

RISKS OF DIFFERENT SELF-APPROACH TO HEALTH IN AN INDUSTRIAL CITY POPULATION

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SUMMARY

Introduction: The results of a number of epidemiological studies found relationship between low socio-economic status (SES) and worse health status.

Objectives: The goal of the study is the evaluation of the health status in inhabitants of an industrial city, their different approach to health and preventive measures in relation with lifestyle factors and socio-economic status (SES).

Methods: A structured questionnaire was elaborated, distributed to a random sample of some 3,000 aged 25-70 and collected by postal delivery.

Results: A total of 634 completed questionnaires were analysed. The subjective health status was reported as good in 75% of respondents; it was positively correlated with education ($p<0.001$), negatively with age; worse subjective health was significantly more reported in people economically non-active ($p<0.001$). More than a half of the study sample suffered a serious chronic disease, significantly more in men ($p<0.01$), in the less educated ($p<0.001$), and the prevalence increased with age ($p<0.001$). The health status improved with the level of education and economic situation and worsened with age. A better health status was identified in women and economically active people.

Women more frequently took care about their limit of weight (mostly for esthetical reasons), use more medicaments than men, they were more interested in protective health information ($p<0.01$). The use of medicaments was reported significantly less in economically active respondents than in non-active. About half of respondents regularly underwent preventive medical examinations at their practitioner (significantly more men - $p<0.05$, economically active people - $p<0.001$, and married - $p<0.01$).

Diseased respondents in the sample were significantly more discontent, more often in a lack of psychological well-being and more passive in comparison with the group of healthy respondents. Contrary to prediction the behaviour of ill individuals was less risky as compared with healthy people.

Conclusions: A significant relationship between the groups of healthy and ill respondents was found in respect to sex, age and all the SES factors (education, economic activity and economical situation of family) except for marital status and density of housing. The health status improved with the level of education and economic situation and worsened with age. A better health status was identified in women and economically active people.

Key words: health status, socio-economic status, lifestyle, risk factors

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