

## ASSESSMENT OF HEALTH-RELATED BEHAVIOURS OF POLISH FOLK DANCERS

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### ABSTRACT

The aim of this work was the estimation of level of health-related behaviours among young women and men practicing Polish folk dance, with the comparison to non-sports persons. The research was carried out on 173 people (91 women and 82 men) aged 18-30 years, divided into two groups. Group 1 consisted of persons practicing Polish folk dance (n=68); non-sports people (n=105) were classified into Group 2. The investigative tool was the Inventory of Health-Related Behaviours by Juczyński. The level of declared health-related behaviours and practices expressed with HRB indicator was statistically higher ( $p<0.01$ ) at persons training folk dance (78.5) than at non-sports persons (73.28). Significant differences ( $p<0.05$ ) were noted in the category of positive attitude and health practices in women and nutritional habits and health practices in men. A regular dance training had an influence on general health-related behaviours. Active persons were more often aware, among other things.

**Keywords:** Nutritional Habits, Body Mass, Height and Fitness

### INTRODUCTION

Folk dances determine the identity of nation and it is a source of knowledge about rituals and ceremonies during which they were presented, about their organization and why they were celebrated. Folk dances are accompanied by the traditional music, adequate to the ceremony, type of dance, and also the region of given country. There are also traditional folk costumes, characteristic for every region of the country and instruments, nowadays rarely used (Williams 2004). It is difficult to tell the exact time period folk dances originated from or the exact area of their occurrence. They are often unusually diverse even within one country. This results from different reasons: historic, climatic, geographical, or the fact that the transfer of knowledge from one generation to the following one took place in many families and often it was distorted. In every region of the country the population modified ceremonies, music, national costumes and songs depending on local beliefs, influences and present climate, but these borders are not visible (Mutavdži 2007; Dabrowska 1980). Dancing is considered to be a superb means influent on the physical fitness and motor co-ordination. It is an example of aerobic exercises shaped by physical training which is used in a dance. Due to this, the improvement of the general motor efficiency and of circulatory-respiratory parameters follows, therefore the efficiency of organism increases, too. Motor activity used in a dance influences beneficially the improvement of muscles structure, and what is more, it increases the stabilization of the osseous system. Positive changes in internal systems, first of all in the hormonal one (which causes the increase of endorphins) and immunological one by the rise of external factor immunity, are health-related benefits of dancing (Świdarska 1995; Kania 2005; Zalewska-Meler 2009). Dancing has also an effect on the psyche of a dancer, it helps to tear away from problems, lowers the stress, relaxes, improves the intellectual efficiency, develops the self- and body- consciousness, but first of all, it is a pastime for people (Wiszniewski 2003; Bastos et al. 2011). Music and dancing mutually influence on each other. Dynamic changes in music can cause motor impulses of different power level, depending on the

sound volume. When the sound is strong (forte), movements are broad, large amplitude and frequencies of movement occur then, muscle tone increases, a person is stimulated and motivated to act. At the piano sound (weak, low and quiet) a light movement appears liquid one of smaller amplitude and frequencies. Muscle tone decreases what is conducive to relaxation and loosening (Świdarska 1995; Kania 2005). Nowadays dancers to succeed professionally should fulfil certain anthropometrical and motor criteria (Bastos et al. 2011; Liederbach 2000). Regular rehearsals and performances are similar to sports-training. A dancer's body (just like a sportsman's) is a subject to micro traumata because of the large repeatability of movements. Dancers, as well as other sportsmen, work in conditions which demand above the average strength, flexibility, co-ordination and concentration. Their appearance is an important aspect of the work. Striving for as slim figure as possible, can threaten health and safety of trainings. It is also essential that dancing is not seasonal. The lack of possibility of longer rest, convalescence, difficult access to health care and also its low level - those are factors favourable to contusions (Clippinger 2007; Russel et al. 2008; Wanke et al. 2011; 2012; Steinberg 2012). Therefore, adaptation of the lifestyle to training-requirements is required. The aim of the study was the assessment of chosen health-related behaviours of women and men practicing folk dance in comparison to people physically inactive.

## MATERIAL AND METHODS

There were 173 persons (91 women and 82 men) taking part in the study. The study group (1) contained folk dancers (38 women and 30 men) from two groups (from Warsaw and Plock in Poland, Mazovian Region). The control group (2) was of physically inactive persons (not practicing regularly, minimum two times per week, any physical activity). Healthy persons of the correct body mass (BMI 18.5-24.99) were classified to this study. The criteria of this division were: the age (under 20 and over 21 years of age), training advancement (under 10 and over 11 years) and the frequency of trainings (up to 2 and over 3 per week). The investigative tool was the Inventory of Health-Related Behaviours by Zygfryd Juczyński. The questions in the inventory refer to four categories of health-related behaviours (HRB): proper nutritional habits (NH) that is the kind of consumed food, the frequency of meals, prophylaxis behaviours (PB) that is abiding by health recommendations, learning about health and illness, positive attitude (PA) that is avoidance of strong excitements, tensions, stresses, and health practices (HP) that is everyday activities containing physical activity, sleep and recreation (Juczyński 2001). Additionally the author's questionnaire containing the biometrical information was carried out. The descriptive statistics was used in the elaboration of the material. Differences between each data set were counted by means of the T-student test for independent groups. The level up to  $p \leq 0.05$  was accepted as of minimum significance.

## RESULTS

Based on gathered data, with the means of the Inventory of Health-Related Behaviours, it was determined that the level of declared behaviours connected with health had been higher at dancers. The average HRB result for the Group 1 is 78.5 (80.34 – women, 76.17 – men) and 73.28 for the Group 2 (74.5 – women, 72.05 – men). The difference was statistically significant ( $p < 0.01$ ). Considerably higher results of women from the Group 1 were noted in two from four health-related behaviours components – positive attitude (PA) and health practices (HP). Men attending dancing-trainings were characterized with the indeed higher level of nutrition habits (NH) and health practices (HP) than the inactive ones (table no. 1).

TABLE NO.1  
CHARACTERISTICS OF EXAMINED PEOPLE

		No of People	Age [Years]	Body Mass [Kg]	Body Height [Cm]
Group 1	Women	38	20.58 ±4.07	56.97 ±5.98	167.05 ±5.27
	Men	30	21.5 ±3.38	76.03 ±12.55	180 ±8.31
Group 2	Women	53	25.88 ±5.55	58.86 ±6.58	166.96 ±5.05
	Men	52	26.48 ±5.89	80.82 ±11	180.69 ±7.28

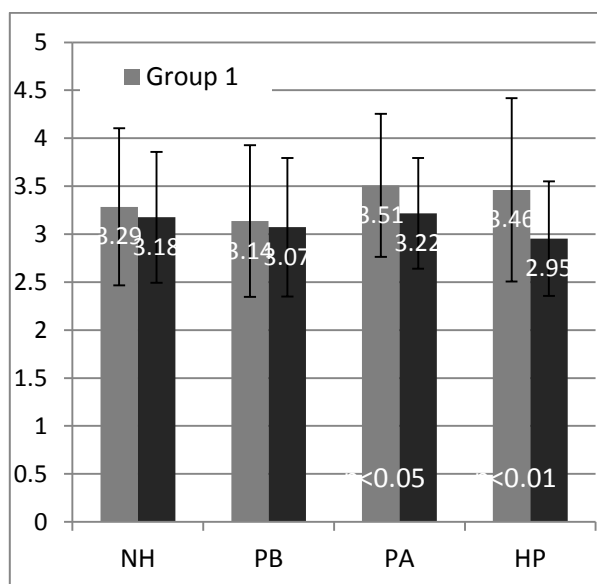


Fig. 1. Level of health-related behaviours of female dancers (Group 1) and non-active (Group 2)

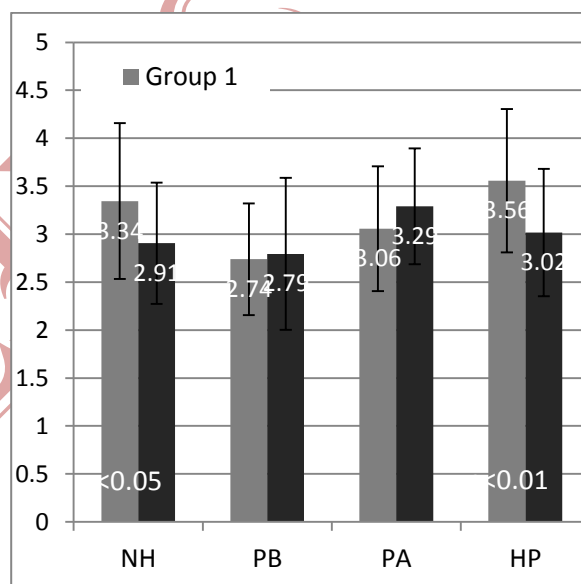


Fig. 2. Level of health-related behaviours of male dancers (Group 1) and non-active (Group 2)

At the studied dancers there was an essential difference in the level of health-related behaviours depending on the age and the training advancement. Moreover, with considerably higher level of eating habits were characterized older women (over 21 years of age), more experienced ones (training more than 11 years) and those training more often. At dancers the higher training advancement the higher result in the category of positive attitude was. There were no characteristic differences noted between the level of health-related behaviours of women training more often and those training rarely (table no.2). The training advancement was not a factor differentiating the studied dancers in any of health-related behaviours. Essential differences were observed instead at older men (over 21 years of age) and younger (under 20 years of age) within the range of prophylaxis behaviours and practices. The highest average partial result (4.00) in the category of health practices was observed at the studied persons who had trained more often than 3 times per week (table no.2).

TABLE NO. 2  
LEVEL OF HEALTH-RELATED BEHAVIOURS OF EXAMINED DANCERS  
DIVIDED INTO SUBGROUPS

			NH	PB	PA	HP	HRB
Training experience [years]	Women	>11	3.948 ±0.63	3.188 ±0.77	3.229 ±0.57	3.792 ±0.8	84.938 ±12.05
		<10	2.803 ±0.57	3.098 ±0.82	3.712 ±0.81	3.220 ±1.01	76.999 ±11.92
		Difference	<b>0.000</b>	0.734	<b>0.037</b>	0.059	0.052
	Men	>11	3.551 ±0.73	2.833 ±0.48	3.000 ±0.64	3.834 ±0.86	79.308 ±12.6
		<10	3.186 ±0.86	2.666 ±0.66	3.098 ±0.68	3.344 ±0.59	73.765 ±9.28
		Difference	0.219	0.429	0.688	0.093	0.196
Age [years]	Women	>21	3.844 ±0.74	3.278 ±0.79	3.411 ±0.73	3.789 ±0.86	85.937 ±13.23
		<20	2.920 ±0.65	3.043 ±0.79	3.572 ±0.77	3.247 ±0.97	76.692 ±10.7
		difference	<b>0.001</b>	0.379	0.520	0.080	<b>0.032</b>
	Men	>21	3.407 ±0.69	2.953 ±0.55	3.065 ±0.61	3.778 ±0.71	79.219 ±10.53
		<20	3.250 ±0.97	2.417 ±0.49	3.042 ±0.74	3.223 ±0.69	71.588 ±10.47
		difference	0.639	<b>0.010</b>	0.930	<b>0.044</b>	0.063
Number of training [per week]	Women	>3	3.782 ±0.52	2.974 ±0.63	3.359 ±0.66	3.385 ±0.62	81.000 ±8.89
		<2	3.027 ±0.83	3.220 ±0.86	3.586 ±0.79	3.500 ±1.1	79.999 ±14.12
		difference	<b>0.002</b>	0.324	0.356	0.681	0.791
	Men	>3	3.407 ±0.72	2.685 ±0.47	3.111 ±0.68	4.000 ±0.56	79.222 ±11.9
		<2	3.317 ±0.86	2.762 ±0.63	3.032 ±0.65	3.366 ±0.74	74.857 ±10.62
		difference	0.772	0.720	0.771	<b>0.019</b>	0.359

## DISCUSSION

The dancing-training and stage performances demand large psychical resistance of those practicing. This often leads to the negligence of medical recommendations. Dancers do not keep the suitable balance between the number of trainings and the resting. Without a suitable break, body structures are subjected to strains and injuries in greater degree. Sometimes, during trainings the tempo of work is so fast, that dancers have no sufficient time to prepare themselves to the motor activity. They perform steps under pressure, not prepared for them or not knowing their basics (Howse 2000; Bastos et al. 2011). Many types of behaviours can protect dancers from undesirable results of trainings. Those are: the control of body mass, suitable diet and prevention of organism dehydration. Moreover, dancers should avoid overworking and long, forceful exercises. Too intensive trainings enlarge the risk of injuries. Also monotonous and little varied exercises weaken the concentration, what threatens the safety and leads to contusions. This refers also to 'professionally burnt out dancers'. They do not engage into trainings, what increases the risk of injury (Howse 2000; Liederbach 2000). This study proved that dancers were characterized with the higher level of prophylaxis behaviours what can perhaps prove their conscious changes in the lifestyle. Physically active persons, among them people professionally doing sport, more often pay attention to other aspects of the healthy lifestyle (Koutedakis et al. 2008). This refers both to professional competitors as well as persons recreationally exercising in fitness clubs (Woitak-Ślubowska 2009; Boguszewski et al. 2011; 2013; Litwic-Kamińska 2012). It is of great importance what kind of activity is being practiced, sport advancement and training experience. It was proved that with the higher level of health-related behaviours were

characterized e.g. students of martial arts, persons with greater training experience and attaining higher sports-results (Boguszewski et al. 2013; 2014a; 2014b). Additionally, it was observed that women were characterized with the higher level of health-related behaviours than men – they more seldom smoke cigarettes, drink liquor, and more often take care e.g. of the correct diet (Koutedakis et al. 2008; Woitas-Ślubowska 2009; Boguszewski et al. 2013). At folk dancers the similar regularity was noted, though the general HB indicator was lower than standardized average result, which for women was 84.03, and for men 78.50 (Russel et al. 2008). Folk dances are the form of movement seldom described in the specialist literature. The research done for the above work though did not exhaust the subject, will supplement the knowledge about the lifestyle of dancers. To achieve fuller, more reliable data, it would require studying greater groups with the use of different tools.

## CONCLUSIONS

The physical activity (folk dance) had an influence on general health behaviours. Active persons more often paid attention to so called health practices. This confirms the transfer of desirable habits to everyday life.

In light of the obtained results, it seems legitimate to continue the propagation of dancing-forms of movement in all social groups.

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