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Health behaviors and a sense of happiness

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Piotr Dąbrowski*

Health behaviors and a sense of happiness

Introduction

Evidence of the “narrow” treatment of health can be listed without end. Health, in this metaphorical approach is characteristic for children or people for whom pro-health perspective is a pointless waste of time. The child when asked what is his health, connects this state closely with the absence of disease. Modern health issues is raised at the highest levels of authority and science as determining and enabling the development of both the individual as well as whole societies. Health behaviors whereas, as a conscious action taken by the unit, despite of its actual and perceived health status, in order to promote, protect and preserve the health, regardless of whether they are effective or not¹. As the authors rightly point out, it not in every case of health-related behavior is health behavior. In order the action could be defined this name there must be an element of conscious decisions as to its orientation on health. It also emphasizes the full consciousness of the individual, or the need for its formation in the course of education. Gacek is right saying that (...) *lifestyle at the turnout of healthy behaviors and unhealthy ones is in significant correlation with the current and future state of health of young people. It should be pointed to the need for monitoring them and take such preventive and educational interactions that foster their rationalization and serve a conscious and active concern for health; it is an indicator of the culture of modern man*². But it is not so easy, because these

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¹ Z. Słońska, M. Misiuna, *Promocja zdrowia. Słownik podstawowych terminów*, Agencja Promo-Lider, Warszawa 1993.

² M. Gacek, *Wybrane zachowania zdrowotne uczniów średnich szkół technicznych*, “Wycho-
wanie Fizyczne i Zdrowotne” 2005, nr 4, p. 9–11.

behaviors exist on the boundary of two different in many ways sciences: medical and social³. The first time in 1971 any human behavior related to health and its strengthening was called health behavior⁴. According to the WHO definition *health is a state of complete physical, spiritual and social well-being, not just the absence of disease or physical defect*⁵. According to another definition, health is a state of physical, mental and social adaptation to the surrounding environment⁶. It should be noted that in addition to the physical nature of the condition which is health it postulates also its mental and even spiritual dimension. It seems that because of the ease of perception of health in a strictly physical way it would be quite simple to point out, and thus convey or shape the health-consciousness relating directly to the physical aspect of human functioning. A little more difficult it will be to define, identify and provide during education, pro-health attitudes relating to psyche. This situation may have causes in a less measurable nature of the human psyche, with its greater complexity and its underrated and often discredited impact on soma. In the literature, which takes health issues through the prism of psychology we read that mental states affect health. Bishop believes that (...) *feelings and emotions can have positive and negative effects on physical fitness. Man surrounded by the love and support better cope with stressful situations*⁷. At the same time psyche can also harm our health. Although strong social support actually reduces the harmful effects of stress, but its absence causes a marked decline of resistance to a variety of physical disorders⁸. The study conducted by the author would like to look at first people's awareness of health behaviors associated with psychological nature of health. At what level do they identify and understand the necessity of healthy behavior aimed at the body within the physical meaning as well as relating to the psyche? The first approach determines the proper functioning of all systems

³ M. Rokitiańska, *Rola edukacji zdrowotnej i promocji zdrowia w kształceniu przekonań, zachowań i postaw prozdrowotnych społeczeństwa*, "Zdrowie Publiczne" 2002, t. 112, supl. 1, p. 13–15.

⁴ J. Induski, J. Leowski, *Podstawy medycyny społecznej*, Państwowy Zakład Wydawnictw Lekarskich, Warszawa 1971; *Teoretyczne podstawy edukacji zdrowotnej; stan i oczekiwania. Materiały z konferencji naukowej w Kamieniu Śląskim 25–26 września 2000 r.*, ed. B. Woynarowska, M. Kapica, Krajowy Ośrodek Wspierania Edukacji Zawodowej, Warszawa 2001.

⁵ U. Parnicka, *Aktywność ruchowa matek dzieci w wieku przedszkolnym*, AWF, Warszawa 2003.

⁶ E. Bulicz, I. Murawow, *Wychowanie zdrowotne*, Politechnika Radomska, Radom 1997, p. 62.

⁷ G. Bishop, *Psychologia zdrowia*, Wydawnictwo Astrum, Wrocław 2000, p. 22.

⁸ J. B. Jemmott, S. E. Locke, *Psychosocial factors, immunologic mediations, and human susceptibility to infectious disease: How much do we know?*, "Psychological Bulletin" 1984, No. 95, p. 78–108.

and organs of the body. The second approach refers to mental health – in the emotional area, meaning the ability to recognize emotions, their expression and ability to cope with stress and in the area of social functioning, ie their ability to maintain correct relations between people, spiritual health, faith and internal practices or behavior and ways of maintain inner peace⁹. The second goal of the study is to look at the actual implementation of healthy behaviors postulated by the respondents and their interplay with and conscious and, although treated as ideal, behaviors recommended by them to the realization. Created in this way the real picture of healthy behaviors will be able to compare with the image of perfect health imagined by the subjects. It would be expected that the greater the gap between them, the greater the ignorance and misunderstanding of the meaning of these behaviors. However, if a group of high and low degree of implementation of healthy behavior will show similar patterns for the ideal “healthy I” it could mean that consciousness itself, so today postulated as a primary need and a determinant of healthy life, is not enough, because even though the people bypass health behaviors, thereby increasing the sense of guilt and frustration growing because of the moving away from the ideal, which they carry in their consciousness. The final goal of the study was to look for sources of happiness in being healthy.

The test procedure

The subjects

For answers to these questions, a group of 200 people have been tested, Gdańsk high school students (junior) and grandparents or parents of those students (seniors). Among the juniors there were 51 women, whose ages ranged from 17 to 19 years ($M = 18,31$; $SD = 0,88$) and 49 men aged between 17 and 19 years ($M = 17,93$; $SD = 0,71$). Among the senior respondents, there were 51 men, whose ages ranged from 61 to 69 years ($M = 64,47$; $SD = 2,17$) and 49 women aged between 52 and 74 ($M = 64,65$; $SD = 3,85$).

Research method

The study used a questionnaire containing a list of health behaviors related to hygiene, physical activity, diet, preventive behavior and psychological factors. A group of men and women, both juniors as well as seniors was divided

⁹ J. Karczewska, *Nauczyciel promujący zdrowie w szkole i w rodzinie*, “Wychowanie Fizyczne i Zdrowotne” 2002, nr 5, p. 15–19.

into two subgroups. Both sub-groups were asked to respond on a four point scale to expressions of different forms of health behavior, where 1 meant never, 2 – rarely 3 – often 4 – always. The first subgroup of men and women were asked to indicate to the implementation of these behaviors that a man following them will live as long as possible in health. The task was to create a health profile of the ideal examined subgroups. It would be a perfect picture of a healthy lifestyle that exists in the minds of respondents as a model, the goal of their aspirations. The second subgroup among those the same behaviors had to choose the ones that were realized in their own lives. In that way there was created the profile of taken health behaviors that would allow comparison and checking the difference between behaviors and conscious, declared and actually undertaken. A category of “not applicable” was introduced at every health-oriented behavior. Its the task was to determine the degree of their downplay in both groups. All participants were also asked on a four point scale about a sense of happiness. This question was to bring any relationships carried out by juniors and seniors of healthy behaviors with a sense of happiness.

The results

Studies have shown statistically significant differences between the conscious pro-health behaviors and their realization in both men and women in both groups.

Table 1. The differences between the awareness of healthy behaviors and their realization among men and women in the junior group

Healthy behaviors	Junior men real. M(SD)	Junior men ideal. M(SD)	Significance of differences T (p)	Junior women real. M(SD)	Junior women ideal. M(SD)	Significance of differences T (p)
Physical activity	3,10 (0,79)	3,28 (0,50)	0,90 (0,000)	2,11 (0,62)	2,86 (0,82)	0,02 (0,000)
Hygiene	2,63 (0,48)	3,46 (0,57)	0,68 (0,000)	2,58 (0,49)	3,47 (0,50)	0,58 (0,000)
Psychological factors	2,00 (0,70)	2,97 (0,52)	1,25 (0,000)	2,17 (0,62)	3,01 (0,64)	1,56 (0,000)
Diet	1,61 (0,63)	3,36 (0,69)	1,282 (0,000)	3,29 (0,54)	3,15 (0,73)	1,20 (0,000)
Prevention	1,83 (0,68)	3,28 (0,61)	0,56 (0,003)	2,05 (0,61)	3,03 (0,59)	0,23 (0,000)

Table 2. The differences between the awareness of healthy behaviors and their realization among men and women in the senior group

Healthy behaviors	Senior men real. M(sd)	Senior men ideal. M(sd)	Significance of differences t (p)	Senior women real. M(sd)	Senior women ideal. M(sd)	Significance of differences t (p)
Physical activity	3,68 (0,47)	3,52 (0,63)	1,90 (0,000)	3,57 (0,50)	3,48 (0,63)	1,28 (0,000)
Hygiene	2,84 (0,79)	3,38 (0,50)	0,45 (0,000)	2,96 (0,72)	3,40 (0,50)	0,44 (0,000)
Psychological factors	1,98 (0,71)	2,60 (0,63)	1,32 (0,000)	2,50 (0,67)	2,76 (0,74)	0,36 (0,000)
Diet	1,82 (0,66)	3,62 (0,49)	0,22 (0,000)	3,12 (0,62)	3,70 (0,46)	0,56 (0,000)
Prevention	2,00 (0,69)	2,05 (0,50)	1,70 (0,091)	2,10 (0,67)	3,42 (0,53)	1,22 (0,000)

Further analyzes show a statistically significant differences among men and women in both groups of juniors as well as seniors between pro-health behaviors in the area of their implementation and awareness. In the junior group they are: physical activity and diet in a group of seniors psychological factors and diet. It should be emphasized that men and women from the senior group did not differ significantly in the sphere of awareness of healthy behaviors.

Table 3. The differences between men and women in a junior group in the implementation of healthy behaviors and their consciousness

Healthy behaviors	Junior men real. M(sd)	Junior men ideal. M(sd)	Significance of differences t (p)	Junior women real. M(sd)	Junior women ideal. M(sd)	Significance of differences t (p)
Physical activity	3,10 (0,79)	2,11 (0,62)	6,90 (0,000)	3,28 (0,57)	2,86 (0,82)	2,95 (0,000)
Hygiene	2,63 (0,48)	2,58 (0,49)	0,45 (0,625)	3,46 (0,50)	3,47 (0,50)	0,01 (0,990)
Psychological factors	2,00 (0,70)	2,17 (0,62)	1,32 (0,188)	2,97 (0,52)	3,01 (0,64)	0,33 (0,734)
Diet	1,61 (0,63)	3,29 (0,54)	14,22 (0,000)	3,36 (0,69)	3,15 (0,73)	1,47 (0,144)
Prevention	1,83 (0,68)	2,05 (0,61)	1,70 (0,091)	3,28 (0,61)	3,03 (0,59)	2,03 (0,044)

Table 4. The differences between men and women in a senior group in the implementation of healthy behaviors and their consciousness

Healthy behaviors	Senior men real. M(sd)	Senior men ideal. M(sd)	Significance of differences t (p)	Senior women real. M(sd)	Senior women ideal. M(sd)	Significance of differences t (p)
Physical activity	3,68 (0,47)	3,57 (0,50)	1,11 (0,268)	3,52 (0,50)	3,48 (0,50)	0,39 (0,692)
Hygiene	2,84 (0,79)	2,96 (0,72)	0,78 (0,431)	3,38 (0,63)	3,40 (0,63)	0,15 (0,875)
Psychological factors	1,98 (0,71)	2,50 (0,67)	3,73 (0,000)	2,60 (0,65)	2,76 (0,74)	1,15 (0,251)
Diet	1,82 (0,66)	3,12 (0,62)	10,09 (0,000)	3,62 (0,49)	3,70 (0,49)	0,83 (0,403)
Prevention	2,00 (0,69)	2,10 (0,67)	0,72 (0,469)	3,48 (0,50)	3,42 (0,53)	0,57 (0,566)

Table 5. The differences between the respondents declaring a state of minimizing or awareness of the importance of implementation individual healthy behaviors in the context of happiness

Healthy behaviors	Junior real. Apply M(sd)	Junior real. do not apply M(sd)	Significance of differences t (p)	Junior real. apply M(sd)	Junior real. not apply M(sd)	Significance of differences t (p)
Physical activity	2,59 (0,94)	3,33 (0,50)	2,31 (0,022)	2,51 (0,50)	2,50 (0,57)	0,04 (0,967)
Hygiene	2,53 (0,90)	3,58 (0,51)	3,90 (0,000)	2,51 (0,50)	2,50 (0,54)	0,05 (0,960)
Psychological factors	2,72 (0,92)	2,60 (0,94)	0,64 (0,523)	2,52 (0,50)	2,44 (0,51)	0,60 (0,543)
Diet	2,63 (0,89)	2,84 (1,21)	0,76 (0,444)			
Prevention	2,73 (0,92)	2,41 (0,92)	1,47 (0,144)	2,51 (0,50)	2,50 (0,70)	0,02 (0,977)

The search for differences between the degree of ignoring the importance of establishing healthy behaviors in the context of happiness provides interesting analysis. It turns out that the junior research group who downplayed importance of implementing healthy behaviors of group of physical activity and hygiene, declared a significantly higher level of happiness than respondents tying importance to the implementation of these behaviors. At the same time in the group of seniors degree of ignoring healthy behaviors did not cause signifi-

cant differences in the sense of their happiness. It is worth noting that in the context of diets, none of the respondents in the group of seniors, does not played down this area in relation to their own health, with a simultaneous lack of correlation degree of realization of behavior of this area and happiness.

Further statistical analyzes show a statistically significant but small co-occurrence of certain health behaviors and the feeling of happiness. In the group of juniors these are psychological factors in a group of seniors physical activity (tab. 6).

Table 6. Coexistence of health behaviors with a sense of happiness in a group of juniors and seniors

Healthy behaviors	Sense of happiness junior men R(p)	Sense of happiness junior women R(p)	Sense of happiness senior men R(p)	Sense of happiness senior women R(p)
Physical activity	-	-	0,78 (0,000)	0,61 (0,000)
Hygiene	-	-	-	-
Psychological factors	-	0,376 (0,005)	-	-
Diet	-	-	-	-
Prevention	-	-	-	-

Discussion

British scientists from the University of Hertfordshire came to the conclusion that a sense of happiness correlates the most strongly with habits connected to self-acceptance, but they are practiced the least likely. Analysis of many studies conducted over the level of life satisfaction and its correlates showed that there are ten main factors that affect happiness. among them there are also those that can be interpreted as health behaviors. However, among them, taking care of your own body and self-satisfaction were pointed the least likely¹⁰. These studies show that examined persons have a high level of awareness about the importance of behavior related to broadly defined health, but there is a significant difference between awareness and implementation of these behaviors in all their aspects in both the senior as well as junior group. It follows from this, that knowledge or consciousness do not translate for them into action. Moreover, with age and experience, the difference was statistically significant at

¹⁰ K. Pine, *Self-acceptance could be the key to a happier life, yet it's the happy habit many people practise the least*, University of Hertfordshire, Hertfordshire 2014.

all times. How to explain this? In part, studies published by researchers at the University of Pennsylvania and Stanford University on the basis of twelve million blogs can zoom the answer¹¹. Studies show that young people described the experience of happiness as an experience of future states, when the elders brought happiness into satisfaction with the current situation. Health behaviors, as those that require time, perseverance and consistency, do not give immediate results. Young people can not immediately discount the effects of these behaviors. As those who are inclined rather to the enjoyment of future events, they are not able to implement them as much as they realize their significance. But what about the elderly? Those who merge the happiness with seeking peace and relaxation, also, despite high awareness of the importance of healthy behaviors, do not implement them in a manner equally to that awareness. It is interesting in junior group that definitely more men than women declare daily physical activity, while women attach more importance to the diet. The research of Sochacka and Wojtyłko¹² seems to confirm this by showing that men more often than women make physical activity due to ensure the growth of muscle mass, while women focus on losing extra weight. The analysis of differences between men and women in a group of seniors is very astonishing, particularly in the implementation of healthy behaviors in the area of psychological factors and diet. Where the difference is statistically significant at the level of healthy diets in favor of women it is not a great discovery, but underestimation of psychological factors behind which are hidden very important aspects of human functioning like taking care of good relations, positive attitude, taking care of attractiveness or emotional sensitivity of a male seniors is puzzling. It looks like that among surveyed men there was erosion of psychological resources, which in turn reduces the ability to reciprocate positive feelings and actions in social relations¹³.

¹¹ C. Mogilner, S. Kamvar, J. Aaker, *The shirting meaning of happiness*, "Social Psychological and Personality Science" 2014.

¹² L. Sochacka, A. Wojtyłko, *Aktywność fizyczna studentów studiów stacjonarnych kierunków medycznych i niemedycznych*, "Medycyna Środowiskowa – Environmental Medicine" 2013, nr 16/2, p. 53–58.

¹³ B. H. Gottlieb, *Conceptual and measurement issues in the study of coping with chronic strain*, [in:] *Coping with chronic stress*, ed. B. H. Gottlieb, Plenum, New York 1997; N. Krause, *Stressors in highly valued roles, meaning in life and the physical health status of older adults*, "Journal of Gerontology: Social Sciences", vol. 59; idem, *Social Relationships in Later Life*, [in:] *Handbook of Aging and the Social Sciences*, ed. R. H. Binstock, L. K. George, Elsevier, San Diego 2006.

They are burned out and lose psychological resources that enable them to effectively support others with empathy¹⁴. It is a pity, because as Niezabitowski indicates a very large impact on quality of life and health of seniors is friendship, by pleasure of being with others which accompanies these relations and by formation of positive emotions¹⁵. This type of social contact author combines with a sense of belonging¹⁶ and understanding. An interesting fact is that in the surveyed men the implementation of these behaviors is not associated with a sense of happiness and here, moreover, is not different from their peers. Satisfaction, according to the analysis, is ensured by the high correlation between physical activity and a sense of happiness. Had a good physical disposition of one's body, the possibility of movement, tiredness and good physical independent function, despite age, coexisted with a sense of happiness? Research of Knapik, Saulicz, Skirtings and Kuszewski indicate the relationship of physical activity with high self-esteem of older people¹⁷. Argyle's studies seem to also confirm indicating good physical health as a source of happiness in people of retirement age¹⁸. The last study, which is worth quoting is the complete lack of correlation of implemented healthy behaviors with a sense of happiness in the junior group. Moreover, a statistically significant difference was noted between juniors playing down the importance of certain health behaviors and attaching importance to them, in the context of happiness. Young men despite the high awareness of healthy behavior do not derive satisfaction from their implementation. The analyzes can lead to surprising conclusions that rather a sense of happiness translates into health, although, paradoxically, we do not feel great satisfaction from taking care of our health. Research scientists from University College in London seem to confirm this thesis. The feeling of happiness affects the health of our body¹⁹. If so, it is worth to take care of it.

¹⁴ J. C. Coyne, C. B. Wortman, D. R. Lehman, *The other side of support: Emotional over involvement and miscarried helping*, [in:] *Marshalling social support: Formats, processes, and effects*, ed. B. H. Gottlieb, Sage, Newbury Park CA 1988.

¹⁵ M. Niezabitowski, *Relacje społeczne ludzi starszych w środowisku zamieszkania – aspekty teoretyczne i empiryczne*, "Acta Universitatis Lodziensis Folia Sociologica" 2011, nr 38.

¹⁶ A. Maslow, *Motywacja i osobowość*, PAX, Warszawa 2006.

¹⁷ A. Knapik, E. Saulicz, M. Plinta, R. Kuszewski, *Aktywność fizyczna a zdrowie kobiet w wieku starszym*, "The Journal Orthopaedics Trauma Surgery and Related Research" 2011, nr 6(26).

¹⁸ M. Argyle, *The psychology of happiness*, Methuen, London 1987.

¹⁹ A. Steptoe, *Positive affect measured using ecological momentary assessment and survival in older men and women*, "Proceedings of the National Academy of Sciences" 2011, No. 10(45).

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Summary

Health behaviors and a sense of happiness

This article is an attempt to explain how to perform healthy behavior as a source of happiness in people of all ages.

The study was conducted among 100 students and 100 people aged 60+. The subjects were divided into two equal groups and subjected to a questionnaire survey. One of the groups chose the health behaviors that she considered important for healthy living; the other group chose the ones that actually did. All people were asked to rate their lives in the context of happiness.

The analyzes show statistically significant differences between the implementation and the declaration of the application of health behaviors in the group of students as well as those aged 60+. Boys and girls do not differ significantly in the level of performance of pro-health behaviors except for the use of different diets. This difference does not occur in the elderly. Pro-health behavior does not correlate with happiness in adolescents. In older people, happiness is clearly correlated with pro-health behaviors associated with physical activity.

Patients are aware of the need for pro-health behaviors but do not manifest them in their daily lives. In young people, health does not mean happiness. In older people, pro-health behaviors are a source of happiness.

keywords: happiness, health behavior

słowa kluczowe: poczucie szczęścia, zachowania zdrowotne