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Lifestyle patterns concerning sports and physical activity, and perceptions of health

Summary

Objectives: To explore the perceptions of health and physical activity, and the associations between these two areas from a theoretical lifestyle perspective.
Methods: Data was collected by means of a self-administered questionnaire, among 3019 adults attending centres for preventive medicine in France. Correspondence analysis examined the significance of the relationships between perceptions of health and perceptions of sports and physical activity.
Results: Four principal types of subjects emerged from the factor analyses expressing four different lifestyle patterns. "Non physically active lifestyle: a feeling of not being healthy", "Physically active lifestyle, pleasure/leisure-oriented", "Necessarily physically active lifestyle, regardless of health", "Physically active lifestyle aimed at stress relief".
Conclusions: The sociological approach helps tackle sports and physical activity as behaviour patterns but also and especially as a health orientation connected with the socio-economical climate. This approach also gives sports practice back its meaningful cultural dimension.

Keywords: Lifestyle – Sports and physical activity – Body image – Health perception – Health behaviours – Health promotion.

The idea that physical activity can contribute to health (Blair et al. 1992; Geneste et al. 1998) spread progressively among health professionals during the 1970s and became a central theme of health promotion campaigns during the 1980s, as in the slogan "Be active, be healthy". Since then, campaigns for "Sport for all" have been developed and a European network for Health Enhancing Physical Activity has been created (2000). Sports and physical activity tend now to be synonymous with a healthy lifestyle. This approach is based mainly on epidemiological research. In these studies, the question is to know if individuals are physically active or not. They examine frequency or length of practice. Therefore, sports and physical activity are exclusively considered as exercise and tend to lose their cultural meanings. Moreover, the majority of these studies shows an emphasis on bivariate dependency links (for example, alcohol consumption and sport), while interdependencies and recursive associations are often neglected. "The links between lifestyle dimensions are, however, rather complex allowing for reciprocity and interaction" as Abel, Cockerman and Niemann (2000) have shown in their study. Sports and physical activity have become one of the dimensions of lifestyle. We use these authors' definition of lifestyle, acknowledging the multi-dimensional structure of lifestyles: "Health lifestyles comprise interacting patterns of health-related behaviours, orientations and resources adapted by groups of individuals in response to their social, cultural and economic environment" (Abel et al. 1999). According to this definition, sports and physical activity can take on different directions and meanings in relation to perceptions of health and to other dimensions of lifestyle. It has already been shown in a previous study (Perrin 1994) which was conducted in France on 800 subjects in a centre for preventive medicine. The study highlighted affinities between perceptions of sports and physical activity and perceptions of health. Factor analysis made it possible to distinguish four major tendencies: the "hedonistic", "health-conscious", "strong will-power" and "fatalistic" tendency. The results corroborate some aspects of an older study of Boltanski (1971) about the social uses of the body considered through health-related behaviours and beauty care. On the one side, the tendencies which were observed appeared to be influenced by social and cultural factors as in Bourdieu's habitus theory. Sports and physical ac-

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tivity could be considered as cultural elements (Pociello 1995) which are the expression of an *habitus* defined by Bourdieu (1979) as "systems of durable, transposable dispositions, structured structures predisposed to operate as structuring structures, that is, as principles which generate and organise practices and representations".

On the other side, at a later stage, a qualitative comparative study which was conducted by means of interviews with the subjects belonging to the first two trends (Perrin 1994) showed that tendencies were linked with perceptions of the body developed together through past experience (life history, personality) and social influence. It also showed that practicing a physical activity was perceived as a means of feeling "more intensely alive" and of enjoying a good level of health. This work also relates to the comprehensive perspective of Max Weber (1971) insofar as the priority is given to the meaning which is attributed to their practices by social actors. Thus, sports and physical activities are described on the basis of what people do when they say they practice them. Samely, this research work deals with the individual and subjective perceptions of health.

The term "sports and physical activity" covers all physical activities including artistic ones, competition-oriented or otherwise, whether they are practiced under supervision or not. The concept of health is considered in the global, positive and dynamic approach which is defined in the Ottawa Charter (1986). These two concepts (sports and physical activity, and health) are observed from the point of view of the subjects of the study.

While perceptions of health have been widely studied in various populations (Herzlich 1969; Boltanski 1971; Aballea 1987; Bon et al. 1989; D'Houtaud & Field 1995), they have rarely been examined in relation to physical activity (Ostrow & Dzewaltowski 1986; Backett & Davison 1995; Ferron et al. 1999).

It appeared worthwhile to pursue the first survey on a larger scale. The objective is to acquire a more accurate knowledge of the nature of the relationship between perceptions of health and perceptions of sports and physical activity in order to highlight different lifestyles.

A long term objective was to obtain information which could be used to improve prevention programmes based on the promotion of sports and physical activity.

Methods

Population

The sample included 3019 subjects over 18 years old, who were contacted between October 1997 and April 1998 in three centres for preventive medicine in the north-east of France (Tab. 1). These centres receive volunteers under normal health insurance coverage on the basis of family unit invitations. These volunteers are then offered a complete medical check-up which is free of charge and which can be repeated every five years. As Table 2 shows, there are minor deviations between the study group and the general population of the region of France under consideration, on broad socio-economic indicators. The study sample can thus be considered as representative of this general population. However, the likelihood that the subjects involved in the study, who have volunteered for a preventive health check, may be somewhat characterised by some specific perceptions of prevention and health, must also be kept in mind.

The sample was standardised in order to eliminate the distortion effects due to the distribution of the subjects in the age groups: for each gender, the weighting of each age group was made in proportion to the weighting of this same age group in the French population over 18 years old.

Table 1 Age and gender distribution in the study sample (numbers and percentages of the total sample)

	Male	Female	Totals
18–24 years old	324 11%	382 13%	706 23%
25–44 years old	405 13%	430 14%	835 28%
45–59 years old	407 13%	401 13%	808 27%
60 years old and over	349 11%	321 11%	670 22%
Totals	1485 49%	1534 51%	3019 100%

Table 2 Socio-demographic characteristics[a] of the study sample and the general population of the north-east of France (percentages)

	General population	Study sample
Farmers	1.9	0.1
Self-employed workers and tradespeople	3.5	1.7
Executives, managers	4.6	5.2
Employees of the public or private sector	25.9	27.8
Factory workers	19.9	17.9
Retired people	22	19.7
Unemployed people	22.2	27.6
Totals	100	100

[a] Categories of the National Institute of Statistics and Economic Studies.

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Design of the questionnaire and data collection

Data on perceptions of health and physical activity was collected by means of a self-administered questionnaire of 12 questions, which was specifically designed, not to measure objective practices, but to explore personal opinions and perceptions. This instrument included questions about subjects' use of leisure times, perceptions of health, reasons for getting involved (or not) in a physical activity, level of sports activity, perception of the links between physical activity and health, and level of perceived stress. The subjects were considered as practicing a physical or sports activity when they were able to name it and to answer the whole set of questions referring to it.

Subjects answered the questions by ticking boxes corresponding to predefined propositions. A copy of this research instrument is available upon request.

Subjective data collected by means of other self-administered questionnaires during medical check-ups were also used in the analyses: demographic data (age, gender, social class, level of education), and data relating to recourse to health care or to different types of health behaviours.

Data analysis

Univariate analyses were first performed on the set of data, in order to highlight the statistically significant relationships between attitudes towards health and attitudes towards sports and physical activity. Crosstabs included 100 variables relating to sports and physical activity and 55 variables relating to health. Correspondence analysis[1] was applied to

[1] As Thomas Abel has mentioned "Correspondence analysis is not yet widely used in the Anglo-Saxon social sciences. In French-speaking empirical research, however, it has ranked for years as a standard technique for the graphical analysis of complex statistical associations. Due to its application in Bourdieu's well known work Distinction, this method was first recognised by a broader audience and is now also applied outside the French-speaking area".

Table 3 Study variables contributing significantly to axis 1

Left side of the origin (A- type)	Level of contribution (%)	Right side of the origin (A+ type)	Level of contribution (%)
Variables related to physical and sports activity (PSA)			
No practice of any PSA for health reasons	4.1	Practice of PSA during leisure times	4.9
Perception of PSA as neither a duty nor a pleasure	3.7	Positive effects of PSA on daily life	4.5
Perception of PSA as not an opportunity to feel healthy	3.3	Perception of PSA as an opportunity to feel healthy	4.3
No effects of PSA on daily life	3.2	More than five years of practice	4.0
No competitive sport	3.0	More than three different sports	3.9
No physical activity	2.9	Feeling energetic	3.8
No practice of any PSA	2.7	Positive perception of physical effort	3.1
Perception of PSA as non-pleasurable	2.3	Heavy work during leisure time	2.7
Perception of PSA as efficient against stress	1.8	Competitive sport	2.3
No practice to improve fitness	1.4	Practice once or twice a week	2.2
Lack of free time	1.0	Perception of PSA as a leisure	1.9
		Perception of PSA as pleasurable	1.7
		Practice to improve fitness	1.7
		Team sport	1.5
		Running	1.2
		Competitive spirit	1.1
Above the origin (B+ type)	**Level of contribution (%)**	**Below the origin (B- type)**	**Level of contribution (%)**
Variables related to health			
Health status rated 4 out of 10	9.3	Definition of health as ability to practice PSA	16.5
No knowledge about relaxation training	6.0	Stress level rated < 3 out of 10	5.1
Medical consultation once a month	5.0	Some knowledge about relaxation training	4.4
Sleep problems	4.3	Health status rated > 8 out of 10	4.1
Medication everyday	3.7	Medication once or twice a year	2.6
Locomotory problems	3.6		
Definition of health as ability to go out and meet friends	3.3		
Definition of health as ability to work	3.2		
Circulatory problems	2.4		
Use of tranquillisers and neuroleptics	2.1		
Medication for cardiac problems	2.1		

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Table 4 Study variables contributing significantly to axis 3

Above the origin (B+ type)	Level of contribution (%)	Below the origin (B- type)	Level of contribution (%)
Variables related to physical and sports activity (PSA)			
Practice of PSA against stress	23.2	No practice of any PSA against stress	7.2
Lack of free time	4.4	Enough free time	3.3
Perception of PSA as a means to feel quieter	3.7	Free time spent doing odd jobs at home	2.4
Free time spent reading	3.1	PSA replaced by physical activity at work	1.5
Perception of PSA as a means to improve looks	2.7	Perception of PSA as an opportunity to go out and meet friends	1.3
Fitness	2.7	Gardening	1.1
Positive effects of PSA in daily life	2.5		
One year of practice	2.3		
Sedentary hobbies	2.2		
No practice of any PSA for health reasons	2.0		
Golf	1.7		
No competitive sport	1.7		
Perception of PSA as a duty	1.6		
Practice twice a month	1.5		
Practice for prevention reasons	1.5		
Competitive spirit	1.5		
Definition of health as suppleness	1.4		
Relaxation	1.4		
PSA for adventure	1.3		
Competitive sport	1.1		
Free time spent doing nothing	1.1		
Above the origin (B+ type)	**Level of contribution (%)**	**Below the origin (B- type)**	**Level of contribution (%)**
Variables related to health			
Level of stress rated > 8 out of 10	14.5	Level of stress < 3 out of 10	8.4
Level of stress rated 6 or 7 out of 10	11	High alcohol use (more than 45 g a day)	4.4
Definition of health as feeling good	6.9	No knowledge about relaxation training	4.2
Impossible to learn to relax	4.9	Definition of health as ability to go out and meet friends	3.2
Use of sleeping pills	3.3	Definition of health as ability to work	3.0
Sleep problems	2.4	No use of any medication	2.5
Use of homeopathic medication	2.0	High use of tobacco (more than 20 cigarettes a day)	1.7
Use of medication once a month	2.0	No medical consultation ever	1.7
Health status rated < 3 out of 10	1.7		
Medical consultation every three months	1.1		

the variables which appeared to be associated according to the χ^2-test. This analysis constituted clusters of variables which were strongly correlated according to statistical criteria, thus leading to the definition of profiles linked to specific attitudes towards health and physical activity. This typology was completed by the projection of the demographic data on the different axes resulting from the correspondence analysis: this projection gave access to more complete clusters of variables, including sociodemographic data. According to the multivariate model we proposed in theory, this method includes the social, cultural and demographical characteristics within statistical models without pre-supposing a strictly deterministic relationship.

The levels of contribution (in percentage) of the variables which are significantly correlated with the others on axes 1 and 3, which are the most relevant to analyse as far as perceptions of health are concerned, are shown in Table 3 and Table 4.

Results

The cross-sectional data collection precludes the establishment of a causal relationship between perceptions of health and perceptions of physical and sports activities. The results are presented in two main parts: 1) Participation rate and health expectations in the study sample; 2) associations

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between perceptions of physical and sports activity and perceptions of health.

Participation rate and health expectations

In the study sample, 44% of the subjects said that they practiced a physical and sports activity (51% of the men and 38% of the women). Most of the subjects who say they practice a physical and sports activity (87%) find that it gives them the feeling of being healthy. Moreover, 11% of the men define being healthy as the ability to practice a physical and sports activity. For 55% of the whole sample, the capacity to sustain a physical effort over a long period (stamina) is the prime indicator of good health. Subsequent indicators make gender differences appear: for men, the level of skill and accuracy in sports comes next, while the suppleness of the body is the second most important characteristic for women. Some of the subjects who practice a physical and sports activity claim to feel its beneficial effects in their daily life: after exercising, they feel more energetic (33%) and more relaxed (25%) than before.

Relationships between perceptions of sports and physical activity and perceptions of health

As they contained more than three quarters of the total information on the links between perceptions of physical activity and perceptions of health, three axes were examined after factor analysis was performed on the study variables.

Axis 2 accounts for 15% of this information and contrasts younger subjects (C+ profile) to older ones (C- profile) as regards their relationship to sports and health, thus showing some of the changes over time in health perceptions and behaviours. At one end of this axis is a first cluster which includes people who consider themselves very healthy, who use tobacco or alcohol, and who describe physical and sports activity as a means of getting to meet others or enjoying pleasurable experiences, mainly through the practice of team sports. At the other end of this axis is a second cluster which includes people who assess their health status as being rather poor, who say they do not smoke, who take medication on a daily basis and spend their leisure time reading or walking. The first cluster corresponds to people who are between 18 and 24 years old, while the second one corresponds to people who are over 60 years old.

Axis 1 provides 54% of the total information and differentiates the subjects according to their level of involvement in physical activity and their perception of health. Axis 3, which represents 8% of the whole information, differentiates the subjects according to their level of perceived stress, their lifestyle, and their perception of physical activity as being more or less useful.

Crossing axis 1 and axis 3 gave access to 61% of the information which was made available by means of the correspondence analysis. Four main profiles, illustrating different types of relationships between perceptions of health and perceptions of physical activity, were revealed (Fig. 1).

Non-physically active lifestyle: a feeling of not being healthy (A-): The A- type includes people who are concerned about their health status, which they assess as below average, and who mention psychological difficulties. They consult a doctor once a month on average and take medication daily. They complain about sleep, circulatory and motor problems. They define good health as "being able to go out and meet friends" and "being able to work". In the area of sports and physical activity, this type includes people who gave up all of them for health reasons. They never consider physical and sports activity as a pleasure.

The correlations with sociodemographic data show that this profile corresponds to women who are unemployed or do not work outside the home.

Physically active lifestyle: pleasure/leisure orientated (A+): The A+ type includes people who consider themselves as very healthy and define good health as the ability to practice a sports and physical activity. Their assessment of their psychological status is also very positive. These people claim that they have been practicing a physical and sports activity once or twice a week for more than five years. Team sports and running are the ones most frequently mentioned. Sports are also described as being their favorite leisure activities. Physical activity is linked to a feeling of enjoyment and is used in order to stay fit, energetic and healthy.

The correlations with sociodemographic data show that this profile corresponds to men who are civil servants, e.g., school teachers or state executives, health professionals, and university students.

Necessarily physically active lifestyle regardless of health (B-): The B- type includes people who smoke and drink heavily, and who define being healthy as "being able to go out and meet friends" or "being able to work". They never consult a doctor, never take any medication and say they never experience any feeling of stress. These people never practice any physical or sports activity, arguing that their professional occupation already gives them many opportunities to use up their physical energy. During their leisure time, they like to do things at home or in their garden. They do not know whether it is possible to learn to relax.

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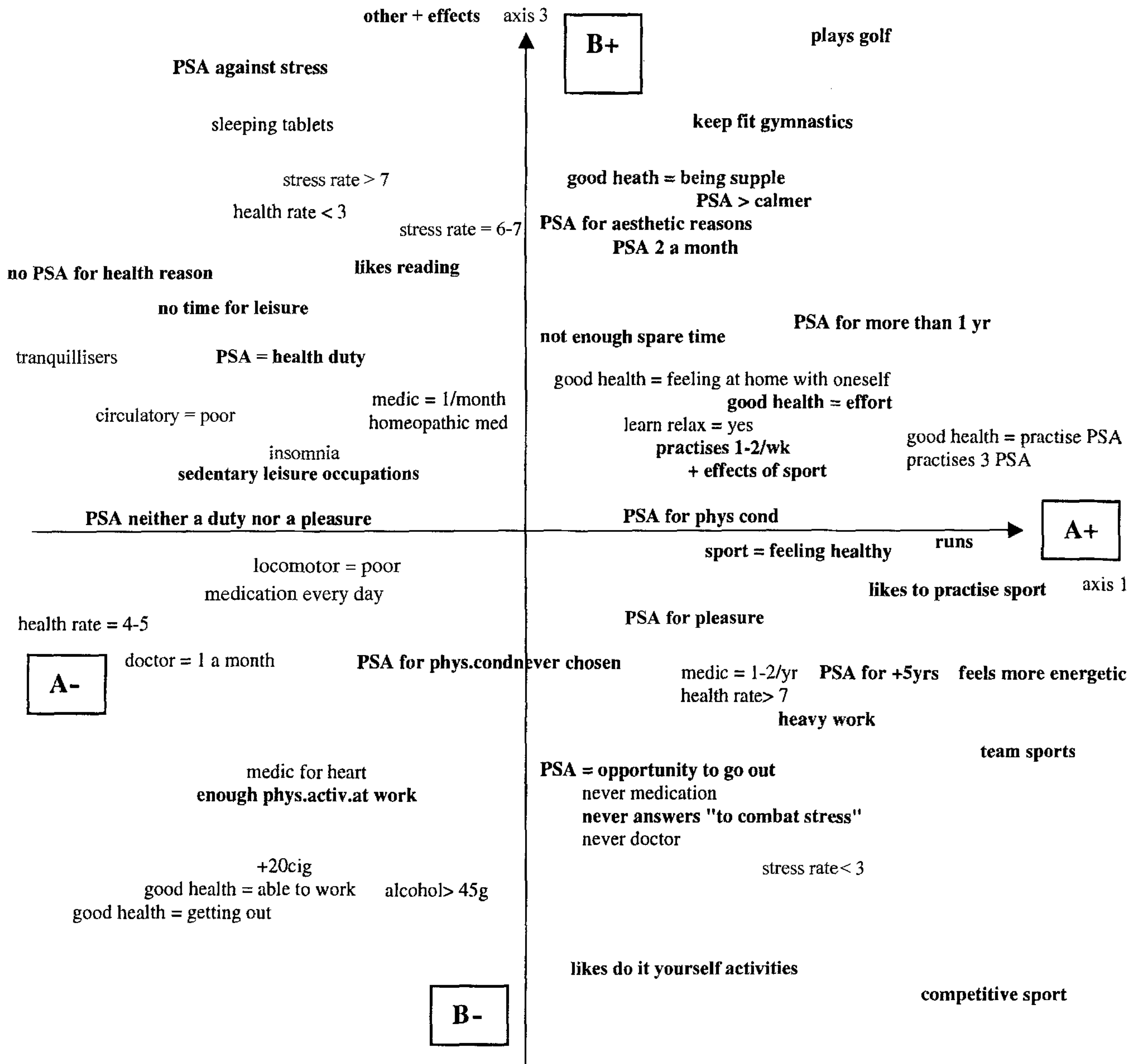

Figure 1 Graphical display of results on axis 1 and 3. **Bold typing:** variables relating to sports and physical activity. Normal typing: variables relating to health

The correlations with sociodemographic data show that this profile corresponds to the male population and to factory workers.

Physically active lifestyle aimed at stress relief (B+): The B+ type includes people who say they resort to medicine in an attempt to cope with a high level of perceived stress. These people say that they do not smoke, drink only moderate amounts of alcohol and consult a doctor every three months. In the area of physical and sports activity, this profile includes people who practice keep-fit exercises, relaxation or golf, with the aims of preventing or controlling stress and improving their figure. However, physical activity is not mentioned as a favorite hobby.

The correlations with sociodemographic data show that this profile corresponds to the female population and to executives, whether they work in the private or in the public sector.

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Discussion

In the total sample of the present study, the participation rate of declared practice (44%) is close to those which were found in French studies.[2] The results of the correspondence analysis confirm the strength of the relationships between perceptions of health and perceptions of sports and physical activity which was suggested by the results of our previous studies (Perrin et al. 1996; Perrin 1993).

In 1971, Luc Boltanski studied the social uses of the body through the access to medical services and beauty care, showing the importance of social and cultural influences. In our study, the four profiles are also based on different uses of the body, even if we do not consider that they are shaped by social structure as in Boltanski's approach. Moreover, psychosociologists (Jodelet 1983) have shown that body perceptions also depend on personal factors (historical background).

The body as a source of "morbid sensations" versus "sensual pleasures and enjoyment"?

Axis 1 contrasts a concern for health, which is perceived as preventing the subjects from practicing any sports activity (A- type), with a feeling of enjoyment derived from physical activity, perceived as an indicator of good health (A+ type). The most striking characteristics of the A- type are the absence of interest in physical or sports activities and the lack of enjoyment related to these activities. Paradoxically, these subjects, who are unemployed or do not work outside the home, consider that they lack free time. On the other hand, people who belong to the A+ type are characterised by the emphasis they lay on the sensations provided by physical activities: reaching personal limits through physical activities, even sweating, getting tired, or being aching and stiff all over are all described as pleasurable signs of a healthy and well functioning organism. Considering these different aspects, the A+ type can be qualitatively described as characterised by a perception of the body as a source of sensual pleasures and enjoyment, while the A- type appears to be characterised by a perception of the body as a source of morbid sensations (Jodelet 1983).

The body as an instrument "to be appeased, controlled" or "used efficiently"?

Axis 3 contrasts a high level of perceived stress, which is fought by means of medication and physical activities (B+ type), with an absence of perceived stress related to a high level of tobacco and alcohol use (B- type). This contrast is representative of two different attitudes towards health and prevention. People who belong to the B+ type tend to protect their health by consulting doctors regularly and avoiding tobacco or alcohol use. For them, physical and sports activities are useful in their ability to restore a sensation of serenity. People of the B- type are characterised by their infrequent recourse to the medical services, by a low level of expressed concern about personal health, and by a lack of confidence in their ability to exercise any influence on their own health. Considering these different aspects, the B+ type can be qualitatively described as characterised by a perception of the body as an instrument to be appeased and controlled, while the B- type appears to be specified by a perception of the body as an instrument to be used as efficiently as possible. This finding is very close to one of the patterns which are described by Pierre Bourdieu in his habitus theory.

As far as perceptions of health are concerned, gender differences mainly show that men are more likely than women to consider themselves as healthy, to deny any feeling of stress and to avoid preventive attitudes or behaviours. Women more frequently describe themselves as concerned with health problems, suffering from a high level of stress and consulting doctors on a regular basis. This negative self-assessment of their health status by women may be based more on a closer attention to the messages of their body, than on an objectively poorer health status (Boltanski 1971; Perrin 1987). Men who get involved in physical or sports activities seek pleasurable sensations, while women tend to adopt a more utilitarian approach: they get involved in physical or sports activities with the purpose of decreasing their level of perceived stress, improving their figure or preventing health problems (Ransford & Palisi 1996). This may explain that middle-age women could be more receptive to health campaigns like "Allez-hop" as the evaluation of the "Sports for all" programme conducted by Lamprecht et al. (2001) shows it. This programme was indeed essentially based on keep-fit and healthy lifestyle activities.

Maybe because they find more difficult than others to feel that they have a useful role to play in the society, people who are unemployed or do not work outside their home, tend to consider their health as poor, on a physical as well as on a psychological level. They do not get involved in physical or sports activities, and do not contemplate the

[2] 43% (National Institute for Statistical and Economic Studies) and 48% (Blin & Nouveau 1996). The latest research was carried out in July 2000 by the Ministry of Sports and Health and the National Institute of Sport and Physical Education on a sample of 6526 people, representative of the French population aged between 15–75. The first results show that 48% say they practice at least once a week, which matches the results of the study carried out in 1994.

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possibility of having this type of activity solely for pleasure. It may be suggested that enjoying oneself could be seen as a reward for some kind of social efficacy. For these people, having a positive experience in relation to a physical and sports activity could be a unique opportunity to engage in social relationships, to gain confidence in their personal capacities, and consequently, to discover a different perception of their body and themselves. By successfully performing an exercise, by winning a game, by learning new skills, they may confirm their individual potential and realise that they are capable of progressing (Schnapper 1981). Given the close links between perceptions of health and perceptions of physical activity, it may be assumed that the changes in the perceptions of sports and physical activities, triggered by the pleasurable feelings experienced through practice, may have a positive impact on the perceptions of health. Physical and sports activity may thus be used in strategies to promote health in these particularly vulnerable populations, as was earlier envisaged in an experiment at the Centre for Preventive Medicine in Nancy (Perrin 1997).

Conclusion

The data collected from 3000 subjects in the present study confirmed the main characteristics of the four profiles which were found in 1988. Moreover, a deeper understanding of the perceptions of health as evidenced in attitudes towards physical activity was gained. In C(+) profile, for example, sports and physical activity seems to be a sign of youthful health. However, this physically active lifestyle, which is related to peers' meeting and having fun is also strongly associated with smoking and drinking. Although it is an active lifestyle in which sports and physical activity probably contribute to a good level of health among young people, it is nevertheless not strictly health-orientated. Axis 2 underlines that perceptions of health and perceptions of sports and physical activity are greatly influenced by age.

In the A+ and B+ types, the pursuit of positive health underpins the attitudes towards physical and sports activities. For the subjects who belong to the first type, this pursuit is experienced during practice as a rush of lively sensations with a view to achieving enjoyment: physical effort leads at the same time to immediate pleasure and to the feeling of being healthy. In this case, physical and sports activity does not impart health, it is a proof that one is indeed healthy. The subjects who belong to the second type tend to postpone the pursuit of health with a view to coping: physical activity is aimed at medium terms effects in daily life, and in particular at relieving feelings of stress.

Both physically active lifestyles tend to split sports into A+ (team sport, running) and healthy lifestyle activities (Perrin 2001) into A- (relaxation, gymnastics, and golf). Sports and physical activity correspond to diverse social practices. They take on varied meanings outside health research. Therefore, reducing them to simple exercises in a perspective of public health presents the risk of cultural standardisation.

In the A- and B- types, physical and sports activities do not play any part in the subjects' daily life. B(-) profile suggests that there is no systematic link between a physically active lifestyle and the practice of physical and sports activities, as physical activity has in this case a professional basis (factory workers). Thus, the idea of a physically active lifestyle needs to be related to several different social realities, in order to avoid to highlight cultural norms of "sports practices", as opposed to active professional activities. Without any actual experience of the sensations and emotions derived from physical and sports activities, these activities tend to be perceived as an obligation (Perrin et al. 1996). In general, these empirical findings underline the importance of context effects on health behaviours and on individual health and leisure orientations. The role of gender, age, social and cultural conditions is stressed by the results presented here. Practicing sports and physical activity does not only help identify a lifestyle as physically active or non-active, it helps identify different physically active lifestyles according to the nature of the sport which is practiced and according to the kind of relationship which exists with other dimensions of lifestyle. This sociological point of view brings us to reconsider a normative approach to a healthy lifestyle in which sports and physical activity would be in itself an attainable objective and would be considered as an exercise, in order to get rid of excessive energy and to fight sedentariness. This approach of lifestyle gives a more comprehensive model in which sports and physical activity regain their full place as social and cultural activities (Pociello 1995; Defrance 1995). Practicing sports and physical activity is not only a health behaviour, it suggests individual orientations based on different perceptions of the body. These perceptions depend on individuals' social status (Bourdieu 1979), but some changes are possible, as sociological constructivist approaches show it (Corcuff 1995).

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Zusammenfassung

Lebensstil, Sport und körperliche Aktivität und Wahrnehmung der Gesundheit

Fragestellung: Wie werden Gesundheit und körperliche Aktivitäten und Sport wahrgenommen? Welche Zusammenhänge bestehen zwischen den beiden Parametern in Hinblick auf den Lebensstil?

Methoden: Die Rohdaten wurden mit Hilfe eines selbst zu beantwortenden Fragebogens gesammelt. Die 3019 Studienteilnehmer sind ausschliesslich Erwachsene, die in einem französischen Vorsorgezentrum während einer freiwilligen Beratungsstunde angesprochen wurden. Der Schwerpunkt der anschliessenden Faktorenanalyse lag in der Suche nach Korrelationen zwischen der Wahrnehmung der Gesundheit und den Eindrücken, die die sportlichen Aktivitäten hinterliessen.

Ergebnisse: Diese Analyse ermöglicht es, vier Antwortprofile herauszuarbeiten, die letztlich vier verschiedenen Lebensstilen entsprechen: "inaktiv, allgemeines Unwohlsein, das sich im klinischen Bereich niederschlägt", "aktiv, auf Lustempfindungen orientiert", "passiv, fatalistisch, ohne Interesse an Gesundheit, aber gesellschaftsorientiert", "aktiv, gesundheitsbewusst, auf Stressabbau orientiert".

Schlussfolgerungen: Aus soziologischer Sicht kann somit die Ausübung körperlicher Aktivitäten einerseits als reines Verhaltensmuster gedeutet werden, andererseits aber auch als gesundheitsorientierte Handlung, eng verknüpft mit den sozioökonomischen Verhältnissen. Sport an sich erhält somit seine Bedeutung als kulturelle Dimension wieder.

Résumé

Styles de vie: activités physiques et sportives et perceptions de la santé

Objectifs: Etudier les perceptions de la santé et de l'activité physique et sportive, ainsi que les relations entre les deux dans la perspective théorique du style de vie.

Méthodes: Des données ont été recueillies par questionnaire auto-administré auprès de 3019 adultes consultant un centre de médecine préventive français. Une analyse factorielle des correspondances a permis d'étudier les relations d'affinités entre les perceptions de la santé et celles de l'activité physique et sportive.

Résultats: Quatre profils de réponses se distinguent par cette analyse factorielle qui font émerger quatre styles de vie: "physiquement inactif, le sentiment de ne pas être en bonne santé", "physiquement actif, orienté vers le plaisir et les loisirs", "physiquement actif au travail sans attention pour la santé" et "physiquement actif pour lutter contre le stress".

Conclusions: L'approche sociologique permet d'aborder la pratique physique et sportive, comme un comportement mais aussi et surtout comme une orientation de santé, en relation avec les conditions socio-économiques. Elle redonne ainsi à la pratique sportive sa dimension culturelle signifiante.

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