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Healthy Lifestyle and Pro-Consumer Orientation among Poles

Abstract: Much like Western societies with developed economies, Polish society has become increasingly consumer-oriented, as is manifested by Poles' desire for instant pleasure and the search for the meaning and sense of life through the purchase and consumption of goods and services available on the market. Such an approach could be positively or negatively connected with a healthy lifestyle. The aim of our study was to explore the relationship between a healthy lifestyle and the pro-consumer orientation in Poland. The study involved a survey conducted in 2016 on a nationwide sample of 1,000 people. The findings suggest that a pro-consumer orientation is positively correlated with those elements of a healthy lifestyle that are trendy and symbolize membership in certain social groups. On the other hand, this orientation is inversely correlated with behaviors that require constant self-control and do not bring immediate benefits.

Keywords: consumer society, pro-consumer orientation, healthy lifestyle, eating, sports, smoking, sociology of health

Background

The modern culture of developed Western societies is characterized by the declining role of the Protestant work ethic and the increasing importance of consumerism. The idea that the Protestant work ethic was typical of societies entering capitalism—a phase characterized by a deficiency of goods on the market (see Weber 1984; Ossowska 2005)—has been confirmed by further studies. These indicate that a higher level of the Protestant work ethic is presently more typical of societies in low-income countries than in developed economies (Furnham and Mahiudeen 1984; Furnham and Rajamanickam 1992; Furnham et. al. 1993; Arslan 2000). Values characteristic of the Protestant work ethic—such as asceticism, frugality, effectiveness, diligence, regularity, self-control, and acceptance of delayed gratification—have been superseded by an orientation toward consumerism, which has emerged as a consequence of overproduction and the need to sell the commodities that have been manufactured (Campbell 1983; Bylok 2013). In the 1970s, Bell (1994) wrote that consumption and the quest for entertainment and pleasure were becoming increasingly important in connection with leisure time but that hard work, savings, and productivity continued to apply to the sphere of production. The present phase of capitalism is characterized by a further rise in consumption. Both the Protestant work ethic and consumerism appear in the realm of health, an area which has become of growing concern in modern society. Many researchers

focus on the relationship between these contradictory cultural features. Crawford (2000), for example, highlighted the central place of the conflict between discipline and pleasure in the sphere of health, and people's attempts to strike a balance between these two opposing values.

Polish society has special traits as a consequence of the accelerated move toward capitalism after the systemic transition of 1989. The transition from work to consumerism in the system of values professed by Polish society was demonstrated by a model developed by Swadźba (2014). According to this model, a low work ethos and modest consumption were characteristic of Polish society during the communist period, that is, before 1989. Following the systemic transformation in the 1990s, there was an upswing in both work ethos and consumption. The 2000s saw a further increase in the work ethos and rising consumption—with the latter transforming into consumerism, especially among younger people. This model has been confirmed by a number of studies conducted by the Public Opinion Research Center (CBOS 2011, 2013), which indicated that consumerism was typical of a fairly small section of society. Thus, the proportion of people who can be described in terms of consumerism is higher among the younger generation, better educated citizens, and those with higher ranking jobs. The aim of the study presented in this paper was to explore the relationships between a healthy lifestyle and the pro-consumer orientation among Poles. An article published in 2015 (Borowiec 2015) presents the relationship between the pro-consumer orientation and a healthy lifestyle among the Warsaw middle class. The choice of such a social category seemed to be justified by the fact that the middle class—consisting of professionals, managers, and entrepreneurs—is a category that is most associated with a healthy lifestyle, as has been shown in many studies (CBOS 2010, 2012, 2013a; Ostrowska 1999, 2006; Kostka 1997), and as appears in the concept of healthism formulated by Crawford (1980, 2000, 2006). The proportion of people who can be defined as pro-consumer oriented (Derczyński 1997; CBOS 2011) is also the largest in this category of Polish society. However, the middle class is considered to be a carrier of values, life orientations, and lifestyles that spread among other social strata and classes, and moreover, it is often “middle-class societies” that are spoken of rather than the “middle class in societies” (Domański 1994). We therefore decided to ask similar research questions in relation to the entirety of Polish society.

Consumer Society

The consumption of products and services existed before the term “consumer society” was coined. Nevertheless, the role of consumption was not as important as at present because of the absence of commodities on the market. Consumption was largely reserved for privileged social classes and strata. The term “consumer society” has been used since the Second World War. According to a certain theory of consumer society (Campbell 1983; Campbell 1987 cited Bylok 2005; Brewer 1998 cited Bylok 2005, 2013; Bauman 2005), this kind of society can be described as one that functions in a situation where vast quantities of products and services are available on the market. The products and services not only serve to satisfy people's needs but also provide pleasure. Pleasure occupies a high position in

people's hierarchy of values and has become increasingly important as a motivation for people's actions, gradually suppressing efforts to secure the future. As a value, pleasure leads to an orientation toward the present, which is highly characteristic of consumer society. Products and services consumed immediately provide a temporary feeling of "things making sense," yet the sensation disappears quickly and people feel the need to buy new products or services in order to experience it again. Moreover, "wanting" comes to be an internalized psychological norm and seeming moral obligation. Another feature of consumer society is that symbolic meanings are ascribed to products and services as a result of advertising, marketing, and trends, all of which create and promote consumer needs. Products and services may symbolize not only high social status, or membership in a particular social class or stratum, but also a specific subculture. In addition, consumer choices of products and services are motivated by taste or trends. People's individual lifestyles can be shaped and expressed through products and services. Other features of consumer society are the domination of spare time and consumption (as a stand-alone area of social life) over the sphere of production; the developing category of the "consumer"; the formation of a "culture of consumption"; and the institutionalization of criticism of consumerism.

In accordance with the above description of consumer society, an individual pro-consumer orientation was defined in this study as an approach to reality that involves the search for instant gratification and for the meaning and sense of life through the purchase and consumption of goods and services.

Consumerism and Health

From the health perspective, one important trait of consumer society is an orientation toward the present, especially the lack of acceptance of delayed gratification. Acceptance of delayed gratification is generally favorable to health, however, since both health and a longer life can be seen as a kind of reward for long-lasting effort and self-denial. In contrast, rejection of delayed gratification seems like a potential obstacle to health maintenance. It would seem that a pro-consumer orientation could undermine healthy behavior, because people who have this orientation may not want to invest their time and effort in such behavior or to deny themselves things in return for an uncertain and delayed reward. Instead, people might want to ensure or buy a "healthy body" sooner by purchasing various products or services such as dietary supplements, low-fat products, sports equipment, medicines, cosmetic surgeries, other surgical interventions, and so forth. According to Baudrillard (2006), the purchase and consumption of products and services is driven by a deeply hidden belief that payment is needed, and sufficient, to restore health. An orientation toward the present can also manifest itself through accelerated consumption. As a tool of consumerism, advertising produces a belief that in order to relieve stress people need tangible products, which provide instant pleasure and improve the comfort of living. When consumed, products and services provide a temporary sense of meaning, yet this sense is transient. In order to experience it again, people need to buy new products or services. Such accelerated consumption can be harmful to health as it may involve excessive consumption or products that are detrimental to health. On the other hand, consumption falls within the sphere of

trends and taste: in other words, the purchase of some products and services signifies that the buyers belong to a particular social group. Thus the pro-consumer orientation can be conducive to healthy behaviors that are trendy or to those that symbolize membership in social groups perceived to be attractive.

Healthy Lifestyle

According to the above theory of consumer society, people's individual lifestyles can be shaped by, and expressed through, products and services purchased on the market. Since Weber, lifestyle has been thought to be inseparably connected with consumption. It is believed that while the traditional division into social classes is based on production relations, a consumption-based lifestyle is a source of various social divisions (Weber 2002; Giddens 2002; Bourdieu 2005; Cockerham 1999, 2005). Weber defined social status using the category of "lifestyle." In his opinion, lifestyle not only expresses the differences between statuses but also constitutes them. According to various concepts, lifestyle is an effect of individual choices determined by a person's place in the social structure and consisting of eating habits, the practice of sports, the playing of games, participation in cultural events, and choices within specific groups of goods such as housing, paintings, furniture, cars, alcohol, perfume, and clothes.

Using concepts of lifestyle popular in the sociology of health (Weber 2002; Giddens 2002; Bourdieu 2005), Cockerham (1999, 2005, 2012) defined a "health lifestyle" as "collective patterns of health-related behaviour based on choices from options available to people according to their life chances." According to this author, "health lifestyles are subtypes of lifestyle generally. They can be healthy or unhealthy and consist of actions involving eating habits, drinking, smoking, exercise, coping with stress, relaxation, personal hygiene and other health-related behaviours." In addition, he stated that "Health lifestyles are a form of consumption in that the health that is produced is used for something, such as a longer life, work, or enhanced enjoyment of one's physical being." (Cockerham 2005: 55).

The indication is that elements of a healthy lifestyle should be viewed as meaningful behavior symbolizing or constituting individuals' identity and their membership in social categories. People's choices are motivated not only by their awareness of the beneficial or adverse health consequences of specific behavior but also by the meaning of this behavior.

Relationships between Consumerism and a(n) (Un)Healthy Lifestyle

The pro-consumer orientation has become more widespread in developed Western societies. Various studies conducted in these societies have revealed a change in values and attitudes. The generation born between 1960 and 1980 is characterized by the "mentality of using," but not by the ethos of frugality, which is typically professed by the generation born between 1920 and 1940 (Lusawa 2013). People born between 1981 and 1999 have been described as expecting instant gratification, as opposed to older generations (Reisewitz and Iyer 2009; Bharath et al. 2009). In Poland, the popularity of the pro-consumer orientation

was the focus of studies conducted by the Public Opinion Research Center (CBOS). On the basis of a survey conducted by CBOS in 2010 on a nationwide sample of 1,072 people, three types of attitudes and consumer behavior were identified. The first type involved constrained consumption for financial reasons, the second concerned susceptibility to market stimuli, and the third entailed taking advantage of what the market has to offer without worrying about money. The latter can be described as the pro-consumer orientation. As it turns out, only about 5% of people have a strong pro-consumer orientation in Poland, while 66% are constrained in their consumption for financial reasons, with 12% being susceptible to market stimuli. 25% of Poles have a medium level of pro-consumer orientation. In sum, the proportion of Poles who can be characterized as having a high or medium pro-consumer orientation is fairly low. Importantly, this orientation mainly prevails in those social categories that are aspirational for other social strata. Behaviors and attitudes indicating a pro-consumer orientation were most frequently declared by people with a higher level of education, and who were employed in public institutions or were managers, professionals, or office staff, or belonged to the younger generation (CBOS 2011). Another CBOS study indicates that about one-fifth of Poles expressed opinions indicating their pro-consumer orientation: such people think that it is better to spend money on day-to-day needs (21%) or whims (19%) than to save it. They do not adhere to a shopping list while shopping (18%), and choose products on the basis of quality and brand rather than price.

While consumerism is an important trend in contemporary culture, it has not been studied very often as a factor that influences people's health behavior or a healthy lifestyle. Consumerism has been considered mainly in two contexts: first, in the context of the consumption of various foods such as functional foods, or dietary supplements, and, secondly, in the context of patients transforming into consumers of health services (Lupton 1997; Rosenthal and Schlesinger 2002; Gałuszka 2013). The relationship between consumerism and a health-oriented lifestyle has very rarely been studied. However, some studies have revealed a connection between consumerism and the health-related lifestyle. For example, a synthesis of research on consumption in European countries in the 1990s indicates that as consumer societies develop, people are increasingly willing to reject some elements of a healthy lifestyle, especially the idea of eating healthy yet tasteless foods (Lusawa 2013). American researchers (Heede et al. 2006) reviewed the broader cultural context for health behavior and analyzed how the Protestant ethic and consumerism were manifested in health behavior. Their study demonstrates how the two factors influence people's choice of lifestyle in respect to physical activity, diet, body image, and health. It would seem that consumerism is expressed through a focus on body image, as promoted by the mass media, especially advertising. Advertisements trigger the desire to have "healthy looks," that is, to be in good shape, without being "big" or obese. The "perfect body" is viewed as a commodity which can be bought. Chaix (2003) discovered a connection between a higher degree of consumerism, expressed as the gross domestic product (GDP) per capita in the broad area of residence, and a higher risk of being a highly dependent smoker, an alcohol-dependent drinker (among women), and an overweight person (among blue-collar workers only) in the population of France. The relationships between obesity and lifestyle, seen as an expression of consumerism, were studied in China by Dagevos He, Zhang, van der Lans and Zhai (2011). These authors theorized that as economic resources increase and

facilitate the emergence of an imitation consumer society in China, people's interest in health will decline while the incidence of obesity will rise. However, the thesis was not confirmed by their research. On the other hand, research conducted in another Asian country, that is, India (Wilson 2010), indicates that progressing modernization and a developing consumer society shaped a particular attitude toward eating (particularly among the recently enriched middle class, who see it as an "immediate pleasure") which, in turn, leads to obesity and may then cause cardiovascular conditions. Few studies on this subject have been carried out in Poland. Palska's study of lifestyle (2002) during the country's systemic transition is very interesting. Among other things it showed that the new cultural orientations—such as the work ethos and consumerism—had an impact on activities undertaken in the sphere of middle-class health at the time. The respondents (representatives of the middle class consisting of entrepreneurs, professionals and high-level managers) represented two types of approach to consumption, which were also reflected in health-related behavior. There were the "investors" type, who postponed consumption, and the "consumers" type, who manifested consumption. Palska writes that "Among the 'investors,' the model of ascetic consumption is common, [and] in some cases vividly reminiscent of the Protestant patterns described by Max Weber" (Palska 2002: 148). People belonging to this group work a lot and for lack of time they eat "whatever there is" (Palska 2002: 146–148). In turn, the "consumers" type, especially when they are busy people with little time, are characterized, as Palska calls it, by "accelerated consumption." This consumption includes elements that promote a healthy-lifestyle outlook, but also those that seem unfavorable to it. The former include resting or recovering from work-related stress through trips, often abroad; avoiding stimulants; eating "good" food; practicing sports; and finally, having preventative medical examinations. An example of unfavorable behavior is the reduction of stress through excessive alcohol consumption (Palska 2002: 150). A few studies focus on the connection between a healthy lifestyle and the pro-consumer orientation understood as an individual's disposition. A study conducted among American, Chinese, and Scottish teenagers reveals relations between substance abuse and consumerism, measured in different ways. In the late 1990s American secondary and university students turned out to be more likely to smoke cigarettes, and use alcohol and marijuana (university students), when they were more strongly oriented toward extrinsic life goals such as fame, attractive looks, and financial success (which can be considered signs of the pro-consumer orientation) (William et al. 2000). A similar result was observed in the Chinese study, which showed that a higher level of materialism (orientation toward extrinsic goals that could be understood as an indicator of the pro-consumer attitude) among Chinese youth is associated with greater engagement in risky behaviors such as, among other things, alcohol and drug use and unsafe sexual practices (Auerbach et al. 2010). In turn, a study of Scottish adolescents aged 12 to 14 indicates that consumerism is conducive to experimenting with alcohol consumption and smoking (Sweeting et al. 2012).

The results of a study conducted among adult members of the middle class in Warsaw, Poland (Borowiec 2015) revealed that the pro-consumer orientation is positively connected with practicing different sports such as aerobics, jogging, training at the gym, horse riding, and martial arts, with eating healthy foods, having breakfast and eating more meals per day,

and having regular health check-ups. However, the same orientation is also connected with some habits that reveal an absence of discipline in eating and drinking: the consumption of energy drinks or certain types of alcohol, adding salt to ready meals, and the intake of psychoactive substances. In general, positive relationships were observed in the case of behaviors that are either trendy or pleasant whereas a negative correlation was reported in the case of behaviors involving self-denial. On the other hand, health awareness can influence consumption practices, that is, what is consumed and how. For example, research on female students of American colleges showed that people with higher health awareness were more likely to buy natural beauty products, were willing to pay more for them, and had a greater ability to distinguish between natural and regular products (Kim and Seock 2009). Different results were obtained in a study conducted in the Czech Republic (Unčovská and Ulčák 2015). Researchers found that the purchase of an “organic box plan,” that is, a set of healthy, organically grown vegetables, was influenced by advertising, perceived trendiness, and the desire to lead a healthy lifestyle. However, these behaviors stemmed from ideological beliefs rather than health awareness.

The foregoing overview shows there is few studies that focus on healthy lifestyles and the pro-consumer orientation, understood as an individual disposition. Some of the studies cited above suggest that the relationship between a pro-consumer orientation and lifestyle might have a different nature. A pro-consumer orientation may be—but is not necessarily—conducive to a healthy lifestyle. It may be conducive to those elements of a healthy lifestyle that are trendy, seem attractive, or express membership in aspirational social groups, subcultures, strata, or classes. These elements of a healthy lifestyle are associated with the consumption of certain products or services. In turn, a negative correlation may stem from reluctance to accept delayed gratification and a desire to experience instant pleasure. In such cases, healthy behaviors that require self-control, such as the abandonment of stimulants, cigarettes, alcohol, or unhealthy yet tasty foods, or other efforts that do not bring an immediate effect, will be rejected. On the other hand, a healthy lifestyle may be influenced not only by a pro-consumer orientation but also by the focus on health that is typically found in contemporary developed societies.

Therefore, I posed the following research questions:

1. Are healthy behaviors connected with the pro-consumer orientation?
2. Which healthy behaviors are positively connected with the pro-consumer orientation?
Which healthy behaviors are negatively connected with the pro-consumer orientation?
3. Is there any category of healthy behavior that is positively related to the pro-consumer orientation? Is there any category of healthy behavior that is negatively connected with the pro-consumer orientation?
4. What category of healthy behavior is positively connected with the pro-consumer orientation, and what category is negatively connected?

The following hypotheses were to be verified:

1. The pro-consumer orientation is negatively correlated with, or independent of, healthy behaviors that require constant self-control and do not offer immediate rewards, such as refraining from smoking and large amounts of alcohol, cutting down on salt intake, or refraining from eating unhealthy foods such as sweets, cookies, salted snacks, and so forth.

2. The pro-consumer orientation is positively correlated with behaviors that are thought to offer “a healthy and beautiful body” without any major effort, for instance, by taking dietary supplements, vitamins, or slimming pills.

Method

In order to verify the hypotheses, we analyzed the data from a study conducted in May 2016 on a representative nationwide sample of 1,000 people aged 15+. The selection of the respondents was a multi-stage, stratified procedure. The units of the first-degree draw were the statistical units of the Central Statistical Office (GUS); the units of the next degree draw were residential addresses; while on the third stage of the draw, the respondents were selected. Four demographic parameters (sex, age, education, and size of the city) were controlled. The study was carried out using the CAPI method (Computer Assisted Personal Interview), in the respondents' homes. Characteristics of the population studied are shown in [Table 1](#).

The pro-consumer orientation was measured on a Likert scale with eight questions concerning different aspects of purchasing products and services. The respondents were asked: 1) how often they buy new equipment or household electronics even when the old ones work well; 2) how often they buy new items because they want to keep up with technical innovation; 3) how often they purchase various things for pleasure even when they do not really need those things; 4) how often they dispose of fairly new and undamaged items; 5) how often they buy articles on impulse; 6) how often they buy new items because they are tired of the old ones; 7) how often they choose products and services such as clothes, furniture, equipment, or holidays because these things express who they are; and 8) how often they buy things because doing so gives them a sense that something new will begin. The range of possible answers to the above-mentioned questions was “very often, nearly always,” “often,” “rarely,” and “very rarely, hardly ever.” The scale was constructed by summing up the numbers ascribed to each answer given by the respondents. A higher value on the scale was interpreted as a higher level of pro-consumer orientation. Cronbach's Alpha reliability coefficient is 0.881 for the nationwide sample, which indicates that the scale is reliable.

The analysis did not cover healthy lifestyles as a whole but, instead, specific elements of health-oriented lifestyles since they can be correlated in different ways with the pro-consumer orientation. The respondents were asked about: 1) their eating habits—the number of main meals consumed per day, the frequency of having breakfast, the frequency of eating packaged meals, and the frequency of adding salt to ready meals; 2) the frequency of eating or drinking certain foods—fruits, vegetables, fish, wholegrain bread, poultry, pork or beef, sweet beverages, energy drinks, sweets and cakes; 3) drinking habits—the frequency of alcohol consumption (beer, wine, vodka), and the amount of alcohol usually consumed on a single occasion (beer, wine, vodka); 4) smoking habits—the fact of smoking, the number of cigarettes smoked per day by those who smoke; 5) the frequency of practicing sports such as aerobics, jogging, training at the gym, team games, skiing or snowboarding, climbing, swimming, walking, cycling, or Nordic walking; 6) medical check-ups (except for medical examinations required by employers); 7) the frequency of buying over-the-counter

Table 1

Socio-demographic Characteristics of the Population Studied

		Percent
Gender	Women	52.2
	Men	47.8
Age	15–24 years	15.8
	25–39 years	28.4
	40–59 years	33.5
	> 59 years	22.3
Size of household	1 person	22.2
	2 persons	31.1
	3 persons	24.4
	4 persons	16.3
	5 persons or more	6.1
Education	Basic	21.4
	Vocational	26.9
	Secondary	35.1
	Higher	16.6
Marital status	Single	29.2
	Married	50.8
	Divorced	7.5
	Widowed	11.6
	Refusal	0.9
Occupational position	Entrepreneurs	1.5
	Professionals, managers, freelancers	6.0
	Low-level non-manual employees	12.9
	Trade and service employees	22.1
	Workers	15.2
	Farmers	1.5
Non-working	Pensioners and retirees	25.8
	Secondary and university students	10.5
	Non-working, housewives, other	6.3
	No answer	1.8
Personal net income	1,000 PLN or lower	8.4
	1,001 to 1,500 PLN	15.4
	1,501 to 2,000 PLN	17.1
	2,001 to 2,500 PLN	12.6
	2,500 PLN or highest	12.4
	No income	15.6
	Refusal/ Don't know	18.5
Size of city	Over 200,000 inhabitants	21.3
	From 50,000 to 200,000 inhabitants	16.7
	Up to 50,000 inhabitants	23.4
	Country	38.5

medicines and consuming psychoactive substances—taking pharmaceutical products such as dietary supplements or vitamins without a doctor's prescription, taking sedatives or soporific drugs, slimming pills, or psychoactive substances.

The analysis was conducted using logistic regression and multiple linear regression. For each dependent variable relating to some health behavior, a model of regression anal-

ysis was created. The variables relating to health behaviors measured on an ordinal scale were recoded into dichotomous variables and fed into the logistic regression analysis as dependent variables. In order to identify predictors of numeric variables, models of multiple linear regression analysis were created. The pro-consumer orientation was put into the analysis as an explanatory variable. Variables such as gender, age, education, marital status, occupational position, monthly income, place of living, and size of household were controlled.

Results

The level of pro-consumer orientation in Polish society turned out not to be very high. The mean equaled 18 on a scale of 0 to 100 points. The highest level of pro-consumer orientation was observed among professionals, managers, and freelancers (the mean equaled 30 points), while the lowest was among farmers (8.3 points) (Figure 1). There are statistically significant differences between people in various occupations ($F = 8.040$, $df = 5$, $p < = 0.001$). The professionals, managers, and freelancers, as well as low-level non-manual employees and trade and service employees differ from workers and farmers in their level of pro-consumer orientation.

Figure 1

Level of Pro-consumer Orientation Depending on Occupational Position Among Working Persons (on a scale of 0 to 100)

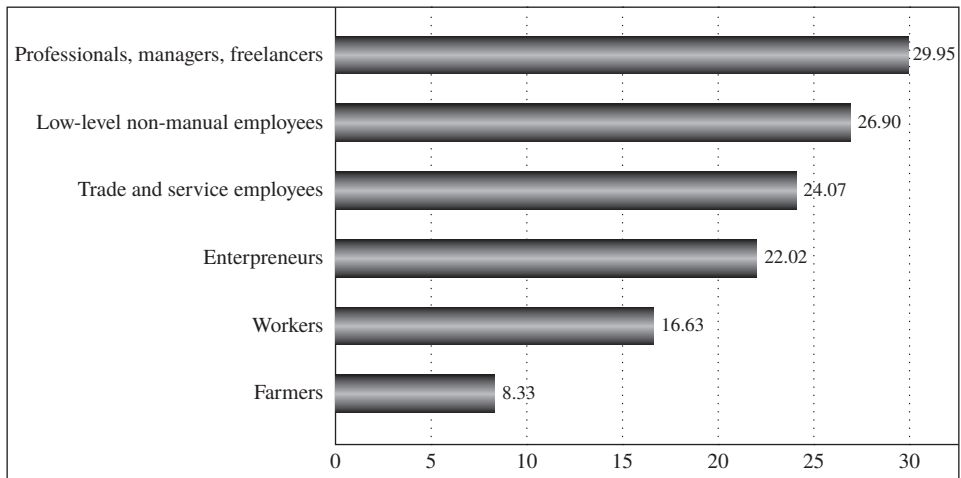


Table 2 shows the relationships between the pro-consumer orientation and certain behaviors related to eating habits: eating breakfast every day, the number of meals eaten per day, adding salt to meals and eating packaged meals, as well as eating certain foods twice a week or more often. The table includes the odds ratios resulting from the logistic regression analysis. The odds ratio, that is, $\text{Exp}(b)$, shows how many times the probability of

a phenomenon coded as “1” in the dependent variable increases if the independent variable increases by one point. It can be said that the relationship is positive if the odds ratio is higher than 1, and negative if the odds ratio is lower than 1. The odds ratio of 0.932 means that if the pro-consumer orientation decreases by one point, the probability of eating three meals or more per day falls by about 7%. The odds ratio of 1.063 means that if the pro-consumer orientation increases by one point, the probability of eating ready-made meals also rises by about 6%. The table shows that the relationships are not very common but the ones that exist show that the pro-consumer orientation is positively correlated with a higher frequency of eating both healthy and unhealthy foods. The unhealthy products include sweets and cakes. If someone has a higher pro-consumer orientation, this person is more likely to eat healthy foods such as poultry twice a week or more frequently. Poles with a stronger pro-consumer-orientation are also more likely to eat ready-made meals they buy in shops.

Table 2

The pro-consumer orientation as an indicator of eating habits and eating or drinking various foods twice a week or more often. Results of logistic regression analysis. Gender, age, education, marital status, occupational position, monthly income, place of living, and size of household were controlled

Eating habits	Exp(b)
Having breakfast every day	n.s.
Eating commercial packaged meals, consumed only after reheating	1.063*
Adding salt to meals	n.s.
Eating at least three main meals a day	.932**
Eating or drinking various foods twice a week or more often:	
Fruit	n.s.
Vegetables	n.s.
Fish	n.s.
Wholegrain bread	n.s.
Poultry	1.081**
Pork or beef	n.s.
Salted snacks	n.s.
Sweet or energizing beverages	1.063*
Sweets and cakes	1.045*

*p ≤ 0.05

**p ≤ 0.01

Table 3 shows the relationships between the frequency of alcohol consumption, the amount of alcohol ordinarily drunk at a time, and the pro-consumer orientation. As it turns out, there is only one significant correlation in this case. A stronger pro-consumer orientation is connected with a higher likelihood of drinking beer once a week or more often. There is no relationship between the pro-consumer orientation and the habit of drinking 1 liter or more of beer, 200 or more milliliters of wine, or 100 milliliters of vodka at a time. There is no relationship between the pro-consumer orientation and cigarette smoking or the number of cigarettes smoked per day by habitual smokers (see Table 3).

Table 4 shows the odds ratios for the relationship between the pro-consumer orientation and practicing sports (in general and regularly, that is, once a week or more often). It turns out that each of the observed correlations is positive, which means that the pro-consumer orientation is conducive to practicing sports. It is noticeable that the pro-consumer orienta-

Table 3

The pro-consumer orientation as an indicator of drinking and smoking habits. Results of logistic regression analysis. Gender, age, education, marital status, occupational position, monthly income, place of living, and size of household were controlled

Drinking and smoking habits	Exp(b)
Drinking alcohol in the last year	1.071*
Drinking beer once a week or more often	1.059*
Drinking wine once a week or more often	n.s.
Drinking vodka once a week or more often	n.s.
Drinking no less than 1 liter of beer at a time	n.s.
Drinking no less than 200 ml of wine at a time	n.s.
Drinking no less than 100 ml of vodka at a time	n.s.
Smoking cigarettes (one cigarette or more in the last 30 days)	n.s.
Number of cigarettes smoked per day (by daily smokers)	Beta n.s.

*p ≤ 0.05

**p ≤ 0.01

tion is conducive to practicing any sport, as well as to practicing sports such as team games, skiing or snowboarding, climbing, and Nordic walking. However, a higher pro-consumer orientation did not imply a higher likelihood of engaging in sports with greater regularity.

Table 4

The pro-consumer orientation as an indicator of practicing any sport; practicing sports (among people who declared practicing these sports). Results of logistic regression analysis and multiple linear regression analysis. Gender, age, education, marital status, occupational position, monthly income, place of living, and size of household were controlled

Practicing sports	In general (once or more often in the last 12 months)	Regularly (once a week or more often)
	Exp(b)	Exp(b)
Practicing any sport	1.187**	n.s.
Aerobics	n.s.	n.s.
Jogging	n.s.	n.s.
Training at the gym	n.s.	n.s.
Team games	1.080*	1,143*
Skiing or snowboarding	1.112*	—
Climbing	1.181*	—
Swimming	n.s.	n.s.
Walking, hiking	n.s.	n.s.
Cycling	n.s.	n.s.
Nordic walking	1.149*	n.s.

*p ≤ 0.05

**p ≤ 0.01

The relationship between the pro-consumer orientation and medical check-ups is shown in [Table 5](#). The findings indicate the existence of a significant correlation. Poles who have a stronger pro-consumer orientation are more likely to visit doctors and undergo medical examinations.

Table 5

The pro-consumer orientation as an indicator of medical check-ups, the intake of dietary supplements, medicines, and psychoactive substances. Results of logistic regression analysis. Gender, age, education, marital status, occupational position, monthly income, place of living, and size of household were controlled

Medical check-ups, over-the-counter medicines, and intake of psychoactive substances	In general (once or more often in the last 12 months) Exp(b)	Regularly (once a month or more often) Exp(b)
Medical check-ups (except for medical examinations required by employers) in the last year	1.077**	1.144**
Taking dietary supplements or vitamins without a doctor's prescription	1.107**	n.s.
Taking sedatives or soporific drugs	1.103**	1.190**
Taking slimming pills	1.217**	n.s.
Taking psychoactive substances	1.357**	1.505**

* $p \leq 0.05$ ** $p \leq 0.01$

Table 5 also contains results related to the use of certain over-the-counter medicines and dietary supplements, as well as other psychoactive substances such as marijuana or hashish. The analysis has produced correlations between the pro-consumer orientation and the use of pills or intake of other substances. A higher level of pro-consumer orientation is conducive to taking sedatives or soporific drugs, slimming pills, dietary supplements or vitamins, and psychoactive substances. Sedatives, soporific drugs, and psychoactive substances are also more likely to be used regularly by people who have a higher pro-consumer orientation.

Discussion

The results suggest that people's health-oriented lifestyles cannot be seen only as a consequence of knowledge obtained from health education messages or simply location in the social structure. What must also be taken into account is the symbolic meaning of practices constituting a healthy lifestyle and the fact that they are applied to seeking pleasure and satisfying desires—something that has become almost a moral obligation in consumer society. Several authors have drawn attention to this problem. For instance, Ioannou (2003) describes it as follows:

The fact that smoking, exercise, eating and drinking are activities relevant to health does not isolate them from being shaped within the corresponding social context. (...) Food, for example, can be consumed not only as a bodily resource but also because of the cultural values that surround it (Falk 1994). (...) Similarly, bodily 'maintenance' is not subjected simply to public health and medical discourses but to a range of characteristics and experiences designated within consumer culture (Lupton 1994). (...) Participation in sporting activities for instance is not necessarily related to the desire for a physically healthy body but may represent a desire to reject or engage in other cultural representations such as masculinity and youth (Hargreaves 1986; Mansfield & McGinn 1993), or patriarchy (Willis 1991).

It would seem there are links between the pro-consumer orientation and elements of a healthy lifestyle. However, our study has demonstrated that the level of consumerism in Polish society is not very high. It has confirmed the results of earlier studies showing that

only about a fifth of Poles could be typified as having a pro-consumer orientation (CBOS 2011, 2013b). Moreover, the study has confirmed the model developed by Swadźba (2014), which indicated that at the current stage of development both work ethics and consumerism are present in Polish society, with consumerism being not very advanced.

The directions of the relationships seem to conform to expectations. Healthy behaviors that need discipline, self-control, regularity, frugality, self-denial, and acceptance of delayed gratification are either linked negatively or not connected with the pro-consumer orientation. In other words, it could be said that people who display the pro-consumer orientation are less likely to avoid unhealthy behaviors if they do not bring an immediate effect. Thus, there is a positive relationship between the pro-consumer orientation and unhealthy behaviors such as a high frequency of beer consumption and a high frequency of consuming sweets, cakes, and ready-to-eat meals. The study has confirmed the assumption that people with a stronger pro-consumer orientation either expect their actions to have an immediate effect or do not think about their health. As delayed gratification, good health experienced in the distant future is not a sufficient reason for people to monitor what and how they eat or to limit their alcohol intake. There were also other factors driving people to choose certain behaviors connected with eating and drinking. These findings are consistent with other research results (Chaix 2003, William et al. 2000; Auerbach et al. 2010, Sweeting et al. 2012; Lusawa 2013).

The fact that the pro-consumer orientation is conducive to a higher frequency of consuming various foods (healthy or not), drinking alcohol, and taking psychoactive substances can be interpreted in terms of a quest for temporary pleasure. This special perception of eating as an “immediate pleasure” appeared along with the progressing modernization and development of consumer society and has been observed, for example, in India (Wilson 2010). A similar connection between consumerism and the intake of psychoactive substances was revealed in American and Chinese studies, as well as in research on the middle class in Warsaw (William et al. 2000; Auerbach et al. 2010; Borowiec 2015).

Other behaviors, such as smoking (and the number of cigarettes smoked per day), are not connected with the pro-consumer orientation. However, a few other studies reveal a positive relationship between smoking and consumerism (Chaix 2003; William et al. 2000; Sweeting et al. 2012).

What seems to be an interesting result is that the pro-consumer orientation is less conducive to the regular practice of a sport (at least once a week) than to engaging in sports at some time during the last year. The regular practice of a sport requires discipline, whereas occasional attempts to practice sports may be driven by a person’s desire to seek new experiences, something that is typical of consumerism. Similarly, other behaviors that call for regularity are not positively correlated with the pro-consumer orientation. Regular eating habits are negatively correlated with the pro-consumer orientation, and the routine of having breakfast every day is not connected with the orientation. Similar results were observed among middle-class people in Warsaw (Borowiec 2015).

The next hypothesis concerns the relationship between the pro-consumer orientation and behaviors that might seem to bring immediate effects, such as a slimmer body, the improved appearance of skin, hair, and nails, improved bodily fitness, and psychological well-being, without long-term effort. It emerged that the habit of taking pills to achieve an

improved psychological or physical condition (e.g., slimming pills, sedatives and soporific drugs, dietary supplements, and vitamins) is connected with the pro-consumer orientation among Poles. Similar findings were obtained in the Warsaw study, which indicated that members of the middle class who have a stronger pro-consumer orientation are more likely to practice aerobics and work out at the gym. This fact was also explained in terms of “buying” a healthy and beautiful body and a good mood (“a healthy mind”). Exercising in gyms and fitness clubs is advertised as an activity that will help people burn fat, shape their body, reduce wrinkles, boost optimism, and induce an excellent state of mind, leading to inner and outer harmony (Borowiec 2015). Research conducted in the USA (Heede et al. 2006) suggests that consumerism is expressed through a focus on exterior appearance, as promoted by the mass media, especially advertising, and the desire to have a healthy appearance without being obese or overweight. An ideal body is viewed as an item that can be bought.

Conclusions

The results of the study indicate that the level of pro-consumer orientation in Polish society is not very high but that it is higher among the middle class than among the other social classes. It appears that a higher level of pro-consumer orientation is positively connected with some elements of a healthy lifestyle and negatively with others. Healthy behaviors that need self-discipline, self-control, regularity, frugality, self-denial, and the acceptance of delayed gratification—for instance, refraining from drinking large amounts of alcohol or sweet or energizing beverages, not eating sweets and cakes or ready meals, and practicing a sport regularly—are negatively related to the pro-consumer orientation. Behaviors that satisfy the need to achieve immediate pleasure, provide new experiences, or seem to make it possible to achieve a beautiful, slim body or peace of mind without effort, such as, for instance, eating large amounts of various food products, taking psychoactive substances that alter consciousness, or attempts to practice a variety of sports, are positively correlated with the pro-consumer orientation. People’s decisions to engage in or refrain from certain behaviors may be driven not only by their knowledge about the health consequences but also by the meaning of those behaviors as an expression of social status or of belonging to a certain social class, stratum, or subculture, and by the desire to follow a current trend. This suggests that one effective way to promote a healthy lifestyle would be to create and disseminate the idea that healthy behaviors are trendy.

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