywnymi postawami wobec PZSŻM, ale i większym rozpowszechnieniem behawioralnych czynników ryzyka chorób układu sercowo-naczyniowego.

Słowa kluczowe: promocja zdrowia, styl życia, postawy, kampanie medialne, dorośli

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