

TABLE OF CONTENT

INTRODUCTION.....	3
CHAPTER I	
SIGNIFICIANCE OF PHYSICAL ACTIVITY AND ITS IMPACT ON HUMAN’S PSYCHO – SOCIAL HEALTH – LITERATURE REVIEW.....	7
1.1 Physical activity as a key element of physical health.....	8
1.2 Social activity with respect to mental health.....	13
1.3 Threats due to lack of physical activity among senior citizens.....	16
1.4 The existing state of knowledge concerning physical activity of generation 50+.....	18
1.5 Selected health - promoting programs for seniors.....	25
1.6 The concept of health tourism for seniors.....	28
1.7 Psycho – social barriers among seniors – subjective and objective aspects.....	33
CHAPTER II	
CONCEPT OF PHYSICAL ACTIVITY IN ASPECT OF ACTIVE LEISURE TIME FOR SENIORS – ON THE BASE OF AUTHOR’S OBSERVATION.....	44
2.1 Senior Clubs.....	47
2.2 Self-help organizations.....	49
2.3 Social associations.....	51
2.4 Volunteering.....	52
2.5 The Program of Physical Recreation for Older People.....	53
2.6 Universities of The Third Age.....	56
2.7 Offers addressed to senior citizens in Poland and other selected countries: Comparative Analysis..	59

CHAPTER III

METHODOLOGY OF RESEARCH.....65

3.1 Research subject and objectives66

3.2 Research problems and hypotheses69

3.3 Research methods, techniques and tools.74

3.4 Description of the area of research covering the population surveyed.....76

CHAPTER IV

**PHYSICAL ACTIVITY AS A KEY PART OF PSYCHO-SOCIAL HEALTH AT
GENERATION 50+ WITH PARTICULAR REGARD TO THE SUBJECTIVE AND
OBJECTIVE BARRIERS – ANALYZE OF RESEARCH RESULTS AND
DISCUSSION.....80**

CONCLUSIONS.....129

REFERENCES.....133

ANNEXES.....157

INTRODUCTION

Within recent decades rapid development of medical knowledge and the accompanying significant improvement in living conditions contributed to significant extension of the average length of human life. As a result, older people account for an increasing proportion of the population in West Europe and Poland. Aging process is primarily associated with numerous health consequences and biological changes occurring in the human body. Characteristic for this process all transformations have an impact on the psychological dimension of the individual's life, their self-acceptance and well-being. Also carry a huge load of symbolic, which determines the position of the elderly within the community and defines their social identity.¹ The area of socio-cultural life of the elderly creates external environment, including: care services and support, cultural institutions, objects that promote healthy lifestyles at the residence, but also the internal environment of the human being: his philosophy of life, preferred values, attitude to own old age, implemented a model of life, leisure time activities and social contacts.²

Physical activity is one of the most important elements affecting human health. Moreover, from the point of view of social satisfaction it is one of the basic values in the life of each human being. Physical activity, regardless of age gives a sense of satisfaction and maintains the efficiency of life among older people. Its absence can cause loss of approval from the environment and loneliness, worsening mood and health as well as social isolation. Among the determinants of life satisfaction, even in late adulthood, positive emotions play important role.³ Factors affecting the quality of life during this age are not limited only to functioning of the emotional, social and intellectual life, but they also give satisfaction, health perceptions, vitality and energy. Model quality of life by Laton takes into account the welfare of the psychological and behavioral competencies such as health and mobility. Emotional and physical well-being are regarded as important indicators of subjective quality of life.⁴

Physical activity in the elderly may therefore can cause improvement in the quality of life for at least a few ways. It contributes both to the improvement of objective physical health, as well as self-esteem, improvement in physical well-being, increase in vigor and

¹ A. Dziuban, *Spoleczny obraz starosci i postrzeganie wlasnego ciala w procesie starzenia sie. Przegląd piśmiennictwa, Gerontologia Polska Via Medica*, tom 18, number 3, 2010, p.1.

² *Streszczenia o tematyce spolecznej, XI Zjazd Naukowy PTG*, 10–12 grudnia, Warszawa, Gerontologia Polska Via Medica, tom 17, number 4, 2009, p.151.

³ A. Głębocka, M. Szarzyńska, *Wsparcie spoleczne a jakość życia ludzi starszych*, Gerontologia Polska, 2005, p. 255–259.

⁴ K. Baumann, *Jakość życia w okresie późnej dorosłości — dyskurs teoretyczny*, Gerontologia Polska, 2006, p. 165–171.

man's vitality. Finally it influences the psychological sphere, bringing clear benefits, especially in the emotional sphere, as improve mood, reduce the level of anxiety and depression.⁵ Author of thesis is particularly focused on psycho – social positive consequences of physical activity and active leisure among generation 50+.

On the base of observation physical activity of older people in Poland is not at the highest level, which can be caused by many factors such as health status, lifestyle adopted in previous periods of life, and at present it continues with the lack of awareness concerning physical activity as one of the most important elements in human life. There is strong need to support the elderly with participation in physical activity. Institutions and establishments operating in the health, cultural and educational area have significant meaning in seniors' social life, what will be one of hypothesis in this thesis. Lengthening the time of human life, and thus - increasing the number of the elderly compels researchers to new, more comprehensive approach to the problems of aging and age. Comprehensive analysis of the process based on interdisciplinary research in biology, medicine, pedagogy, psychology or sociology give opportunity to keep the body in good shape until the late years of human life.

Definitely, particularly important role in maintaining psycho – social and physical health among older people plays physical activity, what is studied by author of the thesis. Physical activity, appropriately dosed, can reduce the impact of most of the factors accelerating the aging process. Improvement of mind at old age through process of aware education can make older people feel younger and at the same time much more efficient. There are various facilities such as for example Universities of the Third Age, which will be discussed in thesis, which are currently very popular, institutionalized form of education of the elderly, aiming to preserve and develop their intellectual ability. These not only complement and update their knowledge in various fields, but also stimulate the elderly to creative and physical activities.

The main purpose of the thesis is to analyze the current state of selected health facilities that contribute to the promotion of physical activity and healthy lifestyle among the generation 50+. In modern times, characterized by dynamic development in all areas of life, the pattern of seniors' life has been changing. Currently, retirees are very often people educated, ambitious, with arousing interests and needs for new life experiences. Their fields

⁵ M. Guskowska, A. Kozdroń, *Wpływ ćwiczeń fizycznych na stany emocjonalne kobiet w starszym wieku*, Gerontologia Polska, Via Medica, tom 17, number 2,2009, p.71.

of interests are not only home duties, but also self - education, active leisure in form of social, cultural and tourist participation. Moreover, some forms of recreational sports were discussed in process of author's research.

Unfortunately, modern civilization leads to reduction of physical activity, as well as physical effort to minimum. Lifestyle has become the cause of many diseases of civilization. These include: neurosis, hypertension, cardiovascular disease, atherosclerosis, cancer, allergies, and musculoskeletal diseases. In Poland generation 50+ in big percentage is unaware of positive benefits of regular physical exercises.

Physical activity may be one of the best ways to improve the health of society in author's opinion. It is this form of recreation, which most effectively reduces the negative effects of the current living conditions, contributing to improved health in general. Physical activity, including tourism and recreation plays an important role in social life, because it helps to keep relationships alive and to develop the narrative dimension of place, thus generating new identities. Especially older generation ought to be involved in widely comprehended integration through sport and active leisure, what is studied by author. There is a substantial body of evidence on the health benefits of regular physical activity in general. In view of the increasing ageing of many populations, physical activity and sport participation is of particular importance in older adults to maintain functional capacity, prevent falls and to maintain social networks which also may have positive effects on health. However, the Euro barometer 2009 shows that two thirds of the seniors between 55-69 years of age and about three quarters of those over 70 only seldom or never participate in sport or exercise.⁶

In summary, physical activity is an integral component of complete and total development of human personality, and is now considered to be an integral part of the general long life education. Wide range of options for physical activity gives an opportunity to all social groups – generation 50+ in author's research interests. Physical activity and active leisure has also significant importance as a form of prevention and therapy, what is also confirmed in process of author's individual research.

⁶ *Work Programme 2013/14* of HEPA EUROPE European network for the promotion of health-enhancing physical activity, World Health Organization – regional office for Europe.

CHAPTER

I

SIGNIFICANCE OF PHYSICAL ACTIVITY AND ITS IMPACT ON HUMAN'S PSYCHO – SOCIAL HEALTH – LITERATURE REVIEW

1.1. Physical activity as a key element of physical health

Physical activity has become a remarkably popular subject over the past few years. Physical activity is talked about on a daily basis, heard about on TV, read about in newspapers or on web blogs. Books on physical activity and original programmes carried out by coaches and dieticians are becoming increasingly popular. A healthy, active lifestyle and accompanying exercises combined with an appropriate diet have spread over the world. This phenomenon, which attracts increasing numbers of stakeholders, can be seen every day. Importantly, a healthy lifestyle and the exercises suggested by specialists are aimed at different age groups. This is a positive phenomenon, given the demographic situation in Poland. The ageing society and, consequently, increasing numbers of senior citizens mean that they must remain active for as long as possible.

The ageing process is unavoidable. The number of old-aged people has been growing in recent years.⁷ Medical developments lengthen life expectancy, and the dominant population group is that of people 50+. World Health Organization's research shows that by 2050, 25% of the European population will be over 65 years. In 2050, one in ten citizens of the United Kingdom, Germany or Spain will be over 80.

Elderly people's physical activity is an extremely important factor that determines the quality of their life. A sedentary, overfed and stimulated lifestyle contributes to the ageing process and to the development of a variety of diseases. It is important that senior citizens' physical activity becomes a stimulus for a better quality of their life. According to Józef Drabik physical activity is a key and integral component of a healthy lifestyle. No strategy whatsoever for maintaining and improving health or - in children - for normal development is possible without physical activity. Its absence is a key and independent risk factor for cardiovascular diseases.

For the purpose of this thesis, the most useful definition is that by Iwona Kielbasiewicz-Drozdowska, who believes that physical activity is essential for humans in

⁷ A. Grzanka-Tykwińska, K. Kędziora-Kornatowska, 2010, *Znaczenie wybranych form aktywności w życiu osób w wieku podeszłym*, Gerontologia Polska, t. 18, number 1, p. 29-32.

each stage of their lives and in each age group. The importance of physical activity changes and evolves with age, but it always remains one of the major factors conditioning the field of health. Adam A. Zych holds a view that physical activity of old people is a stimulus for their fitness in general, enabling them to achieve their goals and helping them socialize with others. It is a prerequisite for continuing education and allows for a generally good adaptation to the environment. Referring to the authors of the above titles, one can see that physical activity is a term that poses a problem when it comes to phrasing a universal definition as the relevant field is too vast. A common denominator can be however found for those definitions, and on this basis, it can be concluded that physical activity is an indispensable element of everybody's life, one that ensures health and happiness.

According to the World Health Organization, health is a state of complete physical, mental and social well-being and not merely the absence of disease and infirmity.

Janina Woynarowska phrases the definition of health as follows: "A healthy person is one who harmoniously develops in physical and mental terms and adapts well to the surrounding social environment. Such a person fully develops his or her physical and mental capabilities and can adapt to environmental changes if these do not go beyond the normal limits, and makes a contribution to the propitiousness of societies according to his or her possibilities and capabilities".

J. Bielski and E. Blada submit that a human body can also be considered healthy only when all its cells function in harmony with each other or when each organ in the body harmonizes with the other organs in the same body. Depending on the situation, individuals can understand health differently. To some people, health is regular physical activity and a good diet which contribute to the absence of any physical diseases whatsoever, while to others, health means being happy and keeping their inner balance. In order to actually achieve the best of health, one should equally care for one's physical and mental health. An appropriately shaped lifestyle is a key element in winning the fight against the disease or in preventing it.

Physical activity can be started at any age without the fear that it will bring no benefits. It is said that fitness activity is what best favours a longer and better old age. Even the least effort has a positive impact on the human body. A regular 20-minute walk can reduce the infarction risk by as much as 30%. Everyday activities like shopping, walking up and down the stairs or walking the dog slows down the ageing process. Active physical exercises

have a positive impact on the cardiovascular system function, oxygen efficiency and cholesterol reduction. The body maintains a constant temperature, the risk of developing type 2 diabetes or obesity diminishes. The senior's immunity and protection against motor system ailments also increase.

It follows from these considerations that physical activity is an essential factor in maintaining health. It involves many benefits that ensure normal functioning in everyday life. Physical activity should be practised from an early age in order to reduce the possibility of developing diseases indirectly as well as directly, as a consequence of the lack of physical activity. People can experience the positive effects of their physical activity even when they start practising it at the age of 50 and over. It is important that every person, and in particular senior citizens treat physical activity not only as a form of entertainment but, first of all, as a way to maintain health and the major factor in enjoying life for as long as possible.

Physical activity has a distinctive influence on the time length of a person's self-reliance and independence. With appropriately selected and regular physical activity, a human body can significantly enhance its physical fitness and improve the quality of old age. Self-reliance and independence are extremely important aspects for everybody. It is important that a sedentary, overfed and stimulated lifestyle be avoided as it accelerates the ageing process.⁸ When people feel well, they give up their all fitness activities. „Paradoxically, the better we feel, the less time we devote to physical activity. The choice of action is up to us. Will we prevent diseases? Or cure them?” Preventive measures are extremely important. Prevention is more effective and requires a smaller financial contribution. Prophylaxis is not easy. It forces people to lead a regular lifestyle and to implement certain behaviours and measures which, as a rule, pose a problem.⁹

Tomasz Greczner distinguishes several major types of physical exercises that can significantly improve the functioning of the body. The exercises are aimed at people over 50 years of age. The first type covers aerobic exercises that lead to quickened breath and increased heart rate. As a result, the body produces more oxygenated blood. That blood gets to muscles and organs, providing better oxygenation of the body. Aerobic training reduces the risk of cardiac infarction, of developing coronary artery disease, reduces excessive cholesterol

⁸ E. Kozdroń, A. Leś, 2014, *Aktywność dla zdrowia - Prosty lek*, Krajowe Zrzeszenie Ludowe Zespoły Sportowe, Warszawa, p.17-19.

⁹ Ibidem

and improves short-term memory. Examples of aerobic exercises include jogging, speed walking, swimming, biking as well as everyday activities like, for example, cleaning. The second type of exercises includes resistance exercises which contribute to the increase of muscle mass. Muscles in people aged around 30 make up 45% of the body weight, while in those over 70, they make up a mere 27%. Muscular atrophy progresses with age, at a rate of ca. 1% per year. Regular exercises, for example training with a load, can increase muscle power in elderly people by 25%-100%. By practising regular exercises, seniors can also reduce the risk of osteoporosis or accelerate the metabolism. The third type of exercises includes isometric exercises that help strengthen different parts of muscles and improve their endurance. Exercises are done correctly when the muscle is stretched but its length is not changed. During the muscular contraction, the joints should remain motionless. Tomasz Greczner also distinguishes isotonic exercises that have a positive impact on the circulatory system, improve the joint elasticity and stretch ligaments. This type of exercises includes press-ups, deep knee bends, lifting light dumbbells or lifting weights with a small load. Among essential exercises there are also flexibility exercises, or stretching. Such exercises are important in old age because they increase the range of joint mobility, thus leading to an improved posture. Thanks to the exercises, the risk of injuries and spinal problems is reduced. It is recommended to warm up before starting any of those exercises. Aerobic training and muscle power strengthening should be finished with stretching exercises for the whole body. Fitness improving exercises that improve joint mobility should be done by seniors every day for 5-10 minutes. Weight exercises involving large parts of muscles should be done at least twice a week for 20 minutes, whereas aerobic exercises - at least twice a week for 30 minutes.¹⁰ Attention should be drawn to the fact that the selection of appropriate training for a senior is no simple task. What matters is the elderly person's experience with physical effort.¹¹ Negative symptoms during physical activity are not always apparent at once. The body of an elderly person is more sensitive to various types of activity. The selection of an appropriate dose of physical activity and the type of exercises should be consulted with a physician or a fitness instructor. The safest solution for a senior is to start regular activity under the tutelage of an instructor who will help the senior select the right set of exercises with his or her diseases, motivation and abilities taken into account.¹²

¹⁰ Ibidem, p. 21.

¹¹ Ibidem.

¹² Ibidem.

Any fitness activity has a positive impact on health. Not every senior has easy access to the institution or his or her financial situation does not permit them to take up physical activity under a professional's tutelage. There are many forms of exercises, so seniors can choose anything that suits them. Seniors can do the exercises in the privacy of their homes or in the fresh air. It is important that elderly people be aware of that even the least physical activity like walking or walking up and down the stairs has real benefits.

1.2 Social activity with respect to mental health

Many people, the Polish society in particular, are not aware of that social activity is an extremely important factor in everyday life. It is believed that a happy person is one who owns a multitude of material goods, is young and healthy. A small part of the society realizes to what extent human relationships or all kinds of away-from-home activities away may positively affect human mentality. Changing the thinking habits and realizing how much social activity is important is the first step to achieve the best of mental health.

Positive emotions are an inherent element of a good quality of life in advanced age. The physical and psychical state can be considered as a measurement for subjective quality of life. Elderly people are more emotionally stable than people below 50 years of age are. Senior citizens turn out to be less prone to depressions or anxiety states. They more rarely have a sense of guilt, shame or embarrassment. They also have a tendency to hide and control their negative emotions like anger, sadness, disgust or shame. The degree of anxiety eases over the years but this does not mean that negative emotions are not experienced any more. About 2% of senior citizens over 65 have gone through various anxiety states.

The main source of such states is the seniors' fear for their material resources, their relatives' quality of life, disability or dependence on others. The most common mental disorder among elderly people is depression, even though the incidence of depression symptom complaints decreases with age. Functional impairment, physical disease, development of somatic diseases (diabetes, cardiovascular disease) contribute to the development of depression. The partner's death or lack of financial means may also be the triggering factors. Participation in public life is an important factor that gives rise to an improvement in the mental state. Membership of various non-governmental organizations, active participation in political life, charitable activities, use of somebody's aid, meeting friends or practising physical activity improve senior's quality of life. According to the report by the Institute for the Development of Social Services, the lowest prevalence of involvement in social life was found among elderly people. To some senior citizens, the local environment is the only one in which they can function when retired.¹³

¹³ Institute for the Development of Social Services, 2010, p.43.

There are three types of elderly people's activity: The formal type is characterized by senior citizens' various kinds of activity in social associations or in voluntary service, and the non-formal type covers meetings or contact with family and friends. Whereas, the third type refers to people who lead a reclusive life, that is, they spend time listening to the radio, reading or cultivating their interests.

The most frequent form of elderly people's social activity is participation in the activities organized by Universities of the Third Age, what will be discussed in thesis. The Universities offer a wide range of activities - not merely the educational ones. UTA provide opportunities to establish contacts, cultivate interests and acquire practical skills. UTA's offers continue to expand and elderly people can indulge their passions, take part in various events and stay in contact with not only their peers but also with young people. Thanks to UTA, senior citizens can experience joy, acceptance and dream fulfilment to a greater or lesser degree¹⁴. Voluntary service is another example of social activity that gives meaning to elderly people's lives. Elderly volunteers are very committed to even small activities. Voluntary service helps elderly people acquire new skills and develop closer relationships with others. This type of social activity is an extremely important aspect for the normal ageing process. Thanks to the voluntary service, elderly people who have gone through the death of a close family member or have retired, can feel useful again and acknowledged, and can fill their spare time with useful activities.¹⁵

The role of organizations representing the interests and needs of elderly people in enhancing their social activity is very important. Public participation helps seniors re-acquire the ability to develop ties of friendship and to cooperate with others, and teaches them how to work in groups or how to collectively solve problems. An example of social participation is involvement in the Commune Council of Seniors. Seniors' involvement in the local community's life is the factor that makes them feel useful and feel that their opinions still count and are taken into account.

Fitness activity also has a positive impact on mental health as it enhances vitality and vigour. This significantly influences the mental sphere, bringing a variety of benefits like a better mood or a lowered level of fear.

¹⁴ Ministry of Labour and Social Policy, 2013.

¹⁵ Premier's Panel on Seniors, 2012.

There are many forms of social activity through which seniors can regain their psychological well-being and become a brave, self-confident person who sees meaning in acting for the benefit of the society, country or himself or herself. It is important that seniors join in any social life by going to theatres, taking part in dancing activities or by involving in political life. The form of social activity does not matter, it is important that seniors be active and socialize with others because this is the way to achieve the best of mental health.

1.3 Threats due to lack of physical activity among senior citizens

This section discusses the negative impacts of insufficient physical activity. A sedentary lifestyle, reluctance to engage in activities and insufficient activity lead to a number of chronic diseases. Insufficient physical effort results in disturbances on the circulatory, respiratory and motor systems. It is now clear that insufficient physical activity or prolonged inactivity have a considerably bigger adverse effect on the human body condition than the impacts from the primary disease. Physical activity is one of the fundamental causes that determine health irrespective of age. Physical activity can be regarded as the main element of preventive and rehabilitation measures.

Slower metabolic rate is due to lack of physical activity and, consequently, leads to obesity. The tendency to accumulate larger amounts of fatty tissue in the body increases with age. The main region in the body that accumulates fat deposits is the abdomen. Obesity enhances the risk of developing cardiovascular diseases, diabetes or arterial hypertension, and disturbs the fat metabolism. Overweight people more often develop osteoporosis. It is a condition where bone mass is lost. Bones become weak and brittle as a result of various minerals being leached out of the osseous system. The consequence of the loss of minerals is chronic fragility of bones as a result of everyday injuries, e.g. stumbling over the threshold. One of the factors for onset of osteoporosis is limited physical activity.

Seniors can naturally reconstruct their bone tissue by practising various exercises.¹⁶ Motor system diseases are most frequent in elderly people. The degenerative lesions and deformations in bones and joints grow over the years. The major factors for onset of this condition include overweight and obesity.¹⁷ Degenerative joint disease afflicts 60% of the population over 60 years of age. Articular cartilage wears out and the result is the development of osteophytes (exostoses). This condition triggers pain reactions because the nerve endings in the sub-cartilaginous layer are exposed.¹⁸ Consequently, degenerative lesions

¹⁶ E. Poniewierka, 2012, *Zdrowe odżywianie w wieku późnej dorosłości. Poradnik Seniora*, Agencja KM-GRAF, Wrocław, p. 32.

¹⁷ *Ibidem*, p. 33.

¹⁸ *Ibidem*, p. 23-24

develop in the spine over the years. The lumbar and cervical spine segments run the most risk of deformation. In a number of cases, additional complications arise, including radiculitis, sciatic neuralgia, intervertebral disc degeneration, spondylosis in intervertebral joints or pressure on nerve arteries. The major factor for this type of condition is a sedentary lifestyle, for example working on a computer in a forced position or using comfortable means of transport. As a consequence of that, the muscle system is not able to hold the spine joints in their normal position. The degenerative lesions in knee and hip joints lead to severe pain and make it impossible for the affected person to normally move. Seniors may experience a serious problem with stability. The range of motion may be limited. A sedentary lifestyle also contributes to the onset of ischaemic myocardial disease, while cardiovascular diseases make up the cause of a half of deaths among senior citizens. Lack of physical activity is the main cause of this disease. An appropriate dose of exercises can reduce the death rate by as much as 33%.¹⁹

Another group of conditions that are very common among elderly people is that including enthesopathies. These are conditions involving lesions in the tendon attachments that attach muscles to bones. The lesions develop as a result of too high tensions or too great strains during frequently made movements. Their main symptoms include pain and oedema on muscle or tendon attachments. Enthesopathy develops as a result of the altered cartilage coming off or of the bone devoid of periosteum moving deep into tendon. This contributes to the growth of pathological tissue in this region which manifests itself in pain and exostoses. The whole disease process weakens the muscle attachment or the tendon, thus enhancing the chance that the tendon will rupture. Such a condition may develop in anybody. Because the repair processes take place in elderly people at a considerably slower pace, the risk of developing this condition is higher.²⁰ Therefore, regular physical activity can protect many people from unwanted ailments. If such conditions occur, the affected person should consult his or her doctor or rehabilitation specialist.²¹ Physical activity is important. People should avoid sedentary lifestyles and try to practise some sports at least to a minimal extent, or should even walk more often. There are as many consequences of lack of physical activity as methods to avoid them and the majority of them do not require excessive physical effort.

¹⁹ R. Podstawski, A. Omelan, 2015, Deficyty ruchowe osób starszych - znaczenie aktywności fizycznej w ich zapobieganiu, *Hygiena Public Health*, 50(4), p. 574.

²⁰ *Ibidem*.

²¹ *Ibidem*.

1.4 The existing state of knowledge concerning physical activity of generation 50+

Lots of people are of the opinion that older age is the state of life, in which a person is unable to cope with the basic life activities and constantly needs care from the others. Meanwhile, changes that occur after the time of entry into this period of life do not have to be associated with that perspective of older age. Many people just in the elderly time begin to lead an active lifestyle.²² Consequently, it turns out to be a multilateral analysis of the aging process on the basis of multidisciplinary scientific research in the following areas: biology, medicine, pedagogy, psychology or sociology. These studies are getting more and more important and are the subject of research still relatively new science - gerontology.²³

Interests of gerontologists focus on the process of aging and living conditions of an older man and knowledge, which is provided - allows to create better future for the elderly. The purpose of the preventive gerontology is to detect and remove biological and social factors of danger for health, as well as accelerating the aging process. Its task is to release the course of this process, as well as the longest healthy physical, mental and social activity.²⁴

Aging is associated with the inevitable deterioration of health status, cognitive abilities, social and professional competence. However, in recent decades, the changes occur, referring to the constant improvement of the health status of seniors, awareness of their rights by the older faction of the population. It is clearly delayed the moment of occurrence of serious disability, pointing out the ability to interact with the ripe old age and good health. These changes are directly related to the emergence of the concept of successful aging, which in recent years have increasingly equated with active aging.²⁵

The subjective aspect of aging and old age is an important component of quality of life. The quality of old age is shaped by a life time of the unit. According to Szarota opinion people we stand at old age is determined by the quality of our prior life, minimally dependent

²² A. Staroń, *Rola aktywności osób starszych i solidarności międzypokoleniowej*, Biuletyn 1/12, Centrum Wspierania Organizacji Pozarządowych, Krosno 2012, p.1.

²³ A. Polak, Parzych K., Kędziora-Kornatowska, *Poznawczy i praktyczny wymiar gerontologii — interdyscyplinarnej nauki o starzeniu się i starości*, Gerontologia Polska 2007, p.51–53.

²⁴ E. Kozak- Szkopek, K. Galus: Wpływ rehabilitacji ruchowej na sprawność psychofizyczną osób w podeszłym wieku, Gerontologia Polska, tom 17, nr 2, 2009, p. 81.

²⁵ P. Szukalski, I. Oliwińska, E. Bojanowska, Z. Szweda – Lewandowska, *To idzie starość – polityka społeczna a przygotowanie do starzenia się ludności Polski*, praca naukowo-badawcza przygotowana przez zespół ekspertów Fundacji Instytut Spraw Publicznych na zlecenie Zakładu Ubezpieczeń Społecznych, Warszawa 2008, p. 16.

on actual age.²⁶ Important is: the consciousness of responsibility for own development, continuous improvement of personality, physical activity, health care, training the mind, optimism, openness to contacts and other people problems and — if possible — follow the present times. The uniqueness of human life makes everyone differently if aging is concerned. Man, as a rational human being, should make efforts to avoid old age as emptiness, suffering and the constant death expecting.²⁷

Successful aging is reaching an old age with a small risk of diseases and disability, with a high mental and physical capacity and maintained life activity.²⁸

Krzysztof Juszczak clarified the concept of activity and in his work he writes that the activity of life expresses human behavior to the surrounding world and his own life. It determines not only potential act, but its implementation. The more sophisticated and diverse human activity in the autumn of life, including tighter expands its living environment, the more increases the range of his accomplishments in the realm of the physical, psychological and intellectual property.²⁹

Retired people and seniors have lots of leisure time undoubtedly. Withdrawal from working life requires adaptability to changing living conditions. Some of them do not have problems, because they realize that this is a normal turn of things, while others may have problems with it because they feel useless, rejected, eliminated, and sometimes even get into the psychological disorders. Retirement may be accompanied by reduced interpersonal contacts and mental activity, sense of irreversibility and useless. These individuals often feel that some period of life is closed behind them. It is not the reason for concern or sadness, because another phase of life is open, in which they can play in society also important roles.³⁰

Retired period is the time, when the elderly do not have duties related to work, they can take care of their own, develop their interests, maintain contacts with friends. After finishing professional work, they can develop skills, what makes them happy. It stimulates their imagination and even discovers their new talents.³¹ Leisure is not only form caring for own personal needs. Older people, who retire may also begin to work toward improving the quality of life for other people. They are often engaged in the activities of various organizations, foundations and associations, groups of support, they can also make new social

²⁶ Z. Szarota, *Gerontologia społeczna i oświatowa. Zarys problematyki*. Wydawnictwo Naukowe Akademii Pedagogicznej, Kraków 2004.

²⁷ A.A. Zych, *Człowiek wobec starości. Szkice z gerontologii społecznej*, BPS, Śląsk, Katowice 1999.

²⁸ B. Gryglewska, *Prewencja gerontologiczna*. W: Grodzicki T., Kocemba J., Skalska A. (red.). *Geriatry z elementami gerontologii ogólnej*. Via Medica, Gdańsk 2006, p.47–52.

²⁹ K. Juszczak, *Aktywność szansą na lepszą starość*, W: B. Bugajska: *Życie w starości*, Szczecin 2007, p.411.

³⁰ K. Banach, *Czas wolny w życiu ludzi starszych*, Szczecin 2007, p.403-404.

³¹ *Ibidem*.

roles.³² The elderly, can organize their leisure according to social, educational as well as physical needs, what will be discussed in next chapter of thesis.

Research study concerning interests and leisure activities show that the most popular is receptive activity - watching television, listening to radio, reading newspapers, most often at home and integration involving primarily meetings friends or help in the daily responsibilities children and grandchildren.³³ Intellectual activity in the elderly is also of the highest importance. Improvement of mind at old age by learning can make older people feel younger and at the same time much more efficient.

Some researchers focus on the leading role of education in the elderly age. As it is rightly indicated by Czerniawska, learning at old age should be a way of life to be open to other people and the world. According to her opinion, educational situations often create life, not just participation in the classic forms of education. Improvement of the intellectual property efficiency can be shaped in many ways. Following forms of entertainment are recommended: crossword, puzzles, mathematic tasks, reading books and playing games with training the mind. Any form of activity that forces to mental effort is accepted.

Universities of The Third Age are very popular at present – as forms of institutionalized education aimed at the preservation and development of the intellectual skills, what will be described in details by author in next part of thesis. In addition, older people often are seen as beneficiaries of voluntary activities. Increasing attention is paid to potential, which include older people – their experience, punctuality and reliability, patience, sensitivity, lots of time and life wisdom. In this connection, the seniors have more and more opportunities to act as volunteers, and not only to get benefit from the work of other volunteers. Volunteering is working for the benefit of people in need, giving a sense of the usefulness and satisfaction with the performance of even minor steps. Older volunteers are met more often in hospitals, hospices, shelters, where they visit lonely people. They also do shopping, read books or newspapers the residents of social assistance homes, they walk around with them on walks, exhibitions, theatres or venues of interest. Volunteering can have an individual or group aspect — gathered in the different Church or secular organizations.

³² A. Nowicka, *Starość jako faza życia człowieka*, Wybrane problemy osób starszych. Impuls, Kraków 2006, p. 20–22.

³³ B. Szatur – Jaworska, *Aktywność społeczna i edukacyjna w fazie starości*, Podstawy gerontologii społecznej, Warszawa 2006, p.161 – 163.

That form of activity can be short - term or constant and regular, for example working in kindergartens, centers for work with children.³⁴

International exchange of volunteers - seniors becomes also popular, what is financed by European Union funds. The aim of these projects is the integration of EU citizens and the inclusion of inactive seniors in social action. Volunteers – seniors take part in educational activities, activities to promote active citizenship and are involved in international work on environmental education and intergenerational dialogue.³⁵

Senior clubs are another form of activity, what also will be discussed by author. They are simply meeting place of the elderly. It's an informal group created spontaneously and led by seniors themselves. Most Clubs operate on: non-governmental organizations, culture centers, housing cooperatives or councils of settlements and parishes. The idea of the existence of such clubs is the integration and support of active ageing. In the framework of the activities of the Senior Clubs, the elderly can curiously and actively spend time, organize trips to the output/theater or Opera House, tours, as well as participate in various training (e.g. courses). Many clubs have to offer lot of exciting activities in their wheels and interest sections. Seniors can participate in various training courses, ranging from language learning courses and the use of computer and the Internet, by dancing and singing, and the manual activity. Members do some exercises together, play various sports, walk and arrange tourist trips at open space. They are actively involved in the cultural life of the place, where they live - they go together for concerts, to the cinema, theatre. Clubs events are also organized on the occasion of holidays or anniversaries. Membership to the Club gives, above all, the opportunity to spend time in nice atmosphere and develop their interests and skills.

Participation in music activity is also interesting and great form of leisure by persons at older age. Memorial workshops are also popular, which is the essence of the remembrance of the most meaningful experiences. As a result of the review of the "good" and "important" moments from own past, it's easier to adapt to the future. Commemorative meetings represent tremendous value both for older participants, enabling them to termination of their own experiences and to confront them with the experiences of others, as well as for younger generations, which are a source of great suggestions.³⁶

³⁴ M. Dzięgielewska, *Wolontariat ludzi starszych*, Starzenie się a satysfakcja życia. Wydawnictwo KUL, Lublin 2006, p.261–271.

³⁵ <http://www.grundtvig.org.pl/odnosniki-podstawowe/informacje-o-programie-grundtvig> from 04.03.2015

³⁶ K. Baumann, *Muzykoterapia i reminiscencja jako szansa rozwoju w okresie późnej dorosłości*, Gerontologia Polska, 2005, p.170–176.

A form of activity and some kind of self-help are time banks. The activities of these banks are based on non-cash exchange of services between the participants, in accordance with the principle of "Help yourself by helping others." People say what they can do for others, but they also can benefit from the same assistance. The unit of account is typically time and no matter what, this is the kind of help. The older generation can take advantage of free time for themselves at the same time receiving assistance in cases, where he is not able to manage, by virtue of age or disease.

Physical activity plays particularly important role in maintaining health among the older generation.

Unfortunately, over years of age there is a reduction in motor activity and production of passive leisure time. The majority of the elderly physical activity is limited to daily activities such as shopping, cooking, cleaning, homework. Also strong stereotypes associated with the belief that retirement period it is the time of deserved passive rest contribute to reduction of physical effort in everyday life. Meanwhile, preservation of high physical activity at older age can reduce the impact of most of the factors accelerating the aging process, it allows older people to maintain autonomy and independence, and thus it contributes to improving their quality of life in some areas.³⁷

Physical activity contributes to both improve the objective physical health, as well as self-esteem, it improves physical well-being, increases vigor and vitality, and finally — affects the mental sphere, bringing clear benefits, especially in the realm of emotions, in the form of improved mood, reduced anxiety and depression.

However, the lack of such activity leads to reduction of physical performance and functional efficiency of older people. According to data in 2010 in Poland only 3.6% of people after 65 - year old indicated sporting and physical exercise as a favorite way of spending free time for rest.³⁸ The most common form of spending time by the older people was listening to the radio and watching television (30,2%), reading (15.5%), passive recreation (13.1%), religious practice (11.9%) and work on the plot (8.7%). To such a low motor activity of older people any form of activation seems to be valuable, even in the oldest age groups.³⁹

³⁷ M. Kaczmarczyk, E. Trafiałek, *Aktywizacja osób w starszym wieku jako szansa na pomyślne starzenie*, W: „Gerontologia Polska”, tom 15, nr 4, Via Medica, Gdańsk 2007.

³⁸ *Główny Urząd Statystyczny*, Mały Rocznik Statystyczny RP. Warszawa 2006.

³⁹ E. Kozak- Szkopek, K. Galus, *Wpływ rehabilitacji ruchowej na sprawność psychofizyczną osób w podeszłym wieku*, Gerontologia Polska, tom 17, number 2, 2009, p.80.

There are however, many barriers and restrictions in the participation of this group of people in physical activity. One can include the cumulative disability resulting from years of neglect in the care of the body or the low mobility of older people as a result of "passive" lifestyle, fear of injury, often lack the basic skills needed to undertake physical activity as a form of recreation or relaxation and finally existing in society standards specifying the appropriate behavior of older people and their fear of ridicule.⁴⁰

Exercise programs for older people should take into account the changes in the functioning of the body resulting from the aging process. Knowledge of these restrictions should be reflected in physical activity programs for older people. According to the World Health Organization these programs should be based on simple forms of exercise, such as walking, dancing, swimming, cycling or even exercise in bed. The joy of the nature of the exercises is also taken into attention.⁴¹

WHO proposes that the programs concerning physical activity among older people ought to take into account the following rules:⁴²

- courses may be group or individual,
- one should use different forms of exercise: stretching (stretching), aerobics, relaxation,
- exercise should include forms of easy or moderate difficulty: walking, dancing, swimming, cycling, gymnastics,
- components of exercise should include training muscle strength balance and training exercises — "flexibility",
- exercise should be funny and cause relaxation,
- exercises should be carried out regularly, if possible, every day.

Most types of organized sports and leisure activities are sightseeing, sports and leisure activities systematically and hiking. Apart of the popularity of traditional forms of physical activity as gymnastics and swimming, interest of the new forms of activity increases in forms of the fitness movement, such as dancing or gymnastics in water. Also, popularity of Nordic Walking increases, particularly recommended for older people.⁴³ Even short walk or walk can significantly contribute to the improvement of the functioning of the body and well-being

⁴⁰ A. Burgess, J. Hudec, *Fitness and physical activity for older adult*, W: Steadward R.D., Wheeler G.D., Watkinson E.J. (red.). Adapted physical activity. The University of Alberta Press and The Steadward Centre 2003, p.449–470.

⁴¹ W. Osiński, *Aktywność fizyczna podejmowana przez osoby w starszym wieku*, Antropomotoryka 2002, p.3–22.

⁴² B. Wizner, *Prewencja gerontologiczna*, W: Grodzicki T., Kocemba J., Skalska A.: Geriatria z elementami gerontologii ogólnej. Via Medica, Gdańsk 2006, p.53–59.

⁴³ G. Dąbrowska, A. Skrzek, *Aktywność fizyczna w profilaktyce procesów starzenia*, Życie Akademickie, AWF Wrocław. Protokół dostępu: <http://www.awf.wroc.pl/życie/nr113/03-113.html> from 20.09.2015.

improvement. Physical exercises are designed to improve the well-being, so seniors should take such activities that correspond to their health opportunities, overall efficiency level of motivation. These factors, rather than age, are the determinants of choice of appropriate forms of movement. The most widespread and accessible forms of individual recreation movement are daily walks regardless of the time of year and weather, work on the plot and physical exercises, all kinds of runs, marches, cycling and swimming.

1.5 Selected health-promoting programs for seniors

An important element of successful aging process are permanent physical and psycho-social activities. Active lifestyle is one of the factors that affects the health of older people. It is known that a shortage of physical activity can cause an acceleration of aging, infirmity, and in some cases it can lead to physical disability.

Lampinen and other specialists indicated that the efficiency and mental well-being in later life is closely related to physical activity. They suggested that regular exercise is a potential factor in preventing process of aging and have a positive impact on the well-being of elderly people. Kaczmarczyk and Trafiałek also point out that the increased activity of older people to prevent from loneliness and isolation, what allows to maintain the independence of the late years of their life.

Unfortunately, among the majority of elderly people one can observe clear decrease of physical activity, which is restricted to daily activities such as shopping, cooking, cleaning and other forms of working. The aim of physical activity is to develop physical culture to fill gaps in physical education, improve the level of motor activity, support the ability and fitness to later age, develop the correct posture and correct irregularities in the attitude.

Forms of physical activity to promote healthy lifestyles recommended and adapted to the people at older age are more limited in comparisons to children, young people or even people at working age. The efficiency of a person is higher, the choice of available forms is greater. Although older people may be involved in every form of movement, but it's necessary to evaluate the modification and the adaptation to the age and the possibility of practicing. Before starting any exercise indicates, there is the possibility to make an appointment with a medical specialist who will help to choose the right sport or other activity. To specialist there must necessarily be reported a persons with chronic diseases, hypertension, asthma, diabetes, suffering from the pains in the chest. One of the most versatile and accessible forms of movement are gymnastics as a form of preventive health care. It has a positive effect on mood, strengthens the locomotive, as well as improves the function of the apparatus respiratory, the heart, blood circulation, the condition of fitness and - climbing frames. Marches also belong to most frequently used by older as forms of activity, mainly due to the easy accessibility and lack of need for specialized and expensive equipment. It is a form of

exercise that almost everyone can enjoy and practice just everywhere. Walking in the form of a march through the forest, in a park or even in the city develops physical activities.

In recent years, numerous supporters have taken part in Nordic Walking, or walking with ski poles. In many cities, for groups of seniors there are organized free training under the guidance of professional instructors. It is not only trendy, but it is also very healthy way to spend leisure time. Nordic Walking is the ideal sport for seniors. It does not require too much burden on the body. One can go at his own pace, which is a unique advantage for the elderly. Physical activity, especially in contact with the fresh air improves circulation, respiratory organs, physical condition and general health. Marching technique is simple and usually just need a few moments to learn how to properly use sticks. Unlike with normal walking, Nordic Walking also involves the muscles of the upper body. Some researches showed that this sport discipline involved as much as 90% of all muscles. Moreover, Nordic Walking prevents and helps with maintaining the body balance. This form of physical activity can be grown in a larger group of people, which is the perfect way to spend time with friends, and also participate in the social life of a senior. Common marches for seniors are a great way to participate to cheap activities in group.

Leisure activities should also be based on the fun. Unfortunately, most active and recreational games are not very popular among seniors, because the concept of fun for the elderly is associated with childish, and the offer of fun for the elderly are not considered very seriously. However, this form of leisure time activities is an opportunity for freedom, joy, laughter and integration. These forms are a great variety of other types of activities and facilitate social contacts. Recreational amenities include a moderate element of competition, playing opportunity to provide mental relaxation, contentment and joy. The active form of spending time can be also dance and all sorts of exercises with music. During the activities performed through the music experience the person follows, receipts and process them into motion. As result, the person can improve the ability to speak and open his own personality. It is focused on the development of aesthetics, liquidity and efficiency of movement and rhythm of the music as a part important for cleaning of the body and the maintenance of the order in life. Emotional experiences provide movement to the music, the expression of attitudes conducive to creativity, which are of a great importance for the development the imagination, they also lead to greater independence to overcome shyness and inhibition. Music fosters interpersonal networking, producing emotional states, where there is a need to open and **overcome the shyness – those barriers are discussed in thesis.** Dances can have a positive

impact on the body of people at older age. Very recommended are "timeless" and regional folk dances. The participants prefer forms of dances and melodies, which were popular during their youth. Through the use of dance one can more easily integrate with other older people and becomes to be educated to active recreation.

Regular exercises are not only a potential factor in preventing from aging process, but it is also positive way to affect mental performance in the elderly. In consequence, it serves to improve mental health. Unfortunately, there is noted the lack of sufficient health centers' offer addressed to seniors, which promote healthy lifestyles in psycho – social – physical aspects.

1.6 The concept of health tourism for seniors

The functioning of tourism as part of the wider physical culture seems to be an extremely effective tool in spreading health promotion among people at older age, due to the flexibility of application forms and intensity of exercise. It is a part of healthy lifestyle that about 50% determines the state of human health. Health benefits, benefits of regular physical activity, there are many, provided that person has a sufficient level of fitness. When it is handicapped, it must undergo rehabilitation treatments - physical therapy, and then select an available to him forms of tourism, which regularly practiced will improve his physical state and can thus counteract the effects of civilization diseases, such as, for example obesity, diabetes, cardiovascular disease, osteoporosis and even certain cancers.

Tourism and recreation are aimed for health and they are among the oldest forms of tourist activity - recreation. Travel and leisure in conjunction with a stay in spas, next to the pilgrimage, is historical because of the fundamental need of creating one of the basic and primary motives for traveling in the history of mankind, namely recital of health. Spa tourism is one of the types of health tourism. It is defined as: a trip related to the cure sanatorium, rehabilitation and medical spa, treatments associated with natural medical provided under the consultation to the doctor. It is also a good step to start physical activity.

Older people are seen as active group on the tourist market due to the progressive aging of the organism and low average incomes. Their purchasing power is slowly increasing and becoming more consumerist, it is counting on the tourist market. A special type of tourist market, where there has been a large proportion of older people is the health tourism market, which is characterized in this chapter. State bodies are obliged to provide citizens with access to a variety of medical services, including spa. However, because of the limited amount of funds earmarked for this purpose subsidizing trips sanatorium is limited and does not fully cover the actual need for this type of treatment. Since the political transformation in Poland is in the process of transforming spa establishments, including activities are carried out privatization, infrastructural changes introduced measures to improve their competitiveness on the open market. This is a good time to analyze a group of elderly people, their preferences and behavior current and expected in the near future as an important market segment of health tourism.

Health tourism is a stay in the village, often distinguished by some appropriate curative qualities, in order to regenerate the body by spending time in an active way. These activities are aimed primarily at people who are suffering of fatigue syndrome, and not as it seems - seriously ill. Health tourism, as previously mentioned this trip with a permanent place of residence in order to relax, improve health in terms of both mental and physical. It puts strong emphasis on treatments offered in the rapidly developing specialized clinics, localized necessarily tourist destinations purely. The main objective of health tourism is the treatment of diseases and improvement of health. They are carried out to the points of spa tourism: desire to improve physical health and mental health, prepare the body to increase physical mental effort, desire to prevent diseases, consolidate and maintain proper physical and mental condition. The objective, which is facing health tourism, one can achieve the fullest just by being in places of outstanding natural climatic, natural and recreation, which occurs primarily in spas. The spa is defined as the area that is characterized by the occurrence of natural medicinal of raw materials and where one can meet certain conditions and is guarantee health resort. Most of tourists visit the spa for prevention. There are a minority of other individual motives arrivals, for example social or familiar. Spa stays are carried out primarily at domestic travel long-term, which results from the nature of spa treatments that bring the effect after a sufficiently long period of use. The primary function of spas, as the name implies, is the cure, the treatment and the improvement of health using natural goods. In Poland there are very rich deposits of raw materials used in spa treatment, and therefore the concept of spa is understood as natural therapeutic agent, for example mineral medicinal water, mud, sludge treatment, in possession of relevant climatic properties. The spa should have also organized health care and adequate facilities like: Bets naturopathy, sanatoriums, pump rooms, swimming pools, spa, fitness trails, sidewalks or playgrounds for children. Another very important feature of spas is to improve the health of the patient, prevent from further development of the disease and educate about health care. The aim of each spa is a good performance for the products health tourism. The most important function of spas is the renewal of forces and active recreation for patients.

The old spa town characterized by satisfying the needs of passive rest and relaxation, but today they should be characterized by the possibility of active leisure. Moving away from the simple function "treatment in resorts" or "packages summer" and replaced by a multi-functional centers that cater to the various needs of seniors and have a wide range of services. Attention is now focused on the important role of tourism - preventive resorts and spas,

combining both biological regeneration, regeneration treatments, and active recreation and sport. In carrying out this function is important access to attractive recreational facilities - sports. Among the various functions of spas greater attention should also focus on health-related education, thus promoting a healthy lifestyle and prevention. In addition to the existing base of surgical and medicinal qualities spas are also tourist attractions, natural and anthropogenic, that allow seniors to practice various forms of tourism. Nowadays, health tourism functions can be divided into functions of spa treatment - therapeutic tourism, which includes all products and therapeutic services and tourist - health tourism, which includes all products and services for health and travel. In theory spas are acting as health rehabilitation and preventive area. In addition, they are:

- place the treatment of patients using specific means and methods,
- center services related to the more attractive leisure time,
- summer and winter holiday center located in the mountains, the lakes or over the sea,
- cultural and educational center,
- center business events, for example conferences, congresses, seminars, meetings tourist, cultural, sporting and political.

The main task of spas is of course the provision of treatment services. Nevertheless, that it could proceed in an efficient manner and at a high level, they must be taken into consideration such factors as

- accommodation,
- treatment base,
- diagnostic base,
- network of clinics spas,
- spa treatment device,
- professional medical staff,
- medicinal raw materials,
- sanitation,
- dedicated green areas,
- urban planning solutions,
- cultural centers,
- factors create a specific mood.

However, besides the need to improve the health of a growing need of rest improving psychophysical condition and slows down the formation of new diseases.

To complete discussion, one should specifically describe the current state of spas in Poland on the basis of the study J. Hermaniuk and J. Groat, "Current trends in the functioning of spas". In Poland there are 44 cities with status spas. In addition, more than 70 villages were identified as those in which climatic conditions and medicinal raw materials enabling the establishment of the spa business. Poland is ranked seventh in Europe in terms of the number of spas. Spas statutory present in 12 provinces: Dolnośląskie, Kujawsko-Pomorskie, Lublin, Małopolska Mazowieckie, Podkarpackie, Podlaskie, Pomorskie, Śląskie, Świętokrzyskie, Warmińsko-Mazurskie and Zachodniopomorskie. Only 4: Lubuskie, łódzkie, Opolskie and Wielkopolskie do not have any spas in their area. Most spas boast may Dolnośląskie (11) and Małopolskie (9). The main group of these spas (32) are located within the administrative boundaries of cities, usually small one. The other is the spa village. Exceptions are Konstancin Jeziorna, Sopot and Swoszowice, which are situated within large urban agglomerations (warszawskiej, trójmiejskiej i krakowskiej).

Polish health resorts are often the most beautiful landscape and geographic regions. Their distribution in our country is quite uneven. It may be noted that the vast majority of spas is located in the southern part of Poland. This is due to the occurrence of natural resources such as mineral water and medicinal gases, which due to geological structures, make this part of the country more privileged. Historically, the primary functions of spas were therapeutics based on natural resources with medicinal properties. In Poland spa healthcare is understood as an organized activity of providing health care services, carried out in a spa by betting spa treatment using natural conditions, such as the properties of the natural resources of medicinal and healing properties of the climate and the healing properties of the microclimate and the accompanying physical procedures.

Spa include treatment plants, spa hospitals, sanatoriums spa, spa for prevention for children, spa clinics. Such establishments must be located within the resort. Such establishments must be located within the resort. Secondly it uses the healing properties of natural materials, such as water treatment (chloride sodium sulfide and hydrogen sulfide, carbonated, thermal, radon), called therapeutic peat borowikami and medicinal gases (carbon dioxide, hydrogen sulfide, radon, oxygen, ozonowa-oxygen mixture). Important roles in spa treatment also play on environmental factors such as climate and microclimate of the spa town and landscape conditions that are conducive to the treatment of human patients. Today, the spas also used physical factors: light, ultrasound, electromagnetic field and others. It

should be noted, however, that currently in the spa treatment these factors are only of secondary importance, as complementary. In our country are very important the spa, where treatments with water mud are fundamental in medical activity. Just 3 spa town of Augustow, Krasnobrod and Suprasl this climate and mud spas. On the other hand Nałęczów, as the only statutory health resort in Poland, it is a climatic health resort. Medicinal use of available natural resources is possible with devices of spa treatment, creating specific infrastructure, which includes: pump-room spa, graduation towers, parks, track movement, decorated sections of the sea coast, treatment, rehabilitation, spa pools and decorated as underground mine workings.

As an integral part of the health care system, health spa has to fulfill a number of tasks, such as: treatment of chronic diseases, rehabilitation (including water therapy, hydrotherapy), prophylaxis, modify, the creation of new tourist products and therapeutic education and health promotion. Treatment conducted in spas primarily includes chronic diseases, defined as diseases of civilization. They are the domain of spa treatment and the treatment of these diseases not only as a complementary and intensifying drug therapy, but in many cases it may be an alternative method.

1.7 Psycho – social barriers among seniors – subjective and objective aspects

Physical activity provides man with opportunities for psycho - physical growth and opportunity for own emancipation from the pressure of biological needs and social norms. This term is synonymous with sports, tourist and passion activity, undertaken on a voluntary basis – apart from duties and it is more for fun and pleasant rather than meeting the needs of human existence.

One of the fundamental features of precious and valuable life on the verge of maturity and older age is widely understood activity - both physical and psychological, remaining in mutual harmony that allows the crossing of the third and fourth phase of life and the transition of advanced age and old age in the least painful.

When person have led an active life for many years, the initial symptoms of old age will be noticeable much later than in other leading extremely monotonous and passive lifestyle. Not without significance are the words: *"Show me how you are doing, and I'll tell you how old you are."* Pearl Buck - Winner of the Nobel Prize in literature celebrating his eightieth birthday, said: *"Young or old - for me empty words. I realized that in the last decade. The main thing - do not waste your time in vain".*⁴⁴

It is important to realize the fact that the positive state of health and the efficient and strong body have an important impact on our mood. According to Chapman: "Activity and longevity go hand in hand. For a man middle-aged health and happiness combined with a busy life. General practitioner should say a middle-aged man: *"If you must, you can work a little slower, but please continue to stick to their usual routine. This is yours the best of health insurance, long life and happiness. From some classes you need, of course, resign but only after careful consideration, then fill generated by the interruption of emptiness "*.⁴⁵

In general, when it comes to human activity are the methods of communication with others and with the world. These methods can be split into three types:⁴⁶

⁴⁴ A. A. Zych, *Człowiek wobec starości*, Wyd. Śląsk, Katowice, 1999, p. 99.

⁴⁵ A. A. Zych, *Leczenie zaburzeń emocjonalnych*, Podręcznik dla lekarza praktyka, PZWL, 1973, Warszawa.

²¹ M. Dzięgielewska, *Aktywność społeczna i edukacyjna w fazie starości*, [w] Szatur - Jaworska B., *Podstawy gerontologii społecznej*, Oficyna Wydawnicza ASPRA-JR, Warszawa 2006, p. 161-181.

²² B. Bakalarz-Kowalska, *Aktywność fizyczna i społeczna osób trzeciego wieku*, Akademia Wychowania Fizycznego Józefa Piłsudskiego, Warszawa 2012, p. 133.

²³ M. Dzięgielewska, *Aktywność ...*, p. 161-181.

- a) formal - participation in various social associations, works for the environment, provide support and assistance to other (voluntary service) political activity,
- b) informal - contacts with friends, colleagues and family,
- c) solitary - watching TV, shaping and pursue their own interests or hobbies, reading.

The activity has an influence on fulfillment of human needs, play different social roles and position of the person in groups of a particular community. The decrease in activity is causing a reduction of tangency and contacts with other people, and the perceptible loneliness.⁴⁷ On making activity for the elderly is influenced by many factors. Dzięgielewska lists the following:⁴⁸

- a) education - the higher it is, the higher will be the ceiling of activity,
- b) the impact of family environment - activity in many ways a prerequisite to have grandchildren, as well as the origin,
- c) the state of health - better condition and form positively influence the activity and promote it,
- d) living conditions - the worse they are, the less activity,
- e) place of residence - the city offer far more opportunities for leisure activities,
- f) sex - activity is taken more often by women,
- g) activities of cultural institutions - their presence can only encourage activity.

On the other hand Orzechowska combines the activity fields of interest and distinguishes it:⁴⁹

- a) the homey-familial activity - including implementation of activities related to household and family,
- b) the occupational activity - enabling meet the needs of recognition, usability and usefulness,
- c) educational activity - conducive to further improvement of elderly people, their education, exercise, memory, and exploring new issues and getting to know new people,
- d) cultural activity - it is a manifestation of urban lifestyle and include, inter alia reading, watching TV, using the senior clubs, cultural institutions,

⁴⁹ G. Orzechowska, *Aktualne problemy gerontologii społecznej*, Wyd. UWM, Olsztyn 2001, p. 28-29.

e) social activity - the most common of its participants are individuals previously characterized by the activity of an activist in a particular environment, it is nevertheless among the elderly the least widespread,

f) religious activity - for people older religion and to participate in various religious ceremonies is of great importance,

g) active recreation - when it comes to the elderly physical activity is of great importance, you need them all motion, leisure and implementation of beloved activities for pleasure, eg. work on the plot, fun, club activities, tourism and sports.

M. Susułowska in her book draws attention to the importance of the activity that dimension is not just physical - "the most important thing is the mental and intellectual activity. If the part of the elderly after retirement becomes ill because they do not know how to fill free time, it is associated not only with the feeling that the man has become unnecessary, but also the lack of mental and physical activity."⁵⁰

Entry in the autumn of life nowadays is very difficult, it does not affect positively on the elderly, because the peak measure of the importance of modern man is his efficiency. People categorizes taking into account the age of the production and post-production leading to the selection of all those "better" and those "inferior" citizens. But when it comes to so called human productivity are many other ways of creating it.⁵¹ Currently appearing cult of youth is an important barrier and often takes the form of so-called caricature. "Youthful seniors". This is a specific rebellion against transience and against old age.⁵²

The increasing pace of cultural and social transformation necessitates substantial adaptive capacity, which is the domain of youth. The elderly in the age of modern civilization, despite many technical facilities, but still remain in the computer illiteracy. Fear of impending old age, which in different cultures and other eras was not as significant increases day by day.⁵³ Small cap individualism, as a result of conservative lifestyle leads to passivity and insufficient physical activity. However, looking at it from a different perspective, we can say that many seniors have awareness of this state of affairs is trying to catch up with the great efforts of energy and productivity, as well as exterior to young people. If they are not productive are no longer needed. At the same time, unneeded they leave in "forgotten", so that will scorch alone. In addition, not an easy situation of older people in this problem causes

⁵⁰ M. Susułowska, *Psychologia starzenia się i starości*, Warszawa 1989, p.105.

⁵¹ W. Wnuk, *Aktywizacja osób starszych. Istota – zadania – możliwości i ograniczenia*, [w:] Trzecia zmiana: andragogiczne rozważania na temat projektu aktywny Senior, pod red. E. Jurczyk-Romanowskiej, Wydawnictwo Naukowe Instytutu Technologii Eksploatacji PIB, Wrocław 2012, p.20.

⁵² Ibidiem

⁵³ Ibidiem, p.21.

instability surrounding structures, everything around is shaken, you can only count on yourself.⁵⁴

As for the barriers, can talk about objective and subjective barriers in activity, as well as the reasons for the cultural, social, and personality. Lists:⁵⁵

- disbelief own abilities - older people often think that they would not cope, do not cope, they have no faith in their own strength and capabilities, which effectively inhibits any activity on their part,
- fear of the new - even the rejection of any new such behavior of the elderly allows them to avoid uncertainty, saving the effort of thought and decision-making,
- economic situation,
- health barriers (reduction of vitality, fatigue, burnout) - when it appears in older people a sense of discomfort and pain in various parts of the body, many people find that more time should be devoted to rest, and also lead a rather passive and peaceful lifestyle,
- overprotection on the part of social welfare and the family,
- selfish,
- family situation - in the world of contemporary manners maturing gradually impinge on the authority of the older person devaluation and minimize the prestigious role that he served so far in the senior family. Old age is also seen among the general public (including by older people themselves) as a bad period of life. Sources of just such a state of affairs can be seen in prolonging biological life and this is all thanks to medical progress and sanitary education, which resulted in the decline of autonomy and a greater reliance on family support. Older people can rarely find themselves in a world of constant transformation and all scientific and technological developments. And these phenomena governed by additionally reducing the authority of an elderly man in the family ;⁵⁶
- fear derision - evaluation of family or environment - this is particularly true for obese or overweight, which embarrassed and feel extreme discomfort during exercise, often accompanied by shame and fear of exposure to laugh, biting

⁵⁴ Ibidem.

⁵⁵ Ibidem, p.21-22.

⁵⁶ J. Strugarek, J. Wieczorek, *Aktywny senior: zbiór gier rekreacyjnych dla osób starszych*, Wydawnictwo Naukowe Uniwersytetu im. Adama Mickiewicza, Poznań 2010, p. 21.

comments and curves glances of other people, this is particularly the case when a physical activity requires clothes swimsuits or shorts,

- depressive - in older depressive it is one of the most common mental disorders. Depression can occur as a symptom of somatic diseases, but may also occur spontaneously, eg. due to make a negative balance in life, all is not conducive to making activity,
- state of health - largely determines on the condition of living, lifestyle in old age, activity-being of individuals, and consequently the quality of life. Deteriorating over the years health affects the mental and physical capabilities. Somatic illnesses contribute to the formation of chronic pain, and mental illness lead to degradation of the psyche. Poor health is the cause mobility limitations. Moving only within your own home, sometimes using a wheelchair or bed rest leads to disruption of work, is an obstacle in running the home and achieving the fundamental vital. Poor health promotes negative frame of mind, minimizes opportunities for entertainment, which in consequence results in withdrawal from life, frustration and passivity. Adverse health of the elderly compels people to use the support of others, medical care, hospitalization, rehabilitation or even care facilities;⁵⁷
- inability of leisure time activities - older people generally do not know how to organize themselves any leisure time activities, it is important to find a lack of desire and motivation,
- loss of attractiveness - people with age lose their attractive appearance, ashamed and are reluctant to partaking in activities because they see that they will look ridiculous, and that most forms of physical activity is for young people, and the not proper to do so,
- inability to go beyond the private sphere,
- lack of a sense of social and economic security; older people often fear for the safety of both self-how and risk assets, ie for example. lost luggage or the possibility of theft,
- orientation to family and lack of trust in the people, the environment,
- political barriers - inadequate social policy in relation to senior citizens,

⁵⁷ A. Leszczyńska-Rejchert, *Człowiek starszy i jego wspomaganie*, WUWM, Olsztyn 2005, p. 72-73.

- specific living space - with age living space within which an elderly person could carry out activity ceases, is significantly reduced. It is not a phenomenon, to which older people are subjected to the same degree and unconditionally,
- lack of capacity in building a relationship of association,
- not high level of individualism,
- public expectations - negative stereotype of old age,
- lack of a sense of control over their own lives,
- trouble in adapting to technical progress - more and more visible barrier resulting from the progress of civilization, which is offering us a world of information technology, often forgets about its affordability to the oldest generation,
- previous lifestyle - lack of habit of activity,
- inadequate attitude towards life (aggression, withdrawal, dependence),
- low self-esteem - it is a barrier associated with low physical fitness, body dissatisfaction, poor self-control; living in the awareness that the appearance of your own body differ materially from their expectations and social norms often evokes a sense of fear,
- negative balance of life - older people often take stock of your life and unfortunately it is not uncommon to disappointment, which significantly affects the personality of the elderly,
- small number of tenders in the place of residence,
- selfishness of young people - manifestations of selfishness refer not only to the stereotypical presentation and the treatment of older people as chronically ill and permanently disabled, economically disadvantaged, unable to remain professionally active, helpless, dependent, implicated depending on the care and medical supplies, as well as help social. According to common belief, older people are a burden for the world overpowered the cult of youth, are removed in the area of real loneliness are increasingly irrelevant in economic activity, are separated in institutions that is not included in the proposals of mass culture; often treated as a "social burden" parasitic users care and social programs, with exactly the data calculated "indicators of dependence". The course of social rejection of the elderly occurs gradually. Its manifestation is

slow and gradual transition performed many social roles, loss of contact with institutions as well as other people,⁵⁸

- numerous and widespread architectural barriers, communication and unsuitable public transport, as well as an offer to sell to the needs of older citizens,
- media - image of an elderly person.

The level of activity of older people is also extremely strongly conditioned by modifications at the level of motivation, which unfortunately relief diminished. This phenomenon is mainly due to a decrease in energy and poor, much worse excitation mechanisms of action. Older people are less subject to the enthusiasm, need more excitement, assistance and encouragement. Deterioration is also the ceiling of their emotionality and reactivity. This fact also affected by transformations in the operation of the endocrine system. Elderly people fall into the so-called hormonal seclusion, which leads to the consequence that their psyche and behavior are characterized by a greater peace of mind, dispassion, and even cold. It happens that there is a clear stiffen and radicalize their life attitude. At old age there is highlight the personality traits of human beings which have so far been hidden. Sources of this phenomenon detects the descending inhibitory influence of the cortex, which earlier oversight attitudes to old age. Passivity in old age may thus be a result of intensifying these changes.⁵⁹

Institute of Public Affairs diagnosing the situation of the elderly, among the barriers to the development of active aging also mentions:⁶⁰

- lack of interest, an idea for you - older people often suffer from a lack of some tastes, interests that are so visible and distinctive among young people, the elderly often do not know what to do with free time and with himself,
- financial barriers - problems associated with getting older people with a concrete offer, which does not entail an additional effort money, including They do not have the opportunity to participate in more groups at the University of the Third Age,
- psychological barriers - fear, shame, fear not review the new situations, such learning a foreign language or computer skills. Older people are afraid of any new products and technological innovations makes them great difficulty to learn

⁵⁸ Z. Szarota, *Starzenie się i starość w wymiarze instytucjonalnego wsparcia*, Wydawnictwo Naukowe Uniwersytetu Pedagogicznego, Kraków 2010, p. 118.

⁵⁹ J. Strugarek, J. Wieczorek, *Aktywny senior ...*, p. 19.

⁶⁰ P. Sobiesiak-Penszko, Instytut Spraw Publicznych, *Seniorzy – nowa generacja: akademia aktywności lokalnej. Diagnoza sytuacji osób starszych w Piekarach Śląskich i Tarnobrzegu*, www.isp.org.pl from 28.09.2015.

something new, previously unknown, acquiring new skills causes them a lot of problems, and this happens just fear not only checking on them, a new situation, but also anxiety of ridicule, reaction and judgment of the environment and how they will be picked up by relatives, friends and the younger generation,

- men's anxiety - men have extraordinary difficulty and having trouble making confession to the fact that they feel very lonely and that they need something.
- traditionally performed the roles of unfortunate stereotype and the belief in the fact that a woman's place is at home,
- trouble with getting older people with an offer that does not entail any costs - older people often struggle with financial problems. It happens that they lack money for basic needs, not to mention spending money on things that would make them pleasure, but that unfortunately they cannot afford,
- "management by the family" - then older people are tired and do not have time for the individual activity. Often older people act as free caregivers for their grandchildren or help with simple activities and household duties that may and do not involve any physical effort, but fill them out during the day,
- lack of information and knowledge of pensioners - troubles with reaching this group,
- lack of mutual knowledge - seniors and active organizations themselves. Older people are often not aware of the existence of organizations that could help them, allow for active leisure time, propose something more than passive activities within the apartment confined to reading, watching TV or simple normal activities of daily living,
- decasualization of professional competence. The elderly despite that they have the professional competence it did not keep pace with progress, and lag behind young people who constantly increase their professional qualifications,
- reluctance to participate in the organizations, in which seniors participate - older people think that would be better for them to offer intergenerational and do not want to be pushed to the margins of society and "locked up" just within their age group,
- barrier in the development of the activity among men - Universities of the Third Age are dominated mainly by women and men have big problems with organizing their own group,
- loosening of social ties, neighborhood - people are locked up,

- disappointment and insult to the whole surrounding world - because, for example I wanted to be still active professionally, and I did not have the possibility to reasons beyond me,
- attitude of local authorities - which often do not take into account, and even do not notice the problems faced by the elderly. Local authorities often offer guided and focused on the needs of young people, ignoring and downplaying the elderly.

Maria Kuchcińska identifies four groups of barriers to activity and thus of social participation in middle and late adulthood:⁶¹

- inadequacy of systems and organs of the body - when it comes to seniors, this is caused progressive body involution changes over the years, also known as soma barriers,
- modifications - not necessarily involution, within the mental functioning of people (in this case an elderly person), called barriers *psyche*.

The existence of new barriers hinders, prevents and suppresses not only formal but also informal activity. These factors make the elderly do not have internal operating conditions at the level necessary to undertake activities mutually transformative impact of groups and individuals, as well as their living conditions. It is worth mentioning that there is a clear discrepancy between the quality and quantity of genuine barriers and their presentation by seniors, especially not characterized by sufficient willingness to act, and perception of barriers for people with different age bracket.

- various environmental barriers - called barriers posed by policyholders - groups and individuals have separated from each other. Barriers also arise from an excess or deficiency of activity of older people. These are barriers *Agnes*,
- the last group barriers are those resulting from the shortcomings of their own activities. This can be any age, but among older people - in the past who are able-bodied - and the barriers, as well as all previous, may be the result of a reduction in or loss of faith in the possibility of taking ever more significant and any social activity.

Barriers are related to the above-mentioned three obstacles of social action. Involution changes in the body can lead to a lower level, inter alia, attention and memory, which are

⁶¹ M. Kuchcińska, *Bariery uczestnictwa społecznego seniorów, Uczestnictwo społeczne w średniej i późnej dorosłości*, pod red. D. Seredyńskiej, Wydawnictwo Uniwersytetu Kazimierza Wielkiego, Bydgoszcz 2012, p. 17-19.

necessary to acquire new knowledge necessary to accept new tasks, roles or to fully exploit the opportunities offered by old age. Certain tasks, roles and opportunities, not all environmental circles policies without cognitive, behavioral and emotional objections of the environment are possible to be taken by the elderly. They play an important role here, for example. Shared by this age group stereotypes, as well as laziness, indolence, mediocrity or taken by senior operations.⁶²

From the perspective of the people affected by various barriers listed above four groups of obstacles can be collected in five reasons of inactivity:⁶³

- *I cannot* - I no longer have enough strength, the body has slowly disappoints me, the spirit is willing, but the flesh is weak,
- *Do not let me* - nobody is interested in my opinion, no one wants to hear me when I say that I do not have access to information,
- *I do not know* - cannot understand the present, I do not have the skills, it's too clever for me,
- *I do not want the trouble* – it should be changed, but it does not belong to me, I still would not change anything,
- *I do not want* - it's good as it is, does not interest me neither fight nor cooperation, because I do not have the slightest desire to leave the house. I'm not a herd animal, it's time for a change of generations in this activity, I have it over with.

In those justifications social passivity does not necessarily appear dissatisfaction with the presence of barriers. Just as at every age, so in late adulthood, concealing environmentally reprehensible inaction are multiple, often convenient "cut", "curtains", among others, with age, money, health, time, ignorance and various "personal allergies". The alleged problem of hearing can make it as authentic to the environment thinking about seniors in the category of stereotypes, that it will not seemed to realize particularly convenient for the elderly selectivity dysfunction that particular sense.⁶⁴

An important barrier to physical activity of older people is the apparent lack of a single program in Poland, which could promote physical activation of older people. All kinds of physical activity at this age range are usually combined with rehabilitation or sanatorium treatment. Even when some institutions offer specific courses in the framework of physical activity, they are mostly of secondary prevention of disease and tend to be taken for the

⁶² Ibidem, p. 19.

⁶³ Ibidem, p. 20.

⁶⁴ Ibidem

proposal, and under the supervision of health workers. As for Polish promotion of healthy lifestyles there are lacks in particular:⁶⁵

- properly conducted health and social policy on each of the tiers of government,
- effective and efficient health education within each period of ontogenesis,
- unrestricted access to activities in the framework of physical education regardless of gender, both women and men over 50 - years of age, their ability adequately to health, fitness equipment or financial situation,⁶⁶
- shortage of qualified instructors for this age group, they are elderly.

Little interest in physical activity, lack of motivation and the needs of its powers in the case of older people are mainly due to ignorance or insufficient information about the health-enhancing role of properly conducted physical activity. The activity should be present throughout a person's life, but when it comes to the elderly, it is particularly important - not just from a medical point of view, but also social, because it maintains the efficiency. It provides a sense of satisfaction, challenges the principle that assigns the elderly.⁶⁷

The barriers must be limited by all practical means, what is the responsibility of the whole society members – not only seniors.

⁶⁵ M. Koszyc, Ł. Koper, *Styl życia a przekonania zdrowotne seniorów*, [w:] E. Jurczyk-Romanowska, , p. 177.

⁶⁶ E. Kozdroń, *Program rekreacji ruchowej osób starszych*, AWF, Warszawa 2004, p. 5-7.

⁶⁷ Bakalarz-Kowalska, *Aktywność fizyczna i społeczna osób trzeciego wieku*, Akademia Wychowania Fizycznego Józefa Piłsudskiego, Warszawa 2012, p. 133.

CHAPTER II

CONCEPT OF PHYSICAL ACTIVITY IN ASPECT OF ACTIVE LEISURE TIME FOR SENIORS – ON THE BASE OF AUTHOR’S OBSERVATION

The rapid ageing of the population is a global phenomenon and therefore more and more countries try to provide designated care and entertainment places for senior citizens. Proper physical and psychological development is extremely important for senior citizens to normally function within the society.⁶⁸ The local community or government can do a lot for senior citizens. More and more cities around the world design the public space so that all stakeholders and specifically senior citizens can use it. It is just them who are the most frequent addressees of the multifaceted measures taken as part of the cooperation between the local government, welfare institutions and non-governmental organizations.

Concept of physical activity in aspect of leisure time is often considered as opposition to the concept of understood working time as some forms of exercises. The official terminology of leisure time is not completely adequate to content, which contains - it is assumed - period of a day in the life of human, where he can dispose it on his own will and purposes. Kazimierz Czajkowski is of the opinion that (...) leisure time is positive social behavior, developed by the individual person and society for the physical and mental regeneration after work; it is also time for the development of individual passions and interests, providing cultural recreation and creating rich and wide shape of the individual's personality. Therefore, (...) it should be constructive, active and conscious time for searching new goals, values that allows for shaping attitudes towards the environment and unit and also finding their own role in society.

However, Krzysztof Przeclawski understood leisure time as this, which remains for the human at disposal after professional actions associated with the needs biological and hygiene and compulsory actions. Great emphasis is placed on the ability to choose activities, which man wants to do, and on the voluntariness and leisure features such as pleasure.

In the Dictionary of Education there is indicated that leisure time is sometimes at the disposal unit after obligatory tasks or professional work, the study at school and at home, and the necessary homework. This time is spent on: leisure, entertainment, social, selfless and voluntary activities, the development interests and talents created through learning and amateur artistic, technical, scientific activities or sport – all these forms will be discussed in the thesis. Leisure time is a concept extremely difficult to define. It is associated with style of life, age and often with involvement in the sphere of activity connected with learning and working. The border is extremely difficult to estimate, because sometimes the action assigned

⁶⁸ Ministry of Social Affairs and Health, 2008.

to the realm of learning or work, performed with commitment and pleasure enters into the realm of leisure time, which, in accordance to the definitions, belongs to the realm of rest. Extremely important are the patterns of leisure activities that are related to the accepted way of life. They fulfill a vital task in the area of public institutions and private sectors - on the one hand we should create social acceptable forms of leisure time, and at the same time we should assist the unit in its intellectual and physical development.

Author of thesis is focused on seniors and is of the opinion that leisure time can be used on both educational and physical activities. The way in which an older man arranges his individual time depends on many factors - age, health condition, gender, level of education, and especially on possession of needs, skills and interests. Optimal aging - according to the theory of activity - involves active participation in various social roles and avoids the shrinking of "social world". In accordance with the recommendations of the proponents of this theory, and at the time of retirement, the elderly people should exhibit major activity in their leisure time, which will compensate the lost role of the social worker. Proponent of the activity is also Ch. Bühler, who says that a man in our culture feels better when he can live in this rhythm: work - leisure time. According to the author, referring to activity in leisure time, it should be considered as a basic cultural tendency, which we have all - it is the assigning of an active behavior of value. Activity is considered as a value socially prized.

Pessimistic is the fact that the approaching end of human life forces people to reflections on its meaning, regardless of the current life activity. For this reason people should spend - during their period of life - a little more time to meditate, it could be considered as a form of religious contemplation, and it is focused on the reflection on the past and the future and the assessment of their achievements. Every age has its advantages, but old age is the quintessence of the most important achievements of man as a young, but unintelligible gift.

Researches show that these people who join various forms of activities remain longer in good mental and physical condition. In order to activating life of the elderly, withdrawn socially and reluctant to undertake actions, are organized numerous houses for daily subsistence and clubs Senior and "Golden Autumn", and health facilities, dealing with the organization of leisure time for the elderly people. It will be described by the author in the following chapters.

2.1 Senior Clubs

Senior Clubs are the most common form of social activation of seniors in modern society. Generally speaking, Senior Club is an organization of meeting for the elderly and way of spending their leisure time. Clubs are created either on the initiative of the participants themselves, or on the initiative of non-governmental organizations, housing associations or public institutions. The most common are informal in nature and the scope of their activities depends on the creativity and capabilities as senior citizens and entities that support the activities of clubs.

Traditionally, Senior Clubs operate in housing development and they are appointed by housing associations, but also formed by community centers - libraries, nursing homes and some other organizations. Some clubs are limited to ensure a meeting places and carry out just simple activities, like chess or checkers. Others have much more complex strategy of activity and offer. In the case of the latter there are usually introduced membership fees, that allow seniors to cover all or a part of the costs associated with the implementation of the club. According to author observation, seniors belonging to the club meet four times a week - then they have the opportunities not only to spend time amongst themselves, but also to participate in music concerts, lectures and conversations with interesting people. These forms of classes are free for the members of the housing co-operative. There are also activities and events, for example: gymnastics, dances, trips, picnics, mushroom picking. Specific variant of senior clubs are sections of older people who work in clubs, sports organizations and scientific research. There are some specific type of senior clubs or clubs of older people operating within non-governmental organizations bringing together people of all ages, such as the Polish Scouting Association and Polish Association of angling.

Senior Clubs are widespread due to its simple formula of organization and low requirements related to their activities. It is primary the possibility of joint leisure for older people, preventing them from loneliness and social isolation, **what is strongly indicated by author as subjective barrier**. It is also very important and sometimes the only opportunity to realize their own passion and intellectual development of social and physical activity. Within the field of the activities of these institutions, the elderly are interested in spending their time organizing the visits to the theater or opera, trips and tours tourism and outdoor, as well as the participating in various training courses such as: the courses operation, the use of computers and the Internet. In any Senior Clubs grow additionally some forms of manual work and

tinkering. This may be: model making, carpentry, weaving, tailoring, metalwork, knitting, embroidery, saddler, photography, gardening, etc. The clubs have also adopted a habit of organizing festive activities on the occasion of national holidays or religious and familiar events. They celebrate together Easter, Christmas Eve, New Year's Eve or the birthdays of individual members.

On the base of authors' observation older people participate in various forms of recreational activities and entertainment willingly. These activities include: table games, solving crosswords, listening to the radio, watching TV, browsing magazines and conduct friendly discussions. These forms of leisure activities play an important role in the life of the community club, since these integrated individuals in the community of friendly and mutually interested people want to counteract the feeling of emptiness and loneliness, **what is also subjective barrier in author's opinion.**

Finally, A Senior Club is an institution where people aged 50 and over can pleasantly and actively spend their time. Senior Club activities are light entertainment, educational and cultural in character. Senior Clubs organize various trips to theatres or cinemas, tours, and offers participation in training courses as well. This type of institution also offers participation in concerts, exhibitions, watching TV together or even tea talks so that seniors can integrate and feel a family atmosphere. Senior Clubs also organize joint holidays (Christmas Eve, Easter) so that none of the Club members feels lonely.

2.2 Self-help organizations

According to author's observation, the aim of the self-help organizations for older people is to create institution of support for each other and represent their interests to other social groups and public authorities. Usually these organizations want to collect together people, who are in a similar situation, having similar experiences and interests. In this formula there are many organizations in Poland with its regional branches and local associations, for example, retirees, pensioners, women, veterans. In this type of group they combine a collectivity based on the same professional circles - the association of pensioners, soldiers, policemen, engineers. It is also draft an organization of older people, but not only that suffer from different diseases, diabetic, for example. At the local level they can also work in groups, composed mainly of seniors, where are organized activities of sports or gardening. This type of organization is very important, and the type and scale of operation depend mainly on the activity of the same members, or the elderly.

Within Self – help organization in the recent years seniors have been interested in activities of education in new areas, such as:

1. Senior Finance, the basics of economics. As a result of the retirement of the majority of people faced with the need to manage money in a new way.
2. The ability to maintain healthy and active lifestyle – it is the most important for people at all stages of life, but is particularly important for people of the third age. Understanding healthy lifestyle, diet and exercise, as well as understanding of the treatment, it is crucial to guarantee a good quality of life, postpone the beginning of dependence on another person and to maintain autonomy. It will be discussed in details in methodological chapter of the thesis.
3. Information and Communication Technologies. The development of information and communication technologies, for example Social medias have caused a lot of educational opportunities that many people could find difficult to accept because of the lack of technical skills. The motivation to acquire these components is more common among the younger generation, as well as communicate with remote family members and friends.
4. Learning active citizenship, understanding of the functioning of the mechanisms of democracy. Older people are particularly well placed to get involved in social activities because of their life experience. In general, they want to be in constant contact with what's happening in the country and in the world. The ability to create communal councils seniors,

cooperation with the local government and active participation in local politics the senior creates new conditions for elderly people to active citizenship.

5. Care for the equation of disabled seniors is exercised primarily by their relatives. Training courses are useful for caregivers to assist them in achieving this difficult task.

6. Rights of older persons. Education is essential to improve the legal and civic awareness in areas such as pension and social rights, patients' rights, anti-discrimination elderly and consumer rights.

7. Counseling. In the process of lifelong learning adult guidance, that is particularly useful to solve life's problems in order to pass the states of helplessness and of difficulties - personal and familiar.

2.3 Social associations

Social associations are other institutions that enable the activation of elderly people. They are important components of the local environment. They help their members and supporters to meet specific needs, develop interests or realize specific aims. There are specific form of problem-solving ways to realize desires and aspirations. People focus on the perception of the fragments of surrounding reality, which require a change in a similar way.

Irena Lepalczyk notes the important role of associations in several areas. According to the association seniors can support the development of biological, social, cultural entity and acquire knowledge of instrumental and the formation of certain attitudes. They also develop and achieve ideas of democracy.

It is the association for the life of the people and thanks to people. Very important is the role of active members, since they make clear the value of the association and they arouse the interest of the association and the desire to carry out its tasks. Thanks to the association they become a social force to meet the needs of individuals and society. There are associations that collect together the elderly or working towards this population. The first include association which in its statute determine somehow the age of the members. These are associations of war veterans, some fans of the borderlands and the retirees, it also collects together pensioners.

Other associations of this category are associations of graduates of the interwar period. Associations, where the statutes of older people are few and far between. In contrast, older people may belong or co-create associations collecting together other age categories, the percentage of older members may be significant, approaching these associations and the categories mentioned above. It should be added that some associations are aging together with its faithful members.

2.4 Volunteering

Older people who retire, can also begin to act in order to improve the lives of others, what was noticed by author in process of research. A very popular form of social activity is voluntary. With knowledge and experience, older people can do much more for themselves and above all for others. What one can do for society is volunteering. It's a free, conscious and voluntary action for the benefit of others beyond the bonds of family and friends. The volunteer does not receive pay or other forms of remuneration of the material. A volunteer can be anyone, regardless of age, gender, identification, financial status, education or race. The opportunity is extended for everyone, who wants to help wherever it is needed, voluntarily and free of charge.

Senior volunteering is a way to act actively in the world, towards people in need. "Volunteering" becomes a hobby for seniors – according to observation. It may be a passion that has a significant impact on personal development, it makes it possible to maintain high socially active and gives the satisfaction based on helping the others. It also allows for the acquisition of knowledge, new friends and interesting experiences. Usually the involvement in a project requires no special skills and any kind of training, because the organizers of volunteering always provide it. The only thing one need is commitment, responsibility and honesty.

The promoting of volunteering among seniors needs to be very practical and motivational - on the one hand, it activates people at the beginning and at the end of their careers, the other is a concrete help, especially aged citizens.

Seniors can understand perfectly the problems of the elderly and the willing to get involved in helping people with disabilities and the aged. Elders often engage in informal activities such as giving support. They work in various organizations and activities, including church and related local governments. This assistance include first of all the purchases to help them about the housework, but it's important also the visit to other people and offer them their time to meet and talk. The need for mobilization of people from all age and social groups has been noticed by the author.

2.5 The Program of Physical Recreation for Older People

The Program of Physical Recreation for Older People (in Polish language: PRROS) is addressed to inactive people over 50 years, who have not been so far well educated in the area of beneficial effects of regular physical activity, and therefore do not feel the need to use this kind of activities. **Low level of knowledge concerning physical activity is indicated by author as one of the most important barrier among seniors.**

PRROS' general aim is to promote healthy lifestyle among the elderly, or the actions in the direction of healthy aging. Participation in PRROS is the first step to change their behavior towards the health orientation, proper nutrition, effective relaxation, healthy lifestyle and particularly the care for adequate physical activity. PRROS' aims also include the encouragement and the acquisition of habits of regular physical activity, knowledge of older people about skills of elementary physical activity, the values and objectives posed by physical recreation.

On the base of author's observation, the program continues for six months and it consists of three steps:

Phase I - qualify-information (introductory)

Phase II - a regular classes of programming (main)

Phase III – Training, Tourism, Prevention actions and recreational (final).

Phase I (two – up to four weeks) - this is the stage where organizers try to convince the elderly on the advisability of this type of regular physical activity. Then these people are qualified by the doctor for the second stage of PRROS. The recreation instructor works closely with a doctor (preferably a geriatrician), a psychologist and specialist in nourishment. In this period with stakeholders to be carried out four purposes of an educational nature, are achieved:

- The positive significance of physical activity in the lives of the elderly from the point of view of medicine (lectures are lead by a doctor, preferably a geriatrician).

Participants will also receive information, what symptoms while the exercising can be regarded as disturbing.

- The psychological aspect of activation of older people (lectures are lead by psychologist)
- Nutrition as an essential part of a healthy lifestyle.

Phase II - it lasts 22 weeks and it forms the backbone of the Program. It is systematically involved in organizing pro-health gymnastic. Observation showed that it is held twice a week in the room, according to the to the preferable, comfortable conditions for participants. At least once a week - on the march adapted to the possibilities of the participants and the climatic conditions, lasting 20 to 60 minutes. This form of movement, inspired by the instructor, leads marches in the first month, making the division into groups depending on the capabilities endurance exercises, place of residence or other segmentation criteria. The march is controlled by the instructor, but delivered independently by the participants. The course of movement in this step takes into account three phases: adaptation (initial) continuing - depending on the capabilities and skills of participants - from 2 to 4 weeks; streamlines (leveling), continuing the next 4 weeks; principal responsible, including rational action lasting 14 to 16 weeks (depending on the duration of phase I). Each week the second stage of PRROS is introduced one new exercise, which participants have to perform at home. The instructor discusses it and performs with the participants during the classes and the diagram of this exercise they all receive in the form of description or drawing. In this way, participating ending the second phase of the plan, they are equipped with a set of 22 exercises gymnastics streamlines.

Phase III - a two-week trip to the resort or sanatorium, which aim should become familiar with the participants with various forms of PRROS correct health behaviors that improve quality of life. The implementation of this part of the program should be based on: the use of specific climate conditions and treatment of this place (climatotherapy). Treatments should be created individually and tailored on needs of the participant. Nutrition of less developed by the Institute of Food and Nutrition, physiotherapy, which includes: daily 15-20 - minute morning exercises, continuing the program of gymnastics health every second day (6 units), on the other days - running in water, gymnastics or dance classes (execution in block afternoon classes), hiking, cycling or other outdoor activities, for example recreational games; including health education classes (lectures or classes) in the field of non-conventional therapies, such as aromatherapy, music therapy, relaxation, occupational therapy,

psychotherapy, herbs therapy, diet therapy - healthy nutrition, etc .; individual consultations with the instructor PRROS to refine individual set of exercises to improve the home for the needs of the participant and establish other forms of physical activity a week after returning home; land use evenings at the discretion of the participants. The first and last days are intended for a medical examination, performing stress tests, skill tests and other measurements. After the second stage, each participant receives Program PRROS diploma and a badge with its logo, as well as information where it can benefit from further group exercise classes depending on the individual needs, abilities and expectations.

Convincing to make recreation and trying to break down barriers to participation, attention should be paid to the following issues: **poor motivation should be treated as a problem to solve, and not a reason to abandon recreation.** One have to take into account that the motivation may affect. The point of view of the environment could decide what is fashionable for activity of older people. The cause of poor motivation could also be insufficient education - people with decreased motivation They should be subjects to particularly careful diagnosis of individual, paying attention to assess the health and examining the reasons for the reluctance to undertake the activity; approximation and understanding by participants of the purpose and course of the program.

The conviction of the reality of the target and its effectiveness identifying the potential of action can be recovered by awareness of both participants and instructors that even a small improvement or inhibition of involuntary changes are successful, but also adjust the program to the needs and abilities of the participants. Also the smallest positive element is important to create a friendly atmosphere, nicer fun, relaxation, teamwork skills, so pleasant and cheerful time.

2.6 Universities of the Third Age

Currently very popular, institutionalized form of education of the elderly, aimed to develop their intellectual capacity, are the institutions called Universities of the Third Age (UTA). One of the institutions satisfying seniors' needs for fulfilment is the University of the Third Age. The founder of the first UTA was Professor Pierre Vellas. The institution was established in 1973 in France. Shortly after that, similar institutions were built all over the world. The first Polish UTA was established in 1975 in Warsaw. Its founder was Professor Halina Szwarc. The original objectives of the French UTA was to provide access to knowledge for elderly people who for various reasons had had no opportunities to study in the past, as well as to improve quality of life and introduce a continuing education curriculum. At present, all UTA pursue the above objectives. Contemporary problems like technological progress, civilization changes or the desire to maintain physical and mental activity at the age of 50 and over were introduced into the curriculums with the changes coming about in the different aspects of life. UTA's other objectives include making dreams from the past come true, integration, group work, learning the environment and new technologies, including senior citizens in public and civic life, motivating seniors to practise physical activity and promoting a healthy lifestyle. UTA also ensures intergenerational integration that consists in cooperating with educational centres. The cooperation enables students to be on practice or placement in Universities of the Third Age where they hold various forms of classes for seniors. UTA are becoming increasingly popular. The wide range of social, physical and intellectual activities enables the senior to find meaning in life and his or her own place within the society.

According to author's long observation, Universities of the Third Age are for seniors in order to have the opportunities to learn new skills – practical and theoretical as well. This is, in comparison to the Senior Clubs, organizationally much more complicated business. The first University of the Third Century was founded in France in 1973 by Pierre Vellas - Professor of Social Studies. In the middle of 70's of the twentieth century, Universities began to emerge in other countries - Spain, Belgium, Canada, Brazil and Italy. In Poland, the first UTA was founded in Warsaw in 1975. Currently Universities of the Third Age operate in two formulas - traditional French and the new British one. According to the regulations of the first one, UTA's student may be a person with higher education, according to the second one - student can be any senior. These goals are realized through education in various fields of

knowledge, as well as other additional actions taken by UTA. Universities for seniors, in particular the British one, are self-help organizations, that is to say, are created by older people for older people. Improvement of mental skills at older age through learning process can make older people feel younger and at the same time much more efficient physically. These institutions operate according to different point of view - that are educational aspects, cultural conditions, social benefits and health care. These actions push older people to get together – **prevention from isolation as subjective barrier**. They want to help each other, serve a rich professional and life experience. UTA's students are mostly people satisfied of their life - especially at familiar and social fields.

It is worth emphasizing that Poland is the third country - after France and Belgium, where there is pretty strongly developed the functioning of the universities. At present, there are close to 110 Universities of the Third Age, which collectively bring together 25,000 active participants. These institutions are located not only in academic centers, but also at health centers or community centers. It is purely an educational institution, serving people at retirement age - regardless of their formal education, systematic activities and disseminate knowledge from different fields of life. The idea includes also the activation of listeners to organize lectures, seminars and discussions, conducting language courses in foreign languages, visiting exhibitions, museums, monuments, attending plays and concerts and many other projects. Another important aspect of the activities are also observations and researches, these serve to develop methods to assess the implementation of the educational prevention in gerontology. Individual observation indicates that all universities operate in different directions.

Their basic objectives are:

- promotion of educational initiatives,
- activation of the intellectual, mental, social and physical resources,
- equipment in better level of knowledge and skills about seniors,
- facilitate the contacts with institutions such as health care, cultural centers,
- promotion of rehabilitation centers and others,
- to get involved the audience in activity for the benefit of their environment,
- maintain of social ties and interpersonal communication among seniors.

In addition, we can also talk about more specific objectives, which can include:

- science of healthy life and implementation of preventive gerontology,

- to conduct classes of gymnastics, rehabilitation and tourism,
- the self-organization of life and various activities related to interests, such as local band, cabaret, painting, weaving arts, languages and spending time together.

Through its activities UTA “sends” an important signal to society - activity in life does not end with retirement. Golden Autumn is a great period to reap the joy of service to others. Universities of the Third Age make elderly people feel needed again, their life experiences are well utilized, and they can establish new friendships. The University is an escape from the “grayness” of everyday life.

Below one can find a catalog about example of activities carried out in the Universities of the Third Age:

Lectures - are the most common form of educational classes at UTA. Their frequency depends on the type of establishment UTA and logistics capabilities, seminars, tutorials, that are forms of education, in which students are actively involved, often by pre some of the issues etc. They present them in the form paper, foreign language courses - are a form of education with the active participation of listeners.

Computer courses - are a form of education with the use of computer equipment and the Internet. Perform at different levels, usually in groups, workshops, classes, teams of creative work - these are the active forms of activities in developing interest groups, posing an opportunity to learn and acquire new skills that give joy and satisfaction to listeners. Recreational activities - these are active classes in widely comprehended physical culture, most often in organized groups, ensuring the maintenance of good physical condition, improve efficiency and well-being. They are generally adapted to the physical and health of participants.

The aim of the senior policy in the area of educational activity is also enhancement of participation of older people in education and improvement of the accessibility and quality directed by the educational offer. Making educational activity by older people enables them to not only to raise awareness, acquire new and update existing skills, but also plays an important role in the formation of social bonds and this is a significant factor to promote physical activity and social activity.

2.7 Offers addressed to senior citizens in Poland and other selected countries: Comparative Analysis.

In EU countries and worldwide, action is more and more commonly taken for the benefit of elderly people in connection with the changing demographic situation. Politicians and non-governmental organizations try to improve the quality of life for people aged 50+ by creating environments where these people can develop. The social policy adopts new action lines to contribute to the improvement of senior citizens' living conditions so that every senior can lead a dignified life.

In fact, the largest proportion of people aged 50+ falls on Europe.⁶⁹ The increase in the number of elderly people influences virtually all areas of social and economic life. Therefore, it is important that Europe seek and implement new solutions to seniors' problems.⁷⁰ The European Union's policy currently focuses on the improvement of seniors' quality of life. The EU's main measures taken in this regard include: aspiring to ensure autonomy for elderly people and their social integration, to intensify the activeness within retirement communities, to improve the functioning of the health care system, to raise senior citizens' awareness of physical activity and mental health aspects, and to support activities for the benefit of senior citizens. In 2005, the most important quality-of-life indicators were published, including financial situation, health, family life and community life. Unfortunately, the standard of living has fallen in many European countries due to political changes, for instance in Poland.

In Poland, the demand for varying types of services continues to grow on account of the increasing numbers of people over 50.⁷¹ The EU states are quite diverse as regards economy. Rich states are able to ensure more comfort for their senior citizens, while poor states implement reforms that do not come up to elderly people's expectations. A passive lifestyle is the dominant lifestyle among people of retirement age in Poland. Polish seniors

⁶⁹ Błedowski P., 2012, *Raport na temat sytuacji osób starszych w Polsce*, Instytut Pracy i Spraw Socjalnych, Warszawa, p. 21.

⁷⁰ *Ibidem*, p. 28.

⁷¹ *Ibidem*.

limit their social contacts and choose to spend their free time on watching TV. It appears that 92% of seniors have a bad financial situation and their major problems are loneliness, disability, lack of care and acceptance within the local environment. The European Union suggests an active ageing model. Thanks to the EU's Foundation for the Development of the Education System, action has been taken to promote intercultural dialogue, teach foreign languages, resourcefulness and knowledge on new technologies etc.

The family life model observed in EU countries differs from that of Poland. To a Polish senior, family is the most important value as elderly people can count on care in difficult situations, on help with running the household or on financial help and the feeling of being loved and accepted. Multigenerational families that live together are rarely observed in other European countries. Family contacts are limited and seniors live in solitude or with their spouses. This type of family life is especially popular in Sweden, Denmark, England, the Netherlands or France. If a senior citizen needs help, he or she can seek it in special care institutions. An example of a country that particularly cares for its senior citizens is the United Kingdom. This country has 5.7 million minders. Aid is offered to seniors by at-home therapists, meals are delivered to apartments, washing services and domestic assistance in cleaning, cooking and shopping are organized, help with transport and legal or social services are ensured. The country that offers the best care and support to senior citizens is currently Sweden. Elderly people's stay in nursing homes is a natural phenomenon to the local community and is regarded as a very comfortable phase in their lives. The Swedish nursing home staff are highly qualified, stay in everyday touch with their charges, care for their hygiene and offer them a number of services that give them a feeling of a high quality of life.

In 2009, 6.9% GDP (ca. 92 billion) was spent on health care in Poland, according to Eurostat's data, whereas in 2008, 0.22% was allotted to care for elderly people. That is not a sufficient amount that would ensure complete health care for all senior citizens. Compared to the citizens of other EU countries, Poles' state of health comes out considerably worse. According to the ASOS Diagnosis, more than 60% of men and women assess their state of health as "below good", whereas in the northern and southern EU countries, this assessment is shared by ca. 40% of the respondents.⁷²

The Polish health care system does not satisfy the majority of the ageing society's needs. Long-term care of elderly people is predominantly the responsibility of their family

⁷² http://www.mpips.gov.pl/gfx/mpips/userfiles/_public

members. Nursing homes, care centres, care and treatment centres or hospices are able to offer 78,455 places for 2.4 million Polish disabled seniors. Geriatrics deals with diseases and problems typical of elderly people. Poland has insufficient geriatric staff and facility resources. A mere 0.3 Polish geriatricians per 100,000 residents are able to provide for the elderly. For comparison, geriatric care is provided by as many as 7.8 specialists in Sweden, 7.4 in Austria and 4.9 in the United Kingdom.

Social relations and social activity are the basis for maintaining the normal state of health of an elderly person. Those factors favour generating positive emotions. Seniors become open to new experiences and a different lifestyle. Thanks to various organizations and the participation in the activities offered by Senior Clubs, Universities of the Third Age as well as in the voluntary service or sporting activities, seniors derive greater satisfaction from life. In those EU countries that have larger budgets and are in a better economic situation, the problem of social activity has been overcome. Physically fit people spend their free time actively: they go on various tours, organize social meetings, are active in a voluntary service and so on. Those elderly people who have health problems have no trouble using medical care. In 2011, ca. 0.9% of Poles aged 50-74 were in education, while for other EU countries the proportion varied from 27% to 4.2%. The education level of Polish seniors is considerably lower than that of their counterparts in other EU countries.⁷³

An example of good practice that contributes to the improvement of the education level is the institution of a University of the Third Age. There are over 450 active Universities of the Third Age in Poland with a total of about 100,000 students. UTA are very often run by the elderly. There are also other educational offers that meet all needs of the elderly. Examples include commune community centres, libraries, nursing homes etc. There were 440 Universities of the Third Age with a total of 100,000 students in the United Kingdom in 2002. The number has doubled: in 2009 there were as many as 870 UTA offering education to 295,813 students. Whereas in Ireland, this kind of education is offered through an organization called Active Retirement Ireland. Members of the organization organize educational activities and cultural meetings. There are about 80 active retirement associations with a total of 8,000 members.⁷⁴

⁷³ [http:// www.mpips.gov.pl/gfx/mpips/userfiles](http://www.mpips.gov.pl/gfx/mpips/userfiles)

⁷⁴ Escuder-Mollon P. and Gil A., 2014, p. 58.

Many older people take up paid work or seek employment in order to improve their lives. Unfortunately, in many countries most senior citizens have a problem to find a job. Some employers think that people aged 50 and over are not mobile, work at a considerably slower pace than young people do, have a problem with using new technologies and cannot learn anything. Within the European Union, it is just Poland that achieves the worst results in employing senior citizens. In 2010, 19.1% of Poles aged 55-59 were in employment. The highest percentage was reported for Sweden - 80.7%. For the age group of 60-64, the employment rate was 19.1% in Poland, 61% in Sweden and 44% in the United Kingdom.⁷⁵

The financial situation of Polish seniors, compared to those in other EU countries, has come out considerably worse. The basic needs of three in five seniors in Poland are not satisfied and one in 8 is at risk of poverty. In richer countries like the United Kingdom, Germany or Sweden, poor people can more often afford a week's holidays away from home and have a better, balanced diet including more expensive foodstuffs like meat or fish than the "poor" in Poland can. In Poland, the average pension paid by ZUS amounted to 1597 zlotys in 2009, while an average allowance, e.g. a family allowance was ca. 1392 zlotys. Unfortunately, the picture emerging from the analysis of the pensions and allowances is not positive. In 2009, about 305,000 senior citizens were paid less than 800 zlotys as monthly pensions. More than 60% of Polish disability pensioners were paid less than 1000 zlotys, whereas 50% of old age pensioners were monthly paid between 800 and 1600 zlotys. The Swedish pension scheme is currently regarded as one of the best in Europe for the possibility of maintaining it for a long period of time, its compatibility and comprehensible rules. About 30% of Sweden's residents have a right to a guaranteed pension. If a single person born in 1983 or later had worked for 40 years in Sweden and had no other income, he or she was paid 10,755 euros annually, or ca. 896 euros monthly, and if such a person had a spouse, that person received 9,593 euros annually.⁷⁶ The Polish government has changed the pension scheme in order to raise the employment rate. The monthly pension amount depends on the funds raised over the career years and on the number of years in employment. By implementing this reform the Polish government tries to extend seniors' employment periods. The retirement age was also raised in Poland - to 67 for both sexes. The Polish government has also taken a number of other measures to improve seniors' participation in the labour

⁷⁵ G. Miłkowska, 2012, *Poczucie jakości życia seniorów w wybranych krajach Unii Europejskiej*, PRACE NAUKOWE Akademii im. Jana Długosza w Częstochowie, p. 235-251.

⁷⁶ Ibidem.

market.⁷⁷ In 2008, a programme named “Generations’ Solidarity” was introduced. Its main aim was to increase employment among people over 50 and to raise the employment rate to ca. 50% for this age group. Poland has also implemented a traineeship system in the framework of which unemployed persons over 50 are offered employment. The local Labour Office covers a part of the costs incurred by the employer who has the responsibility to provide training and pay a scholarship to the trainee. From 2004 on, the employer may not dismiss any employee with no more than 4 years to go until he or she reaches the retirement age.⁷⁸ In Sweden, the situation of older employees is a bit different. Sweden has abolished the official retirement age, so no senior may be forced to retire until he or she reaches the age of 67. In 2006, changes were made to the tax system, owing to which incomes from work are more advantageous than incomes from pensions. In the same year, the tax reliefs for seniors were increased and the contributions to be paid by employers for employees 65+ were reduced. In Sweden it is also required for collective redundancies that those employees who have been employed most recently be dismissed in the first place. In 2000, the United Kingdom began to realize the need to encourage older people to continue their activity on the labour market. The major reforms implemented by the United Kingdom included making the retirement age of 65 equal for both sexes by 2020 and raising the retirement age to 68 by 2046. In order to encourage employees to be professionally active for long as they can, a rule was introduced that the state pension is raised by 7.4% for each year in which the employee who has reached the retirement age postpones his or her retirement. Until 2005, seniors could in this way postpone their retirement by a maximum of 5 years. In April 2005 that restriction was rescinded and the rate for postponed retirement was raised to 10.4% per year. The British government devised a New Age Strategy aimed at improving websites and counselling for elderly people with regard to their professional careers. In 2006, non-discrimination of older people in employment and professional trainings was introduced, and from 2007 on, employers can pay pensions to employees who stay in employment.⁷⁹

Europe has taken a number of measures to improve elderly people’s quality of life. The year 2012 was named a European Year for Active Ageing and Intergenerational Solidarity. The main aim of the programme was to show what a significant part of the society older people are and to promote senior citizens’ activeness and independence. The Europe

⁷⁷ Ibidem.

⁷⁸ Ibidem.

⁷⁹ Ibidem.

2020 Strategy supports seniors' health and activeness, and its main aim is to develop health care services, long-term care and social services.

The above analysis allows concluding that Poland comes out considerably worse compared to other EU countries. It is noteworthy that the measures taken by the government are not always appropriate to the situation in the country. The government focuses on problems that could be solved in the more distant future, as for example another education system reform that will involve considerable financial outlays. Such action eats up time and funds that could be used for the benefit of elderly people. A number of programmes that were to be implemented are not or they do not function the way they should - this refers to such programmes as free drugs for people over 75 or better medical care for seniors. Seniors are more and more often discriminated in many areas of life. It should therefore be reflected how the economic, social and professional situation of older people in Poland can be improved, relying on the policy of the countries that do not fail in these areas.

CHAPTER

III

**METHODOLOGY OF
RESEARCH**

3.1 Research subject and objectives

Physical activity and, first of all, active behaviour during leisure time are especially important given the current hazards connected with civilization. Physical activity is not just leisure time, it is the way the time is spent. The living and working conditions of a highly urbanized and industrialized society bring a need for taking part in fitness activities to compensate the lack of exercise that is observed not only in adults but also in senior citizens.

Physical recreation, which is considered the youngest physical culture discipline, has entered into a period of dynamic quantitative and qualitative changes. The scale and scope of those changes will determine the future standard of physical activity in creating the lifestyle. One of the constituents of a healthy lifestyle is regular physical and recreational activity. Recreational activity is an integral part of the comprehensive adaptation process in the history of human evolution. It is the crucial and integrating constituent of a healthy lifestyle. No strategy whatsoever for maintaining and improving health or for normal development in children is possible without recreational activity. Lack of activity disturbs a human's development to a greater or lesser degree. Insufficient activity results in numerous disorders and increased risks of diseases in adults and the elderly. Physical activity is the main and, to some extent, an objective indicator of physical fitness. The research into physical activity, carried out in different years and different regions of Poland, confirms the alarmingly low level of physical activity in the 50+ generation. People's state of health deteriorates year by year, becoming a problem to today's country.

When preparing the research into the subject of thesis, author chiefly influenced by the scientific literature terms related to physical culture in a broad sense. According to Zaczyński, scientific research is a multiple stage process involving diverse operations supposed to ensure us objective action and in-depth exploration of a chosen fragment of the social, natural and cultural reality. The resultant depiction is supposed to be an accurate, appropriate reflection of things and events that objectively exist and are independent from the explorer.⁸⁰ Any type of scientific research is composed of at least several stages. M. Łobocki distinguishes the following stages of pedagogical research:

1. Creating a task situation.
2. Formulating problems and hypotheses.

⁸⁰ W. Zaczyński, *Praca badawcza nauczyciela*, WSiP, Warszawa 1995, p.9.

3. Choosing a field of study and subjects.
4. Preparing the research procedure.
5. Undertaking research.

The research has a precisely described aim. The main aim of scientific research is to obtain the simplest, most general, most complete, most accurate and most comprehensive information possible. Such exploration leads to the higher functioning forms of knowledge which are the laws of regularity and science. Generally, one can assume that research is aimed at cognition enabling effective action.⁸¹ Author's own research methodology distinguished two aims:

1. Practical aim.
2. Theoretical and cognitive aim.

The subject of theoretical analysis and empirical research in the work are determinants of psychosocial making physical activity and healthy behaviors, with a particular focus on barriers to subjective and objective of the elderly. The study, the results will be analyzed in this paper, it will make an attempt to identify determinants of physical activity and other healthy behaviors by people in the age group 50 +. In this procedure, the term "health" shall be construed according to the definition of the World Health Organization (WHO - World Health Organization) that defines the health as "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity)".⁸² In research it is assumed the concept of physical activity for J. Barankiewicz, who defines physical activity, as taking in the rest of the active all sorts of fun, exercise and sports for pleasure, recreation and health, improving the capacity of exercise, acquire special skills and physical skills, prevention of lifestyle diseases (improved cardiovascular fitness, motor, respiratory, mental stress prevention), to increase the beneficial effects on physical and mental ability to work".⁸³

According to the above definition one can also cite the words of Iwona Kielbasiewicz-Drozdowska, who claims that "physical activity is essential to man's life at every stage and in every age group. The importance of the motion changes and evolves with age man, but always remains one of the major factors affecting the health".⁸⁴

⁸¹ W. Łobocki, *Metody i techniki badań pedagogicznych*, Impuls, Kraków 2003, p.56.

⁸² B. Woynarowska *Edukacja Zdrowotna*. Podręcznik akademicki. Warszawa: Wydawnictwo Naukowe PWN, 2007, p.19.

⁸³ J. Barankiewicz, *Leksykon wychowania fizycznego i sportu szkolnego*, Warszawa 1998, p.11.

⁸⁴ I. Kielbasiewicz – Drozdowska, W. Siwiński (red.), *Teoria i metodyka rekreacji (zagadnienia podstawowe)*, AWF Poznań 2001, p.53.

A synthesis of the conclusions of the studies available in the literature allows to specify the primary purpose, which is to recognize circumstances making healthy behavior and, in particular, the physical activity of older people in order to improve and sustain the health of the psycho-physical (healthy lifestyle).

A detailed purpose boils down to trying to get answers to questions about:

1. Healthy behavior of generation 50+. The results of the test group will be compiled by individual province and institution, from which the selection of the sample was carried out for the purposes of this elaboration.
2. Relationships between the personal factors and taking healthy behavior with emphasis on physical activity and social barriers by the discussed group. Getting results will determine correlations between age, gender and physical activity and health practices carried out by the representatives of the social group, the impact of psychosocial factors in the social and physical activity to make and implement other positive healthy behavior.

The practical aim of research was an attempt to study and determine the importance of physical activity in senior citizens' life. The additional aim of thesis was to analyse seniors' main preferences for leisure activities, and in particular to determine:

- The level of satisfaction of seniors' needs for physical activity and fulfilment,
- The amount of free time in elderly people's time budget,
- The influence of family on seniors' physical activity,
- The influence of institutions and instructors on seniors' physical activity,
- The influence of social organizations on seniors' physical activity,
- The needs related to various forms of spending free time,
- The preferences related to the purpose of sporting and recreational activities,
- The preferences related to the places of leisure,
- The preferences related to the locally available recreational offers.

3.2 Research problems and hypotheses

The research problem directly results from the research objective. M. Łobocki considers research problems to be questions, to which we attempt to find answers through research.⁸⁵ Setting the problems that describe the cognitive plan as precisely as possible is the prerequisite for research. S. Nowak defines a research problem as a question or a set of questions, the answers to which are to be found through research.⁸⁶ According to T. Pilch, a research problem is to be understood as a simple verbal operation consisting in precise division of the subject into problems and questions. However, the operation must satisfy a number of conditions in order to be correct:

1. The problems presented must exhaust the scope of the understudied area included in the subject of the study. So, problems are what far more precisely defines the scope of our doubts, thus determining the area of scientific exploration.
2. It is further required for the problems formulated by us to be correct that they include all the general relationships between the variables. This way, the delineated field of research will be sufficiently precise in its scope.
3. The third condition a research problem must satisfy in order to be correct is its empirical solubility in the concept phase. Unfortunately, one cannot become absolutely certain that a problem has these two essential aspects. We have to trust our knowledge and research intuition.⁸⁷

Setting down research problems is an important operation that requires a large store of knowledge and thorough thought. The problems determine our choice of tools and techniques to solve the problems. The literature used for the research is the most excellent source of knowledge on this subject. Compared to the previously formulated research subject, the research problem is broad elaboration of our interests. A solved problem usually entails two consequences. The first consequence may lead to important cognitive and scientific findings, while the other can bring some practical benefits. The research problem in this thesis comes down to the following question: Do sports and recreational institutions fulfil important social functions in the shaping of senior citizens' physical activity?

⁸⁵ Ibidem, p.57.

⁸⁶ S. Nowak, *Metodologia badań socjologicznych*, PWN, Warszawa 1970, p. 214.

⁸⁷ T. Pilch, *Zasady badań pedagogicznych*, Żak, Warszawa 1998, p.24- 25.

The research problem comes down to the following question: Who and what institutions or organizations have a decisive influence on senior citizens' physical activity? The main research problem involves the studying of the following particular issues:

- What is the impact of the residential environment and the surrounding society on the level of seniors' physical activity?
- What is the influence of family on the level of seniors' physical activity?
- What is the influence of relevant institutions and instructors on seniors' participation in fitness activities?
- To what extent do the organizations satisfy seniors' needs for physical activity?
- What factors make it difficult for senior citizens to take part in fitness activities?
- What are senior citizens' preferences with regard to their personal development through participation in fitness activities?
- How well do senior citizens assess the sports and entertainment facilities at their place of residence?
- How well do senior citizens assess the sports and entertainment programme offer that is available at their place of residence?
- What are the targets senior citizens set themselves in connection with their participation in fitness activities?

Also, research problem was presented by author in the form of a question: What are the most important barriers that face the elderly to healthy behaviors, especially physical activity?

The issue of research will attempt to answer the following discussion topics:

1. Physical activation of University of 3rd Age, Senior Clubs, Sport Classes for Seniors etc. taking into account the proposed mobility activities for older people, which promotes the self-reliance of life in later years of life.
2. Self esteem selected health research group, their awareness and knowledge about healthy behaviors with particular attention paid to the physical activity.
3. Characteristics of the test group, taking into account the characteristics and correlation with physical activity and psycho social barriers.

Research questions also involved the following:

1. If the elderly have adequate knowledge about healthy behaviors and the positive impact of physical activity in the context of countering processes of aging?
2. What is the self-esteem of older people health and lifestyle of seniors and attitudes toward healthy behavior?
3. What factors (psychosocial) have an impact on healthy behaviors to the elderly, especially physical activity?
4. What is the interaction between factors in the socio-personal information such as education, age, place of residence, type of work performed in the period approaching retirement and physical activity of older people?
5. What barriers can we specify among seniors in various forms of physical activity?
6. What factors push the elderly to making physical activity?
7. If, according to the individual evaluation of the test group, by participating in organized activities increased their physical fitness?

On the basis of an analysis of 5 healthy behaviors classes according to analysis of empirical research, one can use the following variables:

1. Personal (positive health practices: behaviors associated with preventive activities and, in particular, physical activity, gender, age)
2. Social (the number of family members - children and grandchildren, education level, existence in social group)
3. Psychosocial (health beliefs, internal motivation, attitude to motor activity, the perception of their own old age).

The awareness of working hypotheses that very precisely define the scope and objective of the planned research activities and the awareness of the problems studied make up the prerequisite for any kind of research. In W. Okoń's opinion, a hypothesis (assumption) is an unproven theory that explains or establishes the features of the phenomena studied or the interrelations between them. Hypotheses are verified by drawing empirical conclusions from them, whereby the more true sentences a hypothesis contains, the greater is the degree of

justification.⁸⁸ According to M. Łobocki, working hypotheses are the research results expected by the researcher.⁸⁹

In order to fulfil its scientific role, a hypothesis must:

1. Sufficiently explain known facts,
2. Be verifiable by the consequences it entails,
3. Concern events important to the particular science and have power to create theories,
4. Be a highly probable statement, tentatively correct for its non-contradiction to the already proven theories within the given discipline.

Hypotheses are required for problems related to correlations between operands and dependent variables. In the thesis author presented the following hypothesis:

Hypothesis: 1

Research hypothesis assumes that knowledge of own health conditions, the positive effects of physical activity on health and participation in a variety of its forms in the process of successful aging, encourages and determines the positive attitude of the elderly to healthy behaviors, especially in relation to physical activity.

Hypothesis: 2

The activities offered by the University of the Third Age have significantly contributed to the higher level of seniors' physical activity.

Hypothesis: 3

It is assumed that family has no influence on senior citizens' participation in fitness activities.

Hypothesis: 4

It is assumed that instructors involved in organized fitness activities have a decisive influence on senior citizens' participation in such activities.

⁸⁸ W. Okoń, *Słownik* ..., p.97.

⁸⁹ M. Łobocki, *Wprowadzenie do metodologii badań pedagogicznych*, Impuls, Kraków 2003, p.133.

Hypothesis: 5

The hypothesis assumes that the major factor limiting seniors' physical activity is their fear of ridicule by the surrounding society.

Hypothesis: 6

One can also assume that the inability to organize leisure time, difficult access to sports facilities, lack of companionship, the lack of financial resources and the fear of the reactions of the closest social environment are the main barriers limiting participation in various forms of physical activity.

Hypothesis: 7

Physical activity helps definitely delay the process of aging and increase self – reliance on the functioning of everyday life.

3.3 Research methods, techniques and tools

Carefully selected research techniques, tools and methods were used in the study to verify the constructed problem and the research hypotheses. A scientific method should be understood as:

- A way of obtaining scientific material, or nothing other than a scientific research method.
- The ways of exploring truth through research and those of presenting the truth found in a conceptual way, both taken as a whole.

In the first sense, a scientific method is the whole of indispensable ways and procedures of solving scientific problems, producing scientific papers and of assessing the results of these measures. A scientific research method understood as a way of acquiring scientific materials that are to form the basis for a theoretical study or for solving the scientific problem also falls into the category of scientific methods as set out above. A scientific method should be adapted to the subject of research. However, some principles of research work are universal to many sciences and many research subjects.⁹⁰ According to M. Sobocki, a method is a way applied systematically, that is, applied to a specific case with intention of applying it also to possible similar tasks. The method refers to the standards and general directives relating to research procedures. This implies that these standards and directives apply irrespective of the conditions, under which it is used and of the purpose it is to serve.⁹¹ A scientific research method is described as a set of theoretically justified instrumental and conceptual operations making up the researcher's entire activity aimed at solving a scientific problem.⁹² In Zaczyński's opinion, scientific research methods are certain ways of exploring a chosen fragment of the reality, and also make up procedures which are methodical, intentional, comprehensive, objective and precise.⁹³

In the thesis author used the following methods:

- Observation, which will serve as a complement to the data resulting from the survey questions, and as a source of information, thoughts, requests, opinions concerning this topic issue,

⁹⁰ http://pl.wikipedia.org/wiki/Metoda_naukowa, from 11/02/16.

⁹¹ M. Łobocki, *Wprowadzenie ...*, p.133.

⁹² W. Dutkiewicz, *Praca magisterska – przewodnik dla studentów pedagogiki*, DW Strzelec, Kielce 1996, p.50.

⁹³ W. Zaczyński, *Praca ...*, p. 18.

- A fundamental method used to develop the research problem is a diagnostic survey method.

A research technique is defined as practical activities that are regulated by carefully worked out directives allowing the researcher to obtain hard facts, information or opinions.⁹⁴ For M. Łobocki, techniques are more specific ways of conducting the planned research. The result is a claim that research techniques and methods are not mutually exclusive but they complement each other.

Whereas, any object used for the purpose of implementing the chosen research technique is called a research tool. Such objects may include questionnaires, tape recorders or even ballpoint pens or pencils.⁹⁵ A research tool is an object used to implement the chosen research technique. If the research technique describes the activity, e.g. interviewing, observing, and if the research tool is an instrument for gathering specific studies by way of technical means.⁹⁶ A survey, what was used by author is a method of gathering original information from the written answers provided by the respondents. The respondents are given time for thought, read the questions by themselves and answer the questions in writing. The instrument used to conduct a survey is a questionnaire.⁹⁷ For T. Pilch, a survey is a technique of collecting information, in which special, in general highly standardized questionnaires are filled in by the respondents individually, in the presence of the interviewer.⁹⁸ W. Zaczyński defines a survey as a technique of obtaining information by asking questions to selected individuals by means of a printed list of questions called a questionnaire.⁹⁹

⁹⁴ T. Pilch, *Zasady ...*, p. 42.

⁹⁵ http://pl.wikipedia.org/wiki/Metodologia_bada%C5%84_pedagogicznych, as of 11/02/09.

⁹⁶ T. Pilch, *Zasady badań...*, p. 42.

⁹⁷ <http://www.abc-ekonomii.net.pl/s/ankieta,563.html>, as of 11/02/09.

⁹⁸ T. Pilch, *Zasady badań...*, p. 86.

⁹⁹ W. Zaczyński, *Praca ...*, p. 153-154.

3.4 Description of the area of research covering the population surveyed

Rzeszów as the main city of the Podkarpackie Province cannot boast a very well developed network of sports and leisure centres.

Most sports facilities for seniors in Rzeszów are in unsatisfactory condition. The appearance of the Rzeszów sports centres discourage elderly people, who would like to actively spend their free time in this kind of centre. There are obviously centres within the city that it can be proud of but their number is very small.

However, the lack of physical activity cannot be only explained by the insufficient number of adequate sports facilities. A great deal is also dependent on the participants' willingness and ambitions. The survey included groups of senior citizens in number of 690, aged 50- 60, and those over 60. Among the respondents there were students of the University of the Third Age established at the University of Rzeszów and participants in other social activities organized in Rzeszów. Researches were conducted within November 2015 - January 2016 in Rzeszów.

There are a few facilities in Rzeszów one can boast and a dozen or so which are also worth mentioning. Basically, there are only four indoor swimming pools and one open-air swimming pool centre in Rzeszów. The first, and, at the same time, the oldest of the Rzeszów indoor swimming pools is located by the Technical Education School Complex in Matuszczaka Street. It is an old, moderately spruce pool. Most of their users are mature and elderly people. The pool has no favourable conditions for disabled people.¹⁰⁰ The second swimming pool is that of the Rzeszów Sports and Leisure Centre. It is an indoor pool with complete technical facilities and six full-size swimming lanes. The pool hall has a direct link to a recreational hotel and a complex of independent locker rooms with showers and changing cubicles. They can be used by 80 persons at the same time. In addition to its basic functions, the pool offers additional activities like swimming courses or water exercises, also for seniors. Another swimming pool, Muszelka, is located in Starzyńskiego Street by the Lower-Secondary School No. 11. This pool is predominantly used by students of the Lower-Secondary School as well as by businesses and institutions, but is also a place of recreation

¹⁰⁰ Nowiny 24, April 2013.

popular among individuals. The pool is also accessible for disabled people. The Deflin indoor pool, situated within the Nowe Miasto housing estate, is very much like Muszelka. It is mostly used by lower-secondary school students.

According to the senior citizens' opinions, there are often no free places in this swimming pool during their free time because from among the Rzeszów indoor pools, this one is the most popular. The Rzeszów Sports and Leisure Centre has also an open-air swimming pool complex where people aged 50 and over can be seen more and more often. A new bathing beach, named Żwirownia ['Gravel Pit'] was opened in Rzeszów in mid-June 2004. This project turned out to be very appropriate because more than 23,000 people, with seniors representing a substantial percentage, visited that place during the summer time. Within the beach premises there are beach volleyball courts and a fast-food facility.¹⁰¹

Many sports facility construction projects are not duly completed as planned. The best example of this was the plan to build an Olympic standard pool centre. But it has not gone beyond the plans as the object was supposed to be erected as long ago as 2001.¹⁰²

Further, the situation of Rzeszów sports and recreation halls is to be presented. It is undoubtedly to begin with the Podpromie Sports and Entertainment Area which is the pride of not only Rzeszów but also, on Polish level, of the Subcarpathian region. It is multifunctional hall with a total surface area of over 15,000 square metres, and the only Polish facility of this kind that is adapted to suit disabled people's needs. The hall was put in operation again on 16 June 2002 after a long time of non-use. It has over 4,300 seats and can accommodate world-standard events. Within the hall walls, there are two side rooms with retractable seating and a special surface adapted for disabled people. One can find here fitness club, where active classes for seniors are organized.

The sports and recreation hall in the Tourism and Recreation Centre (CTiR) at the University of Information, Technology and Management (WSliZ) is the largest sports facility in the region and the third largest in Poland. The hall is 72 metres long and 34 metres wide. A thick curtain divides it into 3 parts. Each part has either a basketball, a volleyball or a tennis court – here author also met active seniors. There is a full-size football pitch along the whole length of the hall. CTiR also offers bicycle hire, gym equipment and physical exercises with

¹⁰¹ Nowiny 24, August 2013.

¹⁰² Nowiny 24, April 2015.

music.¹⁰³ The next facility worth paying attention to is the hall of the Rzeszów Sports and Leisure Centre. The hall is located in Pułaski Street in Rzeszów and is adapted for volleyball and basketball games. It has locker rooms, a rejuvenation beauty salon, a small training room and spectator seating for 750 people. The rooms in question are connected to the indoor pool building via a corridor. Individuals can have a sauna and use the gym. There is also an opportunity to attend aerobics classes addressed primarily to senior citizens.

Apart from the above-mentioned halls, Rzeszów also has a well-developed network of sports halls situated within school premises and open also to senior citizens. The sports hall in the Technical Education School Complex in Matuszczaka Street and that in the Lower-Secondary School No. 7 are particularly noteworthy.

Tennis for people aged 50 and over becomes more and more popular in the region. Tennis is one of those sports that have been considered posh for many years. One needed expensive equipment, like courts, rackets and balls to play this white sport - as tennis was named by virtue of the white sportswear. Only few people could afford it. But once the modern equipment production technologies had considerably contributed to the production cost reduction, tennis became more and more accessible and popular. New tennis courts are built in Rzeszów from time to time.

Moreover, old facilities are renovated and modernized with the purpose of attracting people interested in playing. The courts situated in Olszynki, a green area of Rzeszów (Szopena Street) definitely make up the best tennis facility. They have an ideal surface made of red clay sand. The courts are most popular during the season, not to mention the autumn and winter period because these are the only courts in Rzeszów that have an inflatable room allowing tennis players to enjoy their sport also in winters. The courts in Baranówka Street, by the Sybiraków Park make up another tennis facility. There is not very much information on this centre in the literature. The only but important information is that the courts have artificial lighting which makes night games possible.¹⁰⁴

Winter sports with elderly enthusiasts have also grown on popularity in recent years. There are several ski lifts near Rzeszów. Although their length is not impressive, they offer an ideal form of recreation because of their artificial lighting.

¹⁰³ Nowiny 24, August 2015.

¹⁰⁴ Nowiny Magazine, December 2015.

Rzeszów has been continually developing its network of sports and entertainment facilities. More and more modern structures are erected and adapted for various sports disciplines and kinds of recreation, and elderly people's needs and expectations are what has especially been taken into consideration recently. It can only be hoped that their expansion will be proceeding smoothly so that the residents of Rzeszów and the region can enjoy using them.

CHAPTER

IV

PHYSICAL ACTIVITY AS A KEY PART OF PSYCHO-SOCIAL HEALTH AT GENERATION 50+ WITH PARTICULAR REGARD TO THE SUBJECTIVE AND OBJECTIVE BARRIERS – ANALYZE OF RESEARCH RESULTS AND DISCUSSION

Based on the data obtained from the survey, it was possible to find relationships between the particular features of the respondent group and the studied socio-demographic variables. The Chi-Square Test of Independence (CSTI) was used to analyse the features. This test is used inter alia to compare the qualitative and quantitative characteristics, and the research in question is the case.

The CSTI table is the basis for the verification of the non-parameter hypothesis saying that there is no relationship between the features (variables) in the population surveyed.

The verification of the null and alternative hypothesis for a relationship requires the use of the χ^2 statistics, the value of which is calculated using the formula:

$$\chi_{obl}^2 = \sum_{i=1}^r \sum_{j=1}^k \frac{(n_{ij} - \hat{n}_{ij})^2}{\hat{n}_{ij}}$$

where:

n_{ij} – number of elements of the sample,

\hat{n}_{ij} – theoretical (expected) number,

k – number of columns in the CSTI table,

r – number of rows in the CSTI table.

From the tables for the chi-square distribution we measure the χ^2 statistics value with validity level α and with $(r-1)(k-1)$ degrees of freedom, that is: $\chi_{\alpha; (r-1)(k-1)}^2$.

If $\chi_{obl}^2 \geq \chi_{\alpha; (r-1)(k-1)}^2$, we reject the null hypothesis and accept the alternative hypothesis speaking for a relationship. The further analysis compares the read and the calculated statistics, and also provides empirical and theoretical number tables for relationships in order to show the statistics because the discrepancies between the observed and the hypothetical distributions affect the measure of discrepancy, that is, the χ^2 statistics. All χ^2 values measured with validity level $\alpha = 0.05$. The “*” symbol means a statistical relationship between a given feature of the population and the measured socio-demographic variable. The dependency table shows a difference between the actual number “ n ” and the corresponding expected number “ \hat{n} ”.

Question 1

How well do you assess your physical fitness?

Respondents' assessment of their physical fitness	<i>N</i>		TOTAL
	Sex		
	Women	Men	
Very good	146	224	370
Good enough	198	82	280
Poor	22	18	40
TOTAL	366	324	690

Source: Author's elaboration

Analysis and conclusions drawn from the research:

There is a relationship between sex, sporting traditions, instructors' encouragement, the assessment of the standard of living and the respondents' assessment of their physical fitness. The significant differences between the actual and the expected numbers are easy to notice. This consequently shows that there is a strong relationship between the respondents' sex and their assessment of their physical fitness. Men much more often than women considered their physical fitness good or very good. In addition according to observation, physical activity carried out systematically and properly organized, including medical control, affects the positive changes taking place in the body of the elderly. The most important courses of action include:

- regulate emotional states and improve intellectual performance,
- improve the physical fitness, including flexibility, muscle strength, agility and overall mobility,
- controlling body weight, obesity and overweight,
- prevent disease type of diabetes (insulin resistant), maintaining an appropriate level of lipids in the blood,
- take care about correct pressure and prevention of coronary artery disease,

- minimizing the danger of cancer incidence type of endometrial cancer, breast cancer and prostate cancer,
- counteracting osteoporosis,
- strengthening the immune system.

Respondents' assessment of their physical fitness	N		TOTAL
	Sporting traditions		
	Yes	No	
Very good	210	160	370
Good enough	134	146	280
Poor	36	4	40
TOTAL	380	310	690

Source: Author's elaboration

Analysis and conclusions drawn from the research:

There is a statistical relationship between the existence of a sporting tradition within the population surveyed and the assessment of own physical fitness. Individuals from families with sporting traditions much more rarely perceive their physical fitness as good enough (or poor); individuals from families without sporting traditions more often consider their physical fitness good enough.

Assessment of own physical fitness	N		TOTAL
	Instructors' encouragement		
	Yes	No	
Very good	122	248	370
Good enough	60	220	280
Poor	6	34	40
TOTAL	188	502	690

Source: Author's elaboration

Analysis and conclusions drawn from the research:

There is a statistical relationship between the present or missing encouragement of the instructors to the seniors surveyed and their assessment of their physical fitness. Individuals encouraged by their instructors more often consider their physical fitness very good. Those who are not encouraged by their instructors more often consider their physical fitness good.

Assessment of own physical fitness	N			TOTAL
	Family standard of living			
	Average	Good	Very good	
Very good	76	176	118	370
Good enough	76	122	82	280
Poor	24	6	10	40
TOTAL	176	304	210	690

Source: Author's elaboration

Analysis and conclusions drawn from the research:

There is a statistical relationship between the respondents' standard of living and their assessment of their physical fitness. Those who describe their standard of living as average, more rarely find their physical fitness very good (and more often - poor). The other features of the group surveyed do not affect the variable statistically.

Question 2

Where do you usually spend your free time?

The χ^2 values for each of the features fulfil the condition $\chi^2_{\text{calc.}} < \chi^2_{\text{meas.}}$, and therefore none of the features of the population surveyed show any correlation with the place of leisure chosen by the respondent in a year.

Question 3

Do you practise any sport during your leisure time?

Sport practised during leisure time	N		TOTAL
	Sex		
	Women	Men	
Yes - as a form of recreation	212	192	404
Yes - as competitive sport	68	104	172
No	86	28	114
TOTAL	366	324	690

Source: Author's elaboration

Analysis and conclusions drawn from the research:

There is a statistical relationship between sex and practising any sport during leisure time or not. Men much more often than women take part in competitive sports; women more often than men do not practise any sport at all. Physical activity undertaken on a regular basis and not incidentally and maintained within the limits of its tolerance gives as a result not only in muscle mass, strengthen the bones and joint connections, but also higher heart weight, (which makes it much stronger), lowering of blood pressure, heart rate, respiratory rate exemption, etc. These are all indicators of training process occurring in human.

Sport practised during leisure time	N		TOTAL
	Age		
	50-60	60 +	
Yes - as a form of recreation	218	186	404
Yes - as competitive sport	114	58	172
No	52	62	114
TOTAL	384	306	690

Source: Author's elaboration

Analysis and conclusions drawn from the research:

There is a statistical relationship between the age category and practising (or not) any sport during leisure time. Individuals from the age of 50-60 category more rarely practise selected sports disciplines compared to 60+ respondents.

Sport practised during leisure time	N		TOTAL
	Sporting traditions		
	Yes	No	
Yes - as a form of recreation	198	206	404
Yes - as competitive sport	100	72	172
No	82	32	114
TOTAL	380	310	690

Source: Author's elaboration

Analysis and conclusions drawn from the research:

There is a statistical relationship between sporting traditions and practising (or not) any sport during leisure time. Compared to the respondents from families where no sporting traditions were cultivated, those from families with sporting traditions much more often take part in competitive sports or practise no sport at all, and more rarely take part in sports as a form of recreation.

Hypothesis number 3: “It is assumed that family has no influence on senior citizens’ participation in fitness activities” has been confirmed in author’s research process.

Sport practised during leisure time	N		TOTAL
	Instructors' encouragement		
	Yes	No	
Yes - as a form of recreation	104	300	404
Yes - as competitive sport	68	104	172
No	16	98	114
TOTAL	188	502	690

Source: Author's elaboration

Analysis and conclusions drawn from the research:

There is a statistical relationship between the fact that the respondents are encouraged (or not) by their instructors and the fact that the respondents take part (or not) in any sport during their leisure time. Respondents encouraged by their instructors more often take part in competitive sports; respondents who are not encouraged more often practise no sportive activities. The other features of the group surveyed do not affect the variable statistically.

Hypothesis number 4: "It is assumed that instructor involved in organized fitness activities have a decisive influence on senior citizens' participation in such activities" has been confirmed in author's research process.

Question 4

Which of the behaviour patterns do you prefer in your leisure time?

Behaviour patterns preferred in leisure time	N		TOTAL
	Sex		
	Women	Men	
Intellectual	24	24	48
Social	30	8	38
Artistic	42	6	48
Sport-related	180	252	432
Tourist	90	34	124
TOTAL	366	324	690

Source: Author's elaboration

Analysis and conclusions drawn from the research:

There is a strong statistical relationship between sex and the preferred behaviour patterns. Compared to women, men prefer the sport-related behaviour pattern, while women - the artistic and tourist patterns. According to author's opinion the purpose of education to leisure is to equip the unit in the skills and habits of the proper organization of leisure. To achieve this purpose different activities in the field of leisure ought to be served: physical, artistic, technical, cultural, entertainment facilities and social activities, providing valuable entertainment and pleasure, what at the same time contributes to comprehensive development of personality.

Behaviour patterns preferred in leisure time	N		TOTAL
	Instructors' encouragement		
	Yes	No	
Intellectual	8	40	48
Social	8	30	38
Artistic	14	34	48
Sport-related	140	292	432
Tourist	18	106	124
TOTAL	188	502	690

Source: Author's elaboration

Analysis and conclusions drawn from the research:

There is also a small statistical relationship between the present or missing encouragement of instructors and the preferred behaviour pattern. Senior citizens encouraged by their instructors prefer the sport-related behaviour pattern. The other features do not show any statistical correlation with the variable.

Hypothesis number 4: “It is assumed that instructor involved in organized fitness activities have a decisive influence on senior citizens’ participation in such activities” has been confirmed in author’s research process.

Question 5

Name the types of activity that give you special satisfaction.

Types of activity giving respondents special satisfaction	N		TOTAL
	Sex		
	Women	Men	
Practising sports	264	254	518
Trips away from home	270	146	416
Watching TV	208	164	372
Web surfing	196	160	356
Parlour games	90	212	302
Other	70	38	108
TOTAL	1098	974	2072

Source: Author's elaboration

Analysis and conclusions drawn from the research:

There is only a strong statistical relationship between sex and the type of favoured activity. The other features do not show any correlation with the variable. Compared to men, women more often go on a trip away from home but are more rarely interested in parlour games.

Question 6

What is the main aim of your sports and leisure activities?

Aim of chosen sports and leisure activities	N		TOTAL
	Sex		
	Women	Men	
Entertainment, pleasure	260	238	498
Sports success	62	156	218
Rest from duties	88	102	190
Health maintenance	98	88	186
Physical condition improvement	156	150	306
Making new friends	78	38	116
Keeping figure	182	82	264
Desire to change the place of stay	54	34	88
Escape from everyday problems	74	40	114
Spending time with family	50	44	94
TOTAL	1102	972	2074

Source: Author's elaboration

Analysis and conclusions drawn from the research:

There is a strong statistical relationship between sex and the aim of the respondents' sporting and recreational activities. The other features do not show any correlation with the variable. Women more rarely than men choose sports success as the aim of their sporting

activities but more often point out making new friends or keeping their figure to be the aim. Physical activity is an integral component of the full development of human personality, and is now considered to be an integral part of the general education of human. A wide range of options for physical activity gives a chance to all social groups. Undoubtedly, physical activity of older people is a desirable factor in ensuring proper health and comfort of life - it has the effect of prolonging the time in which older people are self-contained, independent of assistance and care of other people, and above all brings them joy and satisfaction. For older people, increased physical activity is particularly important. Also, physical activity has beneficial effects on mental state and can effectively counteract the reluctance of seniors to perform physical exercise. Active participation in a healthy lifestyle through practicing physical exercise, proper nutrition and coping with stressful situations improves the quality of life.

Hypothesis number 1: “Research hypothesis assumes that knowledge of own health conditions, the positive effects of physical activity on health and participation in a variety of its forms in the process of successful aging, encourages and determines the positive attitude of the elderly to healthy behaviors, especially in relation to physical activity” has been confirmed in author’s research process.

Hypothesis number 7: “Physical activity helps definitely delay the process of aging and increase self – reliance on the functioning of everyday life” has been confirmed in author’s research process.

Question 7

What does your participation in sporting and recreational activities primarily depend on?

Factors in participation in sporting and recreational activities	N		TOTAL
	Sex		
	Women	Men	
Equipment owned	26	38	64
Accessibility to sports facilities	40	54	94
Individual free time amounts	258	172	430
Friends' free time amount	14	16	30
Friends' interests	16	20	36
Other	12	24	36
TOTAL	366	324	690

Source: Author's elaboration

Analysis and conclusions drawn from the research:

There is a small statistical relationship between sex and the factors influencing the respondents' participation in sporting and recreational activities. The other features do not show any correlation with the variable. Men more often than women make their participation in sporting and recreational activities conditional on sports equipment and accessibility to sports facilities but more rarely on their free time.

Question 8

What factors make it difficult for you to take part in fitness activities?

Barriers to participation in fitness activities	N			TOTAL
	Family standard of living			
	Average	High	Very high	
Poor health state	34	62	48	144
Family's reluctant attitude to physical activity	6	16	2	24
Limited access to sports and leisure facilities	60	68	52	180
Insufficient funds.	48	48	6	102
Limited number of sport activity organizers	40	78	28	146
Lack of information on organized activities	28	32	32	92
Too much time devoted to family	96	188	128	412
Fear of the unknown	48	88	58	194
No obstacles	30	62	66	158
Other	10	12	10	32
TOTAL	400	654	430	1484

Source: Author's elaboration

Analysis and conclusions drawn from the research:

There is only a strong statistical relationship between the respondents' standard of living and the factors that make it difficult for the respondents to take part in physical activity. The other features do not show any correlation with the variable. Those individuals who describe their standard of living as average point out limited access to sports facilities and insufficient funds as being barriers more often, compared to the others. Those who describe their standard of living as high, point out limited access to sports facilities as being a barrier more often, compared to the others. Those who describe their standard of living as very high point out insufficient funds as being a barrier more rarely, compared to the others, but more often point out that they see no obstacles.

Hypothesis number 6: “One can also assume that the inability to organize leisure time, difficult access to sports facilities, lack of companionship, the lack of financial resources and the fear of the reactions of the closest social environment are the main barriers limiting participation in various forms of physical activity” has been confirmed in author’s research process with particular attention to financial situation.

Hypothesis number 5: “The hypothesis assumes that the major factor limiting seniors’ physical activity is their fear of ridicule by the surrounding society” has not been confirmed in author’s research process.

Question 9

Number of persons in family

Number of persons in family	<i>N</i>		TOTAL
	Instructors' encouragement		
	Yes	No	
2	0	4	4
3	18	68	86
4	74	190	264
5	40	170	210
6	40	52	92
7	8	6	14
8	4	4	8
9 or more	4	8	12
TOTAL	188	302	690

Source: Author's elaboration

Analysis and conclusions drawn from the research:

There is a statistical relationship between the present or missing encouragement of the instructors to the seniors and the number of person in the seniors' families.

Number of persons in family	N			TOTAL
	Family standard of living			
	Average	High	Very high	
2	2	2	0	4
3	26	26	34	86
4	40	122	102	264
5	62	98	50	210
6	38	38	16	92
7	6	6	2	14
8	0	6	2	8
9 or more	2	6	4	12
TOTAL	176	304	210	690

Source: Author's elaboration

Analysis and conclusions drawn from the research:

There is a statistical relationship between the family standard of living and the number of persons in the family.

Question 10

How well do you assess your family's standard of living?

Own assessment of family standard of living	<i>N</i>		TOTAL
	Sporting traditions		
	Yes	No	
Very low	16	0	16
Low	14	8	22
Average	82	56	138
High	172	132	304
Very high	96	114	210
TOTAL	380	310	690

Source: Author's elaboration

Own assessment of family standard of living	N			TOTAL
	Family standard of living			
	Average	High	Very high	
Very low	16	0	0	16
Low	22	0	0	22
Average	138	0	0	138
High	0	304	0	304
Very high	0	0	210	210
TOTAL	176	304	210	690

Source: Author's elaboration

Analysis and conclusions drawn from the research:

There is a relationship between parents' education level, the presence of sporting traditions, the family's standard of living and the respondents' assessment of their family's standard of living. The other features do not indicate any correlation with the variable. The greatest relationship is naturally between the family standard of living and the respondents' assessment of their standard of living.

Question 11

What sports and recreational equipment do you own?

Sports and recreational equipment owned	<i>n</i>			TOTAL
	Family standard of living			
	Average	High	Very high	
Caravan	2	14	16	32
Tent	80	194	160	434
Sleeping bags	118	248	192	558
Bike	154	282	206	642
Hiking shoes	24	104	108	236
Skis	38	130	118	286
Snowboard	10	26	38	74
Other	72	98	78	248
TOTAL	498	1096	916	2510

Source: Author's elaboration

Analysis and conclusions drawn from the research:

There is only a relationship between the family standard of living and the kind of sports and recreational equipment owned by the respondents. The other features do not show any correlation with the variable.

No data are available for four of the respondents. Respondents from families with the average standard of living more often own bikes, more rarely hiking equipment or skis - this kind of sports equipment is more often owned by respondents from families with a very high standard of living.

Hypothesis number 6: “One can also assume that the inability to organize leisure time, difficult access to sports facilities, lack of companionship, the lack of financial resources and the fear of the reactions of the closest social environment are the main barriers limiting participation in various forms of physical activity” has been confirmed in author’s research process with particular attention to financial situation.

Question 12

Do you take part in the forms of activity you specified during weekends and holidays?

Participation in activities during weekends and holidays	<i>N</i>		TOTAL
	Age		
	50-60	60+	
Yes	304	184	488
No	80	122	202
TOTAL	384	306	690

Source: Author’s elaboration

Analysis and conclusions drawn from the research:

This variable, that is participation in activities during weekends and holidays correlate with such features as sex and instructors’ encouragement. The variable correlates with the other

features. Compared to 60+ seniors, those aged 50-60 more often take part in physical activity during weekends and holidays.

Participation in activities during weekends and holidays	N		TOTAL
	Sporting traditions		
	Yes	No	
Yes	250	238	488
No	130	72	202
TOTAL	380	310	690

Source: Author's elaboration

Analysis and conclusions drawn from the research:

Respondents from families without sporting traditions more often take part in physical activity on weekends and holidays.

Participation in activities during weekends and holidays	N			TOTAL
	Family standard of living			
	Average	High	Very high	
Yes	100	224	164	488
No	76	80	46	202
TOTAL	176	304	210	690

Source: Author's elaboration

Analysis and conclusions drawn from the research:

Seniors from families with the average standard of living more rarely take part in fitness activities on weekends and holidays. Seniors from families with the very high standard of living more often take part in recreation on weekends and holidays.

Hypothesis number 6: “One can also assume that the inability to organize leisure time, difficult access to sports facilities, lack of companionship, the lack of financial resources and the fear of the reactions of the closest social environment are the main barriers limiting participation in various forms of physical activity” has been confirmed in author’s research process with particular attention to financial situation.

What forms of recreation do you take part in?

For the χ^2 values measured with validity level $\alpha = 0.05$ and seven (fourteen for the standard of living feature) degrees of freedom (because no data are available for 98 respondents), no feature correlates with the variable. For the χ^2 values measured with validity level $\alpha = 0.05$ and eight (sixteen for the standard of living feature) degrees of freedom (i.e. with the data unavailability not taken into account), no feature correlates with the variable, that is, no feature determines the choice of the form of recreation.

Question 13

Do you go on trips away from home during summer or winter holiday time?

Trips away from home during summer or winter holiday time	<i>N</i>		TOTAL
	Sporting traditions		
	Yes	No	
Very often	104	144	248
Sometimes	176	128	304
Very rarely	78	30	108
Never	22	8	30
TOTAL	380	310	690

Source: Author's elaboration

Analysis and conclusions drawn from the research:

There is a relationship between sporting traditions and joint family trips away from home during summer or winter holiday time. Seniors from families without sporting traditions use to go on trips more often.

Trips away from home during summer or winter holiday time	N			TOTAL
	Family standard of living			
	Average	High	Very high	
Very often	32	100	116	248
Sometimes	70	150	84	304
Very rarely	54	44	10	108
Never	20	10	0	30
TOTAL	176	304	210	690

Source: Author's elaboration

Analysis and conclusions drawn from the research:

There is a relationship between the family standard of living and joint trips away from home during summer or winter holiday time. Individuals from families with the average standard of living more rarely go on trips away from home. Individuals from families with the high and very high standards of living more often go on trips away from home.

Question 14

Do you take part in organized forms of leisure away from home?

Participation in organized forms of physical activity away from home	N		TOTAL
	Instructors' encouragement		
	Yes	No	
Yes	142	318	460
No	46	182	228
TOTAL	188	500	688

Source: Author's elaboration

Analysis and conclusions drawn from the research:

There is a relationship between instructors' encouragement and the respondents' participation in organized forms of leisure. Those encouraged by their instructors more often take part in organized forms of leisure. Older people through participation in physical activities and taking physical activity have an opportunity to find new values, as well as the joy of life.

Hypothesis number 4: "It is assumed that instructor involved in organized fitness activities have a decisive influence on senior citizens' participation in such activities" has been confirmed in author's research process.

Participation in organized forms of physical activity away from home	N			TOTAL
	Family standard of living			
	Average	High	Very high	
Yes	86	206	168	460
No	90	96	42	228
TOTAL	176	302	210	688

Source: Author's elaboration

Analysis and conclusions drawn from the research:

There is a quite strong statistical relationship between the family standard of living and senior citizens' participation in organized forms of leisure. Those who describe their family's standard of living as very high more often take part in organized forms of leisure. The other features do not show any correlation with the variable.

What forms of physical activity do you take part in away from home?

Forms of physical activity away from home	<i>n</i>		TOTAL
	Sporting traditions		
	Yes	No	
Sanatorium during summer time	174	194	368
Sanatorium during winter time	46	86	132
Trips with University of Third Age	30	30	60
Pilgrimages	32	30	62
Other	84	42	126
TOTAL	366	382	748

Source: Author's elaboration

Analysis and conclusions drawn from the research:

There were no data available for 113 respondents, thus 5 degrees of freedom were assumed (10 for the family standard of living feature). With validity level $\alpha = 0.05$ and the assumed number of degrees of freedom, the variable only correlates with sporting traditions. The other features do not indicate any correlation. Seniors from families without sporting traditions more often go to sanatoriums in winter time. Seniors from families with sporting traditions more often choose other forms of holiday leisure (e.g. individual forms).

Participation in locally organized forms of physical activity	N		TOTAL
	Sex		
	Women	Men	
Yes	190	250	480
No	176	74	250
TOTAL	366	324	690

Source: Author's elaboration

Analysis and conclusions drawn from the research:

There is a relationship between sporting traditions, instructors' encouragement, the assessment of the standard of living and the willingness to take part in organized forms of physical activity. There is a relationship between sex and the fact that the respondent likes organized activities or not. Men are more willing than women to take part in organized forms of physical activity.

Participation in locally organized forms of physical activity	<i>n</i>		TOTAL
	Sporting traditions		
	Yes	No	
Yes	224	216	440
No	156	94	250
TOTAL	380	310	690

Source: Author's elaboration

Analysis and conclusions drawn from the research:

There is a relationship between sporting traditions and the fact that the respondent likes organized forms of physical activity or not. Individuals from families without sporting traditions are more willing to take part in organized forms of physical activity. Individuals from families with sporting traditions are reluctant to take part in organized forms of physical activity.

Participation in locally organized forms of physical activity	<i>N</i>		TOTAL
	Instructors' encouragement		
	Yes	No	
Yes	154	286	440
No	34	216	250
TOTAL	188	502	690

Source: Author's elaboration

Analysis and conclusions drawn from the research:

There is a strong statistical relationship between instructors' encouragement and the fact that the respondents like organized forms of physical activity or not. Individuals encouraged by their instructors are more willing to take part in organized forms of physical activity.

Hypothesis number 4: "It is assumed that instructor involved in organized fitness activities have a decisive influence on senior citizens' participation in such activities" has been confirmed in author's research process.

Participation in locally organized forms of physical activity	N			TOTAL
	Family standard of living			
	Average	High	Very high	
Yes	96	220	124	440
No	80	84	86	250
TOTAL	176	304	210	690

Source: Author's elaboration

Analysis and conclusions drawn from the research:

There is a statistical relationship between the family standard of living and the fact that seniors like locally organized forms of physical activity or not. Those who describe their standard of living as average are reluctant to take part in organized forms of physical activity. Those who describe their standard of living as high willingly take part in organized forms of physical activity. The strongest relationship is between sex and the instructor's encouragement.

Why do you willingly take part in locally organized forms of physical activity ?

Positive reasons for participation in locally organized forms of physical activity	<i>n</i>		TOTAL
	Sex		
	Women	Men	
Positive attitude towards any form of physical activity	140	180	320
The activities are attractive	36	54	90
The instructor can get the participants interested in the activities	22	56	78
Physical fitness improvement	132	174	306
Positive attitude towards sporting rivalry	52	126	178
Health improvement	34	20	54
Other	20	16	36
TOTAL	436	626	1062

Source: Author's elaboration

Analysis and conclusions drawn from the research:

There were no data available for 124 respondents, thus 7 degrees of freedom were assumed (14 for the family standard of living feature). With validity level $\alpha = 0.05$ and the assumed number of degrees of freedom, the variable only correlates with the respondents' sex. The other features do not indicate any correlation. Men more often than women favour sporting rivalry and claim that their instructor can get them interested in sports. Older people through

participation in physical activities and taking physical activity have an opportunity to find also new values, as well as the joy of life.

Question 15

Where do the fitness activities you take part in usually take place?

Preferred place of participation on fitness activities	N		TOTAL
	Sex		
	Women	Men	
Fitness club	328	210	538
Sports and recreation halls	20	30	50
Open air	0	6	6
Indoor swimming pool	16	24	40
Tennis court	2	54	56
TOTAL	366	324	690

Source: Author's elaboration

Analysis and conclusions drawn from the research:

There is a strong statistical relationship between sex and the fitness activity places preferred by senior citizens. Men more rarely favour fitness clubs, they more often go in for sports halls.

Preferred place of participation on fitness activities	<i>N</i>		TOTAL
	Age		
	50-60	60+	
Fitness club	288	250	538
Sports and recreation halls	34	16	50
Open air	2	4	6
Indoor swimming pool	34	6	40
Tennis court	26	30	56
TOTAL	384	306	690

Source: Author's elaboration

Analysis and conclusions drawn from the research:

There is a relationship between the age bracket and the preferred fitness activity places. Senior citizens aged 60 and below more often prefer activities in sports halls or indoor swimming pools.

Preferred place of participation on fitness activities	<i>N</i>		TOTAL
	Instructors' encouragement		
	Yes	No	
Fitness club	152	386	538
Sports and recreation halls	0	50	50
Open air	2	4	6
Indoor swimming pool	12	28	40
Tennis court	22	34	56
TOTAL	188	502	690

Source: Author's elaboration

Analysis and conclusions drawn from the research:

There is a relationship between instructors' encouragement and the preferred fitness activity places. Individuals encouraged by their instructors more often take part in the activities offered by a fitness club. Those who are not encouraged more often choose sports hall activities.

Question16

Does your instructor encourage you to take part in chosen forms of physical activity in your free time?

Instructors' encouragement to the respondents to take part in chosen forms of physical activity in their individual free time.	N		TOTAL
	Sporting traditions		
	Yes	No	
Yes	86	102	188
No	292	208	500
TOTAL	378	310	688

Source: Author's elaboration

Analysis and conclusions drawn from the research:

There is a statistical relationship between sporting traditions and instructors' encouragement to the respondents take part in chosen forms of physical activity in their individual free time. Respondents from families with sporting traditions are more rarely encouraged by their instructors to take part in chosen forms of physical activity in their individual free time.

Question 17

Do sports institutions/organizations fulfil your needs for physical activity?

Level of fulfilment of the respondents' needs for physical activity by sports institutions/organizations	<i>N</i>		TOTAL
	Instructors' encouragement		
	Yes	No	
Yes	38	56	94
No	44	170	214
Partly	106	276	382
TOTAL	188	502	690

Source: Author's elaboration

Analysis and conclusions drawn from the research:

There is only a statistical relationship between instructors' encouragement and the level of fulfilment of the respondents' needs for physical activities by sports institutions/organizations. The other features do not indicate any correlation with the variable. Individuals encouraged by their instructors more often think that sports institutions/organizations fulfil their needs for physical activity.

Question 18

What forms of physical activity give you special pleasure?

There is a relationship between sex, age, instructors' encouragement and the forms of physical activity preferred by senior citizens.

Preferred forms of physical activity	<i>N</i>		TOTAL
	Sex		
	Women	Men	
Organized by sports and entertainment institutions	68	108	176
In the family circle	36	28	64
In a circle of friends	212	150	362
Individual activity	50	38	88
TOTAL	366	324	690

Source: Author's elaboration

Analysis and conclusions drawn from the research:

There is a statistical relationship between sex and the preferred forms of physical activity. Men prefer organized activities and activities in a circle of friends.

Preferred forms of physical activity	N		TOTAL
	Age		
	50-60	60+	
Organized by sports and entertainment institutions	110	66	176
In the family circle	46	18	64
In a circle of friends	178	184	362
Individual activity	50	38	88
TOTAL	384	306	690

Source: Author's elaboration

Analysis and conclusions drawn from the research:

There is a statistical relationship between age and the preferred forms of physical activity. 60+ seniors prefer physical activity in a circle of friends. Seniors aged 50-60 go in for activities organized by sports institutions.

Preferred forms of physical activity	N		TOTAL
	Instructors' encouragement		
	Yes	No	
Organized by sports and entertainment institutions	88	88	176
In the family circle	14	50	64
In a circle of friends	70	292	362
Individual activity	16	72	88
TOTAL	188	502	690

Source: Author's elaboration

Analysis and conclusions drawn from the research:

There is a statistical relationship between instructors' encouragement and the forms of physical activity preferred by the respondents. Respondents encouraged by their instructors prefer activities organized by institutions. Those who are not encouraged by instructors prefer physical activity in a circle of friends. The other features do not show any correlation with the variable tested.

Question 19

Do organized activities have any influence on your physical activity in your free time?

There is a relationship between age, instructors' encouragement and the respondents' willingness to take part in physical activity in their free time.

Influence of organized activities on the respondents' physical activity in their free time	<i>N</i>		TOTAL
	Age		
	50-60	60+	
Definitely yes	84	214	298
Yes	114	120	234
That does not matter to me	64	62	126
No	14	18	32
TOTAL	276	414	690

Source: Author's elaboration

Analysis and conclusions drawn from the research:

There is a relationship between the age bracket and the fact that the senior wants to spend his or her free time after organized activities or not. 60+ individuals much more often and definitely declare their willingness to take part in physical activity in their free time.

Influence of organized activities on the respondents' physical activity in their free time	N		TOTAL
	Instructors' encouragement		
	Yes	No	
Definitely yes	102	196	298
Yes	64	170	234
That does not matter to me	22	104	126
No	0	32	32
TOTAL	188	502	690

Source: Author's elaboration

Analysis and conclusions drawn from the research:

There is a relationship between instructors' encouragement and the fact that the senior wants to spend his or her free time after organized activities or not. Respondents encouraged by their instructors much more often and definitely declare their willingness to take part in physical activity in their free time. Those seniors who are not encouraged by instructors more often claim that the fact of taking part in physical activity in their free time does not matter to them. The other features do not show any correlation with the variable.

Hypothesis number 4: "It is assumed that instructor involved in organized fitness activities have a decisive influence on senior citizens' participation in such activities" has been confirmed in author's research process.

Question 20

Who has a decisive influence on your participation in physical activity?

There is a relationship between sex, the age bracket, instructors' encouragement and persons/institutions having an influence on the surveyed seniors' participation in physical activity.

Persons/institutions having a decisive influence on seniors' participation in physical activity	<i>N</i>		TOTAL
	Sex		
	Women	Men	
Spouse/companion	104	102	206
Offspring	20	4	24
Sports/recreation instructor	36	26	62
Church organizations	10	20	30
University of the Third Age	30	56	86
Friends	166	116	282
TOTAL	366	324	690

Source: Author's elaboration

Analysis and conclusions drawn from the research:

There is a relationship between sex and the question as to who has a decisive influence on the surveyed seniors' participation in physical activity. Men are influenced by the University of the Third Age to a greater extent than women are, while women are influenced by their friends and sports instructors.

Hypothesis number 2: “The activities offered by the University of the Third Age have significantly contributed to the higher level of seniors’ physical activity” has been confirmed only among men in author’s research process.

Persons/institutions having a decisive influence on seniors’ participation in physical activity	N		TOTAL
	Age		
	50-60	60+	
Spouse/companion	134	72	206
Offspring	8	16	24
Sports/recreation instructor	38	24	62
Church organizations	24	6	30
University of the Third Age	34	52	86
Friends	146	136	282
TOTAL	384	306	690

Source: Author’s elaboration

Analysis and conclusions drawn from the research:

There is a relationship between the age bracket and the question as to who has a decisive influence on the surveyed seniors’ participation in physical activity. Seniors aged 50-60 are mostly influenced by their spouses/companions and church organizations, while those over 60 are mostly influenced by the University of the Third Age and by their friends.

Hypothesis number 2: “The activities offered by the University of the Third Age have significantly contributed to the higher level of seniors’ physical activity” has not been confirmed among seniors aged 50-60 in author’s research process.

Hypothesis number 2: “The activities offered by the University of the Third Age have significantly contributed to the higher level of seniors’ physical activity” has been confirmed mostly among 60+ generation in author’s research process.

Persons/institutions having a decisive influence on seniors’ participation in physical activity	N		TOTAL
	Instructors’ encouragement		
	Yes	No	
Spouse/companion	52	154	206
Offspring	6	18	24
Sports/recreation instructor	14	48	62
Church organizations	12	18	30
University of the Third Age	40	46	86
Friends	64	218	282
TOTAL	188	502	690

Source: Author’s elaboration

Analysis and conclusions drawn from the research:

There is a relationship between instructors’ encouragement and the question as to who has a decisive influence on the surveyed seniors’ participation in physical activity. The other features do not indicate any correlation with the variable. Individuals encouraged by their instructors more often think that their participation in physical activity is influenced by the University of the Third Age. Those who are not encouraged by instructors more often think that their recreational activities are influenced by their friends.

Personal data

The 'sex' feature is one that results from the variable, so the chi-square test indicates a strong relationship. The table below shows very significant differences between the actual number and the expected number. None of the other features indicates any correlation.

Sex	N		TOTAL
	Sex		
	Women	Men	
Women	366	0	366
Men	0	324	324
TOTAL	366	324	690

Source: Author's elaboration

The 'age' feature is one that results from the variable, so the test indicates a strong relationship. This feature also correlates with the 'instructors' encouragement' feature. The other features do not indicate any correlation. The numbers for the above features are shown in the two next tables.

Age	N		TOTAL
	Age		
	50-60	60+	
50-60	110	158	268
60+	274	148	422
	384	306	690

Source: Author's elaboration

Permanent place of residence	N		TOTAL
	Age		
	50-60	60+	
Rzeszów	348	294	642
Other city/town	36	12	48
TOTAL	384	306	690

Source: Author's elaboration

CONCLUSIONS

According to the the current threats of civilization particular importance must be attributed to the physical activity, and above all to the active leisure behaviors. Living and working conditions in a highly urbanized and industrialized society impose the need to participate in physical activity that compensate for a shortage of physical activity, what is observed not only among children and adults but also among seniors, who are group of particular interest of author.

Old age is a natural phase in life of each human being, which occurs after the period of youth and maturity. It is the result of dynamic process of aging and is associated with changes in the body, which in consequence lead to the deterioration of overall performance and efficiency of the systems and organs, weakening of immune forces, increased risk of disease, limited capabilities and changes in the social functioning.¹⁰⁵ 21st century – with progress achieved — for example, in areas such as biomedical sciences, gerontology or geriatrics, gives great hope to the elderly. At the same time, research in these areas prove that the aging process is unavoidable and about how long a man lives and in what state, is not only determined by biological factors, but also his physical activity and mental capacity. In addition, a positive attitude toward the inevitable aging process will allow for a significant extension of the individual's life and at the same time to enhance the quality of life.¹⁰⁶

Physical activity of generation 50+, considered to be the young discipline of physical culture, has been experiencing a period of dynamic changes of quantitative and qualitative. The scale and scope of these changes decide on the shape of the future pattern of the use of physical activities in creating lifestyle. Physical activity among seniors also known as sport for all has become a phenomenon of global dimension. Active recreation has turned over the 20th century from an elite form of leisure to popular and available forms of activity.

Studies show that the percentage of the population practicing in sport activities in Poland generally ranges to less than 40%. It can be concluded that Polish society is not enough involved in process of regular physical activity. Source of this passivity is in the public consciousness unfortunately, but also in group beliefs, value systems and in cultural patterns.

In society as a result of the conflicting information on physical activity, various barriers have been emerging, what was described and discussed in thesis.

¹⁰⁵ A. Birch, *Psychologia rozwojowa w zarysie*, PWN, Warszawa 2005.

¹⁰⁶ A. Grzanka-Tykwińska, K. Kędziora-Kornatowska, *Znaczenie wybranych form aktywności w życiu osób w podeszłym wieku*, *Gerontologia Polska Via Medica*, Tom 18, Nr 1, 2010, p. 32.

The purpose of education to physical activity in leisure time is to equip the unit in the skills and habits of the proper organization of leisure. To achieve this purpose different activities in the field of leisure ought to be served: physical, artistic, technical, cultural, entertainment facilities and social activities, providing valuable entertainment and pleasure, what at the same time contributes to comprehensive development of human being.

One of the conditions of maintaining and improving health knowledge and skills among discussed groups is to keep the rules and principles of healthy lifestyle. Within recent years, health education and health promotion, understood as the process of enabling people to increase control, improve and maintain their health has become an important component of health policy at the international level.

On the base of observation and conducted researches the author of thesis proposes actions to establish public health policy among seniors, shape of environments conducive to health, promotion of healthy attitudes and learn behaviors with such attitudes, as well as targeting health-care activities in health promotion.

Fortunately, at present more and more attention is paid to the quality of life of the elderly. Older age should not be associated with condition, in which a person is unable to cope with basic activities of life and constantly needs the care of others, whether it is a burden to his family. Changes that occur after the entries into this period are not necessarily associated with just a prospect of old age.

More and more people after retirement still lead or just start to lead an active lifestyle. The fact is that the aging process is associated with the inevitable deterioration of health, cognitive abilities, social skills and professional one.

However, in recent years there have been changes that relate to the constant improvement of the health of seniors and increase the interest in the concept of successful aging. It is also maintaining social contacts and social activity. More and more seniors are involved in voluntary activities, which were mentioned in chapter of thesis by author. In order to activate life of the elderly, for those who are withdrawn socially and reluctant to take actions, are created a number of Senior Clubs and various associations involved in the organization of leisure time for the elderly, it was also described in one of the thesis' chapters.

The myth and negative stereotype is that older people just sit at home and watch TV, and the only way to go out of the house is to go for necessary shopping. These people also want to live normally and enjoy the time that is left to them.

It is obviously true that their activity is less than the activity of the young society, but it stems from fatigue and various diseases that afflict them.

More and more people consider “autumn of life” as a time of great opportunities, the culmination of earlier struggles. Is it a time to have reflection on their past life, but also a chance for future development and self - education.

Years, in which the units are already free from parental responsibilities and professional work, are often called “The third age”. In this period - more than ever in the past period of life - older people can lead free, independent lifestyle, travel, improve their education or acquire new practical and social skills.

Health promotion depends primarily on seniors themselves, but also on the communities to which they belong: family, friends, and different kinds of organizations, what was also discussed by author of thesis. It is important to mention that their activities were oriented to the same values.

Within the promotion of seniors’ active lifestyle, among others emphasize issues related to physical activity. Speaking of educational programs and health promotion actions in the prevention of civilization diseases, these courses of action should be focused on regular exercise programs, both in shaping and maintaining healthy attitudes for seniors.

Changing attitudes on pro-active seniors may prove to be the best preventive gerontology, the cheapest drug without side effects. In order to fulfill one of the objectives of global policy for the elderly health promotion and welfare, one need to act regularly and permanently, because there is no time to wait for this social group.

Economic calculations have proved that prevention is much cheaper than treatment, and health point of view much more desirable. It's better to prevent, but the implementation of everyday life as a model of conduct is very difficult.

At present, based on the recommendations of the World Health Organization, experiences of other countries and author’s research results, one must take planned actions aimed to promote healthy aging. This effort should primarily be taken by the health facility and the local community as well. The possibility of cooperation with state bodies, and health facilities located within the district may be also a chance to act effectively in the future.

Finally, as it is rightly indicated by many authors, the factors that mostly affect aging involution process is passivity and lack of life goals. A man must give character and sense of own life through the setting of higher and higher goals. The meaning of life sense is strongly felt by the people in old age, and its implementation is important from the point of view of psychological balance. Man, who is responsible for the meaning of life will be easier to overcome a crisis of old age. The meaning of life inspired him to be an active, acting source of ambition for excellence and binding of self - realization.

REFERENCES

BASIC AND SUPPLEMENTARY REFERENCES:

Monographs and Scholarly books:

1. Alejziak W., 1999. *Turystyka w obliczu wyzwań XXI wieku*, Kraków, Albis.
2. Alejziak W., 2009. *Determinanty i zróżnicowanie społeczne aktywności turystycznej*. AWF Kraków. Studia i monografie nr 5.
3. Babbie E., 2004. *Badania społeczne w praktyce*, PWN, Warszawa.
4. Bakalarz-Kowalska B., 2012. *Aktywność fizyczna i społeczna osób trzeciego wieku*, Akademia Wychowania Fizycznego Józefa Piłsudskiego, Warszawa.
5. Banach C., 1997. *Pozaszkolna edukacja dorosłych – wobec transformacji systemowej w Polsce*, w: *Teraźniejszość i przyszłość edukacji dorosłych*, red. T. Aleksander, Biblioteka Edukacji Dorosłych tom III, Toruń.
6. Banach K., 2007. *Czas wolny w życiu ludzi starszych*, Szczecin 2007.
7. Barankiewicz J., 1998. *Leksykon wychowania fizycznego i sportu szkolnego*, Warszawa.
8. Bartyzel-Lechforowicz H., 2008. *Turystyka i rekreacja szansa rozwoju aktywności społecznej*, WSiZ Rzeszów, Rzeszów.
9. Bauman Z., 1996. *Socjologia*, Zysk i S-ka, Poznań.
10. Bień B., 2002. *Stan zdrowia i sprawność ludzi starszych* w: *Polska starość*, red. B. Synak, UG, Gdańsk.
11. Bień B., 2004. *Zafascynowani aktywnością seniorów*, w: *Dziesięć lat działalności Uniwersytetu Trzeciego Wieku w Białymstoku*, red. Rząca I, Kryszkiewicz Cz., Białystok.
12. Biliński J., Przydział M., 2004. *Nowe tendencje w turystyce i rekreacji*, Wydawnictwo WSiZ Rzeszów, Rzeszów.
13. Birch A., 2005. *Psychologia rozwojowa w zarysie*, PWN, Warszawa.
14. Błedowski P., 2012, *Raport na temat sytuacji osób starszych w Polsce*, Instytut Pracy i Spraw Socjalnych, Warszawa.
15. Bombol M., 2008. *Czas wolny jako kategoria diagnostyczna procesów rozwoju społeczno-gospodarczego*, SGHWH Oficyna Wydawnicza, Warszawa.
16. Borne H., 2001. *Aktywność turystyczna emerytów i rencistów w 2000 roku*, IT, Warszawa.
17. Bosiacki S., 2002. *Gospodarka turystyczna w XXI w.-stan obecny i perspektywy rozwoju*, AWF Poznań.

18. Bożek Z., Kwilecka M., 2006. *Bezpośrednie funkcje rekreacji*, ALMAMER, Wyższa Szkoła Ekonomiczna, Warszawa.
19. Bromley D.B., 1989. *Psychologia starzenia się*, PWN, Warszawa.
20. Brzeziński J., 1978. *Metodologiczne i psychiczne wyznaczniki procesu badawczego w psychologii*, UAM Poznań.
21. Brzeziński J., 2003. *Metodologia badań psychologicznych*, Wydawnictwo Naukowe PWN, Warszawa.
22. Bugajska B., 1997. *Uniwersytet Trzeciego Wieku jako możliwość samorealizacji*, Doświadczenie wartości samego siebie w procesach edukacyjnych, red. Tchorzewski, Bydgoszcz.
23. Burgess A., Hudec J., 2003. *Fitness and physical activity for older adult*, Steadward R.D., Wheeler G.D., Watkinson E.J., Adapted physical activity. The University of Alberta Press and The Steadward Centre.
24. Chodaczek T., 1999. *Emeryci i renciści, w: Seniorzy w społeczeństwie polskim*, GUS Warszawa.
25. Choroszuch A., 2004. *Jesienią życia też można być aktywnym*, Dziesięć lat działalności Uniwersytetu Trzeciego Wieku w Białymstoku, Białystok.
26. Cichocka M., 1995. *Psychologiczne determinanty pomocy psychologicznej dla człowieka starego*, w: Elementy psychologii klinicznej T. 4. red. B. Waligóra, Wydawnictwo Naukowe UAM, Poznań.
27. Cieloch G., Kuczyński J., Rogoziński K., 1992. *Czas wolny - czasem konsumpcji?* Państwowe Wydawnictwo Ekonomiczne, Warszawa.
28. Cieślak R., Sęk H., 2000. *Wsparcie społeczne, stres i zdrowie*, Wydawnictwo Naukowe PWN, Warszawa.
29. Czekanowski P., 2002. *Rodzina w życiu osób starszych i osoby starsze w rodzinie w: Polska starość*, red. B. Synak, UG, Gdańsk.
30. Czerniawska O., (red.), 1998. *Style życia w starości*. Łódź.
31. Czerniawska O., 1995. *Poradnictwo dla osób starszych*, w: Poradnictwo w okresie transformacji kulturowej, red. A. Kargulowa, Wrocław.
32. Czerniawska O., 1997. *Edukacja dorosłych w aspekcie czasu i przestrzeni*, w: Teraźniejszość i przyszłość edukacji dorosłych, red. T. Aleksander, Biblioteka Edukacji Dorosłych T. III, Toruń.
33. Czerniawska, O., 1996. *Edukacja osób „trzeciego wieku”*, w: Wprowadzenie do andragogiki, red. T. Wujek, Warszawa.

34. Dąbrowska G, Skrzek A., 2002. *Kultura fizyczna ludzi starych*, w: Ludzie starzy w trzecim tysiącleciu, Szanse. Nadzieje. Potrzeby, red. W. Wnuk, Wrocław.
35. Dąbrowski A., 2003. *Uczestnictwo Polaków w rekreacji ruchowej i jego uwarunkowania*, Novum, Warszawa.
36. Dąbrowski A., (red.), 2006. *Zarys teorii rekreacji ruchowej*, Warszawa: ALMAMER: Wyższa Szkoła Ekonomiczna, Warszawa.
37. Demel M., 1980. *Pedagogika zdrowia WSiP*, Warszawa.
38. Demel M., Humen W., 1970. *Wprowadzenie do rekreacji fizycznej*, Warszawa.
39. Dencikowska A., 2008. *Aktywność fizyczna jako czyn wspomagający rozwój i zdrowie*, wydawnictwo Uniwersytet Rzeszowski, Rzeszów.
40. Dencikowska A., Drozd S., Czarny W., 2008. *Aktywność fizyczna, jako czynnik wspomagający rozwój i zdrowie*, Wyd. UR, Rzeszów,
41. Denek E., 2002. *Kompendium wiedzy o turystyce*, wyd. Naukowe PWN, Warszawa.
42. Drabik J., 1995. *Aktywność fizyczna w edukacji zdrowotnej społeczeństwa*, Tom I, Gdańsk.
43. Drabik J., 1997. *Aktywność, sprawność i wydolność fizyczna człowieka*, AWF Gdańsk.
44. Drabik J., 1997. *Promocja aktywności fizycznej*, AWF Gdańsk.
45. Drozdowska I., Siwiński W. 2001. *Teoria i metodyka rekreacji (zagadnienia podstawowe)*, AWF Poznań, Poznań.
46. Dubas E., 2007. *Uniwersalne problemy andragogiki i gerontologii*, Wydawnictwo Uniwersytetu Łódzkiego, Łódź.
47. Dubas E., 2000. *Edukacja dorosłych w sytuacji samotności i osamotnienia*, Łódź.
48. Durkheim E., 2000. *Zasady metody socjologicznej*, PWN, Warszawa.
49. Dutkiewicz W., 1996. *Praca magisterska – przewodnik dla studentów pedagogiki*, DW Strzelec, Kielce.
50. Dyczewski L., 1994. *Ludzie starzy i starość w kulturze i społeczeństwie*, RW KUL, Lublin.
51. Dzięgielewska M., 2000. *Przestrzeń życiowa i społeczna ludzi starszych*, Łódź.
52. Dzięgielewska M., 1997. *Przygotowanie do starości*, Łódź.
53. Dzięgielewska M., 2006. *Wolontariat ludzi starszych*, Starzenie się a satysfakcja życia. Wydawnictwo KUL, Lublin 2006.
54. Dzięgielewska M., 2006. *Aktywność społeczna i edukacyjna w fazie starości*, [w] Szatur - Jaworska B., Podstawy gerontologii społecznej, Oficyna Wydawnicza ASPRA-JR, Warszawa 2006.

55. Dziubiński Z., 2006. *Aksjologia turystyki*: praca zbiorowa, Salezjańska Organizacja Sportowa RP, Warszawa.
56. Dziubiński Z., 2007. *Drogi i bezdroża sportu i turystyki*: praca zbiorowa. Akademia Wychowania Fizycznego Józefa Piłsudskiego w Warszawie, Salezjańska Organizacja Sportowa RP, Warszawa.
57. Dziubiński Z., 2008. *Humanistyczne aspekty sportu i turystyki* : praca zbiorowa: Akademia Wychowania Fizycznego Józefa Piłsudskiego w Warszawie, Salezjańska Organizacja Sportowa Rzeczypospolitej Polskiej, Warszawa.
58. Dziubiński Z. Krawczyk Z., 2011. *Socjologia kultury fizycznej*. Wyd. AWF Warszawa.
59. Eberhardt A., 2007. *Fizjologiczne podstawy rekreacji ruchowej (wybrane zagadnienia)*, ALMAMER Wyższa Szkoła Ekonomiczna, Warszawa.
60. Erazmus E., Trafiałek E., 1997. *Turystyka, rekreacja i inne formy aktywności jako źródło sprawności życiowej ludzi starych*: (refleksja teoretyczna a rzeczywistość). Warszawa.
61. Franken R.E., 2005. *Psychologia motywacji*, Gdańskie Wydawnictwo Psychologiczne, Gdańsk.
62. Frąckiewicz L., 2002. *Polska a Europa. Procesy demograficzne u progu XXI wieku. Proces starzenia się ludności Polski i jego społeczne konsekwencje*. Wyd. Śląsk, Katowice.
63. Frąckiewicz L., 2002. *Społeczne i ekonomiczne konsekwencje procesu starzenia się ludności* w: Polska a Europa. Procesu demograficzne u progu XXI wieku, red. L. Frąckiewicz, Katowice.
64. Frątczak E., Sobieszak A., 1999. *Sytuacja demograficzno – społeczna osób starszych*, w: Seniorzy w społeczeństwie polskim, GUS, Warszawa.
65. Gawor A., Głębocka A., 2008. *Jakość życia współczesnego człowieka. Wybrane problemy*. Wyd. Impuls, Gdańsk.
66. Gaworecki W., 1998. *Turystyka*, PWE Warszawa.
67. Gniazdowski A., 1990. *Zachowania zdrowotne: zagadnienia teoretyczne, próba charakterystyki zachowań zdrowotnych społeczeństwa polskiego*, Łódź.
68. Gore I., 1980. *Wiek a aktywność życiowa*, PZWL Warszawa.
69. Grabowski H., 1993. *O kształceniu i wychowaniu fizycznym*, AWF Kraków.
70. Grabowski H., 1990. *Teoretyczno-metodyczne przesłanki fizycznego wychowania*. AWF Kraków.

71. Gracz J, Sankowski T., 2007. *Psychologia aktywności sportowej*, Wyd. Akademia Wychowania Fizycznego, Poznań.
72. Gracz J., Sankowski T., 2001. *Psychologia w rekreacji i turystyce*, Wyd. Akademia Wychowania Fizycznego, Poznań.
73. Grzywacz R., 2008. *Turystyka i rekreacja szansą rozwoju aktywności społecznej*. Wydawnictwo WSiIZ, Rzeszów.
74. Halicka M., Halicki J., 2002. *Praca zawodowa i jej znaczenia w życiu człowieka starszego* w: Polska starość, Gdańsk.
75. Halicka M., Pędich W., 2002. *Satysfakcja życiowa ludzi starszych*, w: Polska starość , Gdańsk.
76. Halicki J., 1999. *Uniwersytety Trzeciego Wieku*, w: Raport o rozwoju społecznym aktywnej starości, CASEA, Warszawa.
77. Halicki J., 2000. *Edukacja seniorów w aspekcie teorii kompetencyjnej*, Studium historyczno – porównawcze, Białystok.
78. Hill R. D., 2009. *Pozytywne starzenie się. Młodzi duchem w jesieni życia*. Wyd. Laurun, Warszawa.
79. Homplewicz J., 2003. *Pedagogika jesieni. Problemy wychowawcze ludzi starszych*. Wyd. Politologii WSD, Rzeszów.
80. Hrapkiewicz H., 2002. *Sytuacje trudne w starszym wieku i próba ich rozwiązania* w: Ludzie starsi w trzecim tysiącleciu. Szanse – nadzieje - potrzeby. red. Wnuk W., Wrocław.
81. Hurrelmann K., 1994. *Struktura społeczna a rozwój osobowości. Wprowadzenie do teorii socjalizacji*, Poznań.
82. Jaczewski A. (red.), 1994. *Biologiczne i medyczne podstawy rozwoju i wychowania*, WSiP, Warszawa.
83. Jałowiecki S., 1973. *Przejście na emeryturę jako proces zmian aktywizacji społecznej*, Wrocław.
84. Jaworska - Szatur B., Błędowski P., Dzięgielewska M., 2006. *Podstawy gerontologii społecznej*. Oficyna Wydawnicza. Warszawa.
85. Jodłowska J., 1995. *Uniwersytet Trzeciego Wieku w opiniach słuchaczy.*, w: Uniwersytet Trzeciego Wieku w Warszawie. Jubileusz z okazji XX- lecia UTW w Warszawie, red. H. Szwarz, Warszawa.
86. Juraś – Krawczyk B., 1998. *Przygotowanie do życia na emeryturze*, Kielce.

87. Juraś - Krawczyk B., 2007. *Wybrane obszary badawcze andragogiki*. Wyd. WSHE, Łódź.
88. Juszcak K., 2007. *Aktywność szansą na lepszą starość*, W: B. Bugajska: *Życie w starości*, Szczecin.
89. Kamiński A., 1978. *Wychowanie do starości jako czynnik adaptacji ludzi starszych do nowoczesnego społeczeństwa* w: *Studia i szkice pedagogiczne*, Warszawa.
90. Kargul J., 1997. *Źródła i tendencje rozwojowe edukacji dorosłych*, w: *Teraźniejszość i przyszłość edukacji dorosłych*, red. T. Aleksander, Biblioteka Edukacji Dorosłych T. III, Toruń.
91. Karski B., 1997. *Promocja zdrowia*, PZWL, Warszawa.
92. Kawula S., 2002. *Czynniki wsparcia w życiu człowieka i jego rodziny* [w:] Żebrowski, Rodzina polska na przełomie wieków: przeobrażenia, zagrożenia, patologie, Wyd. Uniwersytetu Gdańskiego, Gdańsk.
93. Kazimierczak M., 2007. *Turystyka i podróżowanie w aksjologicznej perspektywie: praca zbiorowa*, AWF Poznań.
94. Kazimierczak M., 2004. *Turystyka w humanistycznej perspektywie*. AWF Poznań.
95. Kędzior J., Chodaczek – Wawrzak M., 2000. *Czas wolny w różnych jego aspektach*. Wydawnictwo Uniwersytetu Wrocławskiego, Wrocław.
96. Kielbasiewicz - Drozdowska I., 2001. *Osobowościowe i społeczne uwarunkowania rekreacji*. (w:) I. Kielbasiewicz- Drozdowska, W. Siwiński (red.) *Teoria i metodyka rekreacji (zagadnienia podstawowe)*, AWF Poznań.
97. Klonowicz S., 1979. *Oblicza starości: wybrane zagadnienia gerontologii*, Wiedza Powszechna, Warszawa.
98. Kołomyjska G., 1992. *Formy rekreacji ruchowej dla osób starszych*, AWF Kraków Wyd. Skryptowe nr 121, Kraków.
99. Konieczna Woźniak R., 2001. *Uniwersytety Trzeciego Wieku w Polsce. Profilaktyczne aspekty*, Eruditus, Poznań.
100. Kosiewicz J., Obodyński K., 2006. *Turystyka i rekreacja: wymiary teoretyczne i praktyczne*, Wydawnictwo Uniwersytetu Rzeszowskiego, Rzeszów.
101. Koszyc M., Koper Ł., 2012. *Styl życia a przekonania zdrowotne seniorów*, [w:] E. Jurczyk-Romanowska, Dolnośląski Ośrodek Polityki Społecznej, Wrocław.
102. Kościńska E., 2010. *Edukacja zdrowotna seniorów i osób przewlekle chorych*. Wydawnictwo Uniwersytetu Kazimierza Wielkiego, Bydgoszcz.

103. Kowaleczko - Szumowska M., Trojański M., 2007. *Fitness i Wellness*, ZYSK i S-ka, Poznań.
104. Kowaleski J., Szukalski P. (red.), 2008. *Starzenie się ludności Polski: między demografią a gerontologią społeczną*, UŁ, Łódź.
105. Kozdroń E., 2004. *Program rekreacji ruchowej osób starszych*, Wydawnictwo AWF Warszawa.
106. Kozdroń E., 1999. *Rola turystyki aktywnej w życiu ludzi starszych* W: *Turystyka aktywna - turystyka kwalifikowana*, Warszawa.
107. Kozdroń E., 2006. *Zorganizowana rekreacja ruchowa kobiet w starszym wieku w środowisku miejskim: propozycja programu i analiza efektów prozdrowotnych*, Wydawnictwo AWF Warszawa.
108. Kozdroń E., Leś A., 2014, *Aktywność dla zdrowia - Prosty lek*, Krajowe Zrzeszenie Ludowe Zespoły Sportowe, Warszawa.
109. Krawański A., 2003. *Ciało i zdrowie człowieka w nowoczesnym systemie wychowania fizycznego*. AWF Poznań.
110. Krawczyk Z., 2007. *O turystyce i rekreacji: studia i szkice*, ALMAMER Wyższa Szkoła Ekonomiczna, Warszawa.
111. Krawczyk Z., Morawski W., 1991. *Socjologia. Problemy podstawowe*, PWN Warszawa.
112. Krupa J., Biliński J., 2006. *Turystyka w badaniach naukowych: prace przyrodnicze i humanistyczne*, Wydawnictwo WSiZ, Rzeszów.
113. Kubica J., 2004. *Wychowanie zdrowotne i promocja zdrowia (wybrane zagadnienia)*, Wyższa Szkoła Ekonomiczna, Warszawa.
114. Kuchcińska M., 2012. *Bariery uczestnictwa społecznego seniorów, Uczestnictwo społeczne w średniej i późnej dorosłości*, pod red. D. Seredyńskiej, Wydawnictwo Uniwersytetu Kazimierza Wielkiego, Bydgoszcz.
115. Kuchcińska M., 2004. *Zdrowie człowieka i jego edukacja gerontologiczna: praca zbiorowa*, Wyd. Akademii Bydgoskiej im. Kazimierza Wielkiego, Bydgoszcz.
116. Kuciarska – Ciesielska M., 1999. *Stan zdrowia somatycznego i psychicznego osób starszych oraz jego uwarunkowania*, w: *Seniorzy w społeczeństwie polskim*, GUS, Warszawa
117. Kulmatycki L., 2003. *Promocja zdrowia w kulturze fizycznej*, Wrocław.

118. Kuński H., 2000. *Promowanie zdrowia*. Podręcznik dla studentów wychowania fizycznego i zdrowotnego, wyd. II uzup. Wydawnictwo Uniwersytetu Łódzkiego, Łódź.
119. Kurek W., 2007. *Turystyka*. Wyd. Naukowe PWN, Warszawa.
120. Kurkiewicz J., 2007. *Ludzie starsi w rodzinie i społeczeństwie*. Wydawnictwo Uniwersytetu Ekonomicznego, Kraków.
121. Leszczyńska-Rejchert A., 2005. *Człowiek starszy i jego wspomaganie*, WUWM, Olsztyn.
122. Lewicki C., 2006. *Edukacja zdrowotna*. Wyd. Rzeszów UR, Rzeszów.
123. Lubczyńska - Kowalska W., 2002. *Problemy zdrowotne ludzi w podeszłym wieku, w: Ludzie starsi w trzecim tysiącleciu. Szanse - nadzieje-potrzeby*, Wrocław.
124. Łobocki M., 2003. *Metody i techniki badań pedagogicznych*, Wyd. Impuls, Kraków.
125. Łobocki M., 2001. *Wprowadzenie do metodologii badań pedagogicznych*, Oficyna Wydawnicza Impuls, Kraków.
126. Łobożewicz T., 1991. *Stan i uwarunkowania aktywności ruchowej ludzi w starszym wieku w Polsce*, AWF Warszawa.
127. Łobożewicz T., Wolańska T., 1994. *Rekreacja i turystyka w rodzinie*, Estrella, Warszawa.
128. Łysy P., Tobiasz - Adamczyk B., 2000. *Stan funkcjonalny osób starszych wiekiem poddanych 12 – letniej obserwacji*, w: *Zrozumieć starość* red. A. Panek, Z. Szarota, Kraków.
129. Majchowska A., 2003. *Wybrane elementy socjologii*, wyd. Czelej, Lublin.
130. Maslow A. H., 1990. *Motywacja i osobowość*, PAX, Warszawa.
131. Maszke A.W., 2008. *Metody i techniki badań pedagogicznych*, Uniwersytet Rzeszowski, Rzeszów.
132. Mazur J., Woynarowska B., Kołolo H., 2007. *Zdrowie subiektywne, styl życia i środowiska psychospołeczne w Polsce*, Instytut Matki i Dziecka, Warszawa.
133. Mazurkiewicz E., 1975. *Podstawy wychowania zdrowotnego*, [w:] *Higiena i ochrona zdrowia*, red., Brzeziński J, Korczak C. W., PZWL, Warszawa.
134. Mazurski K., 2006. *Geneza i przemiany turystyki*, Wydaw. WSZ, Wrocław.
135. Mietzel G., 2003. *Wprowadzenie do psychologii*, Gdańskie Wydawnictwa Psychologiczne, Gdańsk.

136. Miłkowska G., 2012, *Poczucie jakości życia seniorów w wybranych krajach Unii Europejskiej*, PRACE NAUKOWE Akademii im. Jana Długosza w Częstochowie.
137. Modrzewski J., 2004. *Socjalizacja i uczestnictwo społeczne*, Studium socjopedagogiczne, Wyd. Nauk. UAM, Poznań.
138. Muszyński W., Sokołowski M. (red.), 2008. *Homo creator czy homo ludens? Nowe formy aktywności i spędzania czasu wolnego*. Toruń.
139. Mynarski W., 2005. *Wybrane zagadnienia z turystyki i rekreacji*, Politechnika Opolska, Opole.
140. Nałęcka D., Bytniewski M., 2006. *Teoria i praktyka rekreacji ruchowej*, Państwowa Wyższa Szkoła Zawodowa im. Papieża Jana Pawła II w Białej Podlaskiej, PWSZ Biała Podlaska.
141. Nowak S. , 1970. *Metodologia badań socjologicznych*, PWN, Warszawa.
142. Nowicka A., 2006. *Starość jako faza życia człowieka*, Wybrane problemy osób starszych. Impuls, Kraków.
143. Obodyński K., Duricek M., 2006. *Syntetyczne podstawy rekreacji i turystyki*, Wyd. Uniwersytetu Rzeszowskiego, Rzeszów.
144. Orzechowska G., 1999. *Aktualne problemy gerontologii społecznej*, Wyższa Szkoła Pedagogiczna, Olsztyn.
145. Orzechowska G., 2000. *Miejsce i rola człowieka starszego w środowisku zamieszkania*, w: Ludzie starzy w warunkach transformacji ustrojowej, red. B. Synak, Gdańsk.
146. Osiński W., 2005. *Starzenie się osobnika i populacji a aktywność fizyczna W: Kubińska Z., Bergier B., (red.). Rekreacja ruchowa w teorii i praktyce*, PWSZ, Biała Podlaska.
147. Ossowska M., 2002. *Motywy postępowania*, Książka i Wiedza, Warszawa.
148. Ostrowska A., 1990. *Wstęp do socjologii medycyny*, IFiS PAN, Warszawa.
149. Ostrowska A., 1999. *Styl życia a zdrowie - z zagadnień promocji zdrowia*, IFiS PAN, Warszawa.
150. Parzelski D., 2006. *Psychologia w sporcie*, Warszawa.
151. Pawłucki A., 1996. *Pedagogika wartości ciała*. AWF Gdańsk.
152. Pędich W., 1996. *Ludzie starzy*, Wyd. PWE, Warszawa.

153. Pędich W., 1990. *Fazy życia a zdrowie i jego zagrożenia*, w: Człowiek środowisko i zdrowie pod red. J. Kopczyńskiego i A. Sicińskiego, Wrocław, Warszawa, Kraków.
154. Piech K., 2004. *Promocja rodzinnej aktywności ruchowej*, AWFIS w Warszawie, Biała Podlaska.
155. Pietrański Z., 1990. *Rozwój człowieka dorosłego*, Warszawa.
156. Pietruszkowa L., 2001. *Pedagogika trzeciego wieku*, w: Od prawa szkolnego do etyki pedagogicznej red. Maszke A.W., Rzeszów.
157. Pięta J., 2008. *Pedagogika czasu wolnego*, Wyższa Szkoła Ekonomiczna, Warszawa.
158. Pięta N., 2011. *Etos starości w aspekcie społecznym : gerontologia dla pracowników socjalnych*, Wyższa Szkoła Filozoficzno-Pedagogiczna Ignatianum; Wydawnictwo WAM, Warszawa
159. Pilch T., 2001. *Zasady badań pedagogicznych. Strategie ilościowe i jakościowe*, Wyd. Warszawa.
160. Pilch T., 1998. *Zasady badań pedagogicznych*, Wydawnictwo Akademickie „Żak”, Warszawa.
161. Piotrowski J., 1973. *Miejsce człowieka starego w rodzinie i społeczeństwie*, PWN, Warszawa.
162. Płopa M., 2005. *Psychologia: teoria i badania*, Oficyna wydawnicza Impuls, Kraków.
163. Początek M., 2008. *Podstawy gerontologii i geriatry: przewodnik dydaktyczny dla studentów*, Państwowa Wyższa Szkoła Zawodowa im. Stanisława Staszica. Piła.
164. Promińska E., *Antropologiczne aspekty pozytywnych mierników zdrowia*, [w:] Myśli i uwagi o wychowaniu fizycznym i sporcie, red.: Zuchora K., AWF Warszawa, Studia i Monografie nr 97.
165. Przeclawski K., 1986. *Humanistic foundations of tourism*, Institute of Tourism, Warszawa.
166. Przeclawski K., 1997. *Etyczne podstawy turystyki*, Albis, Kraków.
167. Przeclawski K., 1979. *Socjologiczne problemy turystyki*, Instytut Wydawniczy CRZZ, Warszawa.
168. Przeclawski K., 1996. *Człowiek a turystyka. Zarys socjologii turystyki*, Albis, Kraków.

169. Puchalski K., 1990. *Zachowania związane ze zdrowiem jako przedmiot nauk socjologicznych*, w: *Zachowania zdrowotne*, red.: Gniazdowski A., Instytut Medycyny Pracy, Łódź.
170. Rembowski J., 1984. *Psychologiczne problemy starzenia się*, PWN, Warszawa.
171. Ryś A., 1996. *Zdrowie publiczne: wybrane zagadnienia*, Uniwersyteckie Wydawnictwo Medyczne VESALIUS, Kraków.
172. Schmidt L., 2002. *Uniwersytety trzeciego wieku w Polsce. Jedność w różnorodności. Próba diagnozy.*, w: *Ludzie starsi w trzecim tysiącleciu. Szanse-nadzieje-potrzeby*. red. W. Wnuk, Wrocław.
173. Seredyńska D., 2009. *Orientację zdrowotne dorosłych*. Wyd. Uniwersytetu Kazimierza Wielkiego, Bydgoszcz.
174. Sęk H., 2005. *Zdrowie behawioralne*. (w) *Psychologia*. Podręcznik akademicki, Tom 3, Gdańskie Wydawnictwa Psychologiczne, Gdańsk.
175. Siciński A., 1978. *Styl życia: przemiany we współczesnej Polsce*, PWN, Warszawa.
176. Słońska Z., 1994. *Promocja zdrowia a medycyna naturalna*, [w:] *Promocja zdrowia*, red.: Karski J.B., Słońska Z., Wasilewski B. W., Sanmedia, Warszawa.
177. Staniewska – Zątek W., Sanowski T., Muszkieta R., 2008. *Turystyka i rekreacja jako formy aktywności społecznej*, Wielkopolska Wyższa Szkoła Turystyki i Zarządzania, Poznań.
178. Starosta W., 1995. *Znaczenie aktywności ruchowej w zachowaniu i polepszaniu zdrowia człowieka*", *Promocja Zdrowia, Nauki Społeczne i Medycyna*, PZWL, Warszawa.
179. Stauden S., Marczuk M., 2006. *Starzenie się a satysfakcja z życia*. Wyd. KUL, Lublin.
180. Straś – Romanowska M., 2002. *Późna dorosłość. Wiek starzenia się*, w: *Psychologia rozwoju człowieka*, red. B. Harwas – Napierała i J. Trempała, PWN, Warszawa.
181. Strugarek J., Wieczorek J., 2010. *Aktywny senior: zbiór gier rekreacyjnych dla osób starszych*, Wydawnictwo Naukowe Uniwersytetu im. Adama Mickiewicza, Poznań.
182. Stuard – Hamilton I., 2006. *Psychologia starzenia się*, Poznań.
183. Suprewicz J., 2005. *Socjologia turystyki*, Wyd. Akademickie WSPP, Lublin.
184. Susułowska M., 1989. *Psychologia starzenia się i starości*, Warszawa.

185. Synak B., 2002. *Polska starość*, UG, Gdańsk.
186. Synak B., 2000. *Pozycja społeczna ludzi starych w warunkach zmian ustrojowych i cywilizacyjno – kulturowych*, w: Ludzie starzy w warunkach transformacji ustrojowej: red. B. Synak, UG, Gdańsk.
187. Synak B., 1991. *Starość w obliczu współczesnych przemian społeczno – kulturowych*, w: Człowiek w obliczu starości, red. W. Pałubicki, UG, Gdańsk.
188. Synak B., 1990. *Teoretyczne i pojęciowe problemy zależności w starszym wieku*, w: Społeczne aspekty starzenia się i starości, red. J. Staręga Piasek , B. Synak, CMKP, Warszawa.
189. Syrek E., Sitkiewicz - Borzucka K., 2009. *Edukacja zdrowotna*. Wyd. Akademickie i Profesjonalne, Warszawa.
190. Szacka B., 2003. *Wprowadzenie do socjologii*, Oficyna Naukowa, Warszawa.
191. Szarota Z., 2004. *Gerontologia społeczna i oświatowa: zarys problematyki*. Uniwersytet Pedagogiczny w Krakowie, Kraków.
192. Szarota Z., 2010. *Starzenie się i starość w wymiarze instytucjonalnego wsparcia*, Wydawnictwo Naukowe Uniwersytetu Pedagogicznego, Kraków.
193. Szarota Z., Panek A., 2000. *Zrozumieć starość*, Tekst, Kraków.
194. Szatur – Jaworska B., 2006. *Aktywność społeczna i edukacyjna w fazie starości*, Podstawy gerontologii społecznej, Warszawa 2006.
195. Sztompka P., 2002. *Socjologia*, Znak, Kraków.
196. Sztumski J., 1995. *Wstęp do metod i technik badań społecznych*, Wyd. Śląsk, Katowice.
197. Szukalski P., Oliwińska I., Bojanowska E., Szweda – Lewandowska Z., 2008. *To idzie starość – polityka społeczna a przygotowanie do starzenia się ludności Polski*, Fundacja Instytut Spraw Publicznych na zlecenie Zakładu Ubezpieczeń Społecznych, Warszawa.
198. Szukalski P., Kałuża D., 2010. *Jakość życia seniorów w XXI wieku z perspektywy polityki społecznej*, Łódź: Uniwersytet Łódzki.
199. Szukalski P., Kowaleski J.T., 2004. *Nasze starzejące się społeczeństwo. Nadzieje i zagrożenia*, UŁ Łódź.
200. Szukalski P., Kowaleski J.T., 2008. *Pomyślne starzenie się w świetle nauk o zdrowiu*, Zakład Demografii UŁ, Łódź.
201. Szukalski P., Kowaleski J.T., 2006. *Starość i starzenie się jako doświadczenie jednostek i zbiorowości ludzkich*, Zakład Demografii UŁ, Łódź.

202. Szukalski P., Kowaleski J.T., 2000. *Sytuacja zdrowotna osób starych w Polsce - aspekt medyczny i społeczno-demograficzny*, Łódź.
203. Szwarc H., Wasilewska R., Wolańska T., 1986. *Rekreacja ruchowa osób starszych*: praca zbiorowa. Wyd. AWF Warszawa, Warszawa.
204. Świński W., 1997. *Metody badań pedagogicznych w dziedzinie kultury fizycznej i turystyki (zarys problematyki)*, AWF Poznań, Poznań.
205. Świński W., 1996. *Wprowadzenie do teorii czasu wolnego i rekreacji ruchowej*, PDW, Poznań.
206. Świński W., 2007. *Współczesne problemy turystyki i rekreacji w badaniach empirycznych nauk społecznych*, ALMAMER Wyższa Szkoła Ekonomiczna, Warszawa.
207. Świński W., Tauber R.D., Mucha - Szajek E., 2003. *Czas wolny, rekreacja, turystyka, hotelarstwo, żywienie*. (Wyniki badań naukowych), Polskie Stowarzyszenie Naukowe Animacji Rekreacji i Turystyki; Wyższa Szkoła Hotelarstwa i Gastronomii w Poznaniu, Poznań.
208. Świński W., Tauber R.D., Szajek - Mucha E. (red.), 2005. *Hotelarstwo, rekreacja, turystyka – kierunki przemian w świecie postindustrialnym*. Wyd. WSHiG Poznań.
209. Świński W., Tauber D.R., 2004. *Rekreacja ruchowa: zagadnienia teoretyczno-metodologiczne*, Wydawnictwo Naukowe WSHiG, Poznań.
210. Świński W., Tauber R.D., Szajek - Mucha E. (red.), 2008. *Współczesne tendencje w rekreacji i turystyce: praca zbiorowa*. Wyższa Szkoła Hotelarstwa i Gastronomii w Poznaniu, Polskie Stowarzyszenie Naukowe Animacji, Rekreacji i Turystyki, Wyższa Szkoła Hotelarstwa i Gastronomii, Poznań.
211. Tauber R. D., 1998. *Pedagogika czasu wolnego. Zarys problematyki*, WSHG, Poznań.
212. Tauber R. D., Siwiński W., 1999. *Metodologia badań w dziedzinie rekreacji i turystyki*" WSHIG Poznań.
213. Toczec-Werner S., 1998. *Podstawy rekreacji i turystyki*, Wyd. AWF, Wrocław.
214. Trafiałek E., 1998. *Człowiek starszy w Polsce w latach 1994 –1997. W świetle analiz statystycznych i sondaży społecznych*, Katowice.
215. Trafiałek E., 2003. *Polska starość w dobie przemian*, Katowice.
216. Trafiałek E., 1998. *Życie na emeryturze w warunkach polskich przemian systemowych*, WSP, Kielce.

217. Turner J. H., 1998. *Socjologia: Koncepcje i ich zastosowanie*, Zysk i S-ka, Poznań.
218. Uzar K., 2011. *Wychowanie w perspektywie starości: personalistyczne podstawy geragogiki*, Wyd. KUL, Lublin.
219. Wagner W., 2002. *Podstawy metod statystycznych w turystyce i rekreacji*, Tom 1, AWF Poznań.
220. Walczak T. (red.), 1996. *Koncepcja czasu wolnego Aleksandra Kamińskiego*. Wyższa Szkoła Pedagogiczna im. Tadeusza Kotarbińskiego, Wydaw. WSP, Zielona Góra.
221. Walczak M., 1994. *Wychowanie do wolnego czasu*. Wyższa Szkoła Pedagogiczna im. Tadeusza Kotarbińskiego, WSP Zielona Góra.
222. Winiarski R., 1991. *Motywacja aktywności rekreacyjnej człowieka*, AWF Kraków.
223. Winiarski R., Alejski W., 2005. *Turystyka w badaniach naukowych*. Kraków-Rzeszów, Wyd. WSiZ Rzeszów, AWF Kraków.
224. Wnuk W., 2012. *Aktywizacja osób starszych. Istota – zadania – możliwości i ograniczenia*, [w:] Trzecia zmiana: andragogiczne rozważania na temat projektu aktywny Senior, pod red. E. Jurczyk-Romanowskiej, Wydawnictwo Naukowe Instytutu Technologii Eksploatacji PIB, Wrocław.
225. Wnuk W., 2002. *Poradnictwo dla osób starszych wyzwaniem dla andragogiki*, w: Ludzie starsi w trzecim tysiącleciu. Szanse – nadzieje - potrzeby., red. W. Wnuk, Wrocław.
226. Wolańska T., 1997. *Sport dla wszystkich - rekreacja ruchowa*, AWF Warszawa.
227. Wolańska T., 1997. *Leksykon - sport dla wszystkich - rekreacja ruchowa*. Wydawnictwo AWF, Warszawa.
228. Wolańska T., 1995. *Aktywność fizyczna a zdrowie*. PTNKE, Warszawa.
229. Wolańska T., Szwarec H., Łobożewicz T., 1988. *Rekreacja i turystyka ludzi w starszym wieku*, Instytut Wydawniczy Związków Zawodowych, Warszawa.
230. Wolny B., Kulik T., Pacian A., 2008. *Edukacja zdrowotna w naukach medycznych i społecznych, Zagrożenia zdrowia - profilaktyka - wychowanie zdrowotne*. cz, I, KUL, Lublin.
231. Woynarowska B., 2007. *Edukacja zdrowotna*, Wyd. PWN, Warszawa.

232. Woynarowska B., 2001. *Kształtowanie prozdrowotnego stylu życia ludności w Polsce. Zagrożenia i szanse*, [w:] Żukowska Z., Żukowski R., (red.). *Zdrowie Ruch Fair play*, AWF Warszawa.
233. Woźniak – Konieczna R., 2008. *Dorosłość wobec starości: oczekiwania, radości, dylematy*. Wydaw. Naukowe UAM, Poznań.
234. Woźniak – Konieczna R., 2001. *Uniwersytety Trzeciego Wieku w Polsce. Profilaktyczne aspekty edukacji seniorów*, WSP Poznań, Częstochowa.
235. Wyrzykowski J., Klementowski K., 2004. *Współczesne tendencje w turystyce i rekreacji*: Wydawnictwo AWF, Wrocław.
236. Wysocińska- Miszczuk J., 1998. *Problemy medyczne i społeczne ludzi starych*, Nauka o zdrowiu społeczeństwa, red.: L. Jabłoński, Warszawa.
237. Zaczyński W., 1995. *Praca badawcza nauczyciela*, WSiP, Warszawa.
238. Zając L., 2002. *Psychologiczna sytuacja człowieka starszego oraz jej determinanty*, w: Obuchowski K., *Starość i osobowość*. Wydawnictwo Akademii Bydgoskiej, Bydgoszcz.
239. Zawadzka A., 1995. *Przemiany we wzorcach polskiego wypoczywania*, Kultura i Edukacja.
240. Ziemska M., 1997. *Rodzina współczesna*, Wydawnictwo Uniwersytetu Warszawskiego, Warszawa.
241. Zych A., 1999. *Człowiek wobec starości: Szkice z gerontologii społecznej*, Śląsk Wydawnictwo Naukowe, Katowice.
242. Zych A., 2001. *Demograficzne i indywidualne starzenie się*, Wyd. Akademii Świętokrzyskiej, Kielce.
243. Żukowska Z., 1993. *Ku tożsamości pedagogiki kultury fizycznej*, PTNKF, Warszawa.

Articles in Home and Abroad Journals:

244. Aleksander T., 2001. *Uniwersytety Trzeciego Wieku w Polsce*, Rocznik Pedagogiczny, Tom 24.
245. Andrusikiewicz A., 2002. *Sposób na życie*, Przegląd Turystyczny, nr 40, Turystyka i krajoznawstwo ludzi III wieku.
246. Andrzejewski M., Pluta B., 2004. *Rekreacja ruchowa jedną z metod profilaktyki chorób cywilizacyjnych*. Wyższa Szkoła Hotelarstwa i Gastronomii w Poznaniu Zeszyt 6.
247. Baumann K., 2006. *Jakość życia w okresie późnej dorosłości – dyskurs teoretyczny*, Gerontologia Polska, nr 4.
248. Baumann K., 2005. *Muzykoterapia i reminiscencja jako szansa rozwoju w okresie późnej dorosłości*, Gerontologia Polska.
249. Bejnarowicz J., 1994. *Zmiany stanu zdrowia Polaków i jego uwarunkowań. Promocja Zdrowia*, Nauki Społeczne i Medycyna, Warszawa.
250. Biliński J., 1990. *Proste testy oceny wydolności fizycznej - część I*, Antropomotoryka, nr 3.
251. Blachura L., 1990. *Poziom progu przemian anaerobowych u mężczyzn o wysokiej i niskiej wydolności tlenowej*, kwartalnik, Antropomotoryka, nr 3.
252. Cendrowski Z. 1993. *Dekalog zdrowego stylu życia*, Lider, nr 2.
253. Cendrowski Z., 2004. *HEALTHPLAN, Projektowanie osobistego modelu zdrowego stylu życia*" Lider
254. Cendrowski Z., 2005. *Tylko systematyczny ruch- najlepiej bieg- może wzmocnić nasze serce i przedłużyć życie*, Lider, nr 3.
255. Cendrowski Z., 1994. *Życie i zdrowie największym bogactwem narodu – powszechna aktywność fizyczna największą szansą w ich umacnianiu*, Lider, nr 1.
256. Chabros E., Charzewska, Lachowicz A., Rogalska – Niedźwiedź J., Wajszczyk B., 2002. *Aktywność fizyczna a gęstość mineralna kości dziewcząt w wieku pokwitania i młodych kobiet*, kwartalnik, Wychowanie fizyczne i sport, nr 4.
257. Czaplicki Z., 2008. *Aktywność ruchowa atrybutem kultury zdrowotnej człowieka*, miesięcznik nauczycieli, trenerów i szkolnej służby zdrowia, Wychowanie fizyczne i zdrowotne. nr 4.
258. Czerniawska O., 1989. *Czego uczą doświadczenia Uniwersytetów Trzeciego Wieku*, Oświata Dorosłych, nr 8/1989.

259. Czerniawska O., 1999. *Międzynarodowe Stowarzyszenie Uniwersytetów Trzeciego Wieku (AIUTA) jako przykład stowarzyszenia działającego na rzecz ludzi starszych*. Ruch Prawniczy, Ekonomiczny i Socjologiczny, nr 1/1999.
260. Czerniawska O., 2003. *Permanenna edukacja jako zadanie starości w XXI wieku*, Edukacja Dorosłych, nr 2/2003.
261. Czerniawska O., 1999. *Z działalności uniwersytetów trzeciego wieku: XIX Kongres Międzynarodowego Stowarzyszenia Uniwersytetów Trzeciego Wieku (AIUTA)*, Edukacja Dorosłych, nr 1/1999.
262. Dąbrowska G., Skrzek A., *Aktywność fizyczna w profilaktyce procesów starzenia*, Życie Akademickie, AWF Wrocław, Protokół dostępu: <http://www.awf.wroc.pl/życie/nr113/03-113.html> from 20.09.2015.
263. Dominiak A., 1999. *Inwalidztwo sportowe - obiektywna konieczność czy efekt błędu systemowego?*, miesięcznik teoretyczno - metodyczny Sport wyczynowy, nr 9/10.
264. Drabik J., 1994. *Aktywność fizyczna a zdrowie*, miesięcznik nauczycieli, trenerów i szkolnej służby zdrowia, Wychowanie fizyczne i zdrowotne, nr 1.
265. Drabik J., 2003. *Krótko o znaczeniu aktywności fizycznej, dłużej o przyczynach jej braku*, miesięcznik nauczycieli, trenerów i szkolnej służby zdrowia, Wychowanie fizyczne i zdrowotne, nr 1.
266. Drabik J., 2001. *Uczelnia wychowania fizycznego wobec promocji zdrowia-rzeczywistość czy mit?*, Wychowanie Fizyczne i Zdrowotne, vol. 47.
267. Dziwulski M., 2003. *Aktywność ruchowa osób starszych*. Medycyna sportowa, nr 141.
268. Dziuban A., 2010. *Społeczny obraz starości i postrzeganie własnego ciała w procesie starzenia się*. Przegląd piśmiennictwa, Gerontologia Polska Via Medica, tom 18, number 3.
269. Erazmus E., 1998. *Rekreacja i turystyka - remedium na starość*. Zeszyty Naukowe, Wyższa Szkoła Ekonomiczna, Warszawa, nr 2.
270. Furgal W., 2006. *Przetrenowanie*, Medycyna Sportowa, nr 12.
271. Głębocka A., Szarzyńska M., 2005. *Wsparcie społeczne a jakość życia ludzi starszych*, Gerontologia Polska.
272. Głąb D., 2002. *Aktywność dla serca*, Lider, nr 7 - 8.
273. Godlewski T., 2008. *Style życia i wypoczywania. Co robią Polacy w czasie wolnym?*, Hospitality, nr 3.

274. Guskowska M., Kozdroń A., 2009. *Wpływ ćwiczeń fizycznych na stany emocjonalne kobiet w starszym wieku*, Gerontologia Polska, Via Medica, tom 17.
275. Gryglewska B., *Prewencja gerontologiczna*. W: Grodzicki T., Kocemba J., Skalska A., Geriatria z elementami gerontologii ogólnej. Via Medica, Gdańsk 2006.
276. Grzanka-Tykwińska A., Kędziora-Kornatowska K., 2010. *Znaczenie wybranych form aktywności w życiu osób w podeszłym wieku*, Gerontologia Polska Via Medica, Tom 18, Nr 1.
277. Halicka M., 2002. *Satysfakcja życiowa ludzi starszych w świetle badań jakościowych*, Gerontologia Polska, nr 10 (3) /2002.
278. Halicka M., Czykier K., 2009. *Uniwersytet Trzeciego Wieku – przeszłość, teraźniejszość, przyszłość*. W: Edukacja -Studia badania Innowacje” 2009, nr 3 (107).
279. Halicki J., 2004. *Wyłączenie się jako czynnik ryzyka niepomysłnego starzenia się*, Edukacja Dorosłych, nr 3/2004.
280. Ilnicka R., 2006. *Wychowanie do starości*. Edukacja i dialog, nr 4.
281. Jopkiewicz A., 1989. *Zmiany sprawności fizycznej w procesie starzenia się mężczyzn*, Wychowanie Fizyczne, nr 3/1989.
282. Kaczmarczyk M., Trafiałek E., 2007. *Aktywizacja osób w starszym wieku jako szansa na pomyślne starzenie*, W: Gerontologia Polska, tom 15, nr 4, Via Medica, Gdańsk.
283. Kasperczyk T., 2001. *Zagadnienia terminologiczne dotyczące turystyki i rekreacji, jako obszarów kultury fizycznej*. Zeszyty Naukowe, Akademia Wychowania Fizycznego im. Bronisława Czecha w Krakowie, nr 81.
284. Kozak – Szkopek E., Galus K., 2009. *Wpływ rehabilitacji ruchowej na sprawność psychofizyczną osób w podeszłym wieku*, Gerontologia Polska, tom 17, nr 2.
285. Kraus S., 1998. *Wiek podeszły, wiek starczy, wiek sędziwy*, Starość, nr 9.
286. Lipień M., 2002. *Samoświadomość, akceptacja siebie, pozytywne myślenie jako droga do budowania poczucia własnej wartości*", nr 2, Gestalt.
287. Lutosławska G., 1998. *Wydolność fizyczna a pleć*, kwartalnik Wychowanie fizyczne i sport, nr 2.
288. Łobożewicz B., 2007. *Wychowanie do rekreacji - współczesne dylematy, zadania i perspektywy*. Zeszyty Naukowe, ALMAMER Wyższa Szkoła Ekonomiczna, nr 3.

289. Łobożewicz B., 2004. *Znaczenie rekreacji ruchowej w życiu współczesnego człowieka* Zeszyty Naukowe, Wyższa Szkoła Ekonomiczna Warszawa, nr 2.
290. Migdał K., Migdał A., 2006. *Percepcja czasu psychologicznego a preferencje w programowaniu czasu wolnego*. Zeszyty Naukowe, ALMAMER Wyższa Szkoła, nr 3.
291. Napierała M., 2002. *Turystyka w "jesieni życia"*. Zeszyty Naukowe. Wyższa Pomorska Szkoła Turystyki i Hotelarstwa w Bydgoszczy, nr 2.
292. Orzechowska G., 2003. *Przygotowanie do starości*, Edukacja Dorosłych 2003, nr 3/2003.
293. Osiński W., 2002. *Aktywność fizyczna podejmowana przez osoby w starszym wieku*, Antropomotoryka.
294. Ostrowski A., Ostrowska K., 1998. *Dobre i złe ćwiczenia fizyczne*, Wychowanie fizyczne i zdrowotne, nr 5.
295. Pańczyk W., 2002. *Aktywność fizyczna w społeczeństwie konsumpcji a wychowanie fizyczne*, Kultura fizyczna.
296. Polak A., Parzych K., Kędzióra-Kornatowska, 2007. *Poznawczy i praktyczny wymiar gerontologii — interdyscyplinarnej nauki o starzeniu się i starości*, Gerontologia Polska.
297. Przeclawski K., 2004. *Turystyka, jako element stylu życia*. Zeszyty Naukowe Wyższej Szkoły Gospodarki w Bydgoszczy, Tom 1, nr 1.
298. Przewęda R., 1991. *O społecznych uwarunkowaniach sprawności fizycznej*, kwartalnik, Wychowanie fizyczne i sport.
299. Przewęda R., *Sprawność i wydolność fizyczna jako pozytywne mierniki zdrowia*, [w:] Myśli i uwagi o wychowaniu fizycznym i sporcie, red.: Zuchora K., AWF Warszawa, Studia i Monografie nr 97.
300. Przewęda R., 1998. *Zdrowotność oraz stan rozwoju i sprawności fizycznej polskiej młodzieży*, Sport dla wszystkich, nr 4.
301. Rochowicz F., 2008. *Wydolność fizyczna - świadomą wartością zdrowia*, WFiZ, nr 6.
302. Senkowska I., 2002. *Uniwersytet Trzeciego Wieku szansą na lepszą starość - spojrzenie młodego człowieka*, Edukacja Dorosłych., nr 2/2002.
303. Seweryn R., 2004. *Wewnętrzne wyznaczniki aktywności turystycznej Polaków*. Problemy Turystyki, nr 3 - 4.

304. Skalska T., 2004. *Życie zaczyna się po sześćdziesiątce*. Aktualności Turystyczne, nr 11.
305. Staroń A., 2012. *Rola aktywności osób starszych i solidarności międzypokoleniowej*, Biuletyn 1/12, Centrum Wspierania Organizacji Pozarządowych, Krosno.
306. Starosta W., 1997. *Znaczenie aktywności ruchowej w zachowaniu i polepszaniu zdrowia człowieka*, Wyd. Lider nr 4, Warszawa.
307. Szatur – Jaworska B., 2002. *Starzenie się ludności Polski – wyzwania dla polityki społecznej*, Gerontologia Polska, nr 10 (4)/2002.
308. Szych J., 2001. *Turystyka "trzeciego wieku"*. Wiadomości Turystyczne, nr 11.
309. Tomczak M., 2003. *Kilka uwag na temat respektowania zasad specyficzności i indywidualizacji*, miesięcznik teoretyczno- metodyczny Sport wyczynowy, nr 5/6.
310. Trafiałek E., 1996. *W poszukiwaniu źródła starości*. Gerontologia Polska.4 (1).
311. Tykwińska – Grzanka A., Kornatowska-Kędziora K., 2010. *Znaczenie wybranych form aktywności w życiu osób w podeszłym wieku*. Gerontologia Polska, tom 18, nr 1.
312. Wichłacz M., 2004. *UTW receptą na dobrą i pogodną jesień życia*, w: Ars Senescendi, Zeszyt UTW w Poznaniu, Poznań.
313. Wizner B., 2006. *Prewencja gerontologiczna*, W: Grodzicki T., Kocemba J., Skalska A.: Geriatria z elementami gerontologii ogólnej. Via Medica, Gdańsk.
314. Wolny – Wrona W., Wdowik M., Makowska B., Jawień B., 2002. *Edukacja zdrowotna – alkohol-sport*, AWF Kraków, Zeszyty naukowe nr 87, Kraków.
315. Ziębińska B., 2009. *Uniwersytet Trzeciego Wieku – Wybrane aspekty funkcjonowania organizacji*. Polityka społeczna, nr 3.
316. Zych A. A., 1973. *Leczenie zaburzeń emocjonalnych*, Podręcznik dla lekarza praktyka, PZWL, Warszawa.
317. Żakowska – Wachadełko B., 1995. *Ewolucja współczesnych teorii starzenia*. Gerontologia Polska 1-2.
318. Żukowska Z., 2005. *Jak sport wpływa na człowieka*, Kultura fizyczna, nr 11/12.
319. Żukowska Z., 2002. *Edukacja zdrowotna wobec potrzeb społecznych* [w:] Wrona-Wolny W., Wdowik M., Makowska B., miień B., (red.) Edukacja zdrowotna - alkohol – sport, Zeszyt Naukowy AWF Kraków.

Conference materials:

320. *Ludzie starzy: 1982. Materiały z sesji UMCS [Uniwersytetu Marii Curie-Skłodowskiej]*, oprac. Antoni Krawczyk, Warszawa: Ludowa Spółdzielnia Wydawnicza, Lublin.
321. Pawłucki A., 1996. *Nauki o kulturze fizycznej w służbie współczesnego człowieka: ogólnopolska konferencja z okazji 25-lecia Akademii Wychowania Fizycznego w Gdańsku, 28-29 października 1994. Materiały*, Akademia Wychowania Fizycznego im. Jędrzeja Śniadeckiego w Gdańsku-Oliwie, Gdańsk.
322. Pędich W. (red.), 2001. *Seniorzy w społeczeństwach Europy XXI wieku – współtworzenie i współodpowiedzialność*, Materiały X Euro forum Ludzi Starszych, Białystok.
323. *Streszczenia o tematyce społecznej, XI Zjazd Naukowy PTG, 10–12 grudnia*, Warszawa, Gerontologia Polska Via Medica, tom 17, number 4, 2009.
324. *Sport i rekreacja w Unii Europejskiej*, 2007. Wyższa Szkoła Turystyki i Rekreacji, Warszawa.
325. *The Second European Senior Travel Market Conference: the official proceedings: Malta, 13-14 November 1992*, European Travel Commission, International Hotel Association.
326. Towarzystwo Krzewienia Kultury Fizycznej. Zarząd Główny *"Sport dla wszystkich: rekreacja dla każdego, 1994-1996. 3 cz. Podręcznik dla potrzeb szkolenia kadr TKKF*, Warszawa.
327. *Work Programme 2013/14 of HEPA EUROPE European network for the promotion of health-enhancing physical activity*, World Health Organization – regional office for Europe.

Statistic elaborations:

328. Główny Urząd Statystyczny, Mały Rocznik Statystyczny RP. Warszawa 2006.
329. Państwowy Zakład Higieny, 2002. *Najważniejsze elementy sytuacji zdrowotnej w Polsce. Porównanie międzynarodowe*, Warszawa.
330. *Turystyka i wypoczynek w 2001*, Główny Urząd Statystyczny, Informacje i Opracowania Statystyczne.
331. Wyka A., 1990. *Ku nowym wzorcom badań społecznych w Polsce. Cechy badań jakościowy w ostatnich latach*, Kultura i społeczeństwo.

Periodic Journals:

332. Nowiny 24, August 2013.
333. Nowiny 24, April 2013.
334. Nowiny 24, April 2015.
335. Nowiny 24, August 2015.

Lectures elaboration:

336. Homplewicz J., 2003. *Gerontologia wyzwaniem dla pedagogiki XXI wieku*: wykład inauguracyjny wygłoszony na uroczystości XX-lecia UTW przy UR w Rzeszowie 20 czerwca 2003 roku: w uzupełnieniu Księgi Pamiątkowej XX-lecia UTW w Rzeszowie.
337. Jan Paweł II *List do osób w podeszłym wieku*, Watykan 1999.
338. *Rekreacja ruchowa kobiet jako zachowanie prozdrowotne - uwarunkowania a motywacja uczestnictwa*, 2006. Akademia Wychowania Fizycznego i Sportu im. Jędrzeja Śniadeckiego w Gdańsku, Wydawnictwo Uczelniane AWF i S, Gdańsk.

Website sources:

339. <http://www.grundtvig.org.pl/odnosniki-podstawowe/informacje-o-programie-grundtvig> from 04.03.2015.
340. www.isp.org.pl from 28.09.2015., P. Sobiesiak-Penszko P., Instytut Spraw Publicznych, *Seniorzy – nowa generacja: akademia aktywności lokalnej. Diagnoza sytuacji osób starszych w Piekarach Śląskich i Tarnobrzegu.*

ANNEXES

RESEARCH SURVEY

On senior citizens' participation in physical activity in Rzeszów, Poland.

I kindly request you to answer to the questions in this questionnaire. Your answers will help me learn the preferences and physical activity of Rzeszów senior citizens.

I would like to inform you that this survey is anonymous and the data collected will only be used for research purposes.

1. How well do you assess your physical fitness?	Mark X in one of the rows below
1. Very good	
2. Good enough	
3. Poor	

2. Where do you usually spend your free time?	Write in numbers 1 to 7 below (1-most frequently, 7- most rarely)
1. At home	
2. In a cinema, a theatre, a café	
3. I take part in organized activities	
4. I take part in recreational trips together with my friends	
5. I go on trips away from home together with my family	
6. In sports and leisure centres	
7. Other (please specify):	

3. Do you practise any sport during your leisure time?	Mark X in one of the rows below
1. Yes (please specify)	
2. No	

If yes, do you play it:

1. as a form of recreation - for pleasure?	
2. as competitive sport - for sports achievements?	

4. Which of the behaviour patterns do you prefer in your leisure time?	Mark X in one of the rows below
1. Intellectual (e.g. special interest groups, training groups, discussion groups)	
2. Social (e.g. social organizations, social campaigns, helping others)	
3. Artistic (e.g. amateur artistic work)	
4. Sport-related (e.g. taking part in competitive sports or fitness activity)	
5. Tourist (e.g. walking in nature, sightseeing)	

5. Name the types of activity that give you special satisfaction.	Write in numbers 1 to 5 below (1-most frequently, 5- most rarely)
1. Practising sports	
2. Trips away from home	
3. Watching TV	
4. Web surfing	
5. Parlour games	
6. Other (please specify)	

6. What is the main aim of your sports and leisure activities?	Write in numbers 1 to 10 below (1- most important, 10- least important)
1. Entertainment, pleasure	
2. Sports success	
3. Rest from duties	
4. Health maintenance	
5. Physical condition improvement	
6. Making new friends	
7. Keeping figure	
8. Desire to change the place of stay	
9. Escape from everyday problems	

10. Spending time with family	
-------------------------------	--

7. What does your participation in sporting and recreational activities primarily depend on?	Mark X in one of the rows below
1. Sports equipment owned	
2. Accessibility to sports facilities	
3. Amount of own free time	
4. Amount of friends' free time	
5. Friends' interests	
6. Other (please specify)	

8. What factors make it difficult for you to take part in fitness activities?	Mark X in a maximum of 3 of the rows below
1. Poor health state	
2. Family's reluctant attitude to physical activity	
3. Limited access to sports and leisure facilities	
4. Insufficient funds.	
5. Limited number of sport activity organizers	
6. Lack of information on organized activities	
7. Too much time devoted to family	

8. Fear of the unknown	
9. No obstacles	
10. Other	

9. Number of people in your family

10. How well do you assess your family's standard of living?	Mark X in one of the rows below
1. Very low	
2. Low	
3. Average	
4. High	
5. Very high	

11. What sports and recreational equipment do you own?	Mark X in the appropriate rows below
1. Caravan	
2. Tent	
3. Sleeping bags	
4. Bike	
5. Hiking shoes	

6. Skis	
7. Snowboard	
8. Other (please specify)	

12. Do you take part in the forms of fitness activity you specified during weekends and holidays?	Mark X in one of the rows below
1. Yes	
2. No	

If yes, please specify: (Mark X in a maximum of 3 of the rows below)

1. Walking	
2. Open air recreation	
3. Trips away from home	
4. Biking	
5. Swimming	
6. Skiing	
7. Sailing	
8. Other (please specify)	

13. Do you go on trips away from home during summer or winter holiday time?	Mark X in one of the rows below
1. Very often	
2. Sometimes	
3. Very rarely	
4. Never	

14. Do you willingly take part in locally organized forms of physical activity?	Mark X in one of the rows below
1. Yes	
2. No	

15. Where do the fitness activities you take part in usually take place?	Mark X in one of the rows below
1. Fitness club	
2. Sports and recreation halls	
3. Open air	
4. Indoor swimming pool	
5. Tennis court	
6. Fitness club	

16. Does your instructor encourage you to take part in chosen forms of physical activity in your free time?	Mark X in one of the rows below
1. Yes (how?)	
2. No	

17. Do sports institutions/organizations fulfil your needs for physical activity?	Mark X in one of the rows below
1. Yes	
2. No	
3. Partly	

18. What forms of physical activity give you special pleasure?	Mark X in one of the rows below
1. Organized by sports and entertainment institutions	
2. In the family circle	
3. In a circle of friends	
4. Individual activity	

19. Do organized activities have any influence on your physical activity in your free time?	Mark X in one of the rows below
1. Definitely yes	
2. Yes	
3. That does not matter to me	
4. No	

20. Who has a decisive influence on your participation in physical activity?	Mark X in one of the rows below
1. Spouse/companion	
2. Offspring	
3. Sports/recreation instructor	
4. Church organizations	
5. University of the Third Age	
6. Friends	

PERSONAL DATA

To complete the questionnaire, please provide some information about yourself.

Sex	Mark X in one of the rows below
1. Female	
2. Male	

Age	Mark X in one of the rows below
1. 50-60	
2. 60+	

Permanent place of residence (name the city/town)	Mark X in one of the rows below
1. Rzeszów	
2. Other city/town (please specify)	

*I sincerely thank
you for your time and effort
to fill in the questionnaire with care*

