

Physical Activity as a Sociological Phenomenon

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We are living a time when society, culture and science have become increasingly aware of the great importance of sport not only as a part of mass culture, but broadly understood, for individual and social health and well-being. Physical activity of people plays an increasingly more important role in the scientific interest regarding the way of life of the contemporary society and it is a very crucial factor in the process of officiating of the level of healthy and active life style, quality of life and health in general. The indispensable role of physical activity in the course of human life is permanently scientifically confirmed also in the context of prevention of obesity.

The development of a sedentary life style is the result of a socialization process towards physical inactivity developed in youth and continued into adulthood. At the present we face in our cultural settings apparent tendency: people are more and more individualized, losing beneficial impacts of community activities, involved in passive way of life, lacking proper level of physical activities and active sport. The phenomenon of physical activity has been considered also from the perspective of the Project EURO-PREVOB accentuating built environmental aspects of the way of life.

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General situation

It is still not long ago that sport was absent from the imaginary and the cultural practices of the majority of people. Although it is true, that traditional games were typical among popular social classes, they never had the reach that modern sport has acquired among us today. Modern sports (track and field, cycling, rowing, basketball, etc.) thanks to social recognition within educational or associative bodies and development of the welfare state, become since the

second half of the 20th century a generalized cultural practice. The practice of sport stopped being the privilege of a minority and became an objective that needed to be stimulated and maintained with public spending and to be incorporated into the lifestyles of the population: sport as part of our lifestyles is seen positively by the majority of the population. In this context, sport also responds to the paradoxes of modernity: environmental consciousness versus increased environmental degradation; advances in innovation and knowledge in the health field versus the emergence and spread of new diseases; concerns for our physical and psychological health versus increases in sedentarism and obesity etc. In this context it is reminded that the concern for health and the analysis for health are as old as humanity. In the broader context of physical activity the promotion of health does not only correspond to health authorities, does not belong exclusively to the area of health assistance or services. It is necessary to aim for a more comprehensive vision of health as perceived health and active lifestyle as a state of physical, mental and social well-being. The state of self-perceived health can be defined as the perception that individuals have, on their own health, a more global dimension that constitutes a more comprehensive state of well-being.

Physical activity, as an indispensable agent of healthy life style, is understood in a broad sense as covering both sporting practices as well as other types of actions (walking and the tasks of daily life). It is activity not requiring such intensity and periodicity as sport, but supporting health and physical shape. It is generally considered to be necessary to do physical activities and sport three to five days a week, at a low to moderate intensity, with duration of between 20 and 60 minutes. Americal College of Sport Medicine says that it is necessary to do at least 30 minutes of low or moderate physical activity most days of the week to obtain healthful benefits (USDHHS, 1996). These parameters, however, depend on the type of activity and other factors. The key to considering physical activity as healthy is the expenditure of energy. It is mostly accentuated a measure of the intensity of physical activity set at 10 000 steps per day, which for an older person would mean a physical activity of 30 minutes of aerobic exercise, which implies the use of large muscle groups and entails stretching and minor strength exercises.

On the other hand, a “*purely sedentary lifestyle*” is characterized by not taking walks in a regular manner, not doing sport and spending the majority of the day sitting (essentially the polar opposite of an active lifestyle advocated by health authorities as an element beneficial for health). “*Active lifestyle*” reflects to practice sport, walking and non-sedentary work during working day. In short, the variables “walking or taking walks”, “doing sport” and “activities of daily life” are considered as the elements that constitute levels of physical activity and

sedentary lifestyle. Growing importance in this context gains walking and taking walks among seniors, as another element of physical activity, also significantly influences the perceived state of health of the population, though with less importance than sport: it is not unusual to find older people walking for their health in small groups, across both urban and rural landscapes, what is now popularly known as the “cholesterol route”. To summarize this phenomenon, sport and health professionals, through scientific evidence contributed by many studies, insist on the practice of intentional physical activity as an element of health under specific parameters of duration, frequency and intensity.

Physical activity as an integral part of active lifestyle reflects in specific aspect of the phenomenon of quality of life too. *Quality of life* is a relatively new concept which since the 1970s emerged with the intention of extending the understanding of two concepts commonly considered in the objectives of social policies: a concept of strongly economic implications, “welfare”, and another of psychosocial implications, “well-being”. Beginning with the 1980s, the concept of “quality of life” gained particular importance in the design of all types of policies, programs and social projects – in healthcare, the social environment, etc. – as they specifically raised the “improvement of quality of life” as an objective. Policies and programs to promote sport or physical activity were also expressed in this way, in international forums, for example in the relevant materials of World Health Organization: given the importance of health and quality of life in sport policies, physical activity and sport is accented as an important contributor to the well-being and quality of life of the population. And from the sociological point of view it is accented that physical activity, in its distinct forms, seems to lead to greater well-being on all age groups, although fundamentally among young people and seniors. It is scientifically confirmed that walking as well as practicing sport and physical activity are related to well being (Andersen et al., 2007, Frömel et al. 2004, McElroy, 2002). When all forms of physical activity are taken into account, sport being the factor of greatest importance which measures the active lifestyle in the context of quality of life of population: people that did more physical activity and did sport reported feeling greater well-being (Sánchez, Estrada, 2009, pp. 93, 100). Quality of life is a broader concept than that of health, as it includes the possibility of personal realization in all dimensions of life, health being a basic condition among these. Quality of life reflects the capacity to do what one wants, because the body is capable of responding to the desires of the mind and this is adapted to the normal possibilities of the body. Quality of life permits the enjoyment of the physical environment and a network of social relations: it is having the independence that comes from good health.

Quality of life in interrelation with the concepts of sport and health reflects the fact that the practice of sport will improve health and better health will reset

in a better quality of life. Also the influence of sport on psychological well-being is evident because physical activity stimulates the production of hormones that improve psychological well-being, so that sport also has a positive influence on psychological illnesses, improves the psychomotoric capacity of the individual and, as a consequence, increases the personal autonomy that the subject perceives, which positively influences personal mood and highlights better social relations which avoid isolation and provide greater security. Physical activity is not only boosted by the endorphins that it generates but also by the improvements in social life that practitioners of sport get from its collective activities (Sánchez, Estrada, 2009, pp. 149 – 156). In short: the most widespread opinion among the sport experts is that the practice of sport not only has immediate benefits, but also an important social component. Sport betters the diet, improves physical shape, healthy sleep, makes people respectful, more self-disciplined and responsible, increases their motivation and distances them from deviant behaviour. Sport is beneficial at all ages, and improvements in health and in the quality of life is evident in all of them, especially among young people and seniors. For young people sport means an integral and indispensable part of complex socialization, for seniors has therapeutic and social impacts. The specific situation of Czech society with growing proportion of seniors must be reflected in growing support for sport for old people. Among the benefits of sportive activities of seniors is mostly pointed the improvement of self-esteem and self-image, a reduction in the risk of depression and relief of existing depression, decrease in pain and increase in quality of life, reinforcement of healthy diets and good health in general, the modification of musculoskeletal composition, the link of sport with greater intellectual capacity and the prevention of the deterioration associated with age and hypokinetic pathologies.

It is evident that sport and quality of life are in reciprocal relationship. We must take into account that the practice of sport requires the availability of free time, some basic conditions of health, the existence of installations or spaces for doing sport, and sometimes all is related to enjoying a sufficiently comfortable economic situation (Sekot, 2006; Slepíčka, Slepíčková, 2002).

Today, doing sport is synonymous with *being in shape*, improving our health and relating with others, improving our personal well-being. But at the same time we face the growing existence of new forms of leisure, many tied with the use of new technologies, mostly called “digital entertainment” (surfing the web, chatting, sending SMSs), and to new patterns of consumption (shopping in malls or visiting aqua parks). Physical character of leisure is in our cultural settings mostly characterized with activities like “going for walks”, “doing sport”, “nature activities” and “travelling”. But almost all sociological data in

global context reflect an important asymmetry between interest in sport and the practice of sport.

The growing technological, economic, cultural, biomedical and social developments of European societies produced a high level of comfortable living for a very large segment of population. The transformation from industrial to an information society since the 1960s and fueled big advances in computer technology caused “the great wave of change”. Significant changes in the composition of the workforce transferred the economic and the social roles of men and women, but also affected matters of health, attitudes to physical activities and sport (McElroy, 2002).

Physical inactivity and obesity are comprehended as risks to both individual body's health and to the social body. Responding to such opinion, some scholars have begun to overcome our contemporary disquiet with obesity in particular and inactivity to a lesser extent (Evans, 2003). Anyway, inactivity and obesity are a complex phenomenon, regarded in general as risk factors conveying their self-responsibility and self-control imperatives, deploying so as to accomplish the normative “healthy citizen”.

Professionals in the health sciences have demonstrated, through epidemiological and longitudinal studies, the importance of physical activity and sport in the maintenance of our health and quality of life (Andersen et al. 2007; Evans 2003; McElroy 2002; Sallis, Owen 1999). In such context we must accent that sport and physical exercise produce physical, biological, psychological and social benefits, and are important at both a therapeutic and preventive level. Regarding *physical benefits*, sport activities improve motor functioning, the musculoskeletal and immune systems, positively activates the hormonal system and balances the body through homeostasis and the lymph of the blood, preventing the appearance of lesions and illnesses. At the *psychological level*, sport, exercise and physical activities stimulate the production of hormones that improve personal well-being by increasing the psychomotor capacity of the individual and with this, the sensation of personal autonomy, which positively affects the mood, something necessary to face mental disorders and to strengthen emotional control. At the *social level*, sportive activities also help in improving sociability and individual skills such as assertiveness and self-esteem, and among groups at risk they aid in preventing problems of social deviance (Sanchez, Estrada et al. 2009, pp.11 – 12).

Physical inactivity is a major public health challenge in the developed world and is recognized as a global epidemic. Conventionally, sport and forms of physical activity such as aerobics, running or gym work have been the focus

of efforts to increase population activity levels. It is not without interest that The Health Survey for England measures (HSE) includes activities, such as gardening and housework, which are not traditionally considered of physical activity. In England was than found that in the 10-year period between 1987 and 1996 participation in traditional types of sport and physical activity stagnated or fell in all groups and that fact is formed as a reflection of many broad influences upon physical activity behaviour including intra-personal, social, environmental factors and these determinants vary across the life course (Sallis, Owen, 1999). Regarding education and occupation, relevant sociological data from most resources confirmed that the largest proportion of those who practice sport are people of secondary or university studies and come mostly from mid-level management and executives. The educational level - one of the principal mechanisms of socialization of values and habits - increases the difference in numbers between those that have sedentary lifestyle and those that have active lifestyle.

At the some perspective it is evident that sport and physical activity is gaining social, political and healthy policy importance. From the point of view of reseach into determinants of sport and physical activity participation, the tendency to adopt quantitative methods is observed. Respondents are usually asked about activity in five domains (Allender et al, 2006, p. 827):

1. Activity at work
2. Activity at home (e.g. housework, gardening, do it yourself maintenance)
3. Walks at the minimum of 15 minutes
4. Sport activities
5. Exercise activities

Some organizations, such as U.S. Department of Health and Human Services or American College of Sport Medicine point out that to obtain significant health benefits from physical activity and sport, they must be done for at least 30 minutes almost every day of the week. Physical activity being so important for our health and quality of life, it is predictable that inactivity provokes negative effects. The problems associated with the lack of sportive activities raise major concerns for two specific sectors of population: youth and seniors. Regarding *youth*, they represent a generation in which sedentary life styles have begun to consolidate: youth in many “affluent societies” increasingly consumes too many high calorie foods and toxic substances; they are losing the habit of doing sport or exercising; they spend the majority of their time (including leisure) seated and mostly passive. Regarding the *senior population*, to maintain a good state of health during this stage of life depends also on doing exercise and sport. Inactivity leads

to a progressive deterioration of health conditions: health system is becoming more and more difficult and costly to treat illnesses associated with aging.

The relevant perspective of *barriers to participation in sport and physical activity* on a simple level includes high costs, poor access to facilities and unsafe environments. The most likely not pronounced and generally manifest factor of human laziness plays “some” important role in barriers to physical and sport activity too! To summarize the topic of general motivations and barriers to participation in physical and sportive activity, it could be concluded that fun, enjoyment and social support play as predictors of participation more important role than the perceived health benefits. Along with older groups, children see enjoyment and social interaction with peers as reasons to be physically active. In most cases, the role models for children and young adults are usually beautiful and slim in case of women and muscular in the case of men. The desire to be slender and to avoid overweight and obesity leads to increased motivation to be physically active. But this model does not work very strongly in older populations (Allender, 2006, p. 832 – 833).

People today lead very different lives than their parents and grandparents did. For the most part, our generation is more educated, better off financially, and geographically more mobile than our predecessors. And – having the right weight and shape and being fit are the important attributes in our culture: to be obese means to be personally and socially handicapped. Physical activity in combination with dieting has been acknowledged as a complete weight-loss strategy, and therefore one might expect people attempting to lose weight to be more willing to embrace a strategy that includes regular exercise.

In recent years the concept of „lifestyle“ and „active lifestyle“ have become the focus of attention of the biological and social science and of their often different system approaches. The reason for this is due to the fact that the *active lifestyle* is closely related to significant human values, people’s duality of life and health status. Social demographic and psychological characteristics such as an age, gender, social and economical status, including his or her physical activities, all form part of the attributes of the lifestyle.

To remind *some important determinants and correlations of physical activity among European youth*, we present some topical empirical data (Telama et al, 2007, pp. 266-274):

1. Low sport participation of girls in Southern Europe.
2. Polarisation of physical activity of boys reflecting at the same time both increasing levels of inactivity and number of vigorous sportive activity too.

3. The decrease of age of beginners in sport.
4. Pre-school participation of children in organized sport.
5. Physical activity is seen as means to prevent overweight at young age.
6. Overweight and obesity can be barriers of participation in physical activity.
7. Among boys fitness and sport or the athletic competence have been connected with a positive self image.
8. Among girls fitness and sport or the athletic competence have been connected mainly with attractiveness of body and self worth.
9. The influence of parents is more important for children's participation in organized sports than for physical activity in general.
10. Best friends are strong predictors of adolescents' physical activity.
11. Physical activity and sport participation is to, a great extent, a social activity.
12. Positive relations between family's socioeconomic status and children's physical activity and sport participation.
13. Urban environment offers better access to different facilities and more possibilities to participate in organised sport.
14. A trend seems to be that physical activity happens more and more in constructed facilities, and if possible, indoors.
15. Individual perception of body in physical activity is very important to motivation for an intention to participate.

Some research data on physical and sportive activity of Czech population

In Czech context *higher level of decentralization* and competence transmission on region autonomy is needed. It means to improve chances and amenities for regular whole life physical activities, material outfit, preparation of specialists, realization of long-term education among coaches and instructors and fundament increasing of financial support for *mass sport* from the state. Sport for all must by integral part of future relation of sport to health, education and socialization. *Recommendations to sport organizations* for the systematic promotion of physical activities needs full support of local, regional and national public authorities:

1. To develop a membership strategy to include physically passive persons to sportive activities.
2. To specify the profile target of sport clubs with accordance to focus on elite and competitive sport or recreational leisure sport activities.
3. To improve coach and trainer standards of an inclusive social and pedagogical climate.
4. To accent natural outdoor activities as grass roots centres for mass

involvement in physical activities.

5. To ensure and to enable high educational and pedagogical standards of voluntary and (semi)professional staff in sport clubs.

Although prospects for revitalization of physically active society are questionable, we are obliged to change or modify *a long standing resistance to exercise among our contemporaries*. Post industrial (or) post-modern society characterized in involvement in momentary short term experience, adrenaline enjoyment, refusing traditional and long term values, is not a good place or cultural context for a transformation to physical activity, both at the societal and individual level. Such transformation will be filled with false stars and obstacles, facing innumerable barriers. These barriers (except general one's inborn individual laziness and indolence) range from political and legislative opposition to struggle for limited resources with other health concerns and media indifference to social explanations for our physical activity problems. Public policy makers *have not sufficient attention* to public and health preventive medicine and *healthy lifestyles*. We live in a situation when most people agree that healthy lifestyles are a fundamental good for individuals and society. But sedentary life style imposes many various other subjects, costs and negative impacts also on people not themselves directly engaged in risky health behaviours: strong smoking, alcoholism or even drug addiction with context of sedentary life style of one member of the family could induce emotional stress for rest of the family or may cause individual financial hardship related to loss of job or overwhelming medical costs. From the strictly economical point of view, sedentary unhealthy lifestyles costs billions of health care and lost wages are contributing to economic drain on society as a whole. Another problem is related to the question how far the national physical activity agenda can go in regulating personal behaviours: people do not want to be told what to eat, what to drink, and how much to exercise. Anyway, our chance to achieve a physical active society could be improved if we can transform the challenges of truly healthy lifestyles available to all members of society, or at least for most part of society.

Physical activity is a complex behaviour. Any activity can be described in terms such as intensity, frequency and duration, and these dimensions must be considered. An assessment methodology should also consider inactivity, such as time spent sitting. Physical activity can be related to work, transportation, home and leisure time. The activities at either one of these domains may have specific health consequences, and advanced monitoring should also consider these. To present most important results of existing research data related to physical inactivity it is possible to *conclude* (Frömel K., Bauman S. et al., 2006):

1. Growing age of population (men and women too) decreases the number of week days and volume of time devoted to physical activity.
2. Men in general are more involved in physical activities compared with women.
3. Growing age decreases existing differences in intensity of physical activity between men and women.
4. Medium level of physical activity and walking is distributed in age groups and gender groups relatively evenly.
5. Walking is the most frequent form of physical activity in Czech population.
6. Regular monitoring of level and tendencies of physical activity of population is an integral part of monitoring of health situation and life style of population.

Relevant *recommendations* regarding physical activities from mentioned research are accenting:

1. More opportunities for active sportive activities for older population men and women.
2. To prepare and to realize self-contained programs for active recreational sport for all groups of population.
3. Within school, teaching of physical education contributes to long-life interest in active physical activities.
4. Support in general walking and active transport as a most natural form of physical activity.

Physical activity versus built environment with perspective of PREVOB Project

Health researchers, physical activity managers, and decision-makers in order to assess the extent of development and implementation of selected policy areas on dietary intake, physical activity level and obesity throughout Europe, are searching a common methodology. Between the Autumn of 2008 and the Spring of 2009, thanks to support of WHO Pilot project was tested in five European countries chosen to represent five sub-regions of Europe, namely Bosnia and Herzegovina, the Czech Republic, France, Latvia and Turkey. Moreover, sub-regional working groups made up of stakeholders and experts have been organised to review the results of the pilot tests and discuss the relevance and applicability of the Policy Analysis tool within their sub-region Project no. 044291 „*Prevention of Obesity in Europe - Consortium of the prevention of obesity through effective nutrition and physical activity actions - EURO-PREVOB* (Derflerová-Brázdová et al., 2010).

EURO-PREVOB Project tested relevant hypothesis and summarized some important data regarding built environment in context of chances and limitations for mass physical/sportive activities and active transport (Sekot, 2010):

1. Active participants and practical users of *cycle lines*. Most of them are recruited from social strata characterized with interest in healthy and active life style incorporating regular leisure physical/sport activities. It would be very useful to identify a more detailed structure of cycle lines with respect to intensity of physical/sportive activities. It is supposed that at least two fundamentals categories of cycle lines users exist:

- a) regular users involved in periodical physical/sportive activities as a part of leisure in the context of everyday life.

- b) occasional or provisionally “would sportsmen” involved in cycling mostly as a part of personal image practicing cycling predominantly as a social activity without deeper rooting in value orientation containing regular physical/sportive activities as an integral whole-life part of everyday life.

Specific feature of “cycle lines scene” in the Czech Republic calls attention to growing presence of roller skaters, sometimes and in some routes, exceed half of given participants. It reflects on the one hand high dynamics of popularity of roller-skating and on the other hand poor level of official and legal regulation or conception of “game rules” of cycle lines. Unfortunately with all respective negative impacts for participants: collisions, injuries, interpersonal conflicts.

Another typical aspect of monitored cycle paths is rather their “leisure” nature. Cycle paths are mostly located in suburban or outskirts areas connecting rather recreational points than locations of everyday practical activities. As a consequence it is not in practice possible to use cycle paths for travel to work, to deal with civic affairs or with shopping. Cycle paths are mostly used for one-sided way of leisure activities. Good physical and psychical shape, well-being or personal image are most frequent reasons to be part of cycle lanes scene; practical way of everyday transport is only a marginal motive of mass cycling in the Czech Republic.

2. *Public open spaces* as a part of built environment are - from the perspective of their quantity as well as from the point of view of their quality - depended on the fundamental character of given settings: social, cultural and economical features of selected areas play a very important role and is also significant precondition of appearance of public parks and public playgrounds. Wealthier neighbourhoods prove more parks and

playgrounds than socially, culturally and economically less booming, poor, disadvantaged or neglected boroughs (or even ghettos). Most striking dividing lines or contrasts are visible and tangible between ethnical ghetto (gypsy ones) on the one side and prestigious borough on the other side. In reference to public parks their occurrence as well as their quality (maintenance, neatness, service, safety) is incomparably higher in healthy boroughs than the analogous situation in poor neighbourhoods. In given situation exists also another feature: in top prestigious „high society“ neighbourhoods, inhabited with people living in private family houses, villas or residences, the existing public parks are not so much visited and popular – local people prefer to stay in luxury of their houses and gardens or to visit “specific” leisure and recreational facilities in different or distant places. Most popular are public parks in good sustentative „middle class“ neighbourhoods provided in most cases with playgrounds for children. On the contrary, public parks in socially neglected parts of the city are rather small, badly maintained, dirty and insecure. The common problem of most public parks in all neighbourhoods are dog’s excrements and vandalism.

3. *Playgrounds* - form the side of their existence and their quality - vary as a matter of the principle - in accordance with the above mentioned situation in public parks: higher quality exists in wealthier neighbourhoods; neglected and miserably provided in poor neighbourhoods. Specific aspect of the later mentioned ones is high level of vandalism. In some public playgrounds interested people are allowed to enter and use public playgrounds only in the presence of commissioned person delegated by local municipality! Another negative aspect of monitored public playgrounds is absence of publicly available sportive and fitness equipments and facilities: presumably as a consequence of apprehension of vandalism. Public playgrounds are in fact in defence to growing incidence of commercial fitness centres. Such situation reflects a deepening gap between different social strata (and quintiles) with negative impacts on the quality of life and structure of leisure of socially lower categories. Striking existence of vandalism as well as diffusion of lower social strata into higher quality public parks and playgrounds results in generally poor quality public open spaces in searched localities - public parks and public playgrounds.
4. The existence and quality of *public transport stops* reflects the quality of public transport in general and the relevant local social, cultural and economic situations too. It is not primarily the very existence of public transport stops, but their quality, reflecting the nature of given neighbourhoods. Quality, ergo the comfort, cosiness, neatness, non-desolated, and safety of public transport stops are supposed to be higher in healthier, better

sustentative and more secure neighbourhoods: transport stops are secure shelters for passengers waiting for their bus, trolley bus or tram. Smoking is strongly forbidden on the tram platforms and transport stops. Sometimes, and mostly in the center of the city, the welcomed appeal for care health and fight against obesity is placed in the transport stops: "Presently the best way to improve your shape is to go to the next transport stop by walking".

The quality (but not directly the existence) of public transport stops in socially disadvantaged city districts is mostly decreased in quality and regards to comfort and security as a consequence of vandalism, deficient maintenance and the destructive presence of local youth gangs and socially non-adaptable individuals. Local youth also use (disuse) public indoor or roofed transport stops as a place for coming together or as a shelter in the situation of bad weather. But in general, the quality of transport stops is first and foremost given by the nature of passengers (mostly lower social strata) with no direct relations to the nature of the relevant neighbourhoods.

5. The frequency of *traffic volume* above all reflects a dynamic factor of general possession of private and business cars in the Czech Republic and relative mass use of cars for everyday transport to work and for shopping. Suburban areas are strongly affected with truck transport and commute workers, housing estates are affected with mass lodging typical for block of council houses are mostly in vicinity of busy highways and supermarkets. On the contrary, housing estates of higher social class are mostly far - and prevented - from busy and noisy roads, factories, business points and hypermarkets. Sparse population in private family houses neighbourhoods benefit in many respect to low and quiet traffic volume, whilst high concentration of population using the cars and traffic transport in socially low housing estates and in the centre of the city is affected by busy noisy and polluting transport and traffic volume. But it must be taken into account that the phenomenon of traffic volume is multidimensional one and as such is not linearly shaped with immediate social cultural settings.

It is more than evident that built environment plays a very important and growing role in the *quality and attractiveness of neighbourhoods*, including chances and limitations for regular and open to public accessible healthy sportive/physical activities. To have or not to have a "good neighbourhood" is gaining strength in the post communist Czech Republic too: growing social and economic difference of Czech society increases the aspect of social inclusion

and exclusion and “good address or bad address” are important attributes for attractiveness/unattractiveness of built environment and plays mostly more attention to personal decision making processes than sole quality and aesthetic attractiveness of the given apartment or house. It works in the level of prestige of „private address as well in “business address”. Despite the last decade of „unrestrained capitalism“, the more attention and more emphasis is at the time being oriented not only on the level of attractiveness of new houses but just on the quality of general built environment - living conditions, quality of urbanism, stillness, transport accessibility, security, social structure, existence of schools, public facilities, shopping opportunities, level of air pollution, contact with green nature and existence of sportive facilities. But it is to remind that the built environment in a given territory is not socially and culturally structured enough to reflect visible and tangible attributes of sociologically structured levels of neighbourhoods.

The most critical policy area on physical/sportive activity is the fact that the development of a sedentary life style as the result of a socialization process towards the physical inactivity developed in youth and continued into adulthood. The social analysis of inactivity and patterns of sedentary living conclude that in the Czech Republic summarize very high level of prestige of sport and sportive activities in Czech society. But at the same time it was a confirmed generally known fact that the significant part of the population's positive attitude to physical sportive activities does not realize in practical personal everyday life in the form of regular physical or sport activities. People in Czech Republic, are in many respects permeated with „busy capitalist rhythm of “post-transformed society” oriented one-sidedly at performance, success, popularity, money, societal admiration. In such milieu endangered and problematic groups of population are busy, stressed, feel the lack of leisure and long car driving and high technology involved with top businessman, managers and “workaholics”, as well as socially deprived groups as jobless people or ethnic minorities (mostly Gypsies) lacking proper value orientation accenting healthy and sustainable style of life absorbing healthy dietary habits, regular intentional physical exercising, sportive and outdoor activities (Slepičková, Flemr eds, 2007).

Conclusions

To discuss a phenomenon of physical activity means to mention also the changing nature of lifestyles and leisure time activities that have adopted new forms, contents and meanings. The world of sport and physical activities is also changing all the time which can be seen in numerous new sport disciplines and activities which are be chosen by a growing proportion of people. It could be

expected that these changes would affect also the socialisation situations and environments of physical activity:

1. The Czech situation must be prepad for the *specific situation of ethnical minorities* (mostly Romany populations) reflected on the level of their attitude to physical and sportive activity too. In traditional Romany culture the positive attitude to sport is derived from relevant value attitudes of the majority of society. Mostly the young generation of this minority appreciates sport in a positive way, thanks to peers and school education. Despite such a positive tendency only 14 per cent of gypsy youth are involved in regular sportive activities - mostly in football, jogging, biking, swimming and dancing (Hastrmanová, Houdek, 2007). Also the 9-11 old pupils of practical elementary schools are not properly and proportionally involved in extracurricular movement activities. Just only 19 per cent of them participate in organized physical activities, compared with 55 per cent of children from ordinary elementary schools.
2. The presented structure of *attitudes to sport activities* reflects a given social and cultural situation in the Czech post-reformation setting: people are not consistent enough to overcome their laziness, are too busy, too much involved in everyday economic problems, not properly appreciated and enjoying the refreshing impact of regular physical activities compensating many-sided stress of societal life. But we also take into account the fact that people are prone to declare an absence of leisure as substitutional reason. Relevant data reflects in the Czech population a *growing tendency of passive attitudes to sport*. Physical inactivity is justified with absence of leisure, absence of meaningful motivation and an existence of healthy problems. 40 % of "programmatically physically inactive" acknowledge substantial aversion to physical activity, 28.5 % declare healthy problem and 20 % an absence of leisure. Only marginally is declared the absence of sport facilities and financial obstacles (Slepička, Slepičková 2002).
3. To present most important results and information on the tendencies in the field of physical activities means to conclude that *growing age of population* (men and women too) decreases the number of week days and volume of time devoted to physical activity. Men in general are more involved in physical activities and active transport (cycling, walking) compared with women.
4. Nowadays *physical education* is defined as the process aiming at the preparation of children and young people for participation in physical culture (tourism, recreation, sport). It is also understood as the foundation of

physical culture. Physical education in its humanistic version is understood as “an education of man for the care of the body”. Humanistic aspects relating to physical education accent intentional activity aiming at forming positive attitudes towards the body, familiarizing a person with the world of physical culture consisting in shaping attitudes towards the body and the values of physical culture, an education for the values of the healthy body, an education of the personality for the care of the body, preparing children and young people for taking responsibility for health, fitness and the beauty of the body after competing education.

5. *Social environments* consist of the nonphysical products of human interaction, which include the ideas and values shared by members of a particular group as well as they come together to participate. The synergistic roles of physical and social environments affect the *participation in physical activity*. Resulting behavioural settings can promote physical activity when they provide the physical space (e. g. sport facilities, health clubs, bicycle paths, swimming pools) along with the social resources that we draw upon to interact with other community-policing programs.
6. The phenomenon of physical/sportive activity is a many-sided phenomenon connected with the concept of *a healthy life style*. Life style behaviours in general are significantly determined by social status, by professional position, by amounts of money and the quantity of property. Those who have the means may choose to be physically active; those lacking the financial resources cannot freely choose to be involved in regular sportive activities. Unhealthy behaviours, including sedentary lifestyles, are influenced by people's position within social groups and broad social forces in the general society. But the decision about whether to adopt a healthy lifestyle reflects personal attitudes and value preference and thereby includes an aspect of *personal choice*. But factual personal choice has many preconditions with social position and cultural quality of people and with the access to resources of a full range of choices regarding sportive activities. We can conclude: *Healthy lifestyles* are patterns of voluntary behaviours based on choices from options that are available to people according to their life situations. In developed post industrial countries the members of upper and middle class by way of active lifestyle mostly reflect their value self identity accenting balanced share of an intellectual and physical activities. It is a tendency to evaluate good health as a *personal value* to be sought and cultivated for one's own benefit, such as experiencing increased vitality and enjoyment of life. Lower-class individuals, with reference to the nature of their work activities and income, are less optimistic to avoid poor health and thus are less apt to

participate in a systematic health promoting activity. Anyway, members people in the lower socioeconomic position experience poorer health and higher disease rates when compared with more privileged social groups.

7. The phenomenon of physical activity and sport is closely related to the *urbanisation of sports facilities*. The rapid housing and industrial development is resulting in numerous urban-architectural and moreover sociological issues. Sport facilities planning, creating, developing and managing should be considered to be one of the strategic points in public (administration) on both the local and state level (Flemr 2007). All the experts agree that it is necessary to promote sport. In this sense they think that investment in sport will provide important returns derived from those important benefits to health. Such fact is an important argument for practical, social and budgetary importance that sport has (or should have) for individuals and for society as a whole.

Even the preliminary results of the presented research data and pilot study imply that the individual authorities, localities and groups of people attach a diametrically *different importance to sport, physical and sportive activities*. A large difference is already visible in the managing of sport and sporting activities within the different levels of sport and different demographic strata of population. Just in this context we could conclude that the population has internalized the benefits of practice of sport, but still has not internalized the habit of practicing sport, because it is conditioned differently in each group of the population. The most critical policy area on physical/sportive activity is the fact of *sedentary nature* of contemporary society: very high level of prestige of sport and sportive activities in Czech society is incompatible with very low level of practical regular physical or sport activities. For the future, sociological research is recommended to study motivation structure of population to physical/sportive activities in dimension of age, sex, social status and another relevant demographical criterions.

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