

Ponašamo li se zdravo u Rijeci?

Health Behaviour in Rijeka: How Healthy is it?

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Ponašamo li se zdravo u Rijeci?

Smjernice za preventivne programe

Health Behaviour in Rijeka:

How Healthy is it?

Guidelines for Preventive Measures

Predgovor

Grad Rijeka posljednjih devet godina sudjeluje u projektu Svjetske zdravstvene organizacije pod nazivom Europska mreža zdravih gradova, koji nam neprestano otvara nove vidike i ne dopušta da zaboravimo kako je zdravlje neprocjenjivo važan životni resurs za pojedinca, ali i za svekoliku zajednicu. Korak po korak taj projekt vodi naš grad prema višoj razini zdravlja i kvalitete života.

Pripremajući publikacije *Zdravstveni profil grada Rijeke i 50+ u Rijeci / Stari li se zdravo u Rijeci?*, za potrebe sudjelovanja u spomenutom projektu, prikupili smo mnogobrojne podatke o zdravlju i uvjetima življenja u gradu Rijeci radi njihova potpunijega sagledavanja, ali i radi usporedbe s drugim europskim gradovima koji sudjeluju u projektu *Europska mreža zdravih gradova*. Međutim, neki se traženi pokazatelji zdravlja i kvalitete života do sada u našem gradu nisu sustavno pratili. Riječ je, između ostaloga, o podacima o različitim ponašanjima koja su korisna ili štetna za zdravlje. Među ta se ponašanja najčešće ubrajaju način nečije prehrane, tjelesna aktivnost, pušenje, konzumacija alkoholnih pića, ponašanje u prometu, način na koji se netko izlaže suncu, način korištenja lijekova, te odlasci na preventivne zdravstvene preglede.

Detaljnije poznavanje tih ponašanja kod građana našega grada od iznimne je važnosti i za planiranje učinkovitih strategija i specifičnih programa zaštite zdravlja građana, posebice zbog toga što su ta ponašanja povezana s bolestima od kojih građani Rijeke danas najčešće obolijevaju i umiru.

Želja nam je pridonijeti promjenama obrazaca ponašanja koji mogu naštetiti zdravlju, kao i potkrijepiti ponašanja koja ga mogu očuvati i unaprijediti. S tim smo ciljem inicirali i poduprli istraživanje o ponašanjima povezanim sa zdravljem kod građana Rijeke, koje su u suradnji sa stručnim djelatnicima Odjela gradske uprave za zdravstvo i socijalnu skrb osmislili i proveli znanstvenici s Odsjeka za psihologiju Filozofskoga fakulteta Sveučilišta u Rijeci.

Nadamo se da će vam, kao i nama, nalazi dobiveni ovim istraživanjem biti zanimljivi i inspirativni.

Ankica Perhat

Koordinatorica projekta
Rijeka-zdravi grad

Over the past nine years, the City of Rijeka has been participating in the World Health Organization project under the title European Healthy Cities network. This project has continually opened new vistas and has not allowed us to forget that health is an inestimable resource of life for each individual as well as for the community at large. Step by step, this project has been taking our city to a higher level of health and quality of life.

Preparing the publication *Rijeka's Health Profile* and *50+ in Rijeka/ Healthy Ageing Profile*, and in order to participate in the project mentioned, we have collated numerous data on health and conditions of living in Rijeka so as to enable us to have a more comprehensive awareness as well as a comparison with other European cities which participated in the project European Healthy Cities network. However, some required health and quality of life indicators up until now have not been systematically monitored. This refers, among others, to data on various forms of behaviour which are either beneficial or harmful to health. Among these forms of behaviour, the most common are diet, physical activity, smoking, alcohol consumption, behaviour in traffic, exposure to sun, use of medication as well as medical check-ups.

A more detailed knowledge of the pattern of these forms of behaviour with our citizens is of exceptional importance, both for planning a more effective strategy as well as specific programmes to protect the health of our citizens, especially as that behaviour is related to illnesses which are the most common causes of morbidity and mortality among the citizens of Rijeka.

It is our wish to alter the pattern of behaviour which can harm health as well as encourage behaviour which preserves and promotes health. With this goal in mind, we have initiated and supported research on behaviour linked to health with the citizens of Rijeka. The research was initiated and conducted by scientists from the Department of Psychology, Faculty of Philosophy, University of Rijeka in cooperation with experts from the Department of Health and Social Welfare.

We trust that the findings of this research will be both interesting and inspiring to you as they have been to us.

Ankica Perhat

Rijeka Healthy City Project
Coordinator





8	Uvod / Introduction
10	Ciljevi / Objectives
12	Metoda / Method
30	Rezultati / Results
32	Tjelesna aktivnost / Physical activity
48	Prehrana / Diet
76	Konзумiranje alkoholnih i bezalko- holnih pića / Consumption of alcoholic and non-alcoholic beverages
86	Konзумiranje duhanskih proizvoda / Tobacco consumption
98	Izlaganje suncu / Sun exposure
106	Korištenje lijekova / Use of medication
114	Ponašanja u prometu / Traffic behaviour
126	Literatura / Literature

Uvod

Današnji tipičan način života većine ljudi podrazumijeva mnoga ponašanja koja uključuju rizik od bolesti i ozljeda. Milijuni ljudi puše cigarete, pretjerano piju alkohol, koriste droge, jedu masnu hranu, jedu previše ili su premalo tjelesno aktivni.

Pobol i pomor uzorkovani njihovim, danas vodećim uzrocima, znatno bi se smanjili kada bismo prihvatili nekoliko pravila korisnih za zdravlje: ne pušiti, ne pretjerivati u pijenju alkohola, pravilno se hraniti i redovito vježbati.

Ponašanjem korisnim za zdravlje smatra se svako ponašanje kojim se štiti, održava ili unapređuje zdravlje.

Hoćemo li odabrati koje za zdravlje korisno ili štetno ponašanje uglavnom ovisi o našoj percepciji opasnosti od obolijevanja, o našem vrednovanju ponašanja koje bi trebalo reducirati tu opasnost i o privlačnosti suprotnog ponašanja.

Nezdrava ponašanja, kao što je primjerice pušenje, često se smatraju socijalno poželjnima. Upravo se zato mnogi ne mogu oduprijeti započinjanju s takvim štetnim ponašanjima ili pak odbijaju savjete kako s njima prestati.

Ponašanja povezana sa zdravljem, korisna i štetna, prihvaćamo učenjem bilo na temelju osobnoga iskustva bilo oponašajući tuđe ponašanje. Na ponašanje utječu i drugi genetski i okolinski čimbenici.

Ako je ponašanje čvrsto usvojeno, postaje navikom. Takva se ponašanja znatno teže mijenjaju. Upravo stoga važno je što ranije početi s ponašanjima koja koriste zdravlju i što prije eliminirati nezdrave aktivnosti. Iako to ne znači da ćemo živjeti vječno, ovakav nam izbor može pomoći da živimo duže i kvalitetnije.

Today's typical lifestyle enjoyed by many encompasses behaviour that involves certain health risks. Millions of people smoke cigarettes, over-indulge in alcohol, use drugs, eat fatty foods, eat too much or are not physically active enough.

Morbidity and mortality caused by today's leading causes would be greatly reduced if we chose to adopt several rules that are beneficial to health: no smoking, no overindulging in alcohol, healthy diet and regular exercise.

Any behaviour which someone practises, irrespective of one's health status, with the aim of protecting, improving or maintaining health is beneficial health behaviour.

Whether we choose behaviour beneficial or harmful to health depends on motivational factors, i.e. on our perception of causes of ill health, how we evaluate behaviour that reduces such causes and how appealing different behaviour is.

Unhealthy behaviour, such as smoking, is often considered to be socially desirable. That is the very reason why many people cannot resist it and start smoking, or refuse any attempts and advice offered in order to end such behaviour.

Behaviour that is health related, both beneficial and harmful, is adopted by modelling others, be it a personal experience or by modelling somebody else's behaviour. Other genetic and environmental factors impact our behaviour.

Should certain behaviour become well established, it turns into a habit. Such behaviour is not easy to change. Hence, it is important to develop health beneficial behaviour at an early stage and eliminate unhealthy activities as soon as possible. Even though it is true that by doing so we will not live forever, such a choice will help us live longer and provide us with a better quality of life.

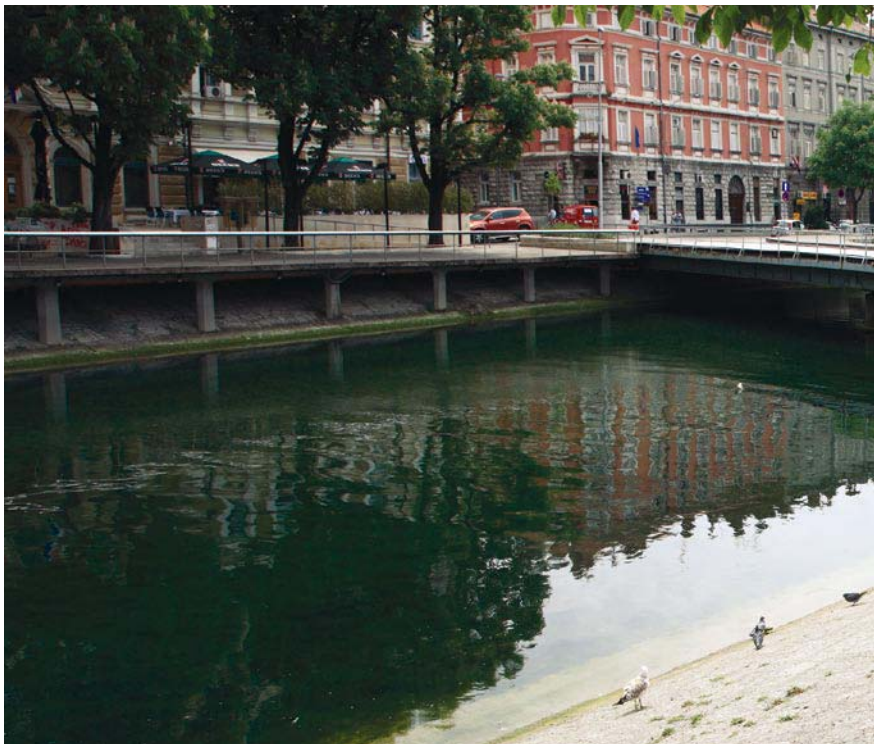
Ciljevi

Opći je cilj ovoga istraživanja bio ispitati različite oblike zdravstvenih ponašanja građana Rijeke kako bi se efikasnije planirale aktivnosti Odjela gradske uprave za zdravstvo i socijalnu skrb usmjerene prevenciji zdravstveno rizičnih ponašanja i njihovih negativnih zdravstvenih posljedica.

Nadalje, cilj je ovoga istraživanja bio identificirati rizične skupine ispitanika, odnosno one koje su posebno sklone nekim oblicima ponašanja koja dovode do negativnih posljedica po zdravlje. Zbog toga su u ovome istraživanju uz podatke o čestoti pojedinih oblika rizičnih zdravstvenih ponašanja prikupljeni i mnogobrojni sociodemografski podaci o ispitanicima.

Cilj je ovoga istraživanja bio i da se na osnovi dobivenih rezultata o prevalenciji pojedinih oblika rizičnih zdravstvenih ponašanja predlože mjere za njihovo poboljšanje.

Na kraju, ovim je istraživanjem stvorena i početna baza podataka, na koju se mogu nadovezati buduća istraživanja o zdravstvenom stanju i ponašanju građana Rijeke kako bi se evaluirale mjere koje će se poduzeti radi poboljšanja zdravstvenih ponašanja i stanja.



Objectives

The main objective of this research was to analyse various types of health behaviour of Rijeka's citizens in order to plan more effectively those activities of the City Department of Health and Social Welfare which are aimed at preventing risk behaviour with adverse consequences for health.

Furthermore, this research aims to identify risk groups of participants, i.e. those groups that are particularly prone to some types of health behaviour that can be detrimental to health. Therefore, not only has the incidence of certain risk behaviour been obtained by this research, but numerous socio-demographic data as well.

In addition, this research will propose certain measures in order to improve risk behaviour, based on the results of the prevalence of such behaviour.

In conclusion, this research has created a preliminary database, which could be used as a reference by future researchers in order to monitor changes in the health behaviour of Rijeka's citizens, with the goal of evaluating measures to be undertaken to improve such behaviour.



Metoda

(uključujući sociodemografske podatke i podatke o zdravstvenom statusu građana)

Anketni upitnik

Anketni upitnik posebno je konstruiran za potrebe ovoga istraživanja.

Uz sociodemografske podatke i podatke o informiranosti građana o zdravlju njime su ispitana sljedeća zdravstvena ponašanja: prehrana, konzumacija pića, korištenje duhanskih proizvoda, tjelesna aktivnost, izlaganje suncu, odlasci na preventivne zdravstvene preglede, način korištenja lijekova, te ponašanja pješaka, suvozača i vozača u prometu.

Ispitanici i postupak

Podaci su prikupljeni tijekom listopada i studenog 2006. godine na reprezentativnom uzorku građana Grada Rijeke.

Reprezentativan uzorak podrazumijeva stratifikaciju i kvote s obzirom na neke demografske i geografske parametre, te slučajan izbor osoba unutar tih okvira.

Nastojalo se, naime, da uzorak po osnovnim demografskim varijablama (spolu, dobi, obrazovanju i sl.) bude usklađen s podacima koji se u statističkim godišnjacima navode za Grad Rijeku.

S druge strane, određene su kvote u skladu s brojem stanovnika koji stanuju u pojedinim mjesnim odborima. Pri tome je odnos broja ispitanika iz svakoga mjesnog odbora i ukupnog uzorka proporcionalan odnosu broja stanovnika toga mjesnog odbora s ukupnim brojem stanovnika grada.

Unutar mjesnih odbora slučajno su izabirane ulice, a također i ispitanici (uz uvjet da se uklapaju u zadane kvote), koje su potom anketari ispitali u njihovim domaćinstvima.

(socio-demographic data and data on citizens' health status included)

Questionnaire

A special questionnaire was designed to meet the needs of this research.

Along with socio-demographic data and data on the level of health awareness, the following health behaviour has been evaluated: diet, consumption of alcoholic and non-alcoholic beverages, tobacco use, physical activity, use of sun protection, preventive health check-ups, use of medication, as well as behaviour of pedestrians, passengers, and drivers in traffic.

Subjects and method

Data was collected in October and November of 2006 on a representative sample of the citizens of Rijeka.

The term representative includes stratification and quotas relevant to some demographic and geographic parameters, and random sample of subjects within that framework.

Namely, efforts were made for the sample to be relevant to the data found in the statistic yearbooks for the City of Rijeka according to some basic demographic variables (i.e. gender, age, education etc).

On the other hand, quotas were determined relevant to the number of residents living in local communities. In doing so, the ratio of number of subjects in each local community to the overall sample is in proportion to the ratio of residents of the local community to the overall number of citizens.

Streets were randomly chosen within the local communities as well as participants (providing they were compatible with the given quotas), who were then interviewed in their homes.

Sociodemografski podaci o ispitanicima

U istraživanju je sudjelovalo ukupno 1.000 ispitanika u dobi od 15 do 93 godine. Prosječna je životna dob ispitanika 46 godina.

Ženskoga je spola 53,3% ispitanih građana, a muškoga 46,7%.

Najveći broj ispitanika ima završenu srednju školu (59%), zatim osnovnu školu (20%), višu školu i fakultet (20%), dok najmanji broj građana ima završen poslijediplomski ili doktorski studij (1%).

S obzirom na radni status, najviše ih je trenutno nezaposleno (53%), zaposleno je 45%, dok povremeno radi 2% ispitanih građana.

Od ukupnog broja zaposlenih najviše ih je zaposleno na neodređeno radno vrijeme (89%), dok 7% radi na određeno radno vrijeme, 3% radi honorarno, a 1% na neki drugi način.

U ukupnom broju nezaposlenih ispitanika, najviše je umirovljenika (61%), potom učenika i studenata (26%), a zatim slijede domaćice (9%) te ostali (4%).

S obzirom na bračni status najviše ispitanih građana je oženjeno, odnosno udano (53%), neoženjeno/neudano je 30% ispitanih građana, 11% su udovci/udovice, a 6% ih je rastavljeno.





Socio-demographic data on the participants

The research involved a total of 1,000 participants aged 15-93 years. Average age of the participants is 46. 53.3% of participants were women and 46.7% were men.

Most participants have secondary school education (59%), followed by those who have completed primary schooling (20%) and those who are college (2 years) and university (4 years) graduates (20%), whereas the smallest number of citizens have a master's degree or a Ph. D. (1%).

Given the work status, most of them are currently unemployed (53%), the working population makes up 45%, while 2% of those interviewed only worked occasionally.

Given the total number of employed, the majority have a permanent position (89%), 7% are temporarily employed, 3% work part-time, and 1% have another form of working agreement.

In the total number of unemployed participants, the majority are the retired (61%), followed by students (26%), housewives (9%), and other (4%).

Given the marital status, most of the participants are married (53%), 30% are single, 11% are widowers/widows, and 6% are divorced.

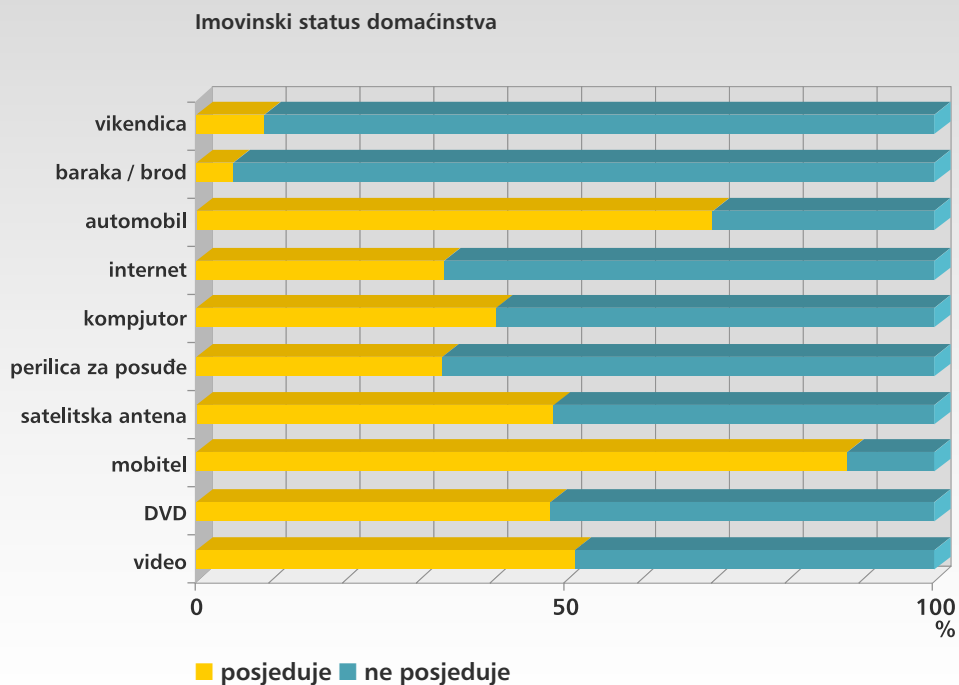
Treba naglasiti da domaćinstva ispitanih građana minimalno imaju jednog, a maksimalno deset članova, odnosno u prosjeku tri člana. U najvećem broju domaćinstva, odnosno u 66% ne živi ni jedno dijete mlađe od 18 godina, dok u 52% domaćinstava živi jedan ili više umirovljenika.

Najveći broj ispitanika živi u stanu u osobnom vlasništvu ili u vlasništvu članova njihove obitelji (85%).

Ukupni troškovi stanovanja (struja, komunalni troškovi, telefon, TV i ostalo) ispitanih građana u prosjeku iznose 1.240,00 kn. Raspon ukupnih mjesečnih troškova kreće se između 55,00 i 9.500,00 kuna.

Prosječan ukupni mjesečni prihod svih članova kućanstva iznosi od 5.000,00 do 6.000,00 kn.

Slijedi prikaz određenih pokazatelja imovinskog statusa domaćinstava ispitanih građana.



Kao što je vidljivo iz grafičkoga prikaza najveći broj domaćinstava posjeduje mobitel, automobil, videorekorder, satelitsku antenu i DVD. Najmanji broj domaćinstava posjeduje barku ili brod, te vikendicu.

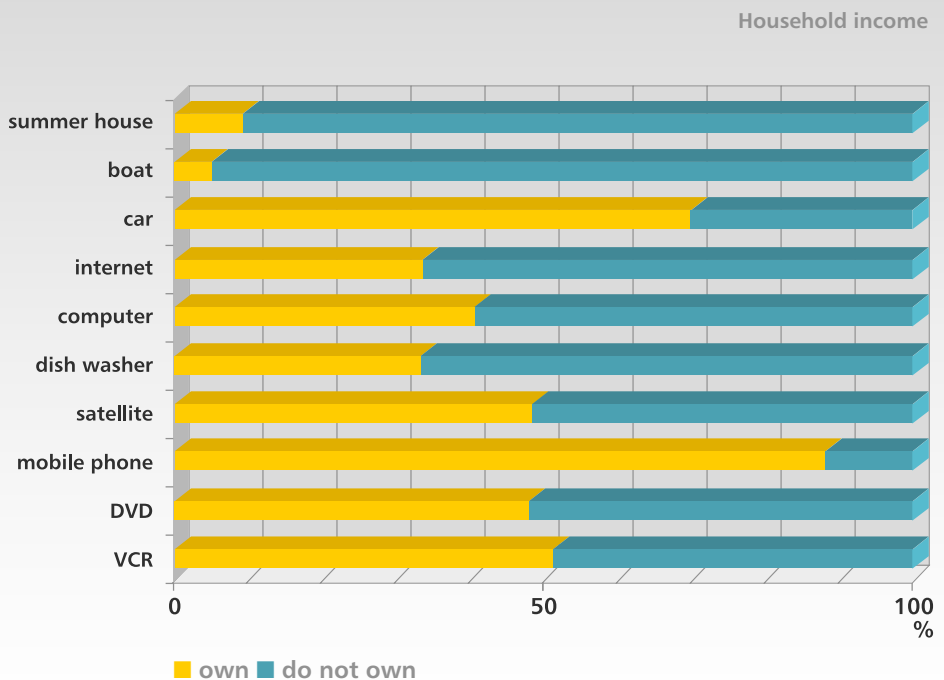
The average number of people living in a household is three. It should be pointed out that participants' households have one member minimum, and ten members maximum. In the largest number of households, i.e. 66% households, there is not a single child younger than 18, whereas in 52% of households there is one or more pensioners.

Most participants live in a flat which they, or other members of their family, own (85%).

The overall cost of living (i.e. electricity bill, utility expenses, phone, TV etc) of the participants is on average ca 170 EUR. The total monthly expenses range from ca 7,5 EUR to ca 1290 EUR.

Average monthly income of all household members ranges from ca 676 EUR to ca 811 EUR.

The following chart shows certain indicators of income of participants' households.



As shown in this chart, most households own a mobile phone, car, video recorder, satellite dish and DVD player. The least number of households own a boat and a summer house.

Zdravstveni status građana i odlasci na preventivne zdravstvene preglede

Prosječna visina ispitanika iznosi 172 cm (raspon visine kreće se od 145 cm do 201 cm). Žene su u prosjeku visoke 166 cm, a muškarci 179 cm.

Prosječna tjelesna težina ispitanika iznosi 75 kg (raspon tjelesne težine ispitanika kreće se od 48 do 127 kilograma). Žene su u prosjeku teške 68 kg, a muškarci 83 kg.

Raspon indeksa tjelesne mase (ITM) kreće se od minimalno 17 do maksimalno 43. Prosječan indeks tjelesne mase iznosi 25.

U sljedećoj tablici prikazani su postoci žena i muškaraca s obzirom na kategorije indeksa tjelesne mase.

žene		muškarci	
interpretacija vrijednosti ITM	% ispitanika	interpretacija vrijednosti ITM	% ispitanika
< 19,1 prenizak	4,8	< 20,7 prenizak	3,9
19,1–25,8 idealan	58,2	20,7–26,4 idealan	54,0
25,9–27,3 malo iznad normale	11,6	26,5–27,8 malo iznad normale	18,4
27,4–32,3 visok	20,6	27,9 – 31,1 visok	18,0
32,3–44,8 previsok	4,8	31,2–45,4 previsok	5,6
> 44,8 izrazito visok	0	> 45,4 izrazito visok	0

Iz prikazanih rezultata može se vidjeti da tek nešto više od polovice ispitanika (58,2% žena i 54% muškaraca) ima idealan indeks tjelesne mase.





Participants' health status and preventive health check-ups

The average height of participants is 172 cm (i.e. height ranging from 145 cm to 201 cm). On average, women are 166 cm tall, whereas men are 179 cm tall.

The average body weight is 75 kg (weight ranging from 48 to 127 kilograms). On average, women weigh 68 kg and men 83 kg.

Body mass index (BMI) ranges from a minimal 17 to a maximum 43. The average body mass index is 25.

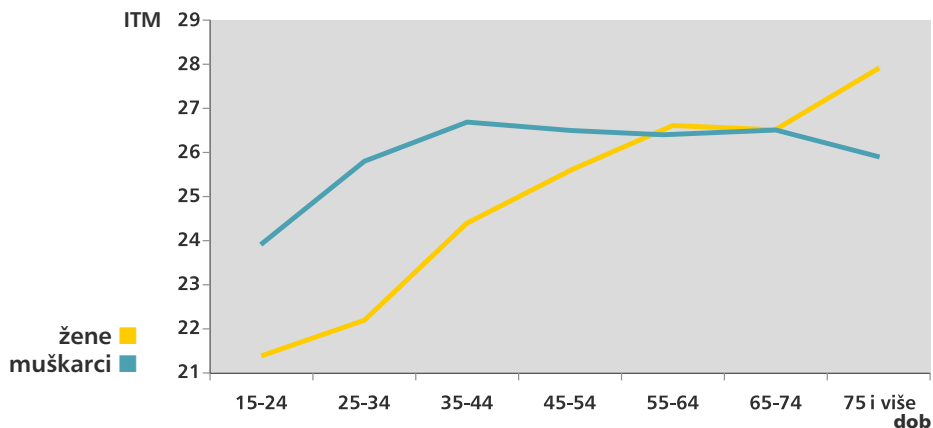
The following table shows men and women with an ideal body mass index and with lower or higher BMI in percentage.

Women			Men		
BMI values		% participants	BMI values		% participants
< 19,1	too low	4,8	< 20,7	too low	3,9
19,1–25,8	ideal	58,2	20,7–26,4	ideal	54,0
25,9–27,3	slightly above normal	11,6	26,5–27,8	slightly above normal	18,4
27,4–32,3	high	20,6	27,9 – 31,1	high	18,0
32,3–44,8	too high	4,8	31,2–45,4	too high	5,6
> 44,8	extremely high	0	> 45,4	extremely high	0

The results demonstrate that just over a half of all the participants (i.e. 58.2% women and 54% men) have an ideal body mass index.

Utvrđena je statistički značajna razlika u indeksu tjelesne mase s obzirom na spol i dob ispitanika. Žene u prosjeku imaju nešto niži indeks tjelesne mase od muškaraca. Također, utvrđeno je da osobe starije životne dobi imaju u prosjeku viši indeks tjelesne mase nego mlađe osobe.

ITM s obzirom na dob i spol

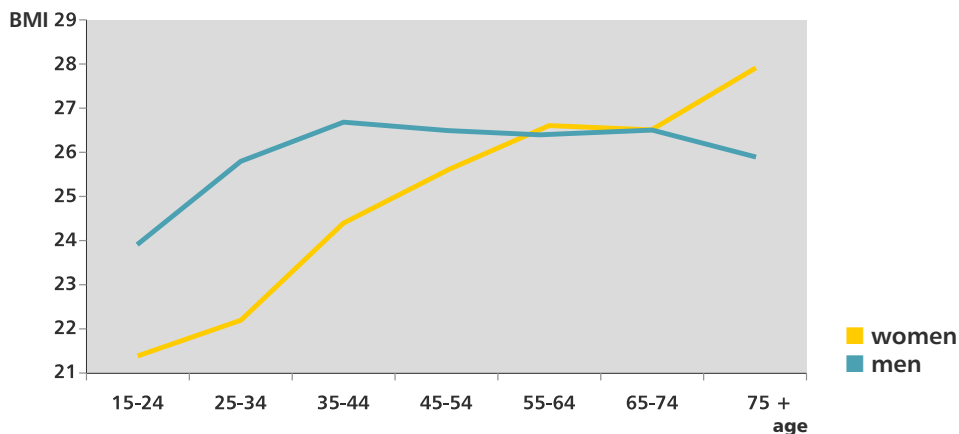


Što se tiče zdravstvenih problema, građani Rijeke navode da najčešće boluju od kroničnih bolesti srca i krvnih žila (npr. visok tlak, srčani infarkt, moždani udar, proširene vene i slično), bolesti mišićno-koštanog i vezivnog tkiva (npr. reuma, bol u križima i sl.), bolesti vezanih uz osjetne organe (npr. bolesti oka, uha, nosa, usta), bolesti dišnog sustava te bolesti probavnog sustava (npr. gastritis, čir na želucu i



A statistically significant difference was established in the BMI relevant to participants' sex and age. On average, women have a slightly lower body mass index than men. In addition, it was established that the elderly have a higher body mass index on average than younger people.

BMI per age and sex



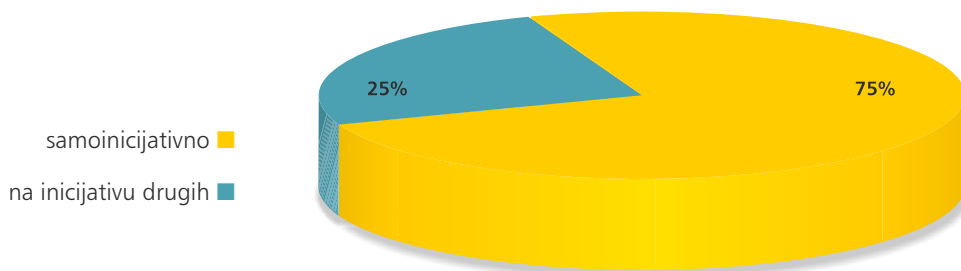
As far as health problems are concerned, the citizens of Rijeka claimed that they are mostly affected by chronic coronary heart diseases (e.g. high blood pressure, coronary arrest, stroke, varicose veins etc), musculoskeletal and connective tissue (e.g. rheumatism, lower-back pain etc), sensory organ diseases (e.g. diseases of eye, ear, nose, and mouth), respiratory system diseases, and digestive system diseases (e.g. gastritis, stomach ulcer etc).



sl.).

Slijedi prikaz čestote obavljanja sistematskih i nekih specifičnih zdrav-

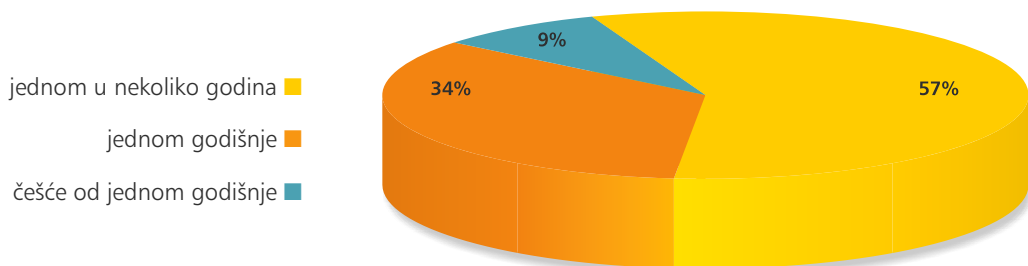
Odlazak na zdravstvene preglede



stvenih pregleda.

Utvrđeno je da većina građana Rijeke (75%) na sistematske zdravstvene preglede odlazi samoinicijativno. Pritom žene češće odlaze na preglede samoinicijativno, a muškarci više u organizaciji škole, fakulteta, poduzeća, sportskog kluba i slično. Također, osobe u dobi od 55 godina i više značajno češće odlaze samoinicijativno na preglede, dok oni mlađe životne dobi češće odlaze na preglede kada te

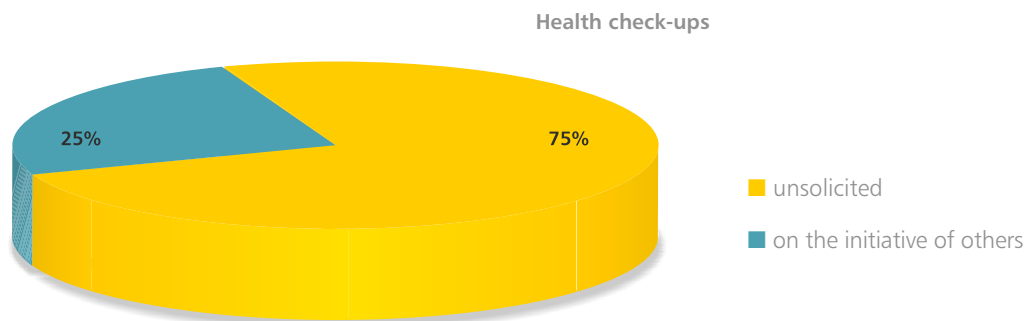
Sistematski zdravstveni pregledi



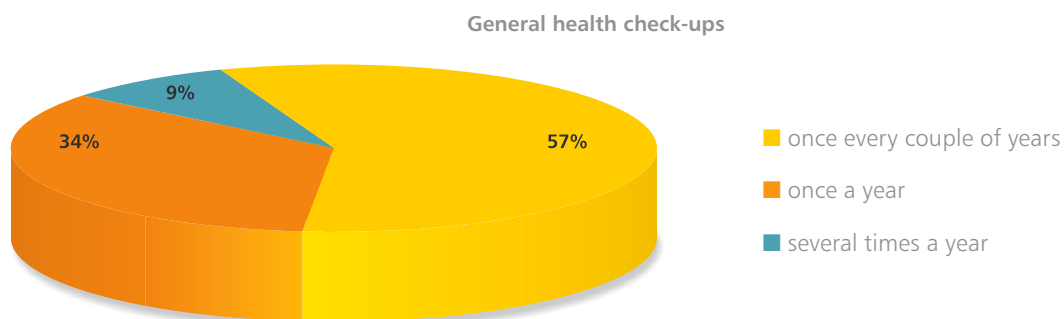
preglede organizira netko drugi.

Na sistematske zdravstvene preglede većina građana odlazi jednom u nekoliko godina. Također, utvrđene su značajne razlike u čestoti odlazaka na sistematske zdravstvene preglede s obzirom na spol i dob ispitanika. Žene najčešće odlaze na preglede jednom godišnje, a muškarci najčešće jednom u nekoliko godina. Najsavjesnije se prema svojem zdravlju, barem što se ovog aspekta brige o zdravlju tiče, odnose osobe u dobi od 55 godina i više, koje najčešće jednom go-

The following chart shows frequency of health check-ups and certain specific health checks.



It has been established that the majority of Rijeka's citizens (75%) attend health check-ups on their own initiative. In this connection, women do it more often, unlike men who mostly attend health check-ups only if organized by school, university, company, sports club and similar. In addition, persons older than 55 years of age are significantly more likely to attend health check-ups unsolicited, whereas the younger population attend them when organised by somebody else.

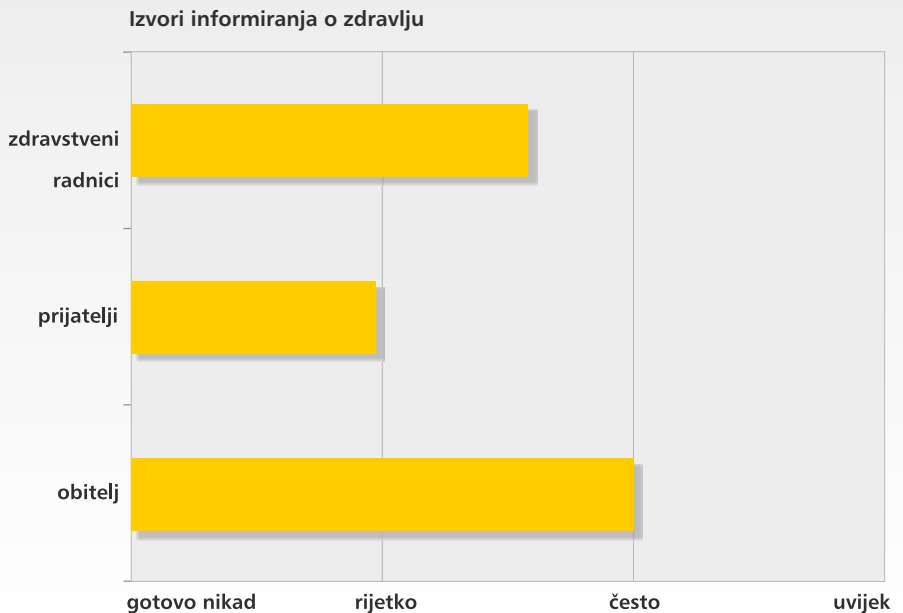


Most citizens attend general health check-ups once every few years. In addition, statistically significant differences have been established related to attending general health check-ups according to sex and age. Women most often attend health check-ups once a year, when compared to men who do it once every couple of years. The most health-conscious, as far as this aspect of health care is concerned, are persons of 55 years of age and older, who attend general health check-ups once a year.

dišnje odlaze na sistematske preglede.

Što se tiče specifičnih zdravstvenih pregleda, najčešće se obavljaju ginekološki pregledi (52,1% žena to čini jednom godišnje ili češće), pregled dojki (48,1% žena to čini jednom godišnje ili češće), stomatološki pregledi (46,1% ispitanika to čini jednom godišnje ili češće), te kontrola krvnog tlaka (45,8% ispitanika to čini jednom godišnje ili češće) i krvi (44,5 ispitanika to čini jednom godišnje ili češće). Građani Rijeke najrjeđe se podvrgavaju pregledima debelog crijeva (64,8% ih nikad nje bilo na pregledu) i štitnjače (62,5% ih nikad nije bilo na pregledu).

Slijedi detaljniji prikaz o načinima na koje se građani Rijeke infor-



miraju o zdravlju.

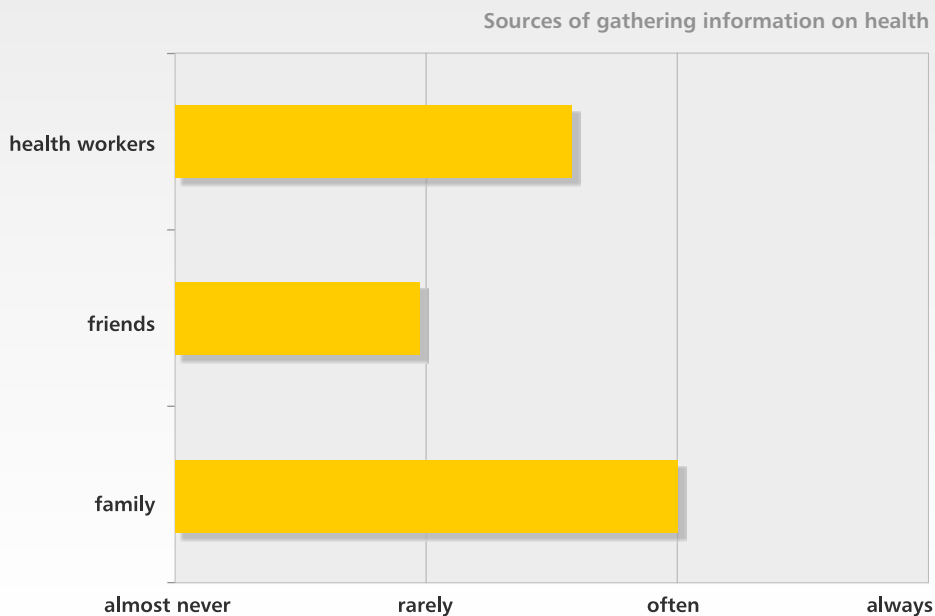
Iz prikazanoga se može vidjeti da građani Rijeke općenito najčešće traže ili dobivaju informacije u vezi sa zdravljem od članova svoje obitelji.

Treba reći da postoje i određene spolne i dobne razlike u načinu informiranja o zdravlju.

Naime, čini se da muškarci i žene u jednakoj mjeri koriste obitelj kao

As far as specific health check-ups are concerned, the most common are: gynaecological (with 52.1% women attending them once a year or more often), breast screening (48.1% women do it once a year or more often), dental (46.1% participants attend them once a year or more often), blood pressure control (45.8% participants do it once a year or more often) and blood tests (44.5 participants do it once a year or more often). Citizens of Rijeka hardly ever have their colon checked (64.8% of all participants have never attended such check-up) or their thyroid gland (62.5% of all participants have never attended such check-up).

The following chart illustrates in detail various ways in which the citizens of Rijeka choose to be informed on health issues.



As illustrated, it is clear that the citizens of Rijeka generally seek or are given information on health by their family members.

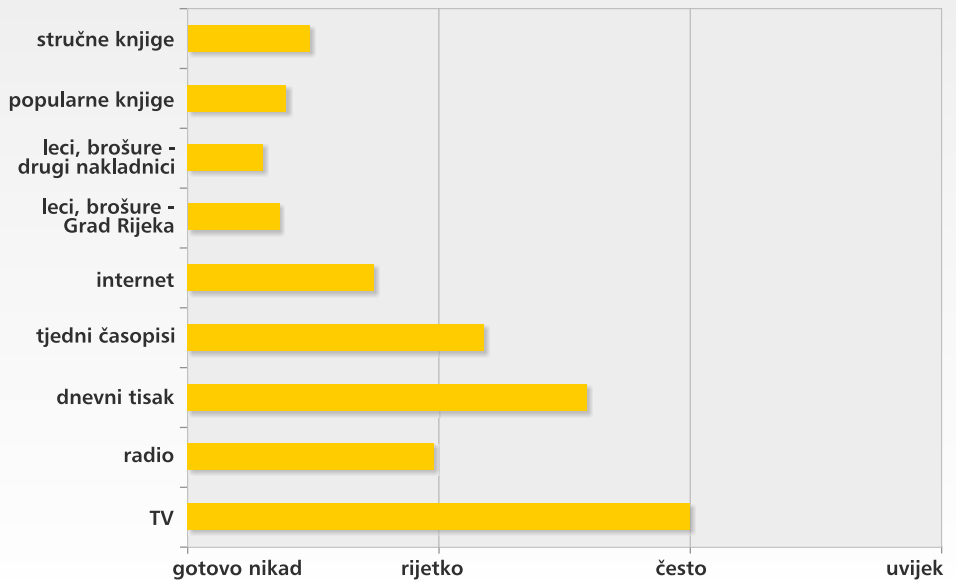
It should be pointed out that there are certain differences in age and sex in gathering information on health.

Namely, men and women equally appear to use family as a source of gathering information on health. However, with an increase in age, this source is rarely used. The situation is the same when using friends as a source of health information. It seems that as one ages, it brings

izvor informacija o zdravlju, međutim s porastom dobi taj se izvor sve rjeđe koristi. Slično je i kad su prijatelji izvor informacija o zdravlju. Čini se da s višom dobi opada povjerenje u informacije koje prenose ta dva izvora informiranja.

Međutim, povjerenje u liječnike kao izvore informacija podjednako je i kod mladih i kod starijih ispitanika, pri čemu žene češće koriste

Sredstva informiranja o zdravlju

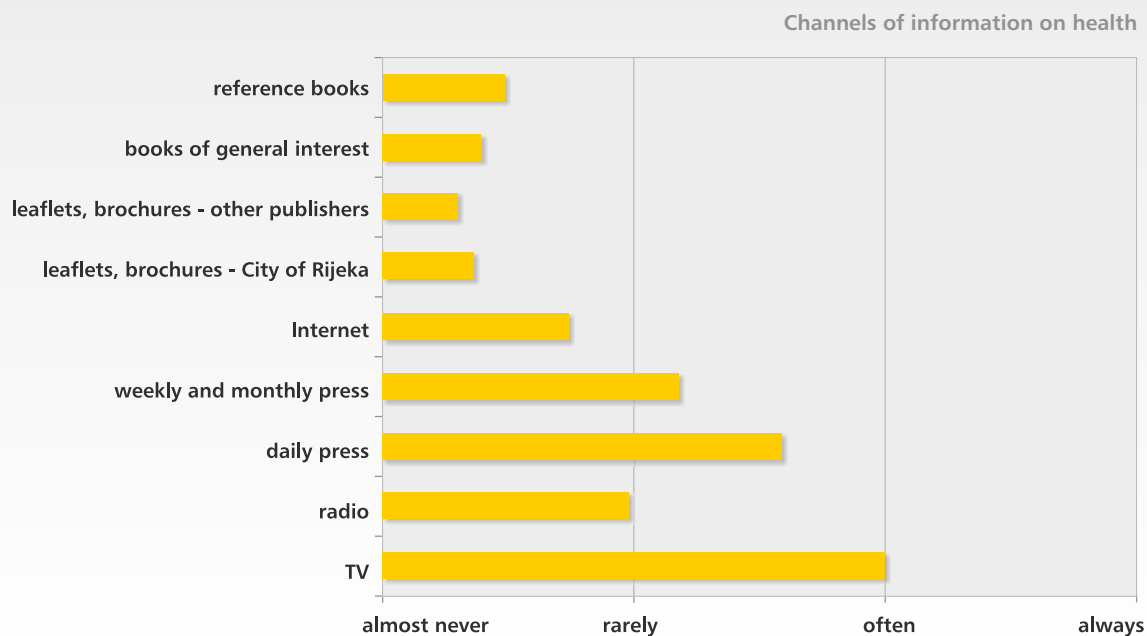


Što se tiče sredstava informiranja, podaci sugeriraju da se građani Rijeke najčešće informiraju o zdravlju putem televizijskih programa.



a lack of confidence in information gleaned by those two sources of information.

However, confidence in health workers as sources of information is the same among young and older participants, and women tend to use this resource for keeping themselves informed on health more often than men.



As far as channels of information are concerned, the data suggest that the citizens of Rijeka are most often informed by means of television programmes.



Putem televizije muškarci i žene podjednako se često informiraju o zdravlju, pri čemu se stariji ispitanici putem tog medija rjeđe informiraju u odnosu na mlađe ispitanike.

Putem radijskih programa, o zdravlju se muškarci i žene podjednako često informiraju, međutim, stariji ispitanici se u odnosu na mlađe češće informiraju na taj način.

Putem dnevnog tiska, muškarci i žene podjednako se često informiraju, ali se zato na taj način osobe srednje životne dobi češće informiraju u odnosu na mlađe i starije ispitanike.

Što se tiče učestalosti služenja internetom kao sredstvom informiranja o zdravlju, muškarci i žene se ne razlikuju, ali se zato mlađe osobe češće koriste tim sredstvom informiranja. Međutim, u svrhu informiranja o zdravlju tjednim se i mjesečnim tiskom češće koriste žene. Također, mlađe se osobe više koriste tim oblikom informiranja.

Letke, brošure i sličan tiskani promidžbeni materijal o zdravlju češće rabe žene.

Žene češće od muškaraca čitaju popularne i stručne knjige radi informiranja o zdravlju. Mlađe se od starijih osoba ne razlikuju u čestoti korištenja letaka i knjiga kao načina informiranja o zdravlju.



Both men and women are equally informed on health via television, whereas older participants are rarely informed by this medium on this subject, when compared with younger participants.

Men and women are equally informed on health by radio programmes; however, older participants are more often informed by this medium than the younger population.

Men and women are equally informed by the daily press, but middle-aged persons are more often informed in this way than younger or older participants. Ageing brings a noticeable decline in the use of this medium of obtaining information on health.

As far as frequency of using the Internet as a means of keeping informed on health is concerned, there is no difference between men and women, but younger people more often use this channel of information. However, weekly and monthly press is more used by women in order to obtain more information on health. In addition, this means of information is more commonly used by younger people as well.

Flyers, brochures and similar promotional health-related material is more often used by women.

Unlike men, they also use reference books and books of general interest in order to be informed on health. There is no difference between younger and older people when it comes to flyers and books as ways of being informed on health.







Rezultati i smjernice za preventivne programe

Results and Guidelines for Preventive Measures

Tjelesna aktivnost

Redovito vježbanje kao i pravilna prehrana popularne su teme u svakodnevnom razgovoru, zbog njihove općepoznate važnosti za kvalitetu, pa čak i dužinu života.

Pa, ipak, gotovo je polovica odrasle populacije u industrijaliziranim zemljama nedovoljno tjelesno aktivna, a zabrinjava i to što većinu svojega slobodnog vremena provode sjedilački, pretežito gledajući televizijske programe ili na sličan način (npr. čitanje, slušanje glazbe, odmaranje, razgovor telefonom i sl.).

Mnogobrojni znanstveni dokazi govore u prilog tome da je tjelesna aktivnost nesumnjivo vrlo važna u primarnoj i sekundarnoj prevenciji bolesti, kao što su primjerice hipertenzija, osteoporoza, dijabetes i neke vrste karcinoma.

Što se tiče psihosocijalne dobrobiti, vježbanje i tjelesna aktivnost općenito pridonose smanjenju osjećaja stresa i simptoma depresivnosti i anksioznosti, poboljšavaju radni učinak i jačaju samopouzdanje (posebno kod djece).

Najveća dobrobit za zdravlje dolazi od aerobnih fizičkih aktivnosti (npr. aerobika, vrtlaranje, lov, biciklizam, penjanje uza stube, plivanje, trčanje i brzo hodaње). Većina zdravstvenih organizacija, kao i fitness-klubova preporučuje intenzitet tjelesne aktivnosti kojim se tjedno troši minimalno 1.000 kcal ili 4.200 kJ, pri čemu veća potrošnja energije donosi još veću dobrobit za zdravlje.



Vježbanje nosi i neke rizike za zdravlje, prije svega od ozljeda kostiju i mišića, koje se najčešće događaju osobama koje ne vježbaju redovito ili početnicima. Većina nezgoda događa se zbog prenaprezanja ili zbog neprimjerenih uvjeta za vježbanje. Primjerice, predugo vježbanje pri velikoj vrućini može izazvati simptome vrtoglavice, ubrzanja i slabljenja jačine pulsa i glavobolje, a u najgorim slučajevima može dovesti i do moždanog ili srčanog udara.

Hoćemo li vrijeme provoditi baveći se nekom tjelesnom aktivnošću ili na neki od spomenutih sjedilačkih načina ponašanja, ovisno je prije svega o čimbenicima osobne prirode (npr. nedostatak vremena, radne i obiteljske obveze, užitak koji nam predstavljaju, te osobni interesi i sl.) ili onima iz okoline (vremenske prilike, godišnje doba, cijena).

Physical activity

Regular exercise and a healthy diet are popular topic in everyday conversation, due to their obvious importance for a better, and even longer, life.

Still, almost half of the adult population in industrialised countries is physically inactive. It is a worrying fact that these people spend most of their free time leading a sedentary lifestyle, watching television or doing something else (e.g. reading, listening to music or radio, relaxing, resting, talking on the phone etc).

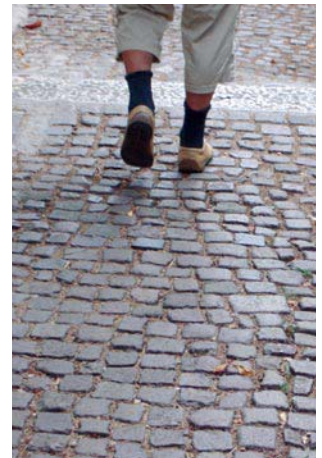
A wealth of scientific evidence speaks in favour of physical activity as it is undoubtedly of exceptional importance in primary and secondary prevention of chronic diseases such as hypertension, osteoporosis, diabetes and carcinoma.

As far as psychosocial welfare is concerned, exercise and physical activity in general contribute to reducing stress and symptoms of depression and anxiety; it increases work effectiveness and builds self-confidence (especially with children).

The greatest health benefit comes from physical activities characterized by high intensity, long duration and high endurance (e.g. aerobics, gardening, hunting, cycling, climbing up the stairs, swimming, running and brisk walking). Most health organisations, as well as fitness clubs, recommend an intensity of physical activity which burns at least 1000 Kcal or 4.200 kJ a week, as greater energy consumption means even greater health benefit.

Exercise has also certain health risks. Firstly, there are bone and muscle injuries, which mostly occur to persons who do not exercise regularly or to beginners. Most injuries happen due to overstraining or inadequacy of certain exercising conditions. Exercising for too long in strong heat, for example, can cause dizziness, speed up and weaken pulse, cause headache, and in the worst cases, it can lead to stroke or heart attack.

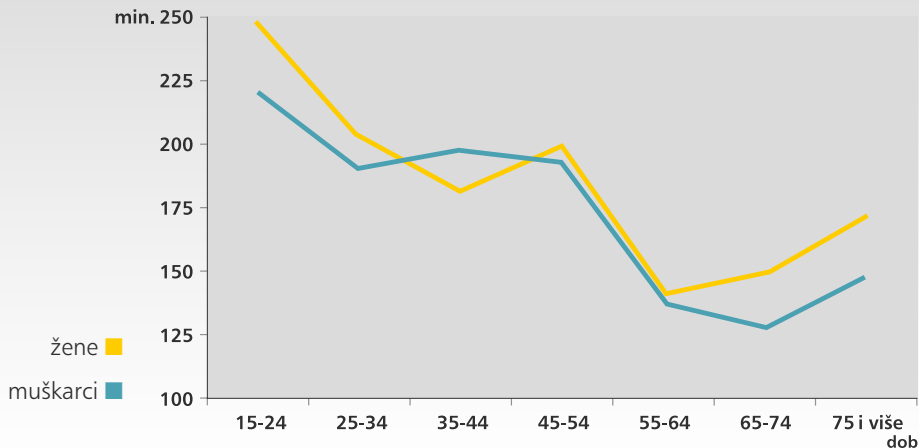
Whether we spend our time doing any physical activity or we choose sedentary behaviour, it mainly depends on obstacles of a personal nature (e.g. lack of time, work and family responsibilities, the enjoyment it represents, personal interest etc) or those triggered by the environment (i.e. weather, seasons, prices).



Kakve su navike Riječana, pokazuju sljedeći rezultati.

U prosjeku građani Rijeke provode dnevno nešto više od tri sata (185 minuta) na neki od sjedilačkih načina. Raspon vremena koje građani provode na ovakav način kreće se od 0 do 560 minuta dnevno.

Sjedilačko provođenje vremena s obzirom na spol i dob



Žene tijekom dana više vremena provode sjedilački nego muškarci. Isto tako mlađi od 55 godina više vremena dnevno provode sjedilački nego oni stariji od te dobi. Pri tome treba naglasiti da najmlađa dobna skupina (15-24 godina) značajno više vremena u odnosu na sve ostale dobne skupine provodi sjedilački.

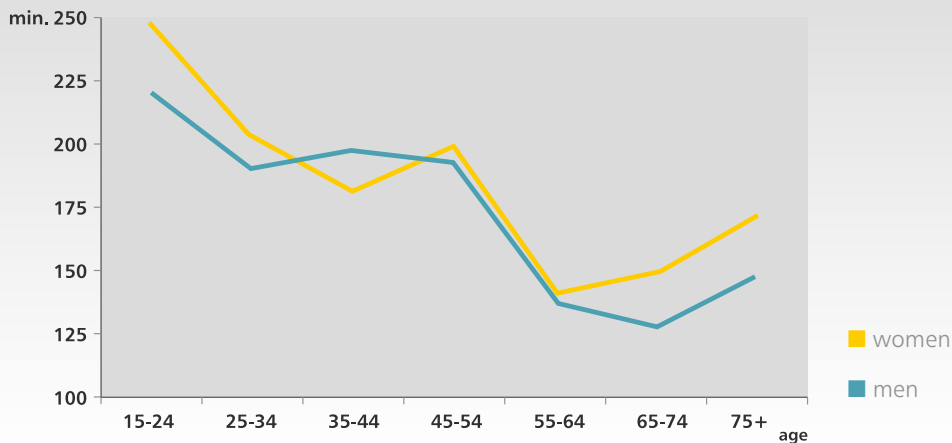
Žitelji pojedinih gradskih dijelova također se međusobno razlikuju u količini vremena kojeg provode sjedilački. Žitelji Drenove u prosjeku



The following results tell us more about the habits of Rijeka’s citizens.

On average, the citizens of Rijeka spend somewhat more than three hours a day (i.e. 185 minutes) involved in a sedentary pastime. Range of time which citizens spend in such way ranges from 0 to 560 minutes a day.

Time spent on sedentary pastimes



Women spend more time a day in sedentary pastimes than men, as do also participants younger than 55 years of age in comparison to people older than that. In this connection, the youngest age group (i.e. 15-24 years of age) spends significantly more time being inactive than all the other age groups.

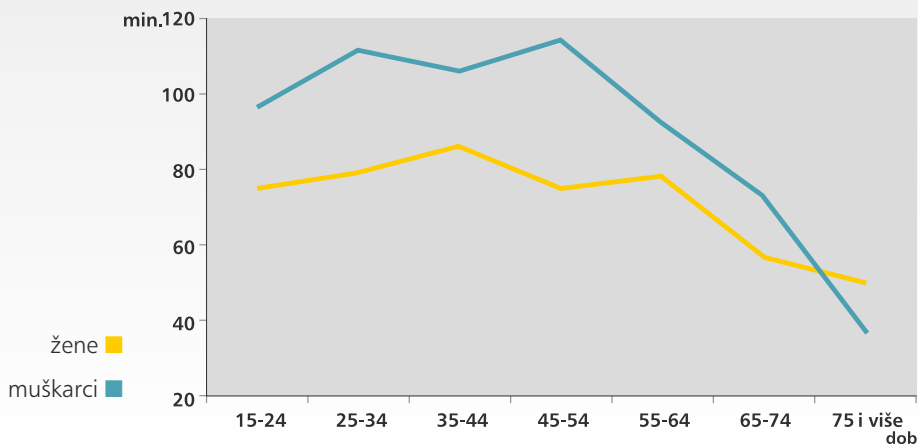
Inhabitants of certain city areas also differ in terms of the time they spend being inactive. On average, inhabitants of Drenova spend sig-



značajno više vremena provode na taj način nego žitelji gradskoga središta, Pehlina, Škurinja i Martinkovca-Drnjevića. Međutim, od žitelja se drugih dijelova grada (Sušačka draga-Sv. Kuzam, Kozala-Pulac, Sušačko područje, Orehovica-Pašac i Podmurvice-Preluk) značajno ne razlikuju u vremenu koje provode u sjedilačkim aktivnostima. Razloge ovim razlikama u navikama provođenja vremena na sjedilačke načine trebalo bi posebno istražiti.

Građani Rijeke u prosjeku se dnevno bave nekim oblikom tjelesnih aktivnosti (npr. pješačenje, vrtlarjenje, različite sportske aktivnosti itd.) 85 minuta, odnosno gotovo sat i pol. Raspon vremena koje građani provode na ovakav način kreće se od 0 do 450 minuta dnevno.

Aktivno provođenje vremena s obzirom na spol i dob



Muškarci su značajno više vremena tjelesno aktivni tijekom dana u odnosu na žene.

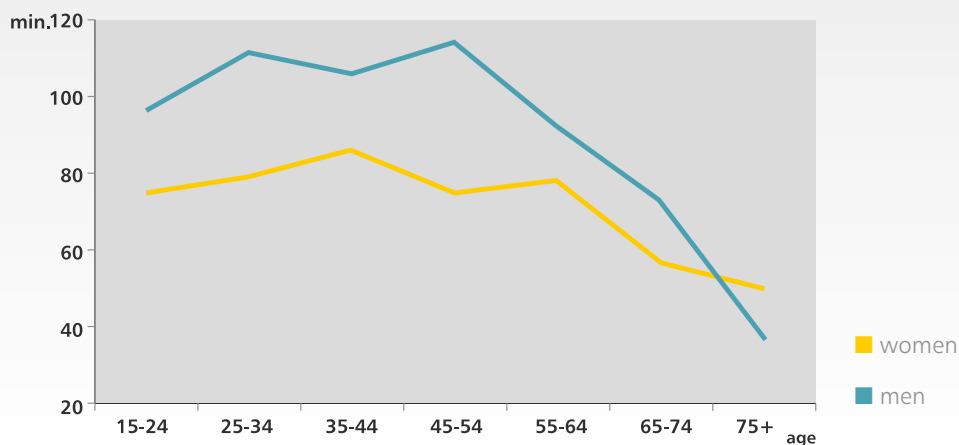
Građani u dobi od 65 godina naviše značajno manje vremena provode baveći se nekom tjelesnom aktivnosti nego osobe mlađe od njih.

Što se tiče tjelesno aktivno provedenog vremena i dijela grada u kojem netko živi, utvrđeno je da žitelji Orehovice-Pašca značajno više vremena provode aktivno u odnosu na žitelje Podmurvica-Preluka, Kozale-Pulca, Drenove, Sušačkog područja, Škurinja, Pehlina i Martinkovca-Drnjevića a podjednako često kao žitelji Sušačke drage-Sv.Kuzma i užega gradskoga središta. Koji su razlozi tome (npr. socio-demografske karakteristike stanovništva, prometna povezanost

nificantly more time being inactive than people living in the city centre, Pehlin, Škurinje and Martinkovac-Drnjevići. However, they do not differ significantly from the inhabitants of other city areas (i.e. Sušačka draga-Sv. Kuzam, Kozala-Pulac, the area of Sušak, Orehovica-Pašac and Podmurvice-Preluk), according to the time they spend on sedentary pastimes. Reasons for such differences in habits of spending time in a sedentary fashion should be further investigated.

On average, the citizens of Rijeka spend 85 minutes a day doing some form of physical activity (e.g. walking, gardening, various sport activities etc), i.e. an hour and a half. The amount of time citizens spend in such way varies from 0 to 450 minutes a day.

Active time according to sex and age



Men spend significantly more time being physically active during the day than women.

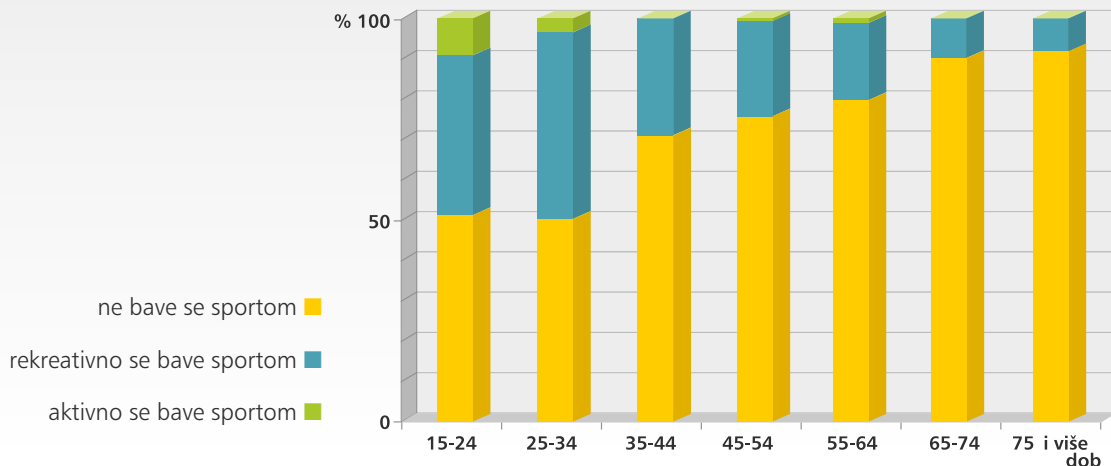
Citizens of 65 years of age and older spend significantly less time doing a physical activity than the younger population.

As far as the active time and city area in which one lives is concerned, it has been established that the inhabitants of Orehovica-Pašac spend significantly more time being active than the inhabitants of Podmurvice-Preluk, Kozala-Pulac, Drenova, the area of Sušak, Škurinje, Pehlin and Martinkovac-Drnjevići, but equal amount of time as the inhabitants of Sušačka draga-Sv.Kuzam and the immediate city centre. Reasons for that (e.g. socio-demographic features of population, road

sa središtem grada, dostupnost zelenih površina i dvorana za vježbanje i sl.), trebalo bi također dodatno istražiti.

Od ukupnog broja ispitanika, samo se 29% ispitanika obaju spolova bavi sportom bilo rekreativno bilo aktivno. Žene se rjeđe bave sportom i rekreativno i aktivno u odnosu na muškarce.

Bavljenje sportskom aktivnošću s obzirom na dob



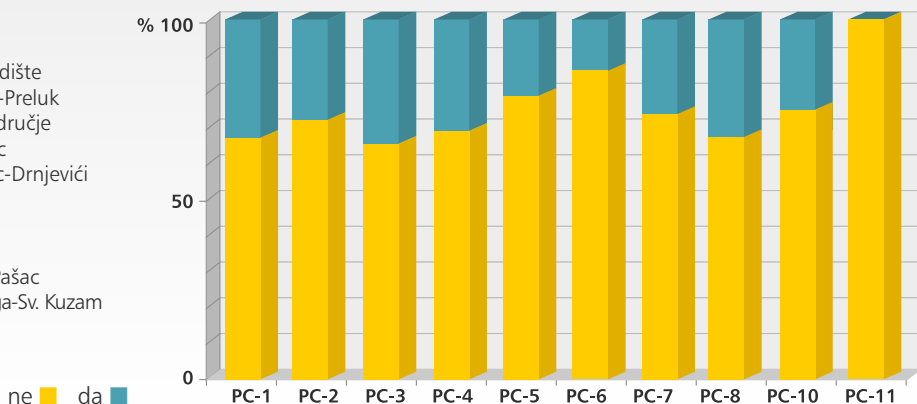
Utvrđena je statistički značajna razlika u bavljenju sportskim aktivnostima i s obzirom na dob ispitanika. S porastom dobi građani se sve manje aktivno i rekreativno bave sportom.

Međutim, što se tiče udjela osoba koje se bave organiziranim rekreativnim ili sportskim aktivnostima, nisu utvrđene statistički značajne razlike s obzirom na dio grada u kojem stanuju.

Bavljenje rekreacijom/sportom žitelja pojedinih dijelova grada

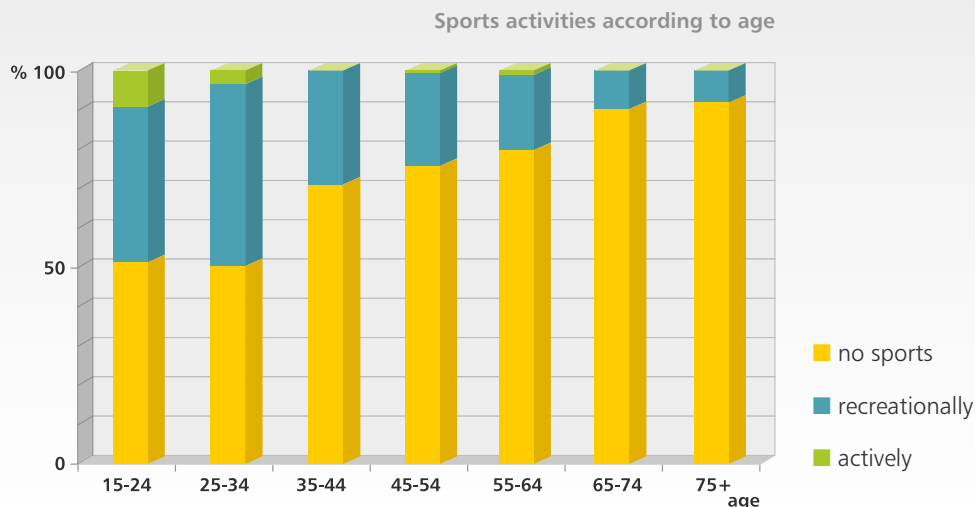
Prostorna cjelina

- PC-1 Gradsko središte
- PC-2 Podmurvice-Preluk
- PC-3 Sušačko područje
- PC-4 Kozala-Pulac
- PC-5 Martinkovac-Drnjevići
- PC-6 Pehlin
- PC-7 Škurinje
- PC-8 Drenova
- PC-10 Orehovica-Pašac
- PC-11 Sušačka draga-Sv. Kuzam



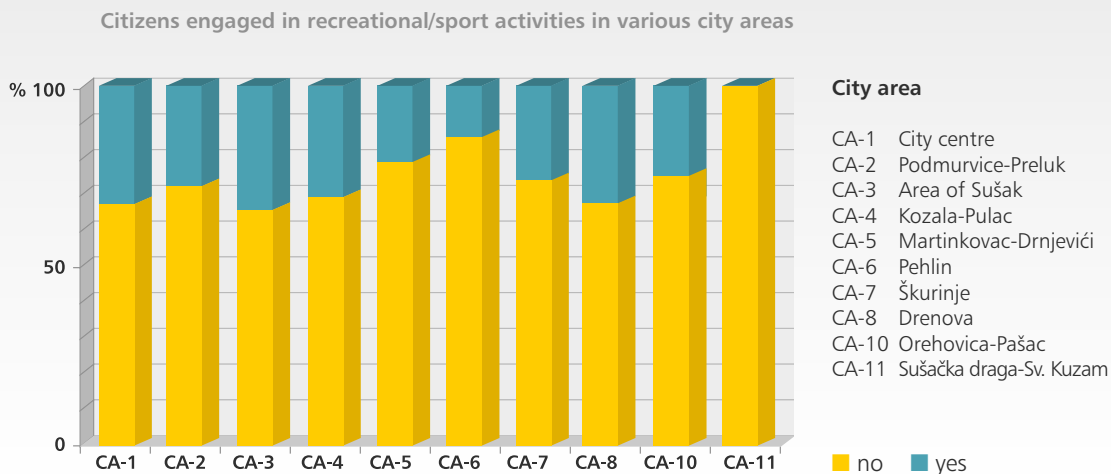
communications with the city centre, availability of green areas and gyms, etc) should be further investigated.

Of the total number of participants, only 29% of them of both sexes do sports recreationally or actively. Women do less sport both recreationally or actively, when compared to men.



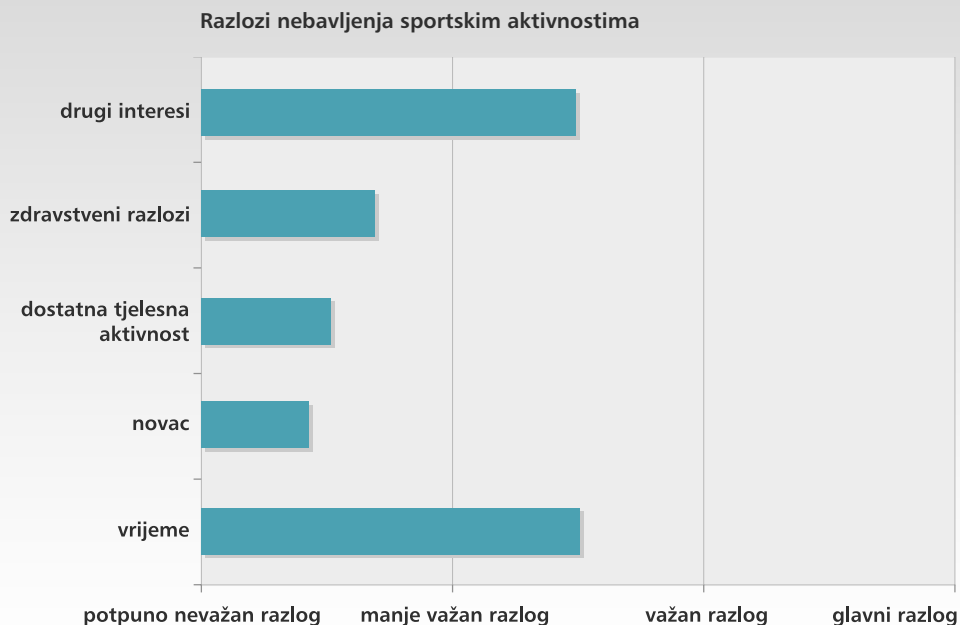
A statistically significant difference has been established in doing sport that is age related as well. With age, citizens tend to become less actively and recreationally involved in sport.

However, as far as the ratio of people doing organised recreational or sport activities is concerned, no statistically significant differences have been established given the city area they live in.



Ispitanici koji se bave sportskim aktivnostima, najčešće se njima bave tri puta tjedno. Pri tome sportska aktivnost (treening) traje u prosjeku sat i pol vremena. Utvrđene su značajne razlike u broju tjednih treninga s obzirom na spol i dob ispitanika. Žene sportašice, odnosno *rekreativke* češće imaju treninge tijekom tjedna nego muškarci sportaši i *rekreativci*. Što se tiče dobi, osobe srednje životne dobi (koje se bave sportskim aktivnostima) imaju manji broj tjednih treninga od onih najmlađe životne dobi i starijih osoba koje se bave sportom bilo rekreativno bilo aktivno.

Nisu utvrđene statistički značajne razlike u trajanju pojedinačnih treninga s obzirom na dob i spol ispitanika što eventualno može upućivati na bavljenje organiziranim tipom vježbanja u dvoranama, karakterističnom za gradske sredine, gdje je trajanje sportskih aktivnosti vremenski determinirano.



Ispitanici koji se ne bave sportskim aktivnostima navode da je razlog tome najčešće nedostatak vremena ili zbog toga što imaju neke druge interese.

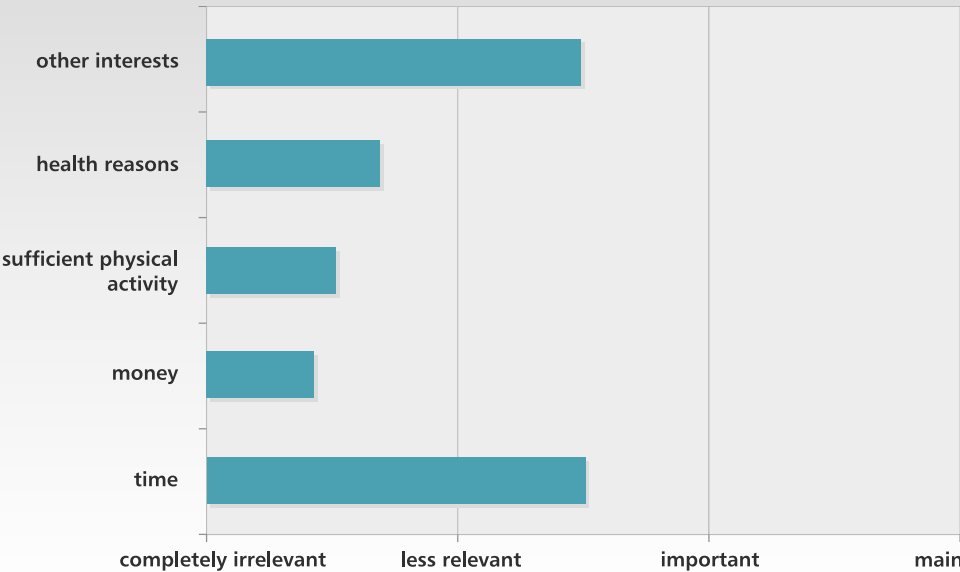
Pritom je utvrđeno da stariji ispitanici nedostatak vremena smatraju manje važnim razlogom svojega nebavljenja sportskim aktivnostima u odnosu na mlađe ispitanike. Nedostatak novaca također je s po-

Participants doing sports activities do these at least three times a week. In this connection, the sport activity (training) is an hour and a half long on average. Statistically significant differences have been established regarding the number of weekly training with respect to participants' age and sex. Female athletes, i.e. 'recreationalists', have training more often during the week than male athletes and 'recreationalists'. As far as age is concerned, middle-aged people who do various sports have less weekly training than the young and the elderly who do sports recreationally or actively.

No statistically significant differences in duration of certain trainings with respect to age and sex of participants have been established, which possibly indicates involvement in organised exercising in gyms – typical of urban areas where doing sport activities is determined by time.



Reasons for non-involvement in sport activities



Participants not doing any sport activities stated that the reason is mainly due to lack of time or some other interests.

It has been established that older participants consider lack of time to be a less important reason for not doing sport, unlike the younger participants. Lack of money is also a less important factor for non-

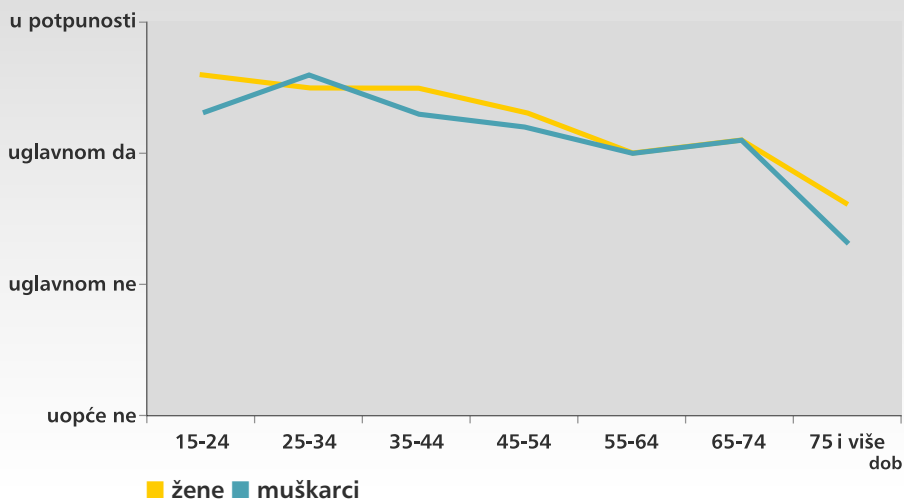


rastom dobi sve manje važan razlog nebavljenja sportom. Međutim, u kasnijoj dobi zdravstveni razlozi postaju sve važniji za nečije ne-bavljenje sportom. Naime, u dobi od 45 do 54 godina života i najviše taj razlog postaje sve važnijim za nečije nebavljenje tjelesnom aktivnošću. Također, muškarci i žene, odnosno mladi i stari značajno se razlikuju u isticanju da je razlog njihovu nebavljenju sportskim aktivnostima postojeća (svakodnevna) tjelesna aktivnost. Muškarcima je više no ženama to razlog što se ne bave nekom sportskom aktivnošću, kao i mlađim osobama općenito. Nije utvrđena statistički značajna razlika ni s obzirom na spol ni na dob kod navođenja kojega drugog interesa kao razloga nebavljenju sportskom aktivnošću.

Treba reći da oni koji se bave nekom organiziranom tjelesnom aktivnosti (rekreacija ili aktivno bavljenje sportom) imaju statistički značajno niži indeks tjelesne mase u odnosu na one koji se ne bave takvim aktivnostima što ukazuje da bi u kontekstu očuvanja zdravlja i prevencije bolesti trebalo poticati građane na organizirano bavljenje sportskim aktivnostima.

Slijede podaci o percepciji informiranosti građana o negativnim i pozitivnim učincima tjelesne neaktivnosti, odnosno aktivnosti na njihovo zdravlje.

Informiranost o učincima tjelesne (ne)aktivnosti na zdravlje

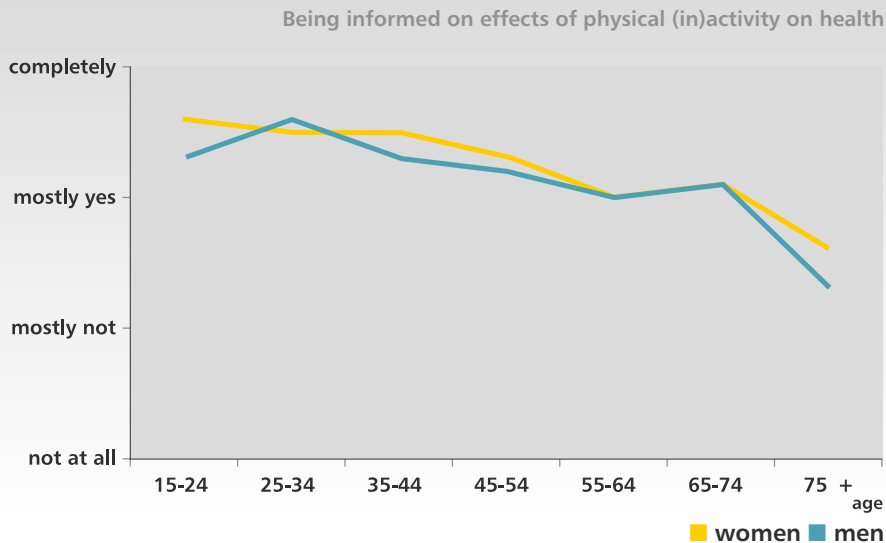


Općenito gledajući, građani se smatraju **uglavnom** obaviještenima o mogućim posljedicama tjelesne (ne)aktivnosti na zdravlje. Nije utvrđena razlika u percepciji obaviještenosti o mogućim pozitivnim i negativnim učincima tjelesne aktivnosti, odnosno neaktivnosti na zdravlje

involvement in sport as the age increases. However, in later age health reasons become more important in the context of doing sport. Namely, in the 45-54-plus age range, this reason becomes more important for physical inactivity. Furthermore, men and women, the young and the old differ significantly in the extent to which the reason for their physical inactivity is their present (everyday) physical activity. This reason for physical inactivity is more important to men than to women, and to the younger population in general. There has not been a statistically significant difference established that is sex or age related when stating some other interests as reasons for non-involvement in a sport activity.

It should be pointed out that people involved in some organized physical activity (i.e. recreational activities, doing sports actively) have a body mass index which is significantly less than those who do not undertake such activities, thus indicating that within the context of maintaining good health and preventing illnesses, citizens should be encouraged to participate in organized sport activities.

The following chart shows how informed the citizens are when it comes to negative and positive effects of physical inactivity/activity on their health.



In general, citizens consider themselves mostly informed on possible effects of physical (in)activity on health. A difference in awareness of the possible positive and negative effects of physical activity/inactivity on health between men and women has not been established.

između žena i muškaraca. Međutim mlađe osobe smatraju se obavještenijima o spomenutim učincima u odnosu na stariju populaciju.



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Rezultati istraživanja pokazali su da žene s obzirom na dnevnu količinu tjelesne aktivnosti možemo smatrati najugroženijom skupinom. One se zbog različitih razloga rjeđe bave sportom i rekreacijom, a i njihove aktivnosti pretežito su sjedilačkog tipa. Pored te skupine, nedovoljna tjelesna aktivnost karakterizira i građane srednje i starije dobi, te bi stoga različite intervencije s ciljem povećanja tjelesne aktivnosti trebale biti usmjerene prvenstveno tim trima navedenim skupinama. Iako se mlađe osobe trenutno najviše bave sportom i rekreacijom, kod njih je moguće očekivati pad tih aktivnosti s dobi, te je ta skupina također zanimljiva kada govorimo o prevenciji.

However, younger people consider themselves more informed on the aforementioned effects, when compared with the older population.

Given the daily amount of physical activity, the research results indicate that women may be considered the most endangered group. Due to various reasons, they rarely take part in sport and recreation, and their activities are mainly sedentary. Along with this group, insufficient physical activity is typical of the middle-aged group and the elderly citizens. Therefore, various interventions aiming at increasing physical activity should be directed towards those three groups. Although younger people at the moment do most sports and recreational activities, a decline of those activities among them in time is to be expected as well. In addition, this group is very interesting when dealing with prevention.

Certain gaps in physical activities have been noticed when taking into consideration certain city areas. Thus, interventions ought to be planned firstly in those zones which are marked by lower physical activity.

Considering certain results of important research studies dealing with health, as well as relevant health organisations (e.g. U.S. Department of Health and Human Services, 1996), it is necessary to increase the number of adolescents and younger adults who do sport more intensely (i.e. twenty minutes and more), three or more days a week, in order to prevent adverse health consequences. Furthermore, it is necessary to increase the number of elderly who do a moderate physical activity (i.e. 30 minutes a day). It is important to bear in mind that the most favourable effects on health can be expected when doing aerobic activities, such as basketball, cycling, running, skiing, skateboarding, tennis, brisk walking, swimming etc.



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Neujednačenost u bavljenju tjelesnim aktivnostima uočena je i s obzirom na pripadnost pojedinim gradskim područjima, iz čega proizlazi da bi intervencije trebalo planirati najprije u zonama koje karakterizira niža tjelesna aktivnost.

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Uzevši u obzir rezultate poznatijih istraživačkih studija koje se bave zdravljem kao i važnijih zdravstvenih organizacija (npr. *U. S. Department of Health and Human Services*, 1996) u svrhu prevencije negativnih zdravstvenih ishoda potrebno je povećati broj adolescenata i mlađih odraslih ljudi koji se intenzivnije bave tjelesnom aktivnošću tri ili više dana u tjednu te povećati broj starijih osoba koje se dnevno bave umjerenom tjelesnom aktivnošću (u trajanju oko 30 minuta). Pri tome treba voditi računa da se najpovoljniji učinci na zdravlje mogu očekivati kod aerobnih aktivnosti kao što su: košarka, biciklizam, trčanje, skijanje, skejtanje, tenis, brzo hodanje, plivanje i sl.

Među osnovnim metodama koje mogu pridonijeti poboljšanju tjelesne aktivnosti građana mogu se preporučiti adekvatnije informiranje te povećanje dostupnosti prostora za sport i rekreaciju. Informiranje građana trebalo bi biti fokusirano na važnost navedenih aktivnosti za zdravstvene ishode, a od izvora informiranja najbolje je koristiti stručnjake koji se bave zdravljem kao što su: liječnici opće prakse, liječnici specijalisti, kineziolozi, fizioterapeuti i sl. Pored tih putova informiranja preporučljivo je koristiti i kraće tiskane materijale.

Povećanje dostupnosti prostora namijenjenih sportu i rekreaciji nameće se kao još jedna od važnih strategija koja može poboljšati bavljenje građana tjelesnim aktivnostima.

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Some basic recommendations that can improve physical activity of our citizens could include more adequate ways of informing and making sports and recreational facilities more available. Keeping citizens informed should focus on the importance of those activities to health. As far as sources of information are concerned, it is best to use health experts (i.e. general practitioners, specialist doctors, kinesiologists, physiotherapists, etc). Using counselling centres and shorter promotional material along with those sources of information is also recommended.

Making sports facilities more available is another crucial strategy that can stimulate citizens to do more physical activities. Therefore, it is important to analyse this problem in cooperation with other city departments (i.e. those which supervise sports facilities) which could ensure availability of the facilities.



Prehrana

Kroz najduži dio svoje povijesti ljudska je vrsta jela ono što raste u neposrednoj okolini i stoga je dostupnost bila glavna odrednica čovjekove prehrane. S razvojem tehnologije te mogućnosti očuvanja hrane i njezina transporta većina nam je hrane gotovo stalno dostupna. To znači da su prevladale druge odrednice načina prehrane: biološke, kulturne i psihološke.

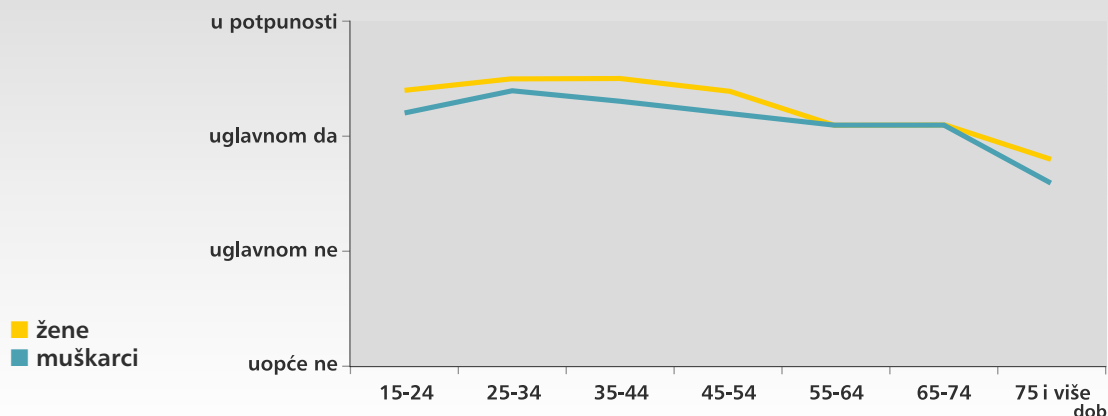
U današnje su vrijeme u razvijenom svijetu problemi s prehranom uglavnom povezani s prekomjernim unošenjem hrane općenito ili s prekomjernim unošenjem određenih sastojaka hrane (masti, soli, šećera i slično). Jednostavnije rečeno, obolijevamo jer se hranimo preobilno ili neuravnoteženo.

Pogrešne prehrambene navike povezane su s bolestima srca i krvotoka, dijabetesom, karcinomom i drugim bolestima.

Moramo zaključiti kako prehranu treba ozbiljno pratiti i promišljati.

Slijede rezultati o percepciji informiranosti građana u vezi s pozitivnim i negativnim učincima prehrambenih navika na zdravlje.

Informiranost o učincima prehrane



Općenito, ispitanici se smatraju *uglavnom* informiranima o mogućim negativnim i pozitivnim posljedicama prehrane. Žene se smatraju informiranijima o tim posljedicama u odnosu na muškarce, kao i mlađi u odnosu na starije ispitanike.

Diet

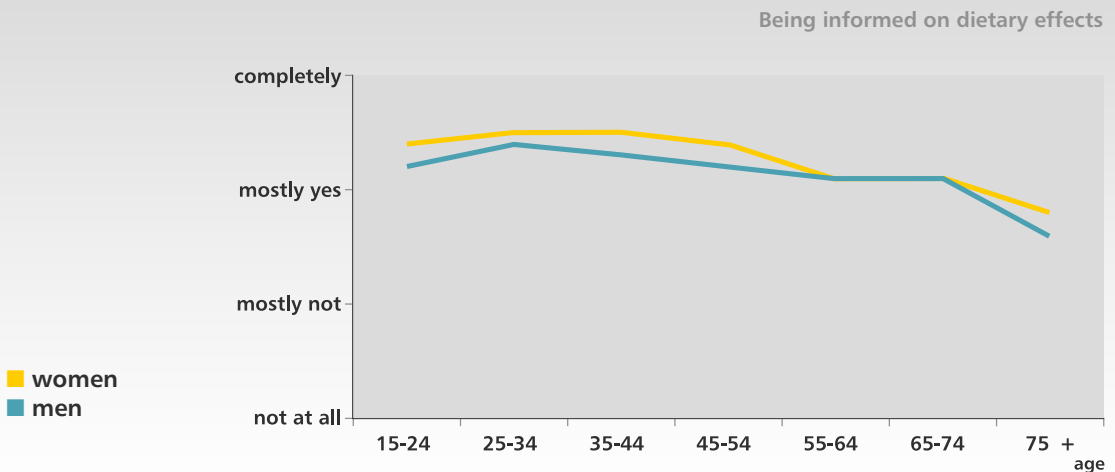
Throughout the longest part of their history, humans used to eat what was around them, thus making availability the most important guideline of one's diet. Thanks to technology, means of transport and preserving food, most food is almost always within reach. In that way, other determinants of diet have become more dominant. These determinants make up three larger groups – biological, cultural and psychological.

Nowadays, in a developed world, diet problems are mainly those related to overeating or to excessive intake of certain substances (i.e. fats, salt, sugar and similar). In short, we get ill because we eat too much or our diet is not balanced.

Unhealthy dietary habits are related to cardiovascular diseases, diabetes, carcinoma, and other illnesses.

The conclusion is clear – diet should be taken seriously.

The following chart shows the results on the level of being informed on positive and negative effects of dietary habits on health.



In general, the participants perceive themselves as mostly informed on possible negative and positive effects of diet. Women consider themselves to be more informed on those consequences than men, as does the younger population when compared with the elderly.



Prilikom kupovine hrane građani Rijeke u prosjeku samo ponekad kontroliraju rok valjanosti proizvoda koje kupuju, te prate informacije o proizvođaču i zemlji proizvodnje i sastojcima proizvoda (konzervansima, bojama i sl.), a u prosjeku gotovo nikada ne prate informacije o kalorijskim vrijednostima proizvoda. Utvrđeno je da žene češće prate sve navedene informacije o proizvodima nego muškarci, kao i da mlađe osobe češće no starije prate te informacije.

Treba istaknuti da je oko 5% građana alergično na neke prehrambene namirnice, te da oko 10% građana zbog nekog razloga primjenjuje specifičan način prehrane. Najčešći je razlog specifičnog načina prehrane zdravstveno stanje ispitanika (55,7%), potom svjetonazor (33%), dok je u 11,3% slučajeva razlog specifičnoj prehrani nešto drugo.

Građani Rijeke u prosjeku konzumiraju tri obroka dnevno. Raspon broja dnevnih obroka kreće se od jednog do najviše osam obroka. Muškarci i žene uzimaju podjednak broj obroka na dan, međutim, mlađi ispitanici konzumiraju nešto veći broj obroka na dan nego starije osobe.

Građani Rijeke najčešće se hrane kod kuće, pri čemu su utvrđene određene spolne i dobne razlike. Naime, žene se pretežno hrane kod kuće, a muškarci podjednako često kod kuće i vani. Također, mlađi se ispitanici češće hrane izvan kuće nego stariji koji su skloniji konzumiranju hrane kod kuće.

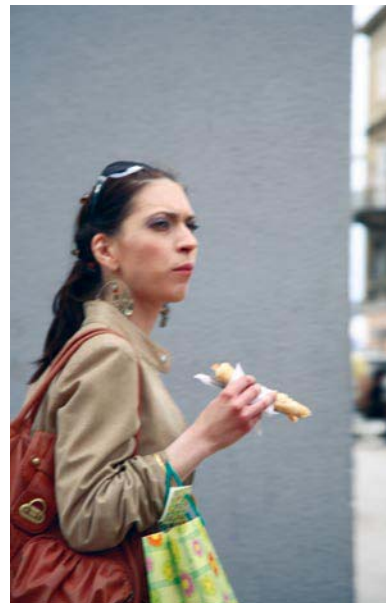


When buying groceries, the citizens of Rijeka only sometimes check the expiry date, or keep track of the manufacturer and the country of origin, as well as the ingredients (e.g. preservatives, artificial dyes etc); and almost never consult the information on the caloric values of the product. Women more often check all those product features than men, as is the case with the younger population, when compared to the elderly.

It should be pointed out that ca 5% of citizens are allergic to certain foods, and ca 10% of citizens, for some reason, employ a specific dietary regime. The most common reason for that is one's health (55.7%), philosophy of life (33%), while in 11.3% cases the reason is some other, but not specified.

Citizens of Rijeka have three meals a day on average. The number of daily meals varies from one to eight. Men and women take equal number of meals a day. However, younger participants have a somewhat larger number of meals a day than the elderly.

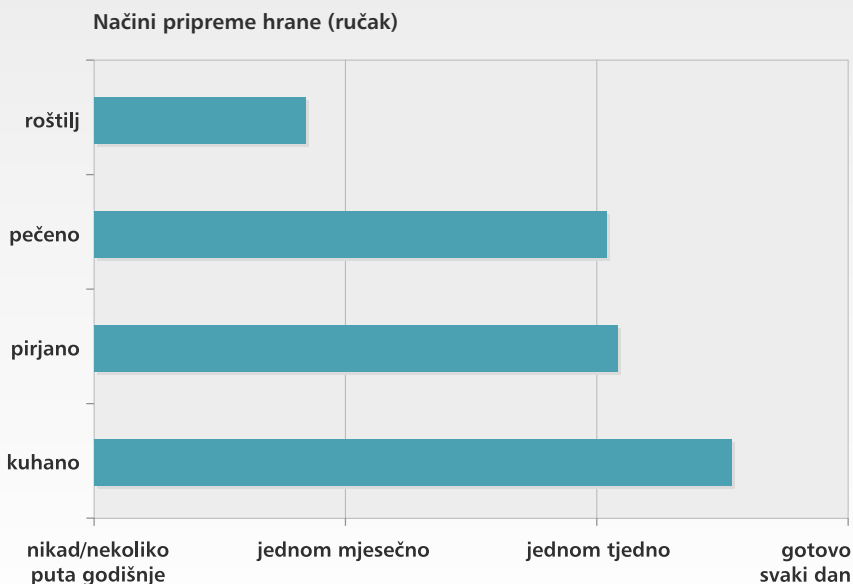
The citizens of Rijeka most often eat at home, where certain sex and age differences have been established. Namely, women tend to eat at home, and men equally at home and out. In addition, younger participants eat out more often than the elderly who tend to eat at home.



Stariji ispitanici uglavnom jedu u isto vrijeme, a mlađi uglavnom u različita vremena, odnosno nemaju definirano vrijeme pojedinih obroka tijekom dana. Žene i muškarci ne razlikuju se po načinima konzumiranja obroka s obzirom na njihovu redovitost.

Nadalje, žene češće jedu hranu koja je svježija, odnosno nije prethodno bila zamrzavana u odnosu na muškarce koji podjednako često konzumiraju svježiju i odmrznutu hranu. Mlađi ispitanici podjednako često koriste i svježiju i prethodno zamrznutu hranu, dok stariji ispitanici češće jedu svježiju hranu.

Slijedi prikaz učestalosti konzumiranja hrane (za ručak) s obzirom na način njezine pripreme.

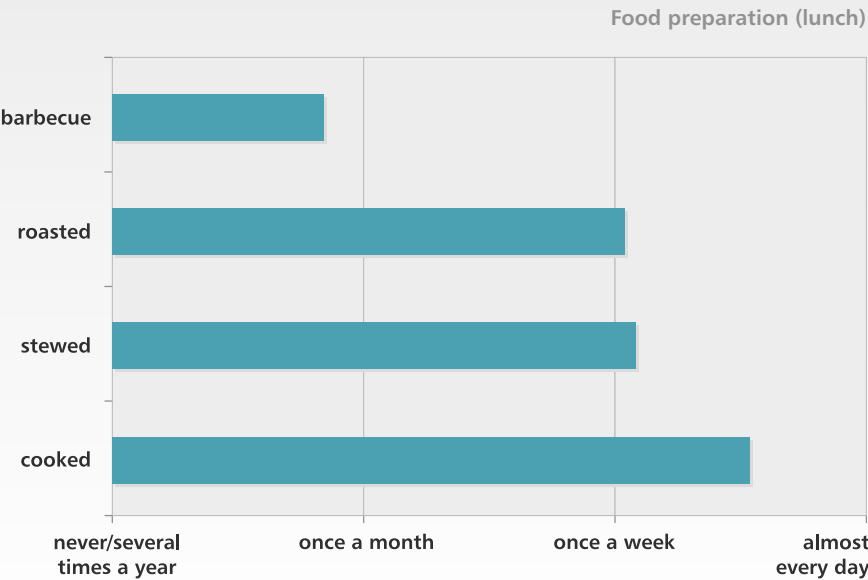


Kao što se može vidjeti iz prethodne slike, građani Rijeke najčešće jedu za ručak kuhanu hranu, a najrjeđe hranu s roštilja. Pri tome je utvrđeno da žene češće jedu kuhanu hranu nego muškarci, dok muškarci češće jedu hranu pripremljenu pečenjem, odnosno hranu s roštilja. Pirjanu hranu žene i muškarci jedu podjednako često. Nadalje, mlađe osobe češće konzumiraju pečenu i hranu s roštilja, dok hranu pripremljenu na druge spomenute načine jedu podjednako često mlađi i stariji.

Older participants mostly eat at the same time, and younger at different times, i.e. they do not have a set time of certain meals in a day. Women and men do not differ in terms of regular consumption of meals.

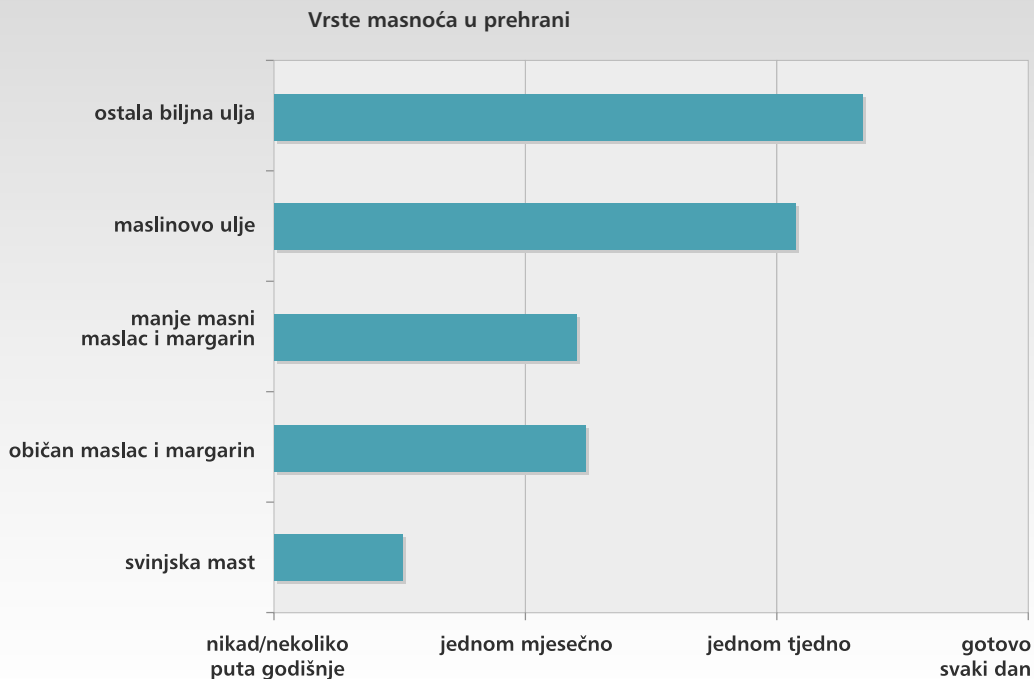
Furthermore, women tend to eat fresh food (i.e. not frozen), unlike men who equally consume fresh and defrosted food. Younger participants use both fresh and frozen food equally, while the elderly tend to eat fresh food.

The following chart shows frequency of food consumption (e.g. lunch), taking into consideration its preparation.



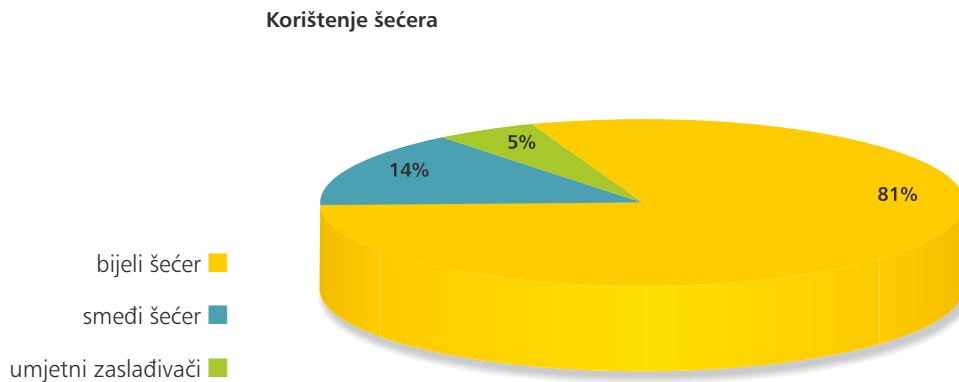
As the previous chart clearly depicts, the citizens of Rijeka tend to eat a cooked lunch and are not very keen on barbecue. In this connection, women eat cooked food more, while men eat roasted food, i.e. barbecued food. Both women and men eat stewed foods equally. Furthermore, younger people tend to consume roasted and barbecued foods, and food prepared by some other methods is equally consumed by the young and the elderly.

Slijedi prikaz učestalosti korištenja pojedinih vrsta masnoća u prehrani kod građana Rijeke.

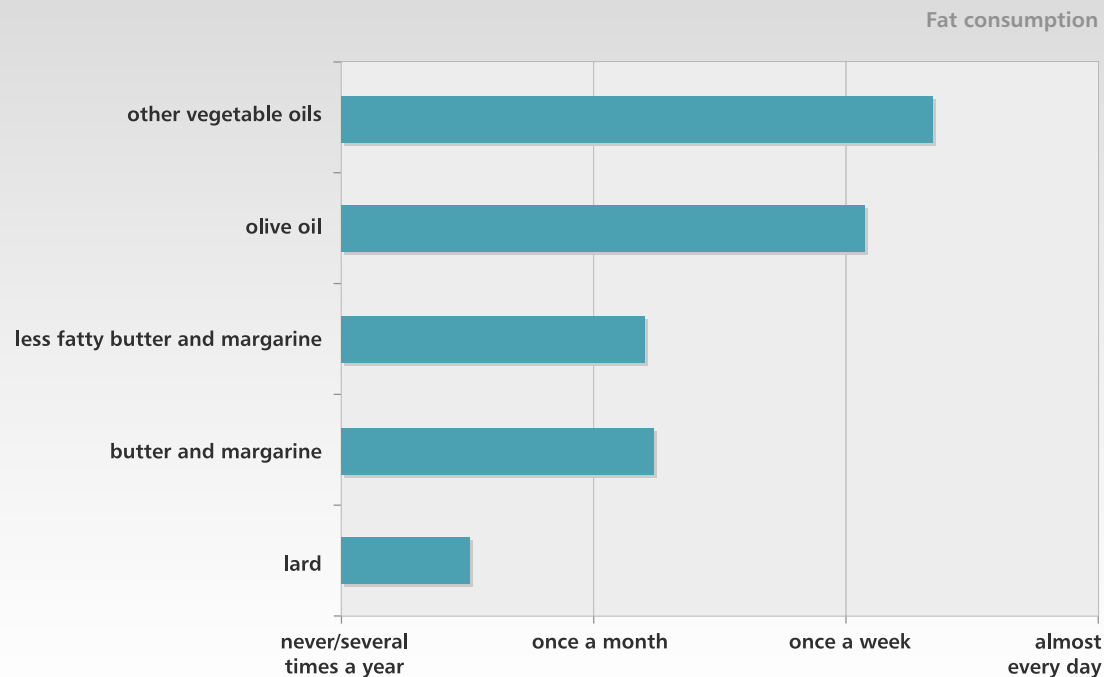


Kao što je vidljivo iz prethodnog prikaza građani Rijeke najčešće koriste biljna ulja u postupku pripreme hrane. Prije svega koriste biljna ulja poput suncokretova, a potom slijedi maslinovo ulje. Najrjeđe se rabi svinjska mast.

Slijedi prikaz navika korištenja pojedinih vrsta šećera.

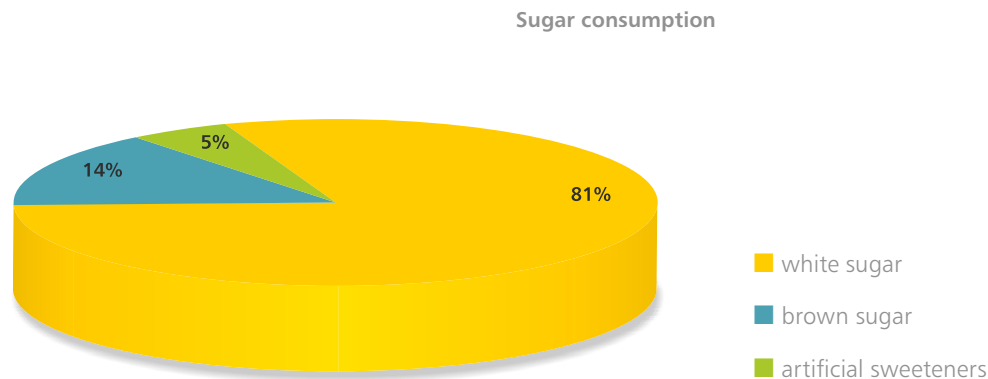


The following chart shows how often the citizens of Rijeka use different types of fats in their diet.



As the chart illustrates, the citizens of Rijeka most often use vegetable oil when preparing meals. They tend to use sunflower oil, followed by olive oil. Lard is hardly ever used.

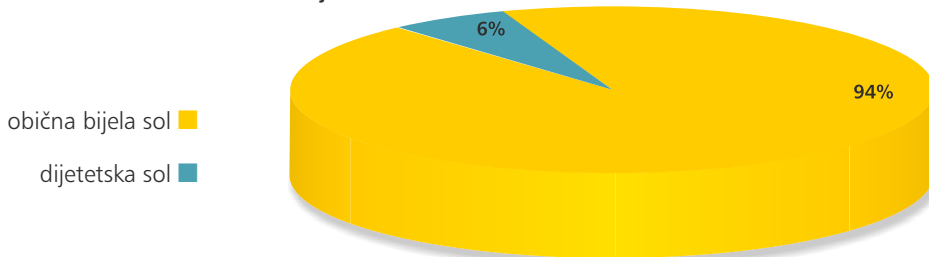
The following chart shows consumption of various types of sugar.



Dakle, najveći broj građana u prehrani rabi bijeli šećer (81%), a najmanji broj umjetne zaslađivače (npr. Natreen i sl.). Utvrđeno je da žene češće upotrebljavaju smeđi šećer, odnosno umjetne zaslađivače nego muškarci, koji češće koriste običan bijeli šećer. Običan bijeli šećer češće rabe starije osobe, dok smeđi šećer češće upotrebljavaju mlađi ispitanici. Umjetne zaslađivače češće koriste osobe starije od 65 godina, kao i najmlađi ispitanici, preciznije oni mlađi od 25 godine.

Slijedi prikaz navika korištenja pojedinih vrsta soli.

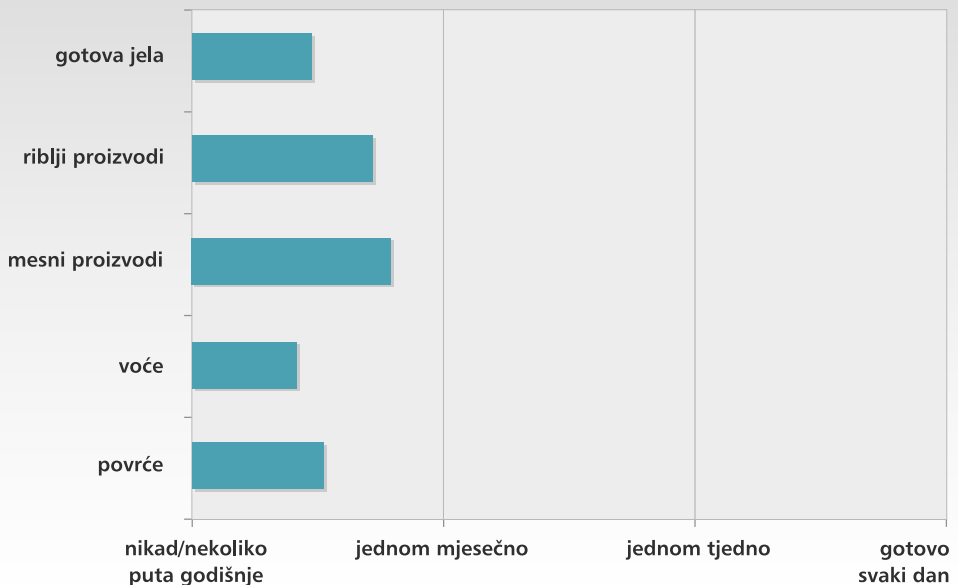
Korištenje soli



Kao što je prikazano, građani sole hranu pretežito običnom bijelom solju (94%).

Istraženo je i koliko često građani Rijeke koriste konzervirane proizvode u svojoj prehrani. Slijede rezultati.

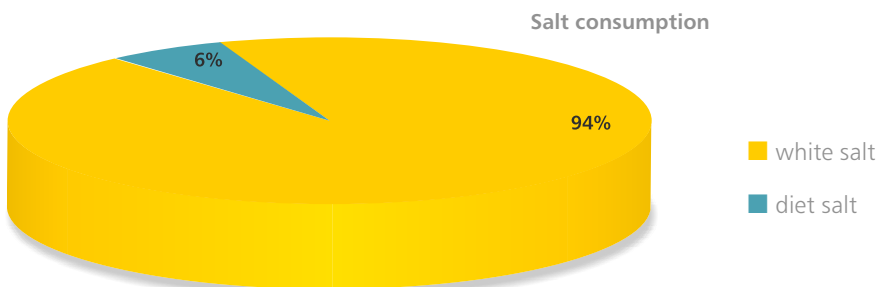
Korištenje konzerviranih proizvoda u prehrani



To sum up, most citizens use white sugar (81%), and the least number artificial sweeteners (i.e. Natreen etc). Women tend to use more brown sugar and artificial sweeteners than men who use white sugar more. White sugar is more often used by older people, while younger participants tend to use brown sugar. People older than 65 years of age tend to use artificial sweeteners, as well as younger participants (i.e. those younger than 25 years of age).

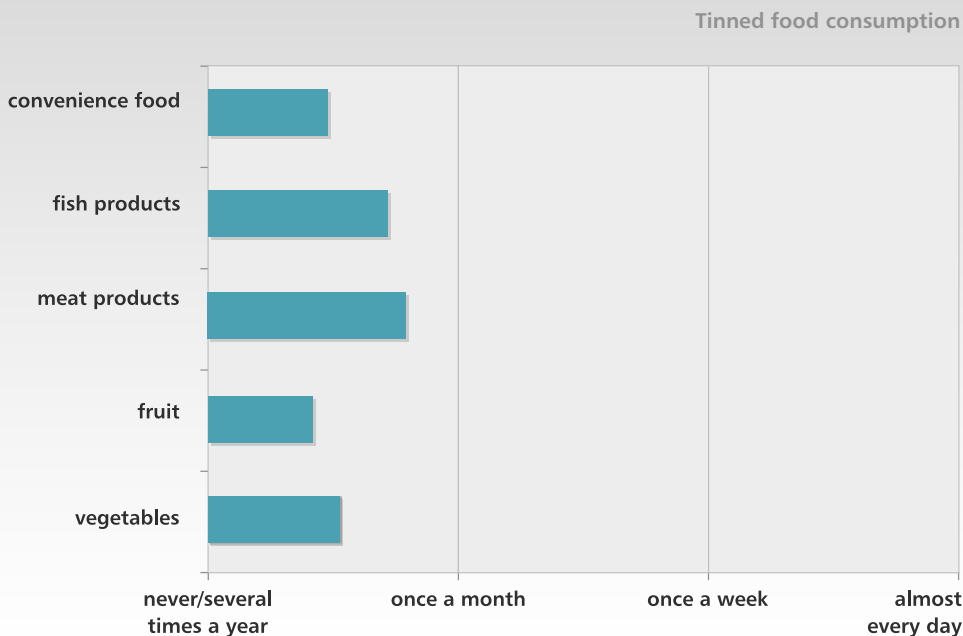


The following chart shows use of certain types of salt.



As the chart illustrates, the citizens tend to use white salt for their food (94%).

The following chart shows how often the citizens of Rijeka consume tinned food in their diet.

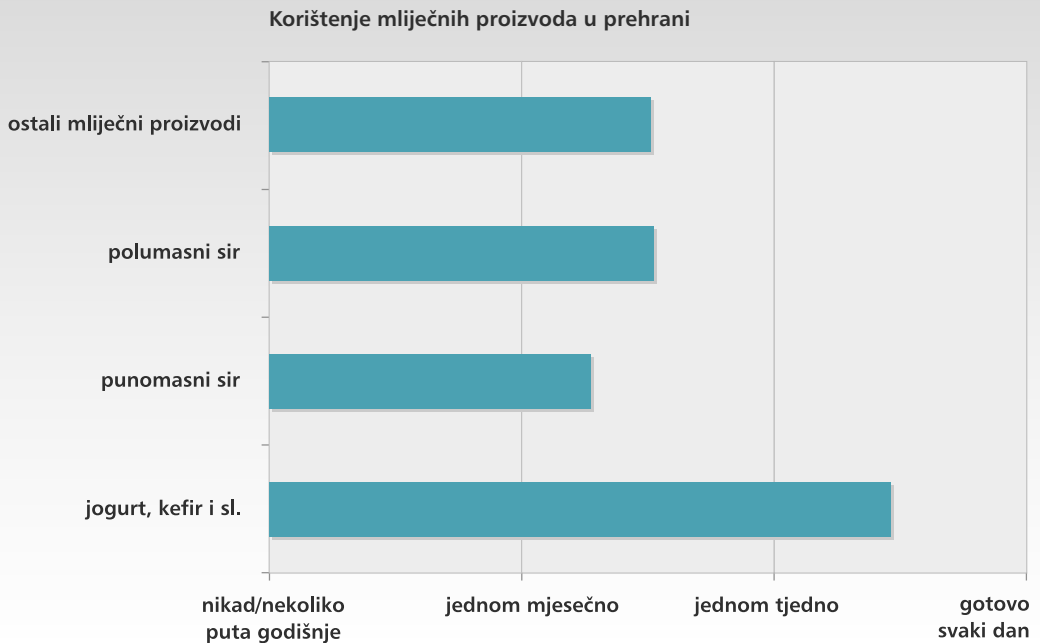


U prosjeku građani Rijeke koriste različite konzervirane proizvode u prehrani od nikad ili nekoliko puta godišnje do jednom mjesečno.

Mlađe osobe jedu navedene proizvode češće od osoba starijih od 55 godina.

Isto tako muškarci češće nego žene jedu konzervirane mesne proizvode (paštete, mesni doručak i sl.), konzervirane riblje proizvode (sardine i sl.) i konzervirana gotova jela, dok konzervirano voće i povrće muškarci i žene jedu podjednako često.

Slijedi prikaz korištenja mliječnih proizvoda u prehrani.



U prosjeku građani Rijeke među mliječnim proizvodima najčešće konzumiraju jogurt, kefir i sl. (gotovo svaki dan), a najrjeđe punomasne sireve (jednom mjesečno).

Utvrđene su značajne spolne razlike u učestalosti korištenja mliječnih proizvoda u prehrani, pri čemu žene češće nego muškarci jedu jogurt, kefir i slične proizvode, te polumasne sireve i ostale mliječne proizvode (skuta i sl.). Jedino u čestoti korištenja punomasnih sireva nisu utvrđene spolne razlike.

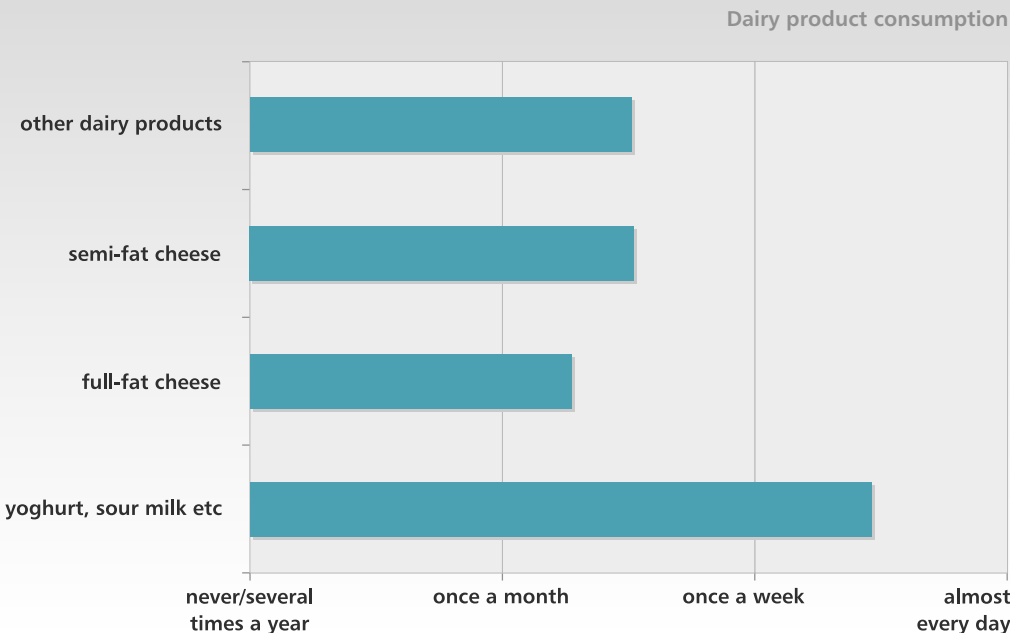
S obzirom na dob utvrđene su razlike u čestoti korištenja jogurta, kefira i sličnih proizvoda, koje najrjeđe upotrebljavaju najmlađe (15-

On average, the citizens of Rijeka consume a variety of tinned foods, ranging from never or several times a year to once a month.

Younger people tend to eat more such products than people older than 55 years of age.

Similarly, men consume more tinned meat products (e.g. pat  , luncheon meat etc) than women, as well as tinned fish products (e.g. sardines, tuna etc) and tinned convenience food. However, both men and women equally consume tinned fruit and vegetables.

The following graph shows consumption of dairy products in an everyday diet.



The citizens of Rijeka mostly consume yoghurt, sour milk and similar (i.e. almost every day), whereas full-fat cheese is least consumed (i.e. once a month).

Significant differences in sex have been established according to frequency of dairy product consumption in an everyday diet, where women tend to eat more yoghurt, sour milk and similar products than men, as well as semi-fat cheeses and other dairy products (e.g. curd cheese etc.). There is no sex difference according to frequency of consuming full-fat cheeses.

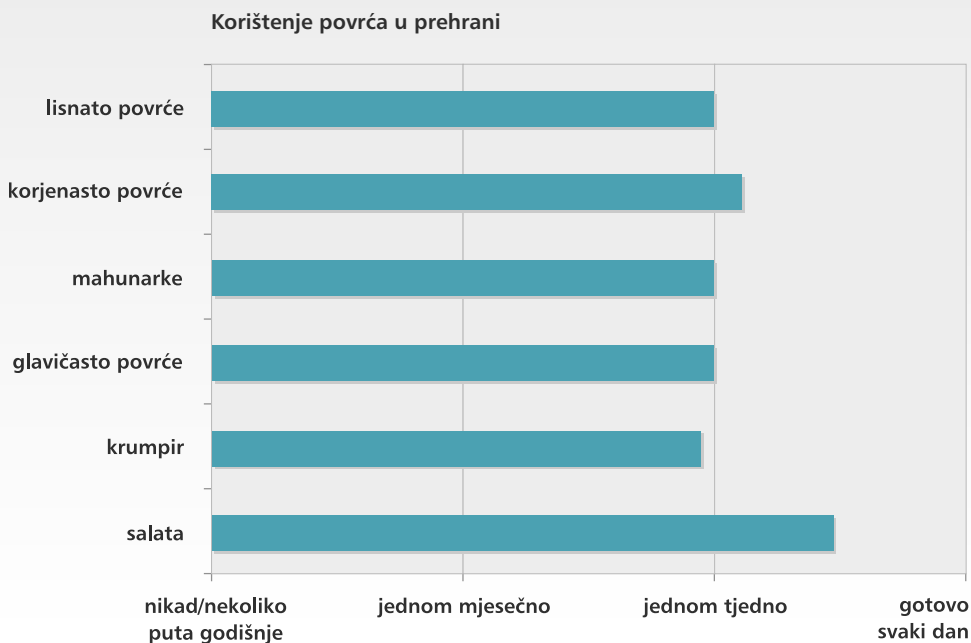
Age difference has been established in frequency of consumption of yoghurt, sour milk and similar products, which are least often con-





24 godine) i najstarije (75 godina i više) ispitivane dobne skupine. Nadalje, utvrđeno je da punomasne sireve rjeđe jedu ispitanici stariji od 65 godina. Polumasne sireve i ostale mliječne proizvode podjednako često jedu ispitanici svih dobi.

Slijedi prikaz čestote konzumiranja povrća.



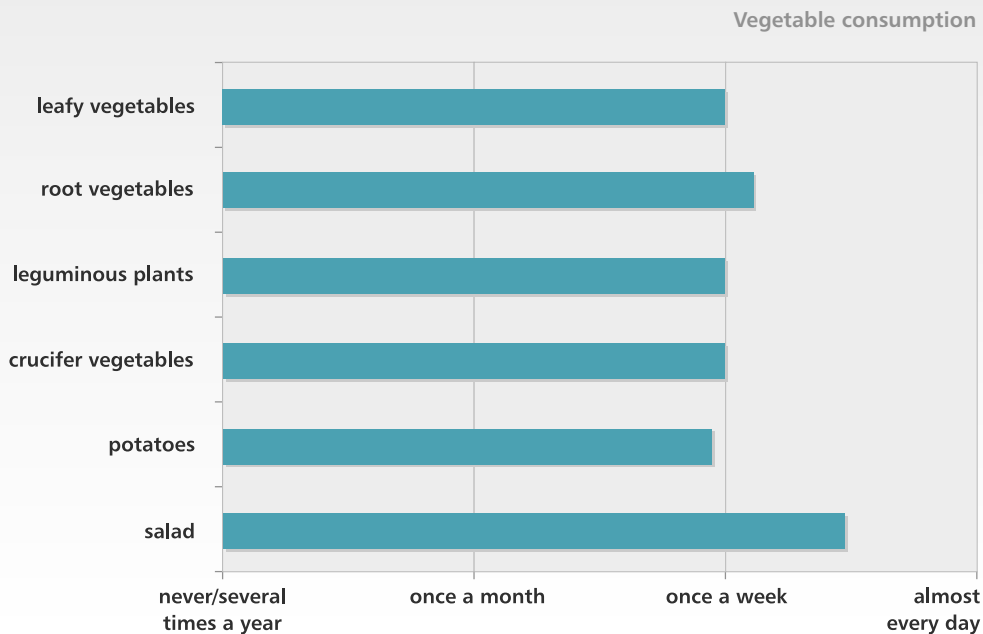
U prosjeku Riječani najčešće tj. gotovo svaki dan jedu salatu (zelena salata, rajčica, cikla, kupus, krastavci i sl.), dok krumpir, glavičasto povrće (kupus, kelj, brokule i sl.), mahunarke (mahune, grah, grašak i sl.), korjenasto povrće (mrkva, repa, peršin i sl.) i lisnato povrće (blitva, špinat i sl.) upotrebljavaju u prosjeku jednom tjedno.

Žene jedu sve vrste povrća češće nego muškarci, osim krumpira koji jedu podjednako često.

Utvrđene su i dobne razlike u čestoti jedenja pojedinih vrsta povrća. Glavičasto, korjenasto i lisnato povrće te mahunarke najrjeđe jedu oni u dobi između 15 i 24 godine starosti, dok je s porastom dobi primijećen trend češće upotrebe ovih vrsta povrća u prehrani. Suprotno je s korištenjem krumpira u prehrani, njega najčešće jedu najmlađi ispitanici (15-24 godine), dok s porastom dobi učestalost

sumed by the youngest (i.e. 15-24 age range) and the oldest (i.e. 75-plus age range) participants. Furthermore, it has been established that full-fat cheeses are less often consumed by participants older than 65 years of age. Semi-fat cheeses and other dairy products are equally consumed by participants of all age groups.

The following graph illustrates frequency of vegetable consumption.



On average, the citizens of Rijeka most often, i.e. almost every day, eat salads (e.g. lettuce, tomato, beet-root, cabbage, cucumber etc), whereas potatoes, crucifer vegetables (e.g. cabbage, cauliflower, broccoli etc), leguminous plants (e.g. runner beans, beans, peas etc), root vegetables (e.g. carrot, turnip, parsley etc), and leafy vegetables (e.g. Swiss chard, spinach etc) are consumed once a week on average.

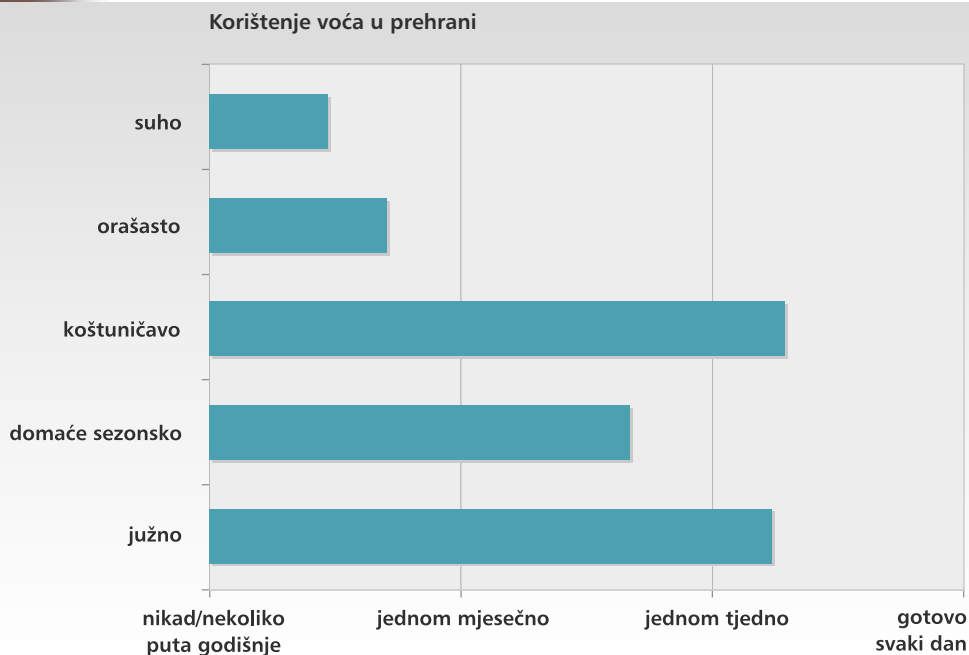
Women eat all kinds of vegetables more than men, with the exception of potatoes which both men and women consume equally.

Age differences have been established in eating certain vegetables. Crucifer, root and leafy vegetables and leguminous plants are least consumed within the 15-24 age range, while with age there is a trend of more frequent consumption of these vegetables in an everyday diet. The situation is quite reversed where potato consumption is concerned, which is mostly popular with younger participants (i.e. within the 15-24



uporabe ove vrste povrća opada, iako treba reći da i oni najstariji ispitanici u prosjeku krumpir jedu jednom tjedno. Jedino u čestini jedenja salate nisu utvrđene dobne razlike, tj. svi je jedu podjednako često.

Slijedi prikaz čestote korištenja voća u prehrani građana Rijeke.

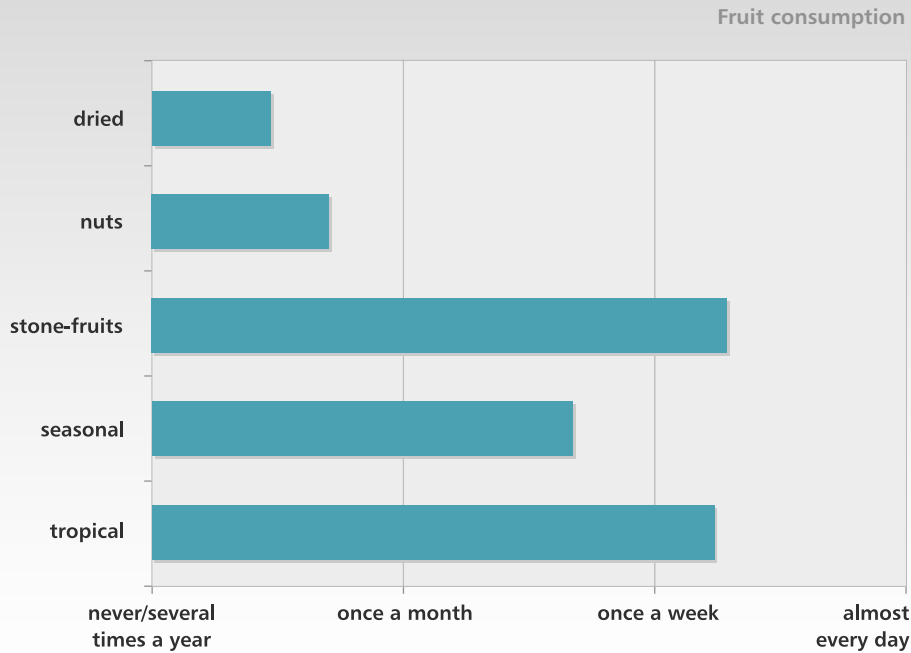


U prosjeku građani Rijeke od voća najčešće tj. jednom tjedno konzumiraju koštuničavo voće (npr. jabuka, kruška, šljiva, marelica, lubenica, dinja i sl.), a najrjeđe suho voće (npr. šljiva, grožđe, ananas i sl.) koje u prosjeku uopće ne jedu ili ga jedu nekoliko puta godišnje.



age group), while with increase in age consumption of this vegetable is less frequent. However, even the oldest participants eat potatoes once a week on average. Age difference has not been established only in consuming salads, as all participants eat them equally.

The following illustration shows fruit consumption in diet of the citizens of Rijeka.



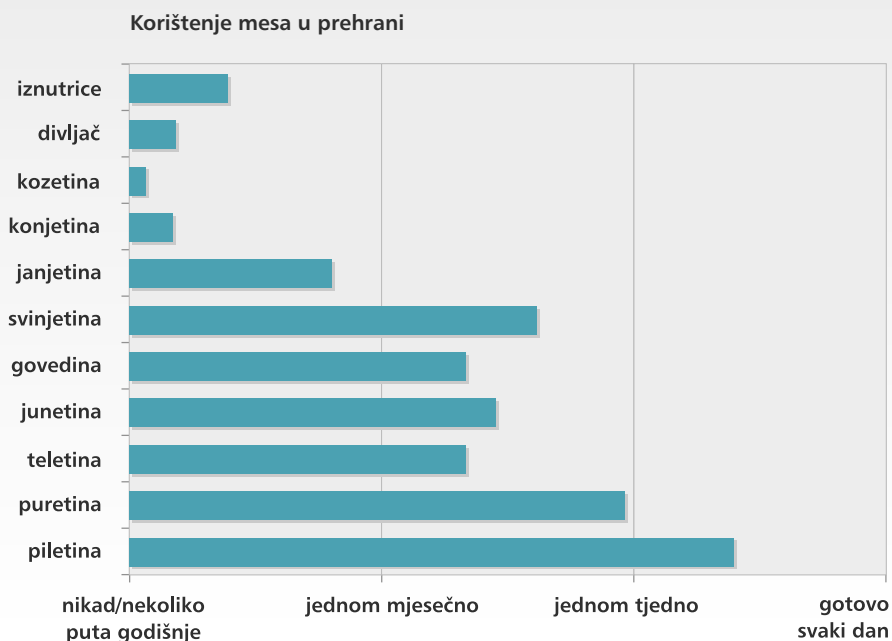
On average, the citizens of Rijeka most often consume stone-fruits (e.g. apples, pears, plums, apricots, watermelons, melons and other), i.e. once a week, and they least consume dried fruits (e.g. plums, grapes, pineapples and other), as they do not consume it at all or only several times a year on average.



Utvrđene su spolne razlike u učestalosti konzumiranja voća, pri čemu žene češće jedu sve vrste voća nego muškarci, osim orašastog voća (npr. orah, badem, lješnjak i sl.) koje jedu podjednako često i žene i muškarci.

S obzirom na dob utvrđene su jedino razlike u čestoti konzumiranja orašastog i suhog voća, koje češće od ostalih jedu najmlađi ispitanici (15-24 godine). S porastom dobi smanjuje se čestota upotrebe ovih vrsta voća. Ostale vrste voća sve dobne skupine ispitanih građana jedu podjednako često.

Slijedi prikaz konzumiranja pojedinih vrsta mesa u prehrani građana Rijeke.



Građani Rijeke od različitih vrsta mesa najčešće konzumiraju piletinu koju jedu u prosjeku jednom tjedno, a najrjeđe kozetinu, divljač, konjetinu i iznutrice koje u prosjeku ne jedu nikad ili ih jedu svega nekoliko puta godišnje.

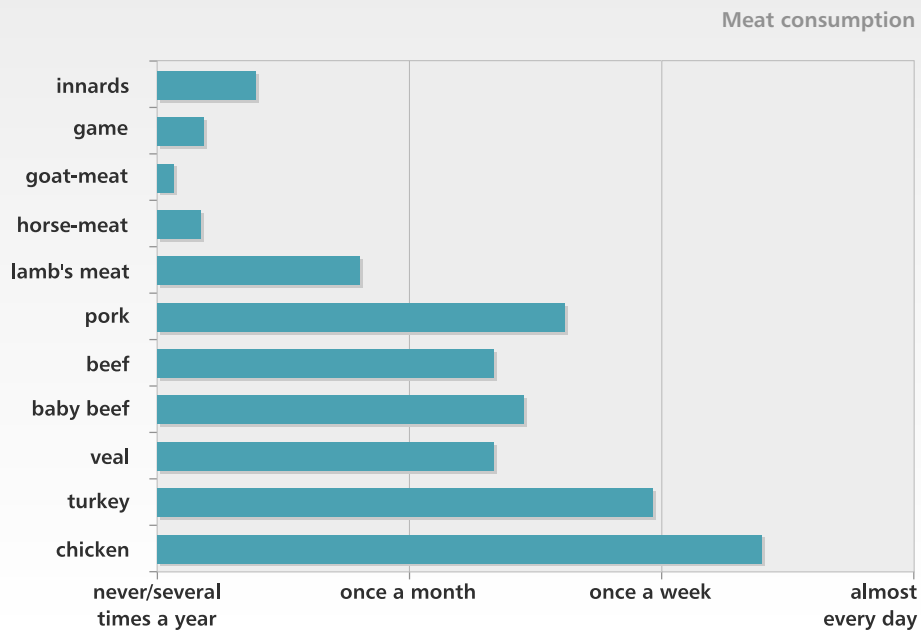
Utvrđene su spolne i dobne razlike u učestalosti jedenja mesa.

Naime muškarci jedu pojedine vrste mesa češće nego žene. Radi se o teletini, junetini, govedini, svinjetini, janjetini, divljači i iznutricama, dok ostale vrste mesa (piletina, puretina, konjetina i kozetina) žene i muškarci jedu podjednako često.

Sex differences have been established in fruit consumption, where women eat all kinds of fruit more than men, except for nuts (e.g. walnuts, almonds, hazelnuts etc), which are consumed equally by both men and women.

Given age, only differences have been established in frequency of consuming nuts and dried fruit, and they are consumed mostly by the youngest participants (i.e. 15-24 years of age). With age consumption of these types of fruit is less frequent. Other fruit is consumed equally by all age groups.

The following graph illustrates meat consumption in the diet of the citizens of Rijeka.



The citizens of Rijeka eat chicken the most (i.e. once a week on average), and the least consumed is goat-meat, game, horse-meat, and innards, which are consumed never or several times a year on average.

Sex and age differences have been established in meat consumption. Namely, men consume certain types of meat more often than women, such as veal, baby beef, beef, pork, lamb's meat, game, and innards, while the other kinds of meat (e.g. chicken, turkey, horse-meat, goat-meat) are consumed equally by both men and women.

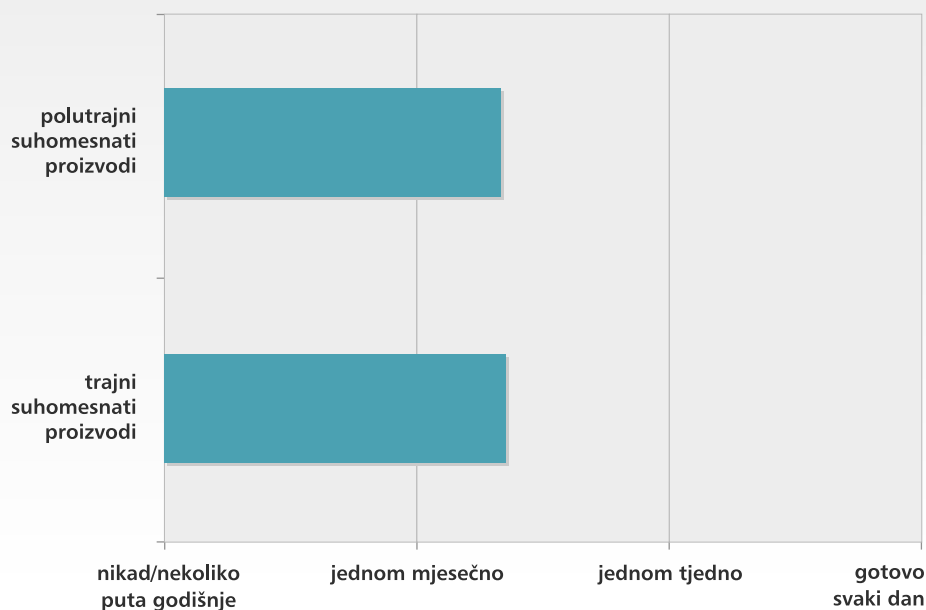
Što se tiče razlika u čestoti jedenja mesa s obzirom na dob, utvrđeno je da jedino piletinu svi jedu podjednako često.

Ostale vrste mesa različite dobne skupine različito preferiraju. Međutim, generalno osobe srednje životne dobi češće jedu sve vrste mesa od najmlađih i ispitanika starije životne dobi.

Zanimljivo je da ispitanici u dobi od 15 do 24 godine života rjeđe od svih ostalih jedu iznutrice, a stariji od 75 godina rjeđe nego svi ostali jedu svinjetinu i konjetinu.

Sljedeći prikaz odnosi se na konzumiranje suhomesnatih proizvoda.

Korištenje suhomesnatih proizvoda u prehrani



Gradani Rijeke u prosjeku podjednako često jedu i trajne (npr. zim-ska salama i sl.) i polutrajne suhomesnate proizvode (npr. pariška kobasica, šunka i sl.), tj. jedu ih u prosjeku jednom mjesečno.

Nisu utvrđene razlike u čestoti jedenja tih proizvoda s obzirom na spol ispitanika.

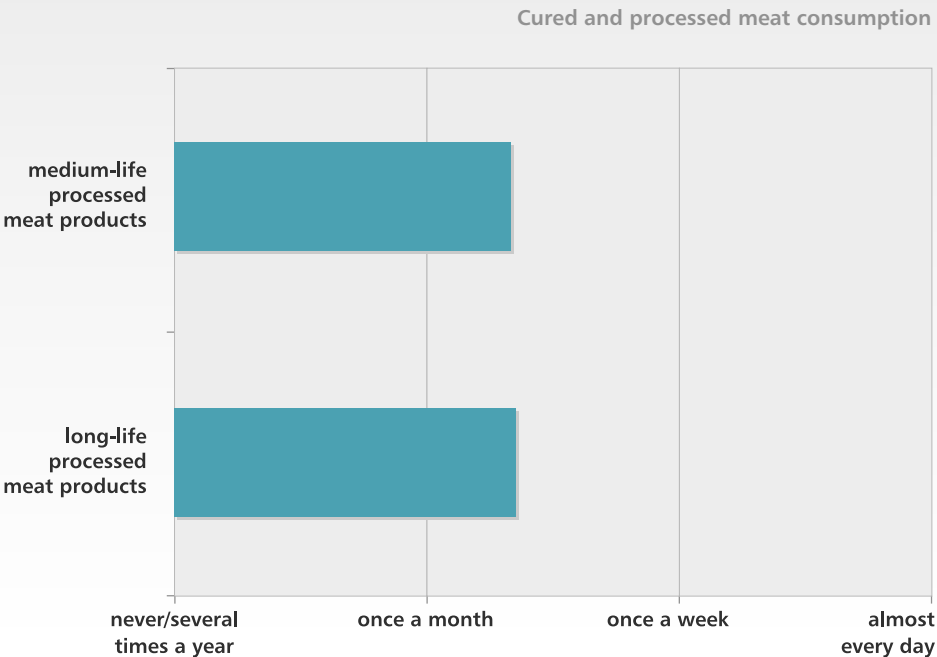
Međutim osobe mlađe dobi češće jedu ove proizvode nego starije osobe. Pri tome ih najčešće jedu oni u dobi između 15 i 24 godine.

Given the age differences in meat consumption, it has been established that chicken is the only kind of meat consumed equally by all age groups.

Consumption of other kinds of meat varies among different age groups. However, people in middle age tend to eat all kinds of meat more often than the youngest participants and the elderly.

It is interesting, though, that participants in the 15-24 age range rarely eat innards, as compared to the others, and the people in the 75+ age range least often consume pork and horse-meat.

The following graph illustrates cured and processed meat consumption.

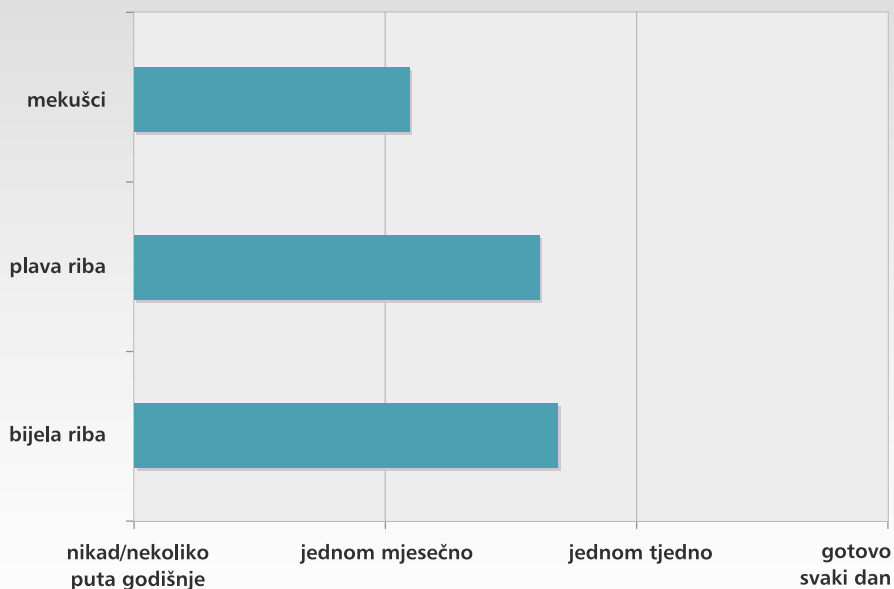


The citizens of Rijeka often consume both long-life (e.g. hard salami and other) and medium-life meat products (e.g. polony, ham and other), as they eat those once a month on average.

Sex differences have not been established in consumption of cured and processed meat. However, younger participants tend to eat more such products than the elderly, where participants in the 15-24 age range consume those the most.

Na redu je prikaz učestalosti konzumiranja ribe i plodova mora u prehrani.

Korištenje ribe i plodova mora u prehrani

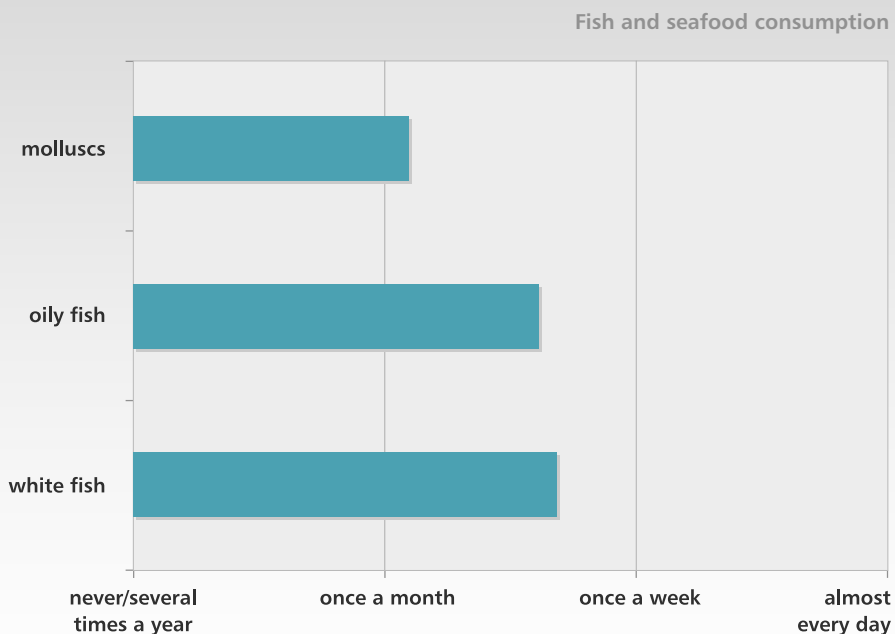


Riječani u prosjeku jedu ribu i plodove mora od jednom mjesečno do jednom tjedno. Bijelu (oslić, brancin i sl.) i plavu (srdela, inćun i sl.) ribu konzumiraju u prosjeku jednom tjedno, dok mekušce (lignja, hobotnica, sipa, školjke i sl.) u prosjeku jedu nešto rjeđe, odnosno jednom mjesečno.

Muškarci i žene podjednako često jedu sve vrste riba i plodova mora.



The following illustration shows consumption of fish and seafood in the diet of the citizens of Rijeka.



The people of Rijeka eat fish and seafood from once a month to as often as once a week. White fish (e.g. hake, sea bass etc) and oily fish (e.g. pilchard, anchovy etc) are consumed once a week on average, whereas molluscs (e.g. squid, octopus, cuttlefish, clams etc) tend to be consumed somewhat less often, i.e. once a month on average.

Both men and women equally consume all types of fish and seafood.

Significant age difference has been established in fish consumption, as the elderly (i.e. older than 75 years of age) and younger popula-

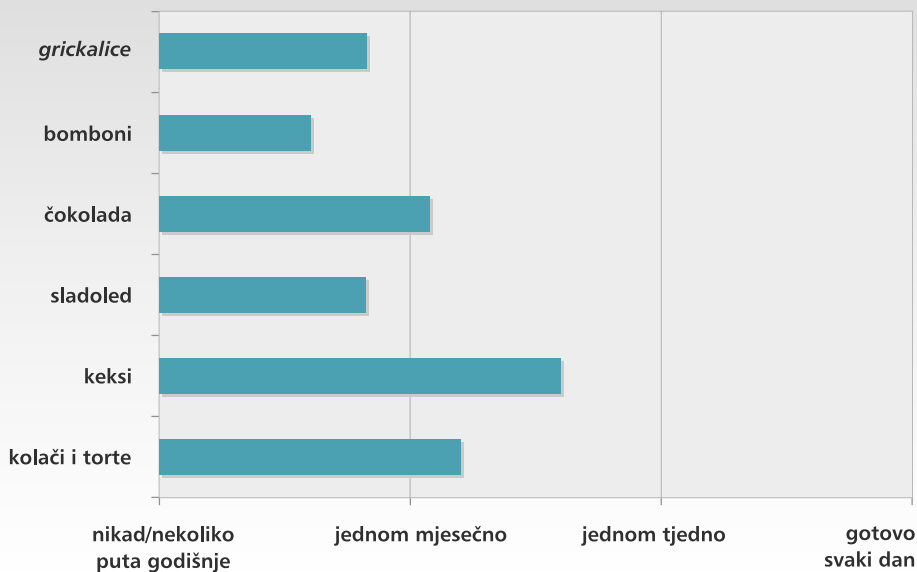


Utvrđene su značajne dobne razlike u učestalosti konzumiranja ribe. Osobe najstarije (stariji od 75 godina) i mlađe životne dobi u prosjeku rjeđe jedu ribu u odnosu na osobe u dobi od 35 do 74 godine.

Ipak, bijelu ribu jedu svi podjednako često. Najmlađi ispitanici (15-24 godine) rjeđe od ostalih jedu plavu ribu, a najstariji ispitanici (75 i više godina) rjeđe od ostalih mekušce.

Slijedi prikaz konzumiranja slatkiša i sličnih proizvoda u prehrani građana Rijeke.

Korištenje slatkiša i sličnih proizvoda u prehrani



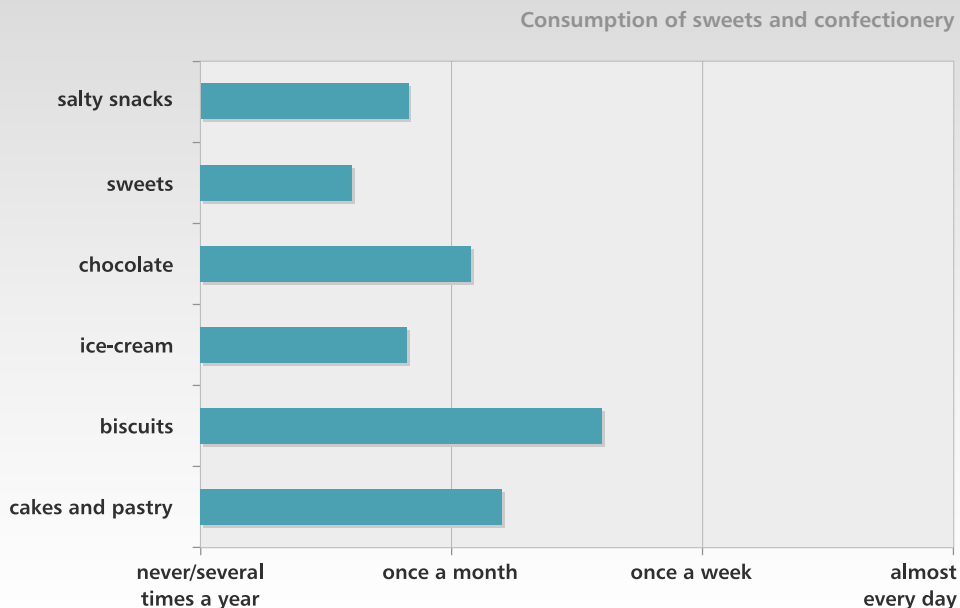
Građani Rijeke jedu kolače i torte, sladoled, čokoladu, bombone i slane grickalice podjednako često tj. u prosjeku jednom mjesečno, dok kekse u prosjeku jedu jednom tjedno.

Utvrđene su značajne dobne razlike u učestalosti konzumiranja tih proizvoda, ali ne i spolne razlike. Naime mlađe osobe jedu češće te proizvode nego starije osobe, dok se muškarci i žene ne razlikuju u učestalosti korištenja tih proizvoda.

tion tend to eat less fish when compared to people in the 35-74 age range.

However, white fish is equally consumed by all age groups. The youngest participants (i.e. 15-24 years of age) eat less fish than the others, whereas the oldest participants (i.e. 75 and older) tend to eat molluscs less than the others.

The following graph shows consumption of sweets and confectionery in the diet of the citizens of Rijeka.

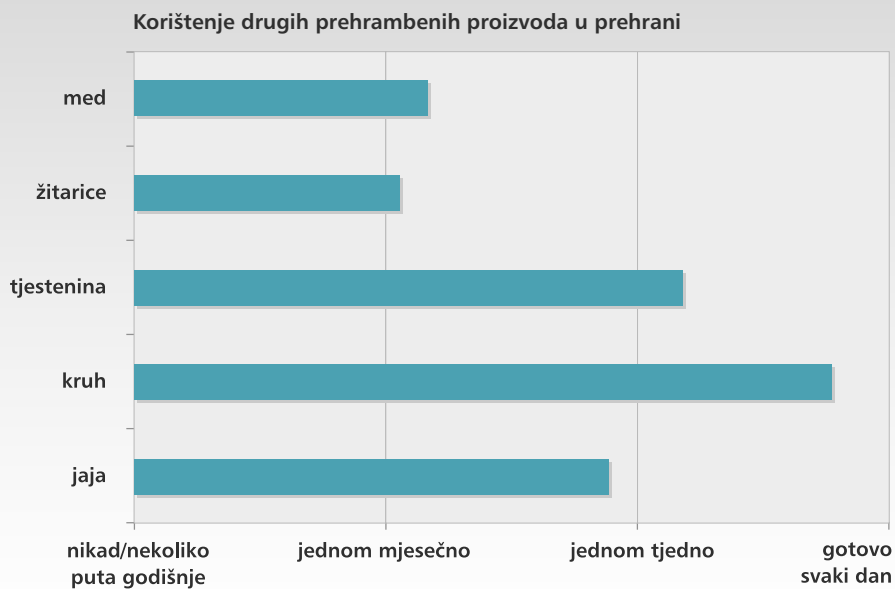


The citizens of Rijeka consume cakes and pastry, ice-cream, sweets, and salty snacks equally, i.e. once a month on average, whereas biscuits are consumed once a week.

Significant differences have been established in consuming those products, but not in sex. Namely, younger people consume more such products than the elderly, whereas men and women do not differ in their consumption.



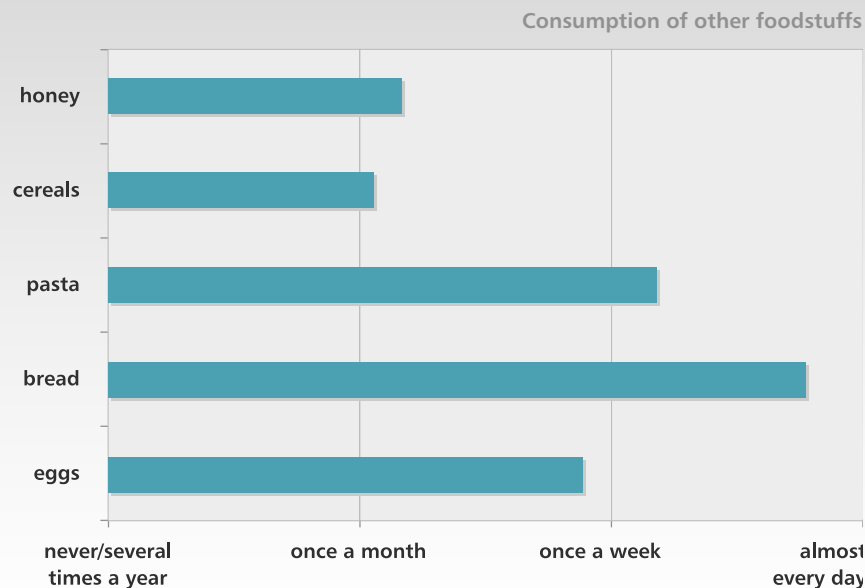
Slijedi i prikaz učestalosti uporabe još nekih proizvoda u prehrani Riječana.



Od navedenih prehrambenih proizvoda najčešće se koristi kruh (gotovo svaki dan), a najrjeđe žitarice (jednom mjesečno).



The following graph illustrates consumption of other foodstuffs in the diet of the citizens of Rijeka.



Among other foodstuffs the most commonly consumed is bread (i.e. almost every day), and the least consumed are cereals (i.e. once a month).





Nisu utvrđene razlike u učestalosti korištenja jaja u prehrani građana Rijeke ni s obzirom na spol, ni na dob.

Isto je stanje i s uporabom kruha u prehrani Riječana. Podjednako često kruh jedu i stari i mladi, i žene i muškarci.

Tjesteninu češće jedu mlađe osobe nego starije, ali je žene i muškarci podjednako često upotrebljavaju u prehrani.

Mlađe osobe češće od starijih osoba jedu i žitarice, kao što to čine i žene u odnosu na muškarce.

Žene češće u prehrani koriste i med, a što se tiče dobi, starije osobe češće jedu med nego mlađe osobe.

Skupine kod kojih bi primarno trebalo intervenirati kada se razmatraju prehrambene navike građana Rijeke jesu muškarci (osobito mlađi), te osobe starije i najmlađe ispitivane dobi. Navedene skupine zbog svojih su prehrambenih navika pod većim rizikom od nepovoljnih zdravstvenih ishoda.

Mladim bi muškarcima preporučljivo bilo smanjiti unos hrane pripremljene pečenjem i roštiljem, starije osobe trebale bi unositi hranu u više dnevnih obroka, dok bi prehrana mladih trebala biti redovitija. Uz to, najmlađi ispitanici (15-24 godine) jedu manje povrća, a više suhomesnatih proizvoda i slatkiša nego ostale ispitivane dobne skupine. Je li takav uzorak prehrane rizičan za njihovo zdravlje, trebalo bi detaljnije ispitati i konzultirati se s nutricionistima.

Metode koje se mogu preporučiti u cilju poboljšanja prehrambenih navika Riječana uključuju adekvatniju edukaciju o značajkama pojedinih prehrambenih proizvoda, važnosti pojedinih namirnica za zdravlje, utjecaju prehrambenih navika na povoljne odnosno nepovoljne zdravstvene ishode, te edukacije usmjerene usvajanju zdravih načina prehrane.

Osim tih općenitih tema, preporučljivi su i neki oblici edukacija koji bi bili usmjereni na specifične teme kao što je npr. korištenje šećera i soli u prehrani, ili na specifične skupine građana, npr. starije osobe i sl.

Edukaciju bi i u ovom slučaju bilo najbolje povjeriti osobama kompetentnim u području zdravlja i prehrane kao što su: liječnici, nutricionisti i psiholozi.

No differences in age or sex have been established in consumption of eggs in the diet of the citizens of Rijeka.

The same goes for bread consumption, as people of both sexes and all age groups eat it equally.

Pasta is eaten more often by young people than the elderly, but both women and men consume it equally in their everyday diet.

Younger people tend to eat more cereals than the elderly, as do also women, when compared to men.

Women use more honey in their diet, and the elderly consume it more than the young.

When considering dietary habits, there are certain groups that call for intervention. They are men (i.e. young men in particular), the elderly and the youngest. Those groups are at risk due to their dietary habits.

Younger men should cut down on the intake of roasted and barbecued food, the elderly should consume food through more daily meals, and the diet of the younger should be more regular. In addition, the youngest participants (i.e. in the 15-24 age range) eat fewer vegetables, but more cured and processed meat and sweets than the other age groups. Whether such a dietary pattern presents a risk to their health, is a question that should be dealt with in more detail, with the help of nutritionists.

Certain methods can be recommended in order to improve dietary habits. They include more adequate education on features of certain food products, the importance of certain foods on health, influence of dietary habits on health, and education directed towards adopting a healthy diet.

Apart from these general topics, some types of educational activities are recommended, which would focus on salt and sugar consumption, or activities aimed at certain age groups (i.e. the elderly etc).

Education in this case should be entrusted to competent experts in the areas of health and diet, i.e. doctors, nutritionists and psychologists.



Konsumiranje alkoholnih i bezalkoholnih pića

Širom svijeta već se tisućama godina koriste alkoholna pića. Općenito, ljudi piju alkohol kako bi pojačali pozitivna ili kako bi smanjili negativna raspoloženja.

Kod većine pijenja alkohola u pravilu ne uzrokuje posebne probleme. Međutim, ako dođe do problema vezanih uz pijenje alkoholnih pića, oni postaju veliko opterećenje za društvo u medicinskom, socijalnom i ekonomskom smislu.

Iako postoje određeni dokazi o pozitivnom učinku pijenja alkohola na zdravlje, češće se ističe povezanost konzumiranja alkohola s mnogobrojnim akutnim i kroničnim negativnim zdravstvenim posljedicama. Pri tome se spominju posljedice poput ozljeda zadobivenih pri prometnim nezgodama, sve do različitih tipova karcinoma (usna šupljina, ždrijelo, jednjak, jetra, dojke) i različitih kardiovaskularnih bolesti.

Od akutnih posljedica uporabe alkohola treba istaknuti povećan rizik od ozljeda uslijed prometnih nezgoda pri upravljanju prometnim vozilom ili sudjelovanja u prometu u ulozi pješaka, zatim padova, ozljeda u sportu i rekreacijskim aktivnostima, nasilja u međuljudskim odnosima i samoozljeđivanja.

Konsumiranje alkohola je, osim s kardiovaskularnim bolestima i karcinomom, povezano i s drugim kroničnim negativnim zdravstvenim posljedicama, od kojih je većina vezana uz probavni sustav (ciroza jetre), oštećenja mozga ili psihičke probleme (ovisnost o alkoholu, gubitak pamćenja, depresija).



Consumption of alcoholic and non-alcoholic beverages

People all over the world have been consuming alcoholic drinks for thousands of years. People drink alcohol in order to enhance positive moods or to alleviate negative ones.

In most people alcohol consumption does not cause significant problems. However, if alcohol related problems should occur, they become a great burden for society – socially, economically and medically.

Although there is certain evidence that alcohol is beneficial to health, the link between alcohol consumption and numerous acute and chronic negative health effects is more often emphasised. Certain consequences are mentioned, such as injuries caused in car accidents,



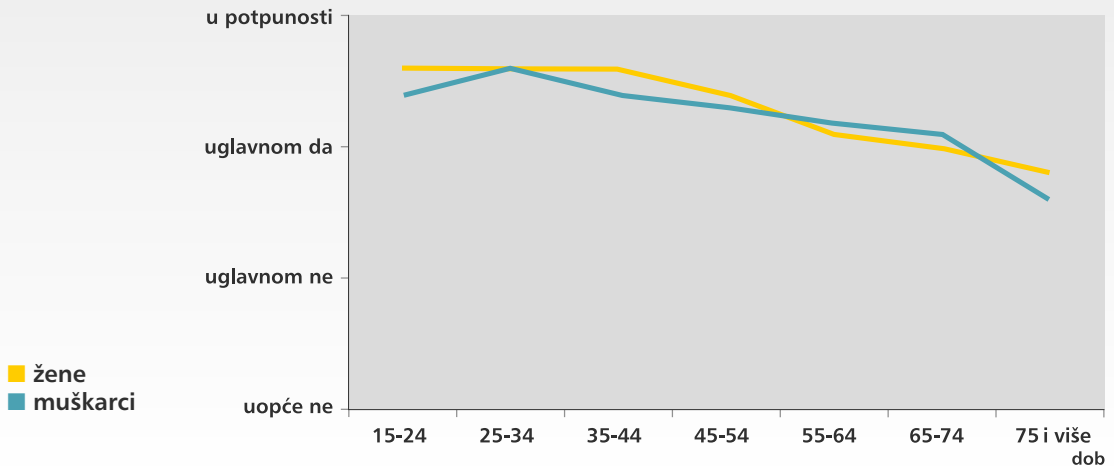
even certain carcinomas (e.g. carcinoma of oral cavity, pharynx, oesophagus, liver, breast) and various cardiovascular diseases.

In terms of acute results of alcohol consumption, there is a significant risk of injuries in car accidents while driving a vehicle or as a pedestrian, followed by falls, sports injuries, physical violence and self-inflicted injuries.

Alcohol consumption is connected not only with cardiovascular diseases and carcinoma, but also with other chronic negative health problems, most of those affecting the digestive system (i.e. liver cirrhosis), brain damage or psychological problems (e.g. alcohol addiction, memory loss, depression).

Na početku prikaza rezultata o navikama pijenja alkoholnih pića kod građana Rijeke dan je prikaz rezultata percepcije obaviještenosti ispitanika o mogućim pozitivnim i negativnim učincima alkoholnih pića na zdravlje.

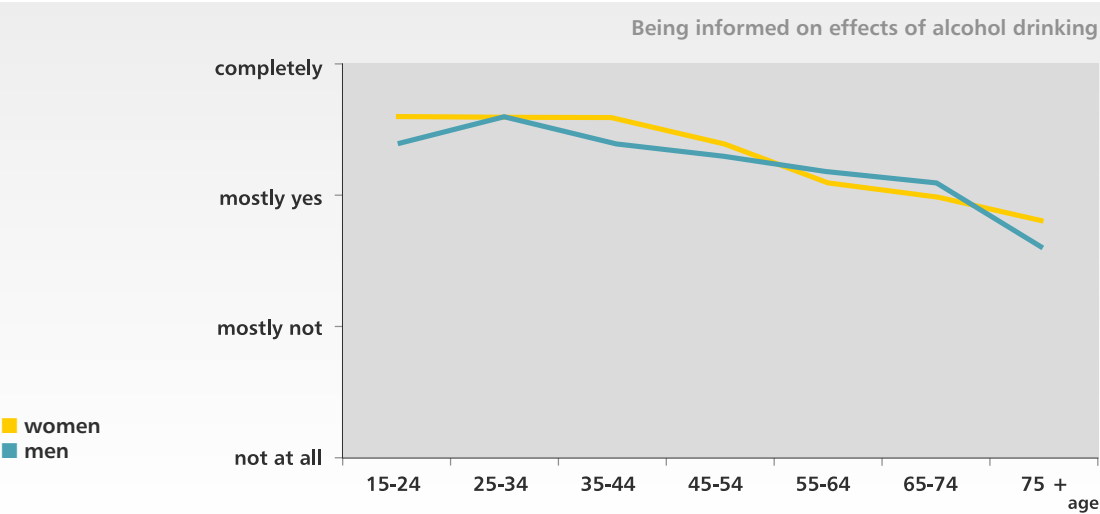
Informiranost o učincima pijenja alkoholnih pića



Dakle, građani se u prosjeku smatraju *uglavnom* obaviještenima o spomenutim učincima alkoholnih pića na zdravlje. Pri tome se žene smatraju u većoj mjeri informiranima nego muškarci, a mlađe osobe u većoj mjeri informiranima nego starije osobe.



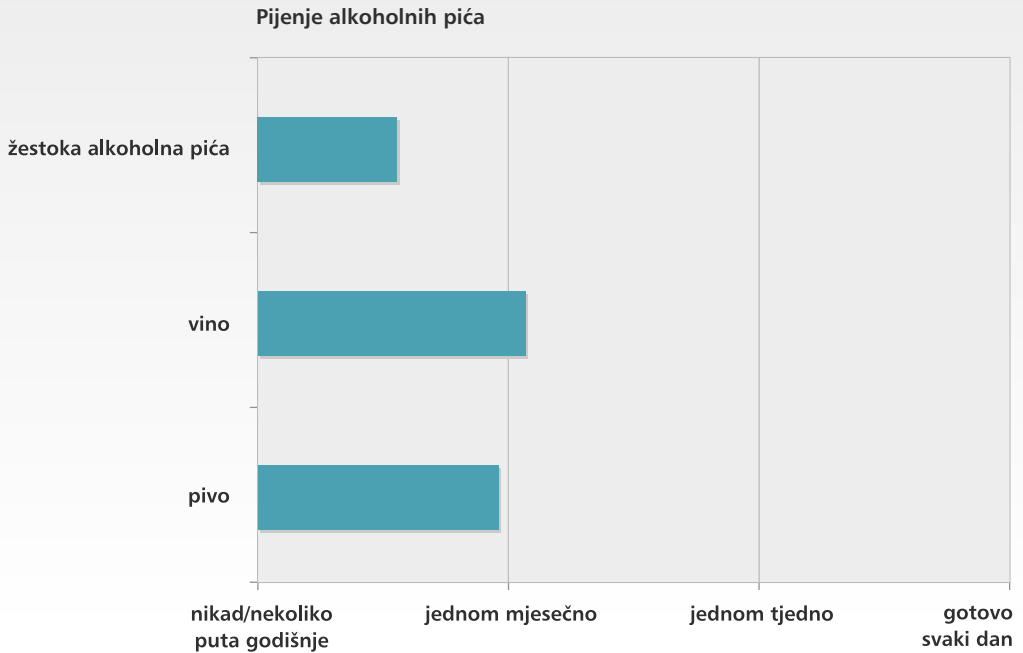
In introducing results on alcohol drinking among the citizens of Rijeka, there is a chart showing the level of perception on being informed on possible positive and negative health effects of certain alcoholic drinks.



Therefore, the citizens considered themselves to be mostly informed on the effects alcohol may have on health. Women consider themselves to be more informed than men, and the young population also when compared to the elderly.



Slijedi prikaz čestote uporabe alkoholnih pića (pivo, vino i žestoka alkoholna pića) kod građana Rijeke.



Kao što se iz grafičkog prikaza može vidjeti građani Rijeke u dobi od 15 do 75 i više godina u prosjeku piju različita alkoholna pića jednom mjesečno. Od alkoholnih pića najčešće se pije vino, a najrjeđe žestoka alkoholna pića.

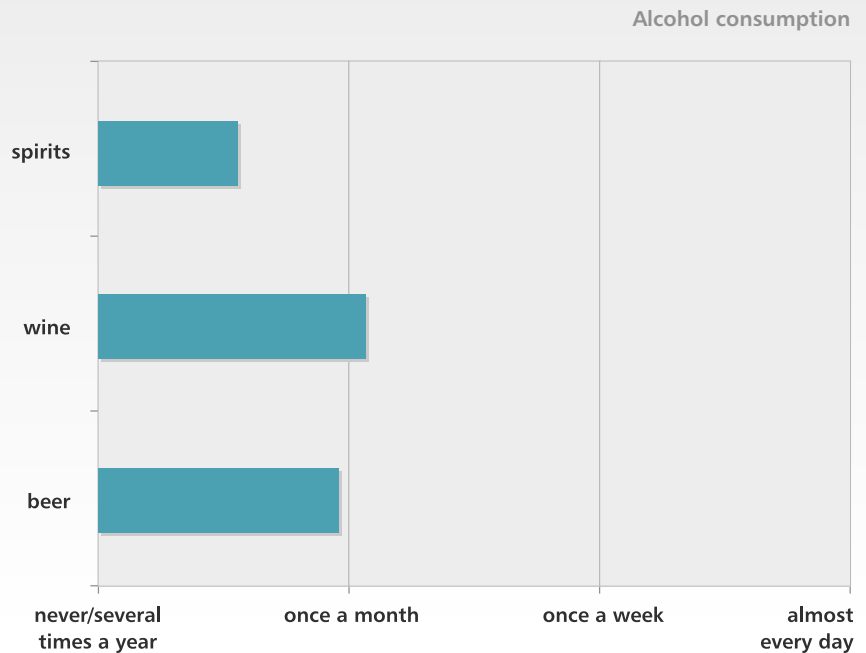
Pivo češće piju muškarci, i češće mlađe osobe nego starije (od 65 godine na više).

Vino piju podjednako i mladi i starije osobe, ali nešto češće muškarci nego žene.

Žestoka alkoholna pića ponovno češće piju muškarci nego žene, te mlađe osobe češće u odnosu na starije. Žestoka alkoholna pića najčešće piju najmlađi ispitanici (15-24 godine), a najrjeđe stariji od 65 godina.

S obzirom na to da pijenje alkoholnih pića ima izrazitije i poznatije posljedice za zdravlje, veća je pozornost posvećena pijenju alkohola, dok je pijenje ostalih bezalkoholnih pića u nastavku prikazano samo ilustrativno.

The following illustration shows consumption of alcoholic drinks (e.g. beer, wine, and spirits) among the citizens of Rijeka.



As the graph illustrates, the citizens of Rijeka in the 15-75-plus age range consume various alcoholic drinks once a month on average. Wine is the most commonly consumed alcoholic beverage, whereas spirits are rarely consumed.

Men and younger people tend to consume more beer, unlike the elderly (i.e. 65 years of age and older).

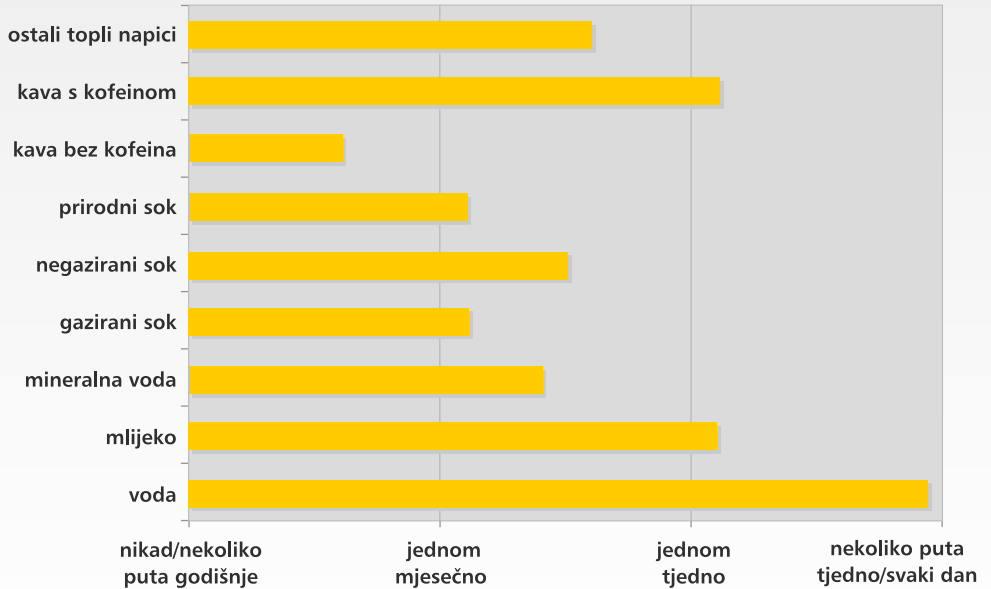
Wine is consumed equally by both young and the elderly, but somewhat more often by men than by women.

Again, spirits are consumed more often by men and younger, unlike women and the elderly respectively. Spirits are most commonly consumed by the youngest participants (i.e. in the 15-24 age range), and the least by people older than 65 years of age.

As alcohol consumption has more obvious and better-known health consequences, more attention has been given to alcohol consumption, whereas drinking non-alcoholic beverages is shown only as an illustration.



Učestalost pijenja bezalkoholnih napitaka

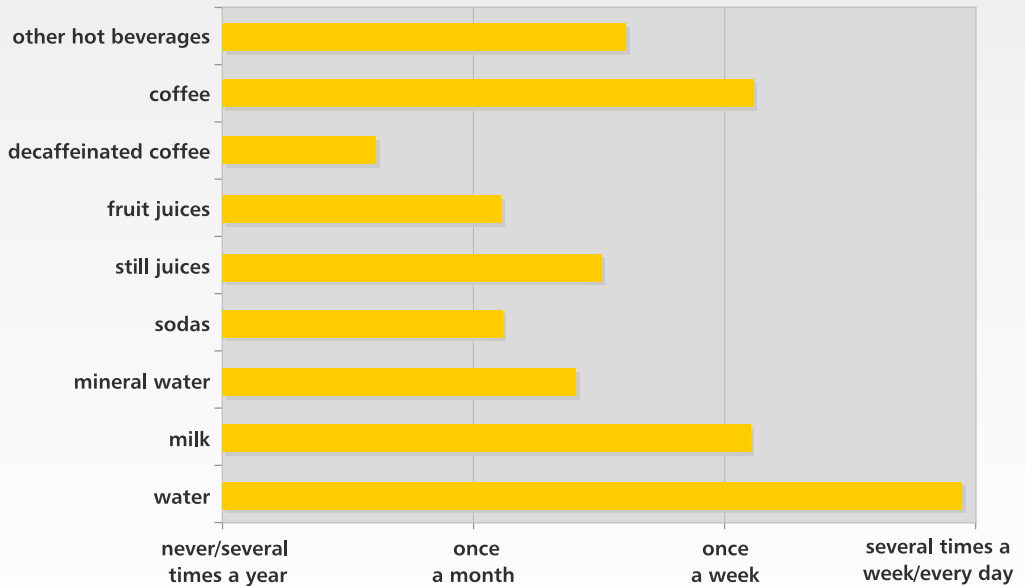


Kao što se vidi iz prethodne slike od bezalkoholnih napitaka najčešće se piju voda, mlijeko i kava s kofeinom (od jednom tjedno do svakodnevno), a najrjeđe kava bez kofeina, gazirani i prirodni sokovi (jednom mjesečno).

Vodu piju podjednako često i muškarci i žene, mladi i stari. Mlijeko podjednako često piju mladi i stari, ali ga žene piju češće nego muškarci. Mineralnu vodu, kao i gazirane sokove piju češće mlađi ispitanici nego stariji, muškarci češće nego žene. Negazirane sokove, tvornički proizvedene češće piju mlađi ispitanici nego stariji, podjednako često muškarci i žene. Međutim prirodne, cijedene sokove češće piju žene nego muškarci, ali ih također češće piju mlađi ispitanici u odnosu na starije. Kavu bez kofeina piju podjednako često žene i muškarci, nešto češće mlađi ispitanici u odnosu na starije. Za razliku od toga, kavu s kofeinom piju češće stariji ispitanici i nešto češće žene nego muškarci. Ostale tople napitke (kakao, čaj i slično) podjednako često piju osobe obaju spolova, nešto rjeđe osobe od 35 do 64 godine u odnosu na mlađe i starije od te dobi.



Consumption of non-alcoholic beverages



As the previous figure shows, non-alcoholic beverages water, milk, and coffee are most often consumed (i.e. as often as once a week to as often as every day), and least often are beverages such as decaffeinated coffee, sodas and fruit juices (i.e. once a month).

Water is equally consumed by men and women, the young and the old. Milk is equally consumed often by both young and the old, but women tend to drink it more than men. Mineral water and sodas are preferred by younger participants and by men, unlike the elderly and women respectively. Factory-made still juices are the most common choice by the young rather than the elderly, but equally chosen by both men and women. However, freshly squeezed fruit juices are preferred by women, but also by younger participants. Decaffeinated coffee is equally used by both women and men, somewhat more often by younger participants than the elderly. In contrast, coffee is consumed more often by the elderly and women than by men. Other hot beverages (e.g. cocoa, tea etc) are equally consumed by both sexes, somewhat less by people in the 35-64 age range, as compared with the younger and the elderly.

Treba napomenuti da su s obzirom na konzumiranje alkoholnih pića posebno rizične skupine muškarci te najmlađi ispitanici (od 15 do 24 godine) obaju spolova.

Samo u toj najmlađoj dobi žene konzumiraju alkoholna pića, a posebno žestoka alkoholna pića podjednako često kao i muškarci.

U budućim bi istraživanjima detaljnije trebalo ispitati ne samo čestoću pijenja alkoholnih pića, nego i količinu konzumiranih pića, kao i specifične uzorke pijenja (npr. u kojim prilikama ispitanici piju koja pića). Naime neka istraživanja pokazuju da je kod osoba koje alkoholna pića konzumiraju uz jelo manji rizik za razvoj koronarnih bolesti srca nego kod osoba koje piju u drugim okolnostima.

Na kraju, treba napomenuti da je konzumiranje alkoholnih pića posebno važan oblik zdravstvenog ponašanja ne samo zbog potencijalno višestruko negativnih zdravstvenih i socijalnih posljedica za po jedinca, njegovu obitelj i društvo, nego i zbog toga što je konzumiranje alkoholnih pića usko povezano s ostalim rizičnim ponašanjima, kao što su seksualni odnosi bez zaštite, pušenje, prometni prekršaji itd., koji su dodatna opasnost ne samo za pojedinca koji konzumira alkohol nego i za ljude oko njega.





It is important to state that, given the level of alcohol consumption, risk groups are men and younger participants (in the 15-24 age range) of both sexes.

Only at that age do women consume alcoholic drinks, spirits in particular, as often as men do.

Future research should deal in more detail not only with the frequency of alcohol consumption, but the amount of drinks consumed, as well as specific patterns of drinking (e.g. in which circumstances is alcohol consumed and which types). Namely, some research has shown that people who consume alcohol with a meal tend to develop fewer cardiovascular diseases than those who drink at other times.

In conclusion, it should be pointed out that alcohol consumption is an important form of health behaviour, not only due to potentially multiple negative health and social consequences to the individual, his family and society, but also because alcohol consumption is closely related to other risk behaviour, such as unprotected sex, smoking, traffic offences etc, which pose additional danger, not only to an individual consuming alcohol, but to others around them as well.

Konзумiranje duhanskih proizvoda

Smatra se da svake godine oko tri milijuna ljudi u svijetu umre od posljedica korištenja duhanskih proizvoda, a pretpostavlja se da će 2020. godine broj osoba umrlih od posljedica pušenja iznositi čak 10 milijuna. Smatra se da će do tada pušenje postati vodeći pojedinačni uzrok smrti, uzrokujući svaku osmu smrt. Gotovo pola milijarde osoba koje su danas žive umrijet će od posljedica korištenja duhana. Štoviše, polovica pušača umrijet će prerano upravo zbog korištenja duhanskih proizvoda.

Naime, pušenje je uzrok gotovo trećini slučajeva raka (pluća, grkljana, usne šupljine, jednjaka, mjehura, bubrega i gušterače), trećini slučajeva bolesti srca i krvožilnog sustava i većini slučajeva bolesti pluća, uključujući emfizem i astmu (oko 80%).

Pušenje uzrokuje i mnoge druge zdravstvene probleme poput akutnih respiratornih infekcija, alergija, čira na želucu i dvanaesniku i sl.

Treba istaknuti da pušenje u interakciji s pojedinim lijekovima može biti podosta opasno. Primjer je za to istodobno korištenje kontracepcijskih tableta i pušenje, što znatno povećava rizik od srčanog udara, čega je zapravo malo žena svjesno.

Također, pušenje i istodobno uzimanje alkohola još više povećavaju rizik od nastanka pojedinih bolesti poput karcinoma usne šupljine, jednjaka i grkljana.

Pušenje tijekom trudnoće također ima neposredne i odgođene negativne efekte na sam tijek trudnoće i kasniji razvitak djeteta.

Nadalje, poznato je da i pasivno pušenje također predstavlja znatan rizik za zdravlje. Izlaganje nepušača duhanskom dimu opasno je jer povećava rizik od raka pluća, bolesti srca i bolesti dišnog sustava. Kod djece pasivno pušenje najčešće uzrokuje respiratorne probleme, uključujući bronhitis, upalu pluća i astmu.

Jednom stečena navika pušenja teško se prekida, premda nije nemoguće prestati pušiti. Stoga, iz perspektive zdravlja najbolje je prevenirati započinjanje pušenja, međutim i prekidanje stečene navike pušenja ima svoje koristi, stoga je treba poticati i podržavati.

Današnje spoznaje osiguravaju uspjeh na obama područjima.

Tobacco consumption

It is estimated that 3 million people die every year due to tobacco consumption, and it is estimated that by the year 2020 the number of deaths caused by ill effects of smoking will have reached a staggering 10 million. It is believed that by then smoking will have become the leading cause of death, causing one in every eight deaths. Almost half a billion people living today will die due to the ill effects of tobacco. Furthermore, half of smokers will die prematurely precisely because of tobacco consumption.

Namely, smoking is responsible for almost a third of all carcinomas (e.g. lungs, larynx, oral cavity, oesophagus, bladder, kidneys, and pancreas), a third of cardiovascular diseases and most lung diseases, including emphysema and asthma (ca 80%).

Smoking causes other health problems, such as acute respiratory infections, allergies, stomach and duodenal ulcer, etc.

It is important to state that smoking in interaction with some medications can be quite dangerous. One such example is using birth-control pills and smoking, thus increasing the risk of heart attack, of which only a small percentage of women are aware.



Podaci pokazuju da među građanima Rijeke duhanske proizvode koristi 16,7% ispitanih žena i 20,6% ispitanih muškaraca, odnosno ukupno 37,3% ispitanih građana.

Također, treba istaknuti da je 69% ispitanika-nepušača izloženo duhanskom dimu od svojih kolega na poslu, ukućana ili nekih drugih ljudi u trajanju od prosječno 70-ak minuta na dan. Važno je pri tome naglasiti da 48,8% tih ispitanika izjavljuje da im poprilično ili izrazito smeta duhanski dim.

Najveći broj ispitanika-pušača započeo je koristiti duhanske proizvode s 18 godina života. Najranija je dob započinjanja s pušenjem sedma godina života, a najkasnija 60. godina. Žene su u prosjeku počele pušiti s 20 godina, odnosno nešto kasnije u odnosu na muškarce koji su u prosjeku počeli pušiti s 19 godina, što predstavlja statistički značajnu razliku u dobi započinjanja s pušenjem.

U prosjeku ispitanici duhanske proizvode koriste ili su ih koristili u trajanju od 20 godina. Trajanje korištenja duhanskih proizvoda kreće se od jedne do 60 godina.

Ispitanici koji puše (ili su pušili) cigarete dnevno puše u prosjeku 20 cigareta. Najveći je broj popušenih cigareta tijekom dana 80, a najmanji pola cigarete na dan.



In addition, smoking combined with alcohol drinking increases the risk of certain diseases, i.e. oral cavity carcinoma, oesophagus, and larynx carcinomas.

Smoking during pregnancy also has a direct and delayed negative effects on the very course of pregnancy and later development of the baby.

Furthermore, it is well-known that passive smoking is a significant health risk. Being exposed to tobacco smoke can increase the risk of lung cancer, heart diseases and respiratory diseases in non-smokers. Passive smoking in children commonly causes respiratory problems, i.e. bronchitis, pneumonia, and asthma.

Once the habit of smoking is acquired, i.e. it is difficult to break, although it is not impossible to stop smoking. Therefore, from a health perspective it is best to prevent smoking, even though breaking the habit has its benefits and thus should be encouraged.

What we know today can guarantee us success in both cases.

The findings show that 16.7% of women and 20.6% of men use tobacco products, i.e. 37.3% of participants.

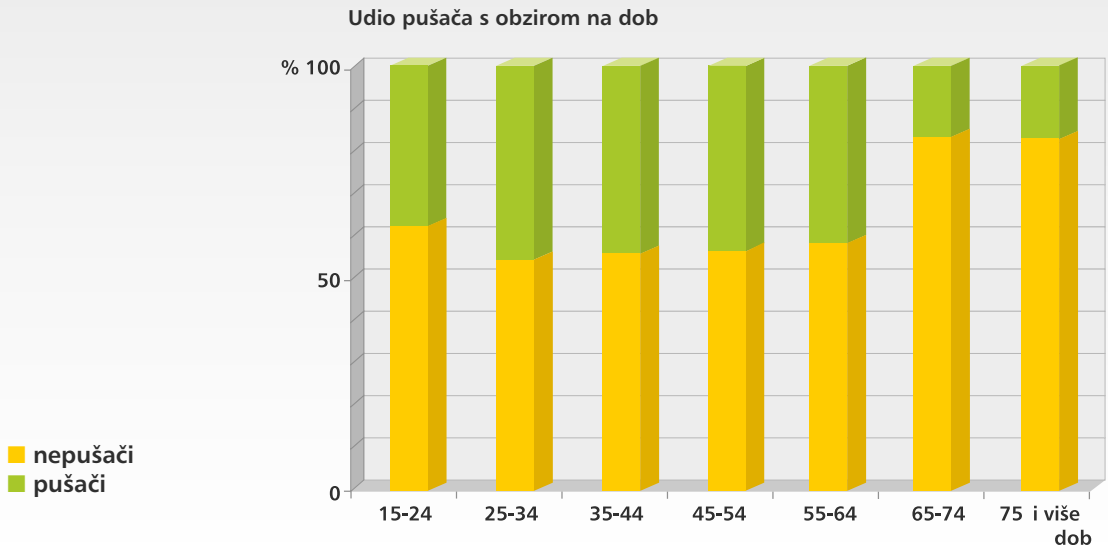
In addition, it should be mentioned that 69% of non-smokers are exposed to tobacco smoke by their colleagues, members of family or other people for ca 70 minutes a day on average. It is important to point out that 48.8% of these participants state that they are mildly or extremely troubled by tobacco smoke.

The vast majority of participants started using tobacco products when they were 18. The earliest age at which participants started smoking was 7, and the latest 60. Women started smoking when they were 20, which is somewhat later than men who started smoking when they were 19 on average, and it presents a statistically significant age difference in starting smoking.

On average, the participants have been smoking or used to smoke for as long as 20 years. The time scale of tobacco consumption is from one to sixty years.

Participants who smoke (or used to smoke) on average smoke 20 cigarettes per day. The highest number of cigarettes smoked is 80 cigarettes per day and the lowest half a cigarette.

Slijedi prikaz učestalosti pušenja u pojedinim dobnim skupinama ispitanih građana Rijeke.



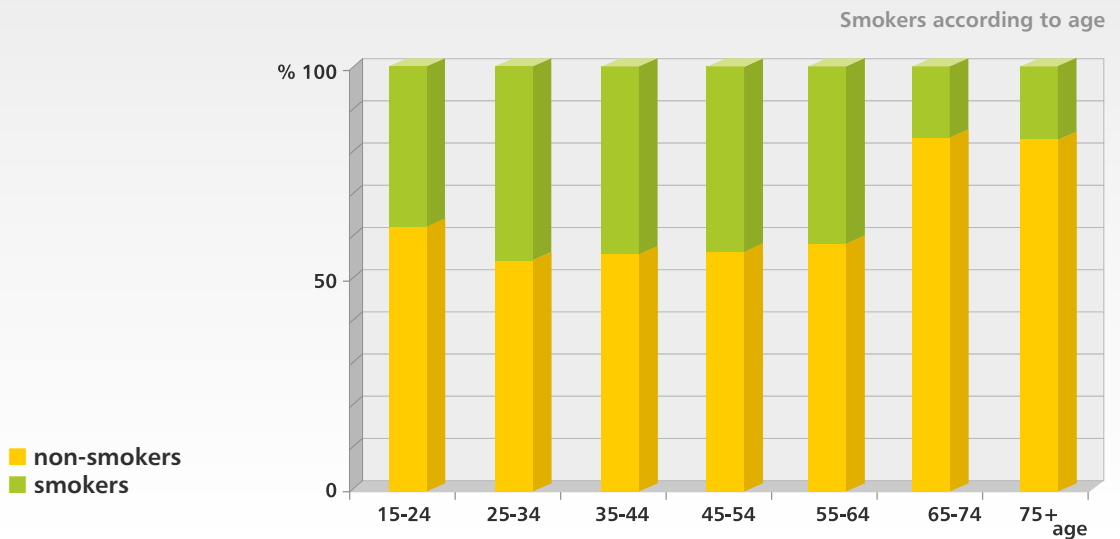
U dobnim skupinama od 25 do 65 godine života značajno je veći udio (broj) pušača, nego u dobnim skupinama od 15 do 24 i od 65 godina na više.

Utvrdeno je da generalno statistički značajno više muškaraca nego žena puši, pri čemu je ta razlika najveća u dobnoj skupini od 55. do 64. godine života.

Što se tiče pušenja kod ženskog spola, utvrđeno je da je udio pušačica u dobi od 15 do 55 godine veći nego u starijim dobnim skupinama.



The following graph illustrates smokers in all age groups of participants.



There are significantly more smokers within the 25-65 age group than in those from 15 to 24 years of age and 65-plus.

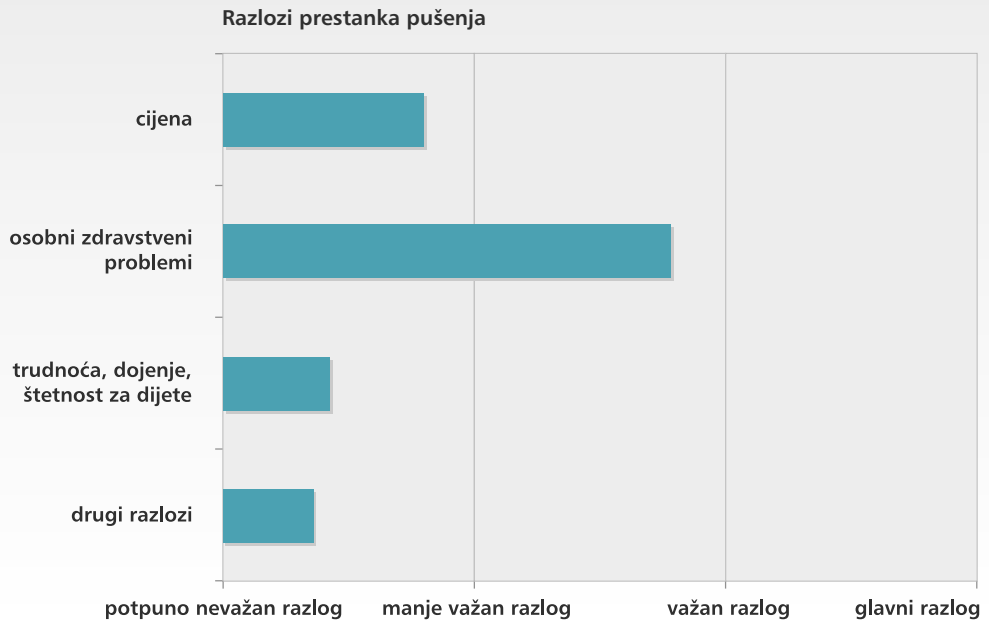
It has been established that in general more men smoke than women, with the biggest difference established in the 55-64 age range.

As far as smoking in women is concerned, it has been established that the ratio of women-smokers in the 15-55 age range is higher than in groups of people older than 55.



Kod muškaraca, udio pušača u dobi od 25 do 65 godine, veći je nego u najmlađoj dobnoj skupini (15-24 godine) i starijim dobnim skupinama od 65 godina na više.

Slijedi prikaz razloga prestanka pušenja kod osoba koje su prije pušile, a sada to ne čine.

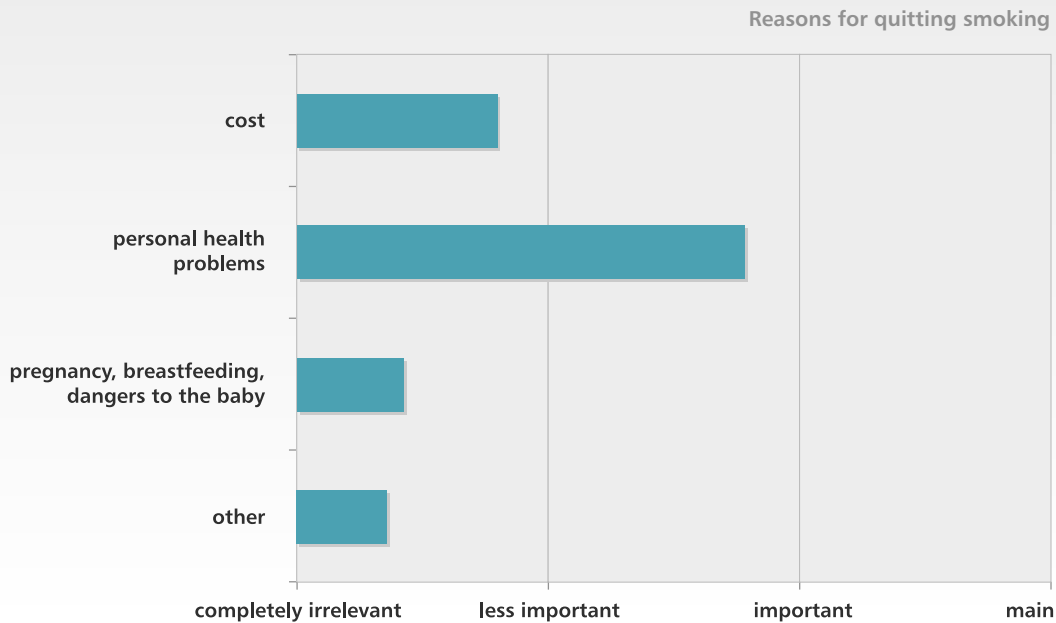


Iz prethodnog prikaza može se vidjeti da je građanima Rijeke koji su prekinuli naviku pušenja, najvažniji razlog za to bio osobni zdravstveni problem. Najrjeđe se prestanak pušenja vezuje uz trudnoću, dojenje ili procjenu moguće štetnosti ispitanih pušenja za vlastitu djecu i druge nespecificirane razloge.

Muškarci i žene značajno se razlikuju jedino u tome koliko su im trudnoća, dojenje i štetnost pušenja za dijete važan razlog za prestanak pušenja. Ženama to predstavlja važniji razlog prestanka pušenja nego muškarcima. Ostali su im razlozi bili podjednako važni.

In the 25-65 age range among men the ratio of smokers is higher than in the younger age group (i.e.15-24) and age groups of 65 years of age and older.

The following chart illustrates reasons for quitting smoking in people who used to smoke, but no longer do so.

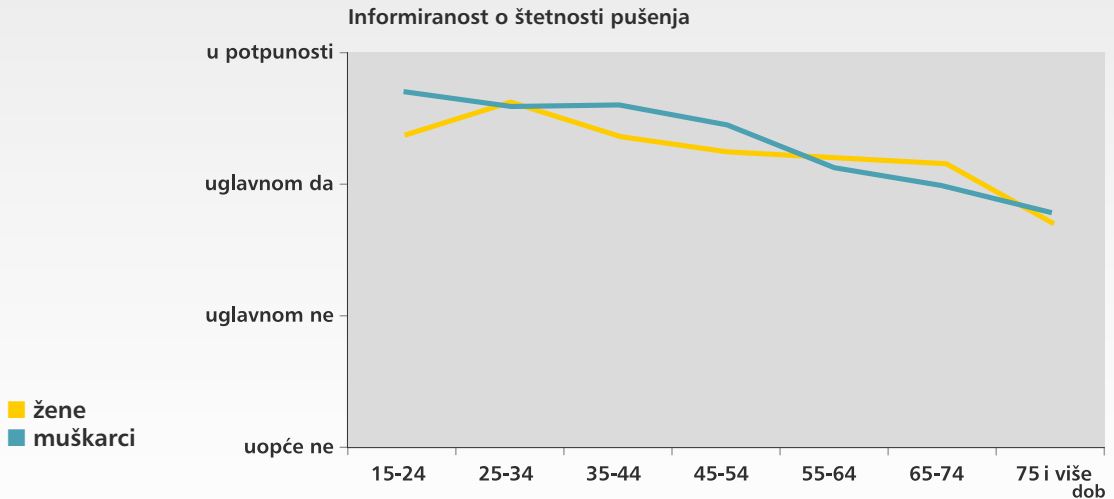


The previous chart shows that the citizens of Rijeka who have given up smoking state a health related problem to be the most important reason for such a decision. The least common reason for breaking the habit of smoking is linked to pregnancy, breastfeeding or estimate of potential damage to participant’s children and other unspecified reasons.

Men and women differ significantly only in how important they perceive pregnancy, breastfeeding, and dangers to the baby as reasons for quitting smoking. Unlike men, women find this to be the most significant reason to stop smoking. Other reason were equally important to them.



Slijede rezultati o obaviještenosti građana, prema spolu i dobi, o štetnom djelovanju korištenja duhanskih proizvoda na zdravlje.



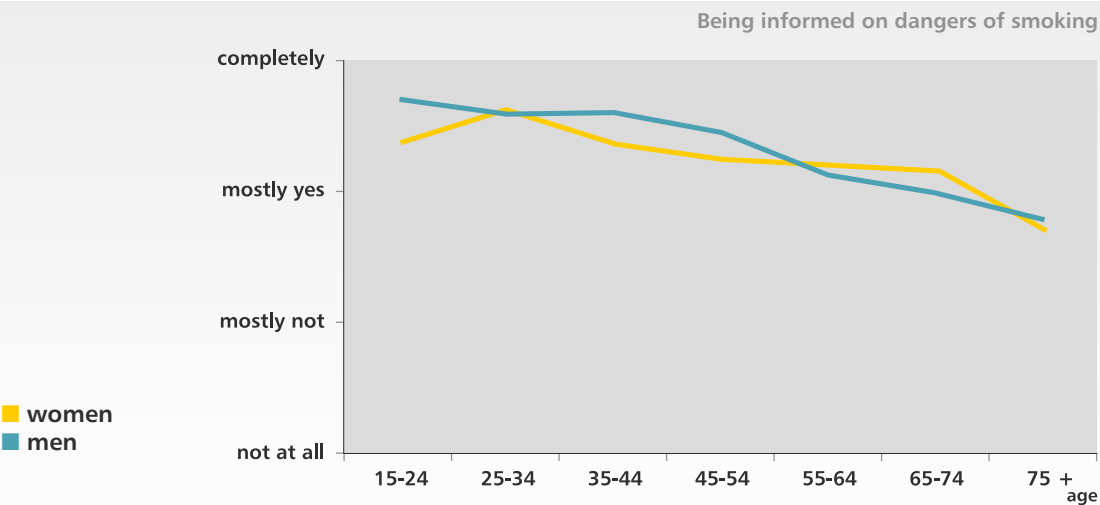
Treba reći da se i žene i muškarci svih dobni skupina općenito smatraju uglavnom ili u potpunosti informiranim o efektima korištenja duhanskih proizvoda na zdravlje. Pri tome se žene u prosjeku smatraju nešto informiranijima od muškaraca o štetnosti pušenja, kao i mlađe osobe u odnosu na starije.

U kontekstu ovoga negativnog zdravstvenog ponašanja, posebno treba istaknuti problem pasivnog pušenja kojem je izloženo gotovo 70% nepušača.

S obzirom na to da su muškarci općenito nešto rizičnija skupina, edukativni programi s ciljem prevencije započinjanja pušenja usmjereni prema njima trebali bi započeti već u osnovnoj školi (oko dvanaeste godine života). Programi prevencije započinjanja pušenja trebali bi biti usmjereni na informiranje i savladavanje važnih socijalnih vještina. Oni bi trebali naučiti djecu i adolescente o neposrednim i dugotrajnim posljedicama pušenja te o načinima kako imitiranje drugih i pritisak ponašanja vršnjaka utječe na njihovu sklonost ka pušenju te o načinima kako se mogu oduprijeti tim utjecajima.

Za osobe koje se odvikavaju od pušenja trebalo bi osmisлити programe koji uključuju izravno uzimanje nikotina (npr. putem guma za žvakanje) te korištenje određenih averzivnih strategija.

The following results show how informed citizens are in terms of dangers of smoking, according to age and sex.



It is important to state that both men and women of all age groups consider themselves to be *mostly* or *completely* informed on the effects that tobacco usage has on health. Women considered themselves to be somewhat more informed than men, as did younger people when compared to the elderly.

In the context of this negative health behaviour, the problem of passive smoking should be addressed, as almost 70% of non-smokers are subjected to it.

Men being a riskier group in general, educational programmes aimed at preventing smoking focused on them should begin as early as elementary school (i.e. at the age of 12). Smoking prevention programmes should be directed towards informing and acquiring important social skills. They should teach children and adolescents about direct and long-lasting consequences of smoking, as well as how by modelling others and peer pressure affect their attitude towards smoking, and on ways of resisting such influence.

For people who are trying to give up smoking, programmes should be designed to include direct nicotine intake (e.g. chewing gums) and use of certain aversive strategies.

Za održanje navike nepušenja treba organizirati programe koji bi trebali uključiti i socijalne, kognitivne i vještine suočavanja koje bi bivšim pušačima mogle pomoći da u situacijama visokoga stresa, niske socijalne podrške, niske samoučinkovitosti i povećanja tjelesne težine ne počnu opet pušiti.



For maintaining the habit of non-smoking, programmes should be organised which would include social, cognitive and coping skills in order to help former smokers in situations that are highly stressed, with low level of social support, low self-efficacy or increased body weight so they do not revert to smoking.



Izlaganje suncu

Nasuprot *imidžu* zdravlja koji se vezuje uz preplanuli ten, preplanulost zapravo označava oštećenje kože.

Zanimljivo je napomenuti da mnogobrojna istraživanja potvrđuju da se ljudi izlažu sunčevim zrakama radi preplanulog izgleda s ciljem podizanja vlastite atraktivnosti.

Može se reći da je pretjerano izlaganje suncu bez sumnje štetno, posebice za one koji se izlažu suncu na način koji je neprimjeren tipu njihove kože i pigmentaciji. Osobito je rizično pretjerano se izlagati sunčevim zrakama za osobe koje su svijetla tena i lako *izgore*.

Osim karcinoma kože, pretjerano izlaganje sunčevim zrakama također uzrokuje kataraktu i još neke bolesti oka, kao i ponovnu aktivaciju pojedinih virusnih infekcija.

Također, treba istaknuti da je bolesti koje nastaju zbog takvih ponašanja moguće potpuno izbjeći primjenjujući prikladnu zaštitu od sunca.



Sun exposure

Contrary to the image of health one has when talking about tanned skin, tanned skin actually means damaged skin.

It is interesting to mention numerous research which confirm that people sunbathe in order to acquire a tanned look with the ultimate goal of increasing their own attractiveness.

It is fair to say that excessive sunbathing is no doubt harmful, especially to those exposing themselves, irrespective of their skin type and pigmentation. It is particularly risky for people who are fair-skinned and get sunburnt easily to sunbathe excessively.

Apart from skin cancer, excessive sunbathing causes cataract and other eye diseases, not to mention the fact that viral affections can thus be reactivated.

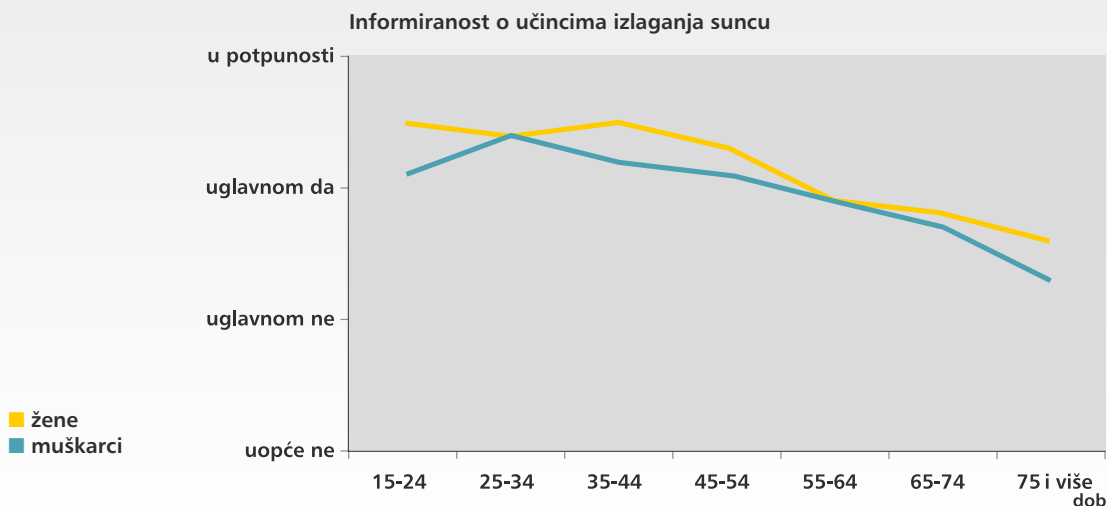
In addition, it is possible to completely avoid diseases that occur due to such behaviour by using adequate sun protection.



Međutim, isto je tako poznato da izlaganje suncu ima i određene pozitivne učinke na zdravlje jer omogućuje sintezu vitamina D.

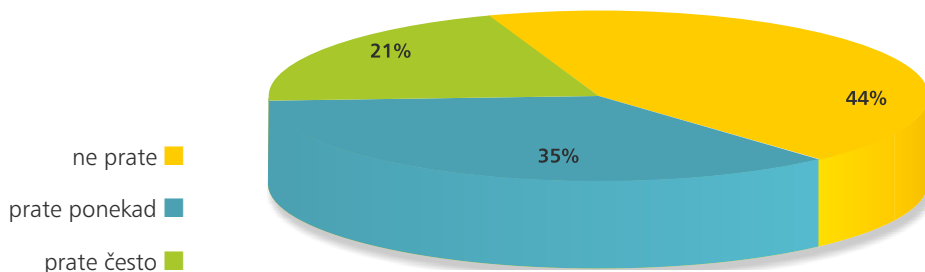
Stručnjaci koji se bave tom problematikom stoga predlažu adekvatno izlaganje sunčevim zrakama, koje ovisi o dobi, pigmentaciji, zdravstvenom stanju, te okruženju u kojem osoba živi.

Na početku prikaza rezultata u vezi sa zaštitnim mjerama koje poduzimaju građani Rijeke pri izlaganju sunčevim zrakama, slijedi prikaz percepcije njihove informiranosti o učincima koje izlaganje suncu ima na zdravlje.



Općenito gledajući, građani Rijeke smatraju se u prosjeku od *uglavnom* do *potpuno* obaviještenima o učincima koje izlaganje suncu ima na zdravlje. Žene se smatraju obaviještenijima o mogućim pozitivnim i negativnim učincima izlaganja suncu na zdravlje u odnosu na muškarce. Također, mlađe se osobe smatraju obaviještenijima o spomenutim učincima u odnosu na stariju populaciju.

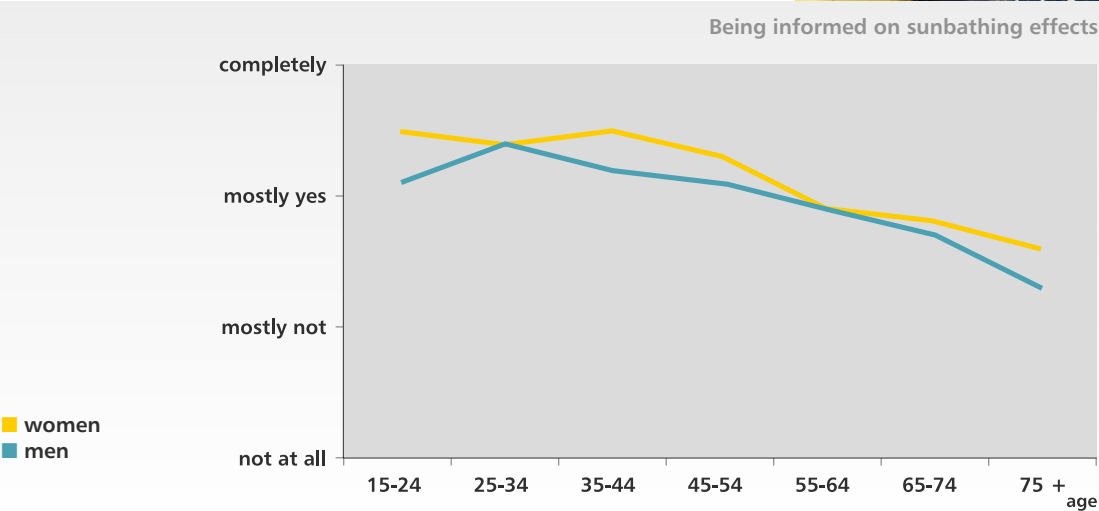
Praćenje informacija u medijima o UVA i UVB zračenjima



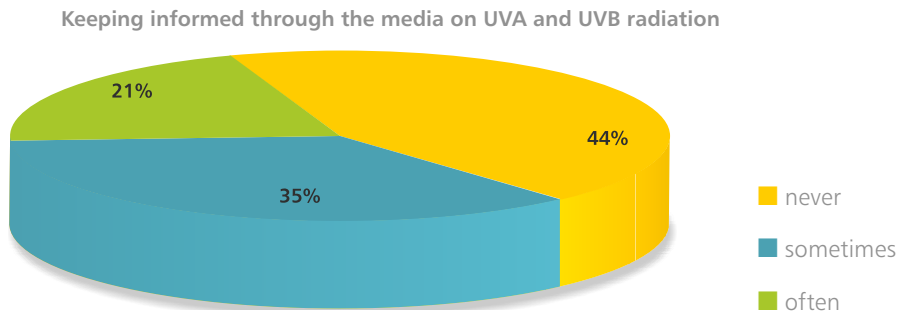
However, it is well-known that sunbathing has certain positive health effects as well, as it allows vitamin D synthesis.

Experts dealing with this problem suggest sunbathing that is appropriate to age, pigmentation, health status, clothing style and living environment.

A review of findings on preventive measures while sunbathing begins with the illustration on how the citizens of Rijeka perceive themselves in terms of being informed on the health effects of sunbathing.



In general, the citizens of Rijeka consider themselves to be mostly to completely informed on the health effects sunbathing may have. Women considered themselves to be more informed on possible positive and negative health effects of sunbathing than men, as do younger people in comparison with the elderly.



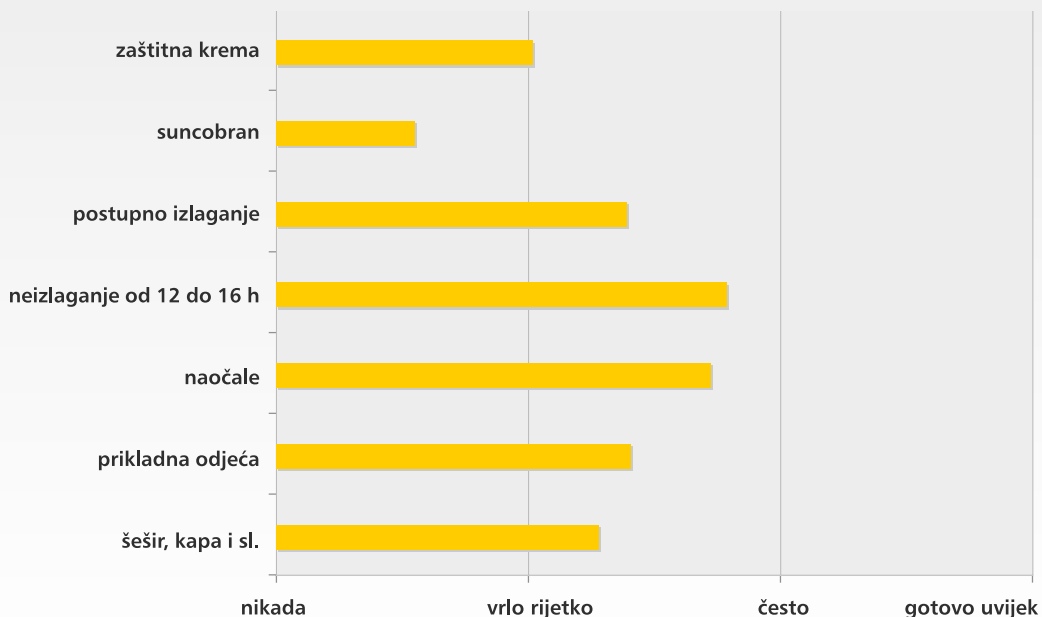


Čak 44% ispitanika izjavljuje da ne prati informacije o štetnim UVA i UVB zračenjima koje se prezentiraju u medijima.

Građani Rijeke tijekom ljetnih mjeseci prosječno su izloženi sunčevim zrakama dva i pol sata, od toga u razdoblju od 12 do 16 sati pola sata dnevno, a u razdoblju do 12 i nakon 16 sati, dva sata.

Slijedi prikaz rezultata koji pokazuju čestotu primjerenih ponašanja zaštite od štetnog djelovanja UV zračenja, odnosno korištenja uobičajenih sredstava zaštite kod građana Rijeke.

Zaštita od sunca



Kao što se vidi, građani Rijeke najčešće pribjegavaju neizlaganju suncu u razdoblju od 12 do 16 sati te koriste naočale za sunce. Najrjeđe koriste suncobran za zaštitu od sunca.

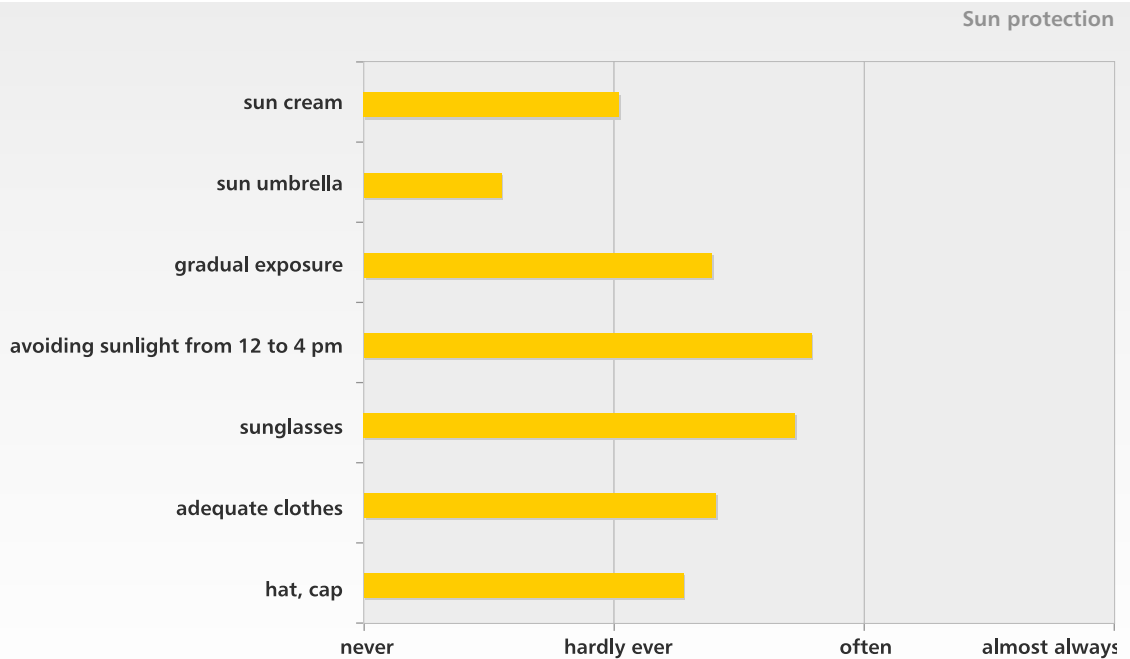
Utvrđeno je da žene češće upotrebljavaju sva navedena zaštitna sredstva protiv štetnog djelovanja sunca (kreme, naočale, prikladnu odjeću), kao i da se učestalije ponašaju u skladu s preporukama korisnima za zdravlje (postupno izlaganje suncu, neizlaženje u najtoplije doba dana i sl.) u odnosu na muškarce.

Također je utvrđeno da se starije osobe rjeđe prikladno odijevaju ljeti (npr. nose odjeću svjetlijih boja), rjeđe nose naočale, rjeđe više-

As much as 44% of participants do not keep themselves informed on UVA and UVB radiation presented by the media.

During summer months, the citizens of Rijeka are exposed to sun two and a half hours on average, half an hour which is spent in the period between noon and 4 pm, and in the period from noon to 4 pm two hours a day.

The following chart illustrates other forms of useful behaviour people of Rijeka apply to protect themselves from harmful ultraviolet radiation, i.e. use of the usual sun protection.



As the illustration above shows, the citizens of Rijeka mostly resort to avoiding sunlight from 12 to 4 pm, as well as using sunglasses. The least commonly used protection is sun umbrella.

It has been established that women use all means of sun protection (e.g. sun cream, sunglasses, adequate clothes), and tend to apply behaviour that is beneficial to health (i.e. gradual sun exposure, avoiding sunlight during the warmest time of day etc), unlike men.

In addition, it has been established that the elderly rarely wear adequate clothes in summer (i.e. clothes in light colours), seldom wear sunglasses, apply sun cream or gradually sunbathe, when compared



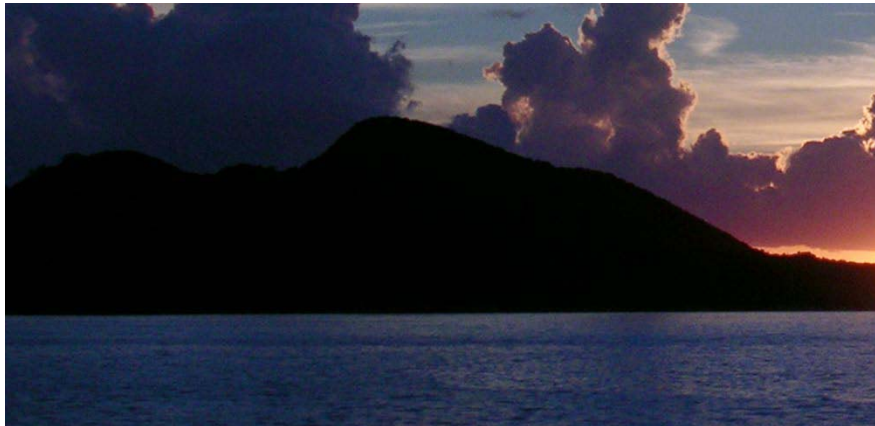
kratno nanose zaštitnu kremu i rjeđe se postupno izlažu suncu nego mlade osobe. Međutim nešto češće u odnosu na mlade upotrebljavaju suncobrane.

Mlađi i stariji ispitanici međusobno se ne razlikuju u čestoti korištenja šešira, kapa i sl. ljeti, kao ni u izbjegavanju sunca od 12 do 16 sati. Jedni i drugi to čine podjednako često.

-
- Općenito, može se reći da se starije osobe i osobe muškoga spola smatraju slabije informiranim o potencijalnim zdravstvenim opasnostima od izlaganja suncu te da se ponašaju rizičnije. Također, građani su relativno slabo informirani o mogućnosti zaštite kremama, te se općenito relativno rijetko koriste različitim sredstvima za zaštitu od sunca. Zbog toga bi u suradnji sa stručnjacima (npr. dermatolozima, farmaceutima, okulistima itd.) trebalo pripremiti edukativne programe i materijale radi boljeg upoznavanja građana s potencijalno štetnim učincima izlaganja suncu te adekvatnim načinima zaštite.
 - Slična istraživanja govore da bi edukacije i edukativni materijali trebali biti drugačiji za žene i muškarce, budući da je marketing sredstava za zaštitu od sunca takav da ih mnogi povezuju s kozmetikom, što je većini muškaraca unaprijed neprihvatljivo.

Posebno bi se trebalo usmjeriti na informiranje i edukaciju osoba sklonijih karcinomu kože jer osobe koje dobiju informaciju o tome da imaju veći rizik od spomenute bolesti češće primjenjuju zaštitu od sunca.

Treba napomenuti da edukacije vezane uz zaštitu od sunca trebaju uzeti u obzir i korisnost sunčanja. Naime primjereno izlaganje suncu korisno je za održavanje potrebne razine vitamina D, posebno kod određenih skupina kao što su npr. starije osobe i osobe s tamnijom kožom.



to younger people. However, they tend to use sun umbrellas more than young population.

Younger participants and the elderly do not differ when it comes to wearing hats, caps and similar in the summer, as well as avoiding sun-light from midday to 4 pm, as both groups do it equally.

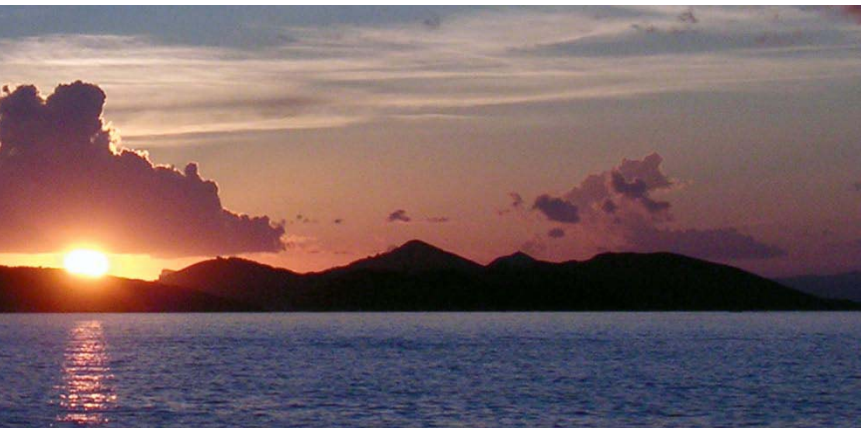
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To sum up, it is fair to say that the elderly and men are less informed on the potential health hazards of sun exposure, and their behaviour is more risky. Furthermore, citizens are relatively poorly informed on creams as possible sun protection, and in general rarely use other sun protection. Therefore, educational programmes and material should be prepared in cooperation with experts (e.g. dermatologists, pharmacists, ophthalmologists) in order to raise awareness of potentially harmful effects sunbathing may have and ways of adequate sun protection.

Similar research indicate that education and educational material should be different for both men and women, as the marketing of sun creams is such that people tend to associate them with cosmetics, which is a considerable obstacle for using such products where men are concerned.

Special attention should be directed towards informing and educating people prone to skin cancer, as people who are made aware that they have an increased risk of the disease, tend to use sun protection more.

It needs to be pointed out that education regarding sun protection should consider sunbathing benefits as well. That is to say, adequate sun exposure is useful for maintaining the necessary vitamin D level, especially in certain age groups, i.e. the elderly with darker complexion.



Korištenje lijekova

Istraživači su dokazali da je uzimanje lijekova složen zadatak povezan s različitim drugim čimbenicima. Neke su od njih kognitivne sposobnosti kao što su: pamćenje, vještine suočavanja s problemima i njihova rješavanja, kao i drugi psihosocijalni čimbenici, kojima pripadaju osobna i kulturalna uvjerenja povezana s korištenjem lijekova.

Nepridržavanje uputa pri uzimanju lijekova jedno je od negativnih ponašanja povezanih sa zdravljem.

Ono ima mnogobrojne posljedice po nečije zdravlje i kvalitetu života, ali i po cjelokupni zdravstveni sustav neke zemlje – od smanjenja učinkovitosti liječenja, pojave određenih komplikacija, neželjenih ishoda bolesti do troškova intervencija hitne službe i hospitalizacija.

Nepridržavanje uputa, prema nalazima istraživanja, svojstvenije je ženama i starijoj populaciji, koja često uzima lijekove zbog različitih kroničnih bolesti. Zanimljivi su podaci koji govore da je više od 10% slučajeva hospitalizacije starijih osoba posljedica nepridržavanja uputa o korištenju lijekova.

Najčešći su razlozi nepridržavanja uputa o uzimanju lijeka: pacijentovo odbijanje prihvatanja vlastita zdravstvenog statusa, emocionalno stanje pacijenta, uvjerenje u vezi sa zdravljem/bolešću, socijalna



Use of medication

Researchers have managed to prove that taking medication is a complex task which is linked to various factors. It includes cognitive abilities such as memory, skills necessary for dealing with and solving the problem, as well as psychosocial factors, such as personal and cultural beliefs, which are linked in terms of using medication.

One negative health behaviour is certainly the non-adherence of prescription of medication.

Non-adherence of those instructions has numerous consequences on one's health and lifestyle quality, as well as the overall health system



of a country – from diluting the effectiveness of therapy, the onset of certain complications, unwanted side-effects, or medical intervention cost (i.e. paramedics) and hospitalisation.

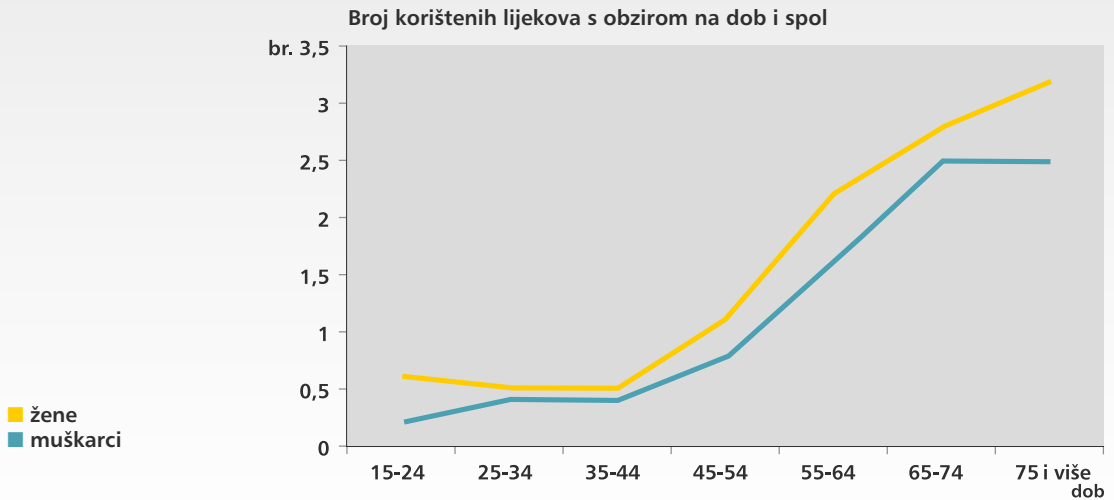
Research findings show that non-adherence of the instructions is more typical of women and the elderly, who often use medication for curing various chronic diseases. Interesting data indicate that more than 10% of hospitalisation cases in the elderly is due to the non-adherence of instructions for a certain drug.

Most common reasons for non-adherence of those instructions are: patient's refusal to accept their health status, patient's emotional state, beliefs related to health/illness, side effects to using a drug, the

podrška, popratni učinci uzimanja lijeka i prestanak simptoma bolesti. Neki smatraju da je pri tome važan i odnos liječnika i pacijenta.

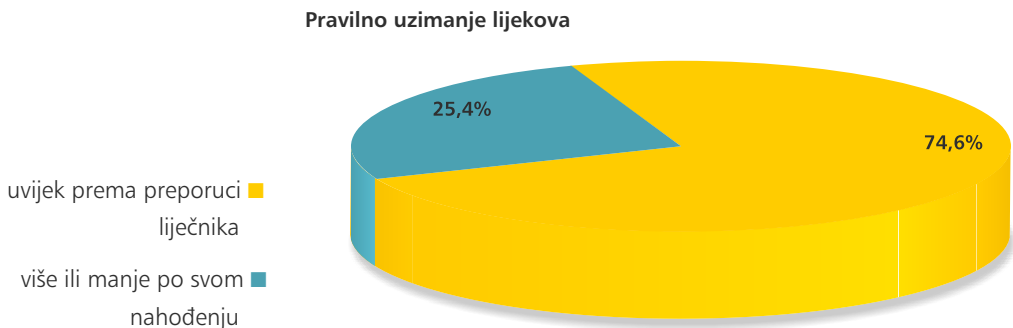
Kakvi su podaci o korištenju lijekova kod građana Rijeke?

Najveći broj, odnosno 55,1% ispitanika, ne uzima nijedan lijek. Ispitanici koji uzimaju lijekove (44,9%) u prosjeku koriste dvije različite vrste lijekova.



Utvrđene su spolne i dobne razlike u broju korištenih lijekova. Žene uzimaju u prosjeku više lijekova nego muškarci, a starije osobe više nego mlađe.

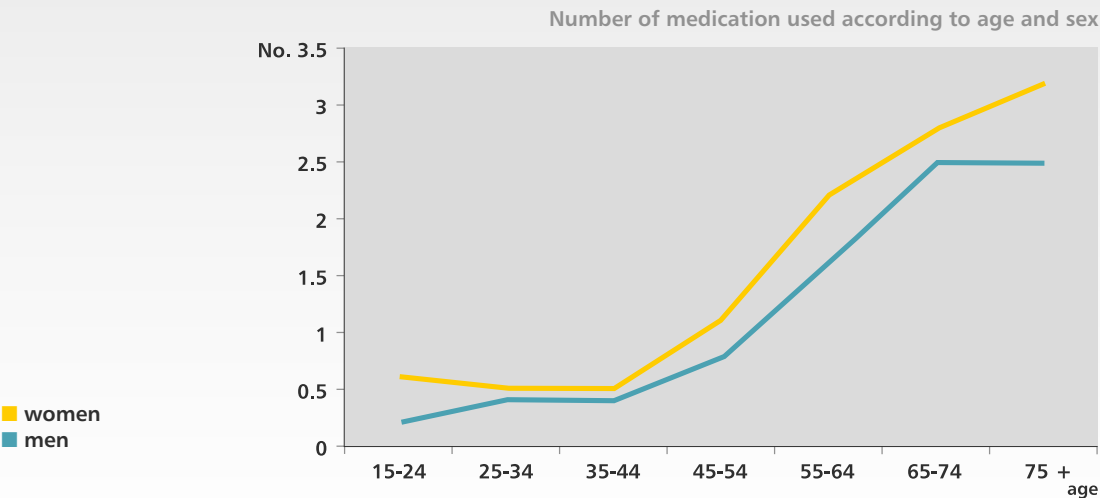
Sljedeća slika prikazuje rezultate o pravilnosti korištenja lijekova.



absence of symptoms, and lack of social support. Some consider that doctor-patient relationship plays an important role as well.

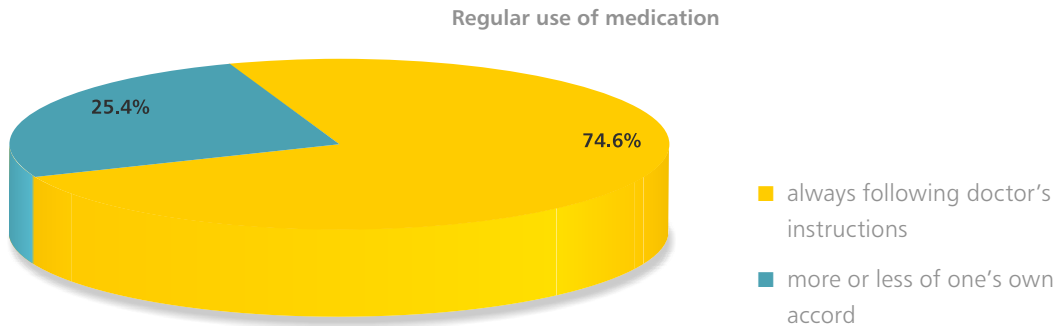
What do we know about use of medication among the citizens of Rijeka?

The majority of participants (i.e. 55.1%) do not use a single medication. Participants taking medication (44.9%) use two different kinds on average.



Sex and age differences have been established in the number of medication used. Women use more medications on average than men, as do the elderly when compared with the young.

The following figure shows results on regular use of medication.

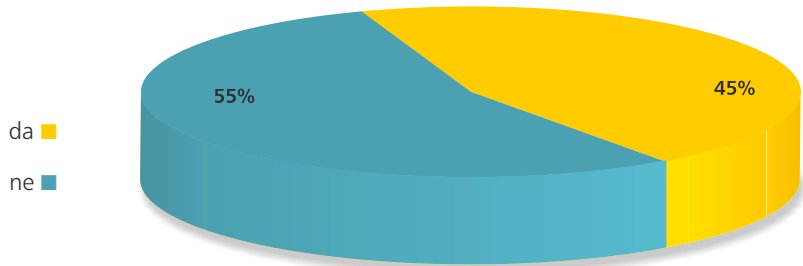


Kao što je vidljivo lijekove prema uputama koje im je dao njihov liječnik uzima 75% ispitanih građana, dok ostali ne slijede njihove preporuke.

Detaljnija analiza rezultata pokazala je da je među onima koji više ili manje uzimaju lijekove prema vlastitu nahođenju više osoba muškog spola i osoba u dobi od 35 do 54 godine.

Sljedeći rezultati prikazuju navike u kupnji lijekova u slobodnoj prodaji.

Korištenje lijekova u slobodnoj prodaji



Lijekove koji se mogu kupiti bez recepta, odnosno one koji se nalaze u slobodnoj prodaji rabi 45% ispitanih građana. Nisu utvrđene razlike u korištenju lijekova koji se mogu kupiti bez recepta s obzirom na dob, što znači da ih podjednako uzimaju osobe svih dobnih skupina. Međutim, utvrđena je značajna razlika u korištenju tih lijekova s obzirom na spol. Žene češće uzimaju lijekove koji se nalaze u slobodnoj prodaji nego muškarci.

Najveći broj onih koji uzimaju spomenute lijekove čine to u prosjeku nekoliko puta na mjesec. Pri tome se 69,9% ispitanika prilikom tih kupnji savjetuje s ljekarnikom o njihovu korištenju ili čita upute prije uporabe, dok 30,1% ispitanika to ne čini.

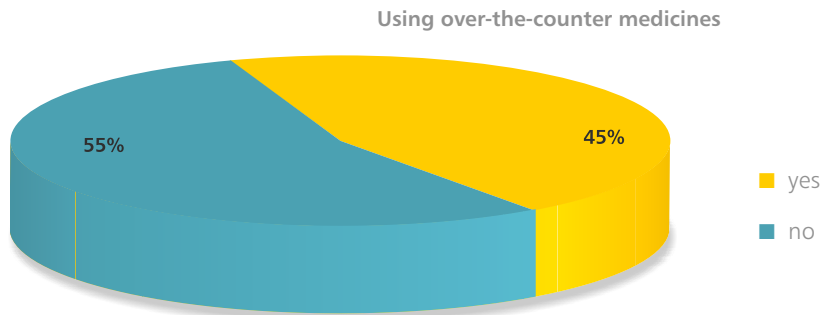
Različitim dodacima prehrani, poput vitamina i minerala stalno se koristi svega 8% ispitanika. Najveći se broj ispitanih građana tim proizvodima koristi u prosjeku jednom na dan.



As the chart shows, 75% of participants follow the doctor's instructions, whereas the rest do not.

A more detailed analysis of the findings has shown that among those who more or less take medications of their own accord are more men and people in the 35-54 age range.

The following results show tendencies in purchasing over-the-counter medicines.



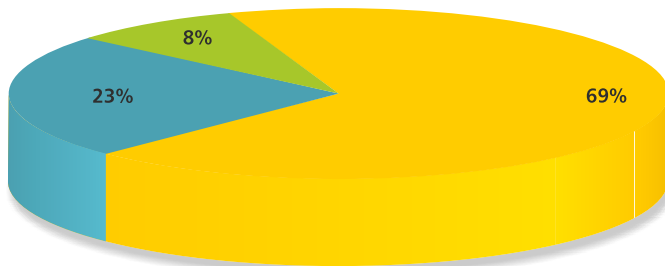
Medication available without prescription, i.e. over-the-counter medicines, are used by 45% of participants. No differences have been established in medication use that can be bought without prescription according to age, which indicates that all age groups use them equally. However, a significant difference has been established in using those medicines according to gender, where women tend to use more over-the-counter medicines than men.

The vast majority of such users are those who use medication several times a month on average. 69.9% of participants consult a pharmacist on use or read instructions before use, whereas 30.1% of participants do not.

Various dietary supplements, such as vitamins and minerals, are permanently used by 8% of participants. The majority of participants use such products once a day on average.

Korištenje dodataka prehrani

uopće ih ne upotrebljavaju ■
povremeno ih upotrebljavaju ■
stalno ih upotrebljavaju ■



Također, utvrđeno je da žene češće povremeno ili stalno upotrebljavaju različite dodatke prehrani nego muškarci koji ih najčešće uopće ne uzimaju. Među različitim dobnim skupinama nisu utvrđene razlike u korištenju spomenutih dodataka prehrani.

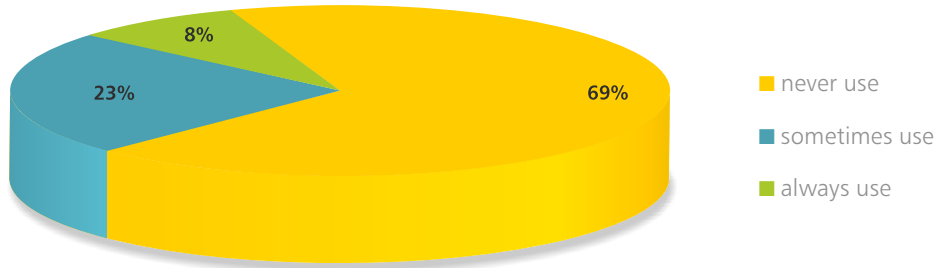
Općenito, dobiveni rezultati pokazuju da bi prilikom propisivanja i prodaje lijekova posebno trebalo upozoravati muškarce, te općenito osobe od 35 do 54 godine da lijekove uzimaju u skladu s uputama liječnika.

Nadalje, prilikom prodaje lijekova građane bi općenito trebalo upozoravati da detaljnije čitaju upute o načinu njihova korištenja.

Ovaj se aspekt zdravstvenog ponašanja građana dodatno može unaprijediti edukacijama i edukativnim materijalima o važnosti pravilne uporabe lijekova. Te bi aktivnosti ponovno trebalo prepustiti stručnjacima, prije svega farmaceutima.

Prethodna istraživanja pokazuju da se primjereno korištenje lijekova može znatno potaknuti i edukacijama zdravstvenog osoblja (liječnika, medicinskih sestara i ljekarnika), posebno edukacijama namijenjenima poboljšanju komunikacije između zdravstvenog osoblja i pacijenata.

Use of dietary supplements



Furthermore, it has been established that women more often use various dietary supplements in an occasional or constant fashion than men who almost never use them. Among various age groups, there are no differences in using such dietary supplements.

To sum up, the findings show that it is necessary to warn men and people in the 35-54 age range when prescribing and selling medication to use them according to the doctor's orders.

Furthermore, when selling medication, citizens should be warned to read instructions in more detail in order to find out how to use it.

This aspect of health behaviour can be improved by means of education and educational material on the importance of regular use of medication. Again, it is important that these activities should be entrusted experts, pharmacists in particular.

Previous research indicate that adequate use of medication can be significantly stimulated by means of education of health personnel (i.e. doctors, nurses and pharmacists), and in particular by educational programmes designed to improve communication between health personnel and the patient.



Ponašanja u prometu

Općenito se smatra da su prometne nezgode i ozljede nesretni slučajevi i da je malo što moguće učiniti da bi se one izbjegle.

Utvrđeno je da su prometne nesreće na devetom mjestu među vodećim uzrocima smrti širom svijeta, a Svjetska zdravstvena organizacija procjenjuje da će do 2020. godine zauzeti čak treće mjesto uzroka smrti i nesposobnosti zbog bolesti ili ozljeda, ostavljajući iza sebe uzroke kao što su rat, HIV/AIDS i ostale infektivne bolesti. Većina će se tih prometnih nesreća, dakako, dogoditi u gradovima i razvijenim zemljama.

Prometne nesreće u velikoj mjeri pogađaju i djecu, najviše u ulozi pješaka i vodeći su uzrok smrti djece svih dobi, a posebice one od 5 do 9 godina života. Ako i prežive doživljenu prometnu nezgodu, ozljede koje zadobiju kao pješaci gotovo uvijek su vrlo ozbiljne i dovode do dugotrajnoga bolničkog liječenja te visokog rizika od trajne nesposobnosti.

Treba napomenuti da je najčešći (u oko 85% slučajeva) uzrok prometnih nezgoda ljudski faktor, odnosno karakteristike i ponašanja vozača (uporaba alkohola, umor, nekorištenje sigurnosnog pojasa, dob i sl.), međutim i drugi čimbenici pridonose vjerojatnosti da se dogodi prometna nezgoda. Radi se o sljedećim čimbenicima: značajke vozila (ispravnost sustava za kočenje, veličina vozila, zračni jastu ci i sl.), stanje u okruženju (gužve u prometu, stanje prometnica, vidljivost, prometna signalizacija i sl.), te socioekonomski čimbenici (zakon o ograničenju brzine i sl.).



Traffic behaviour

It is often perceived that traffic accidents and injuries are just accidents and nothing much can be done in order to avoid them.

It has been established that traffic accidents are the ninth leading mortality cause around the world. According to the World Health Organisation estimates, by 2020 traffic accidents will have become the third leading cause of death and invalidity due to illnesses or injuries, leaving behind such mortality causes as wars, HIV and other infective diseases. Of course, most of those traffic accidents will have occurred in cities and developed countries.



Traffic accidents greatly affect children, mostly as pedestrians, and are the leading cause of death among children of all ages, in particular among those in the 5-9 age range. Even if they survive the accident, the injuries are almost always very serious and lead to long hospital treatment, as well as to a greater risk of permanent invalidity.

It should be pointed out that the most common cause of traffic accidents (i.e. 85%) is the human factor, i.e. characteristics and behaviour of drivers (i.e. alcohol consumption, fatigue, failure to use safety belts, age etc). However, other factors contribute to the probability of a traffic accident as well and those are: features of a vehicle (e.g. braking system status, size of the car, airbags etc), environment (i.e. traffic jams, road conditions, visibility, traffic signs etc), and socio-economic factors (i.e. law on speed limit etc).

Slijede rezultati o ponašanju građana Rijeke u ulozi pješaka, vozača i suvozača.

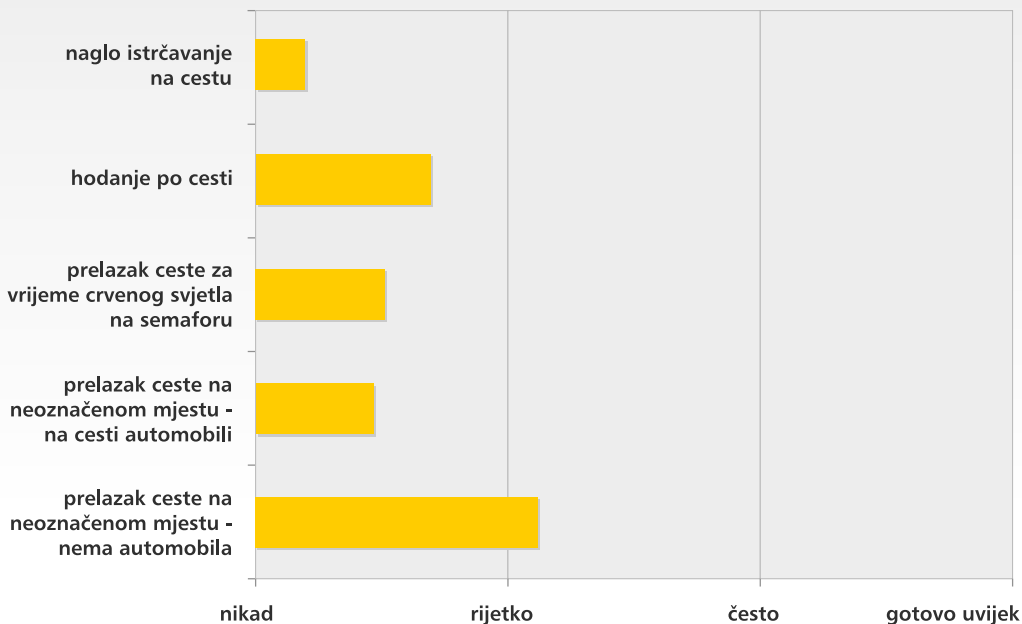
Ponašanje ispitanika kao pješaka

Utvrđeno je da se ispitanici općenito uglavnom pridržavaju propisanih pravila u Republici Hrvatskoj koja se odnose na ponašanja pješaka u prometu, kao što su prelazak ceste isključivo preko pješačkoga prijelaza, prelazak ceste isključivo kad je na semaforu zeleno svjetlo i sličnih pravila ponašanja u prometu. Pri tome se žene češće ponašaju u skladu s propisanim pravilima ponašanja pješaka u prometu nego muškarci, međutim, mlađe se osobe rjeđe pridržavaju tih pravila nego starije osobe.

Slijedi grafički prikaz učestalosti specifičnih rizičnih ponašanja pješaka u prometu.



Rizična ponašanja pješaka u prometu



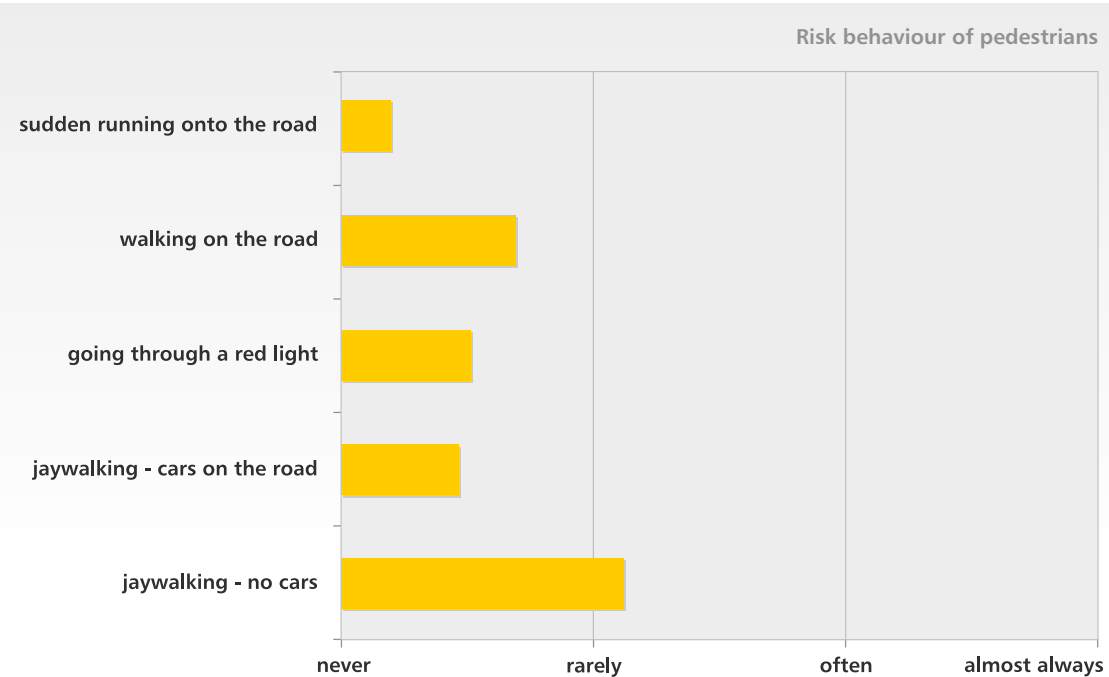
Utvrđeno je da se građani u ulozi pješaka, u prosjeku rijetko ponašaju na načine koji se smatraju rizičnima u prometu. Što se tiče specifičnih nepropisnih ponašanja pješaka u prometu koja mogu imati loše ishode, podaci pokazuju sljedeće: u zadnjih godinu dana građa-

The following results show behaviour of the citizens of Rijeka as pedestrians, drivers and passengers.

Behaviour of participants as pedestrians

It has been established that the participants in general mostly obey the regulations on pedestrian traffic in the Republic of Croatia, such as crossing the road at pedestrian crossings only, crossing the road through green traffic lights only and similar rules of pedestrian traffic. In this connection, women act more according to the rules of pedestrian traffic than men. However, younger people obey those rules less than the elderly.

The following graph illustrates frequency of certain risk behaviour of pedestrians.



It has been established that the citizens-pedestrians very rarely adopt risky traffic behaviour on average. Given the specific irregular behaviour of pedestrians which may have negative outcomes, the findings indicate the following: during the previous year, the citizens of Rijeka



ni Rijeke najčešće su prelazili cestu na neoznačenim mjestima, i to kada na cesti nije bilo automobila, dok su najrjeđe naglo istrčavali na cestu.

Utvrđeno je da se muškarci i osobe mlađe životne dobi, dok sudjeluju u prometu kao pješaci, češće ponašaju na načine koji mogu imati loše ishode u usporedbi sa ženama i starijim osobama.

Treba naglasiti da većinu ispitanika–pješaka, odnosno njih 95%, policija nije nikada upozorila ili čak kaznila zbog njihova nepropisnoga ponašanja u prometu. Od preostalih 5%, koji su bili upozoravani ili kažnjavani većina ih je bila u toj situaciji samo jednom.

Ponašanje ispitanika kao vozača



U prosjeku vozački staž građana Rijeke iznosi 18 godina i šest mjeseci. Pri tome je utvrđeno da žene u prosjeku voze 14 godina, a muškarci 21 godinu.

Građani Rijeke u prosjeku dnevno voze sat i dvadeset minuta. Nešto više od 10% vozača uopće ne vozi, dok ostali u vožnji provode od nekoliko minuta do najviše 10 sati na dan. Pri tome muškarci provode više vremena u vožnji tijekom dana nego žene, a osobe srednje životne dobi više vremena u odnosu na najmlađu životnu dob i starije osobe.

U prosjeku se građani gotovo u potpunosti drže propisanih pravila ponašanja vozača. Utvrđeno je da se stariji ispitanici (vozači) češće ponašaju u skladu s propisanim pravilima ponašanja vozača u prometu (npr. poštivanje prometnih znakova i signalizacije vezane uz dozvoljenu brzinu, smjer kretanja, parkiranje i slično, vođenje brige

most often jaywalked when there were no cars on the road, and they ran onto the road the least.

Furthermore, it has been established that men and younger participants as pedestrians more often adopt such behaviour which can have a negative outcome, unlike women and the elderly.

It should be pointed out that the majority of participants-pedestrians, i.e. 95%, have never been warned by a police officer or fined even, because of their misbehaviour. The remaining 5%, who have been warned or fined, have been in such situation only once.



Behaviour of participants as drivers

An average driver's experience of the citizens of Rijeka is 18 years and 6 months, where women on average drive 14 years and men 21 years.

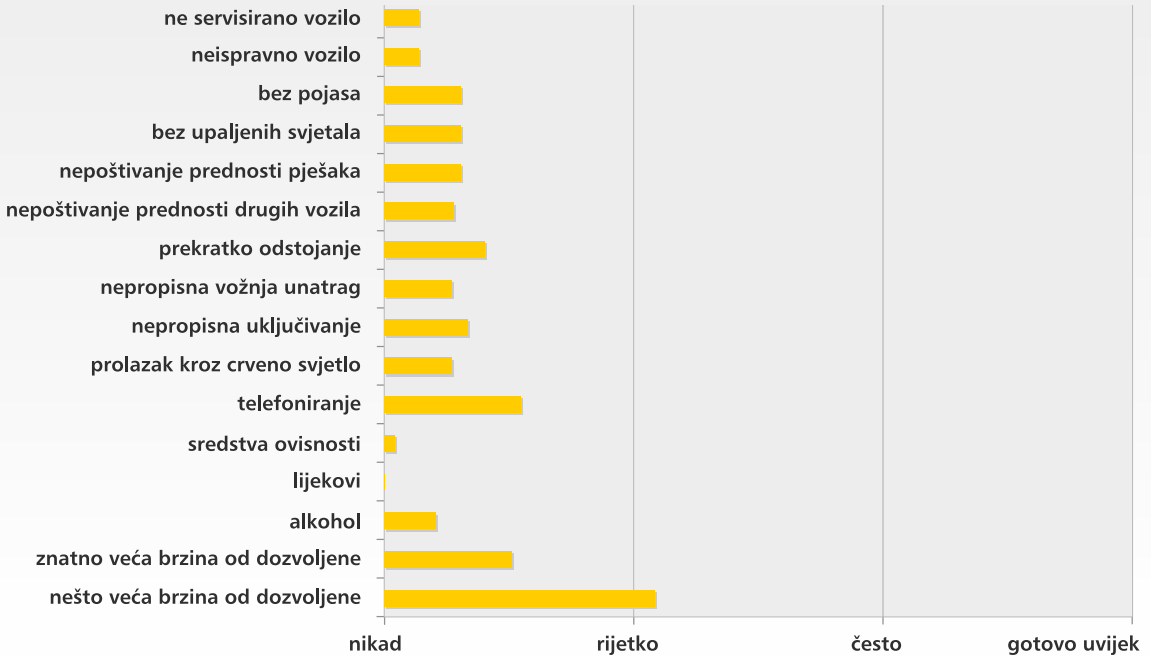
The citizens of Rijeka drive an hour and twenty minutes a day on average. Slightly more than 10% of drivers do not drive at all, whereas the others spend as little as a few minutes or as much as 10 hours a day driving. In that connection, men tend to spend more time driving during the day than women, as do also middle-aged people in comparison with the youngest and the elderly.

On average, the citizens almost completely obey the regulations when driving. It has been established that elderly participants (i.e. drivers) comply significantly with regulations as drivers (e.g. respecting traffic signs and signals on speed limit, direction, parking, respecting pe-

o pješacima itd.) u odnosu na mlađe ispitanike. Također, žene se nešto češće pridržavaju tih pravila nego muškarci.

Slijedi prikaz učestalosti pojedinih rizičnih ponašanja vozača u prometu.

Rizična ponašanja vozača u prometu



Kao što se vidi iz grafičkog prikaza ispitanici se u prosjeku kao vozači nikad ne ponašaju rizično ili je takvo ponašanje rijetko.

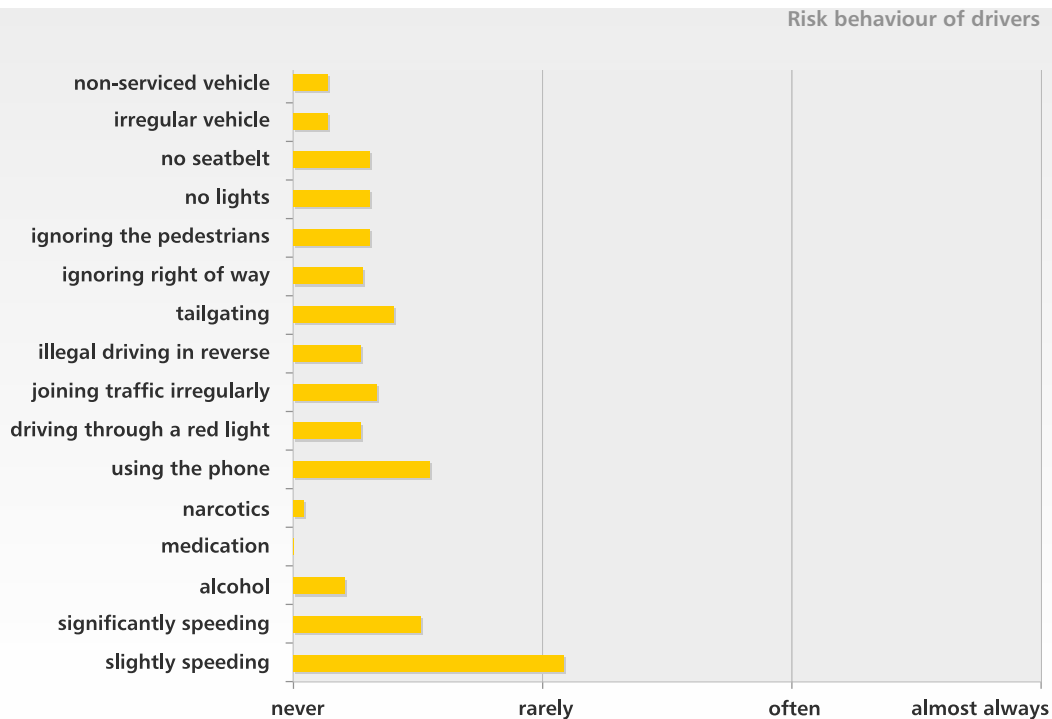
Nisu utvrđene spolne razlike u sklonosti prema pojedinim rizičnim ponašanjima, osim što muškarci nešto češće voze pod utjecajem alkohola nego žene.

Međutim, utvrđeno je da su mlađi vozači u odnosu na starije skloniji ponašati se rizično u vožnji. Radi se o ponašanjima poput vožnje znatno većom brzinom od dozvoljene, vođenja telefonskih razgovora za vrijeme vožnje, prolaska vozilom kroz crveno svjetlo na semaforu i vožnje bez vezanja sigurnosnog pojasa.

Rezultati pokazuju da 52,3% ispitanih vozača policija nije nikada upozorila ili kaznila zbog nepridržavanja prometnih pravila. Ostalih

destrians etc), when compared to younger participants. In addition, women tend to obey those rules more than men.

The following graph illustrates certain risk behaviour of drivers among the citizens of Rijeka.



As the above graph shows, the participants-drivers never or rarely apply risky behaviour.

Differences in sex have not been established where tendency to such behaviour is concerned, except that men tend to drive under the influence of alcohol more than women.

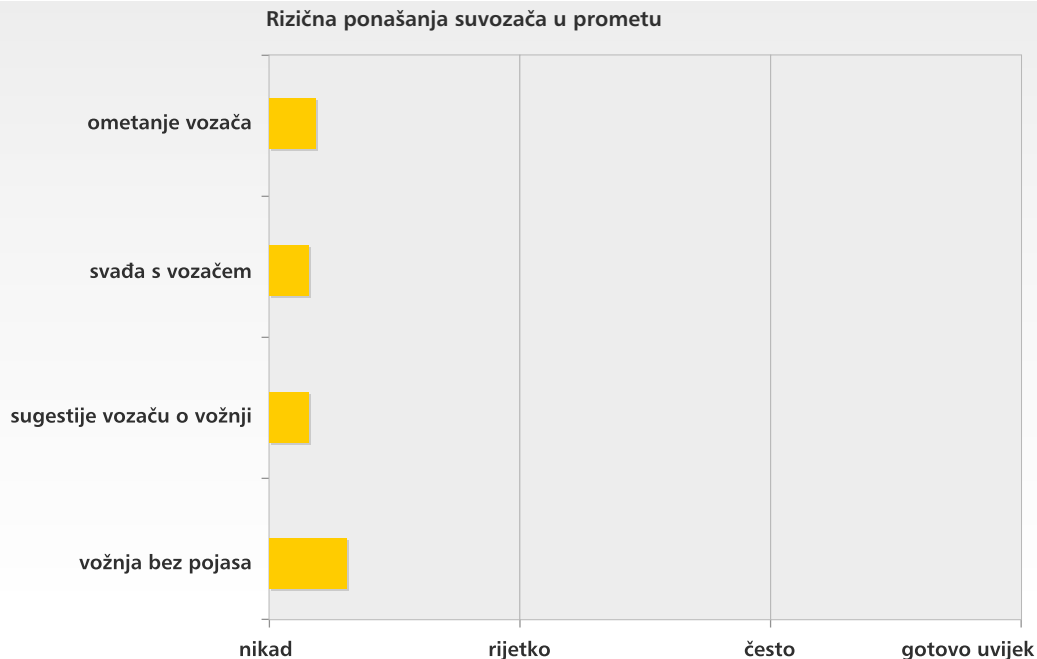
However, it has been established that younger drivers, unlike the elderly, tend to practise risk behaviour when driving. Mainly it is speeding, having telephone calls while driving, going through a red light, and driving without a safety belt.

The findings indicate that 52.3% of participants-drivers have never been warned or fined by the police for disobeying the traffic rules. The

47,7% ispitanih vozača bilo je upozoravano ili kažnjavano od najmanje jednom do najviše 30 puta.

Ponašanje ispitanika kao suvozača

Slijedi prikaz učestalosti pojedinih potencijalnih rizičnih ponašanja građana Rijeke u ulozi suvozača.



Kao što se vidi građani su od navedenih rizičnih ponašanja najčešće prakticirali vožnju bez korištenja sigurnosnog pojasa dok su bili u ulozi suvozača, a najrjeđe su se svađali sa suvozačem za vrijeme vožnje.

Također, utvrđeno je da su svim ispitivanim rizičnim ponašanjima (vožnja bez sigurnosnog pojasa, sugeriranje vozaču kako da vozi, svađanje s vozačem tijekom vožnje, ometanje vozača na druge načine), koja se odnose na ulogu suvozača, skloniji mlađi ispitanici tj. značajno više nego stariji ispitanici.

Spolne razlike utvrđene su jedino u slučaju vožnje bez sigurnosnog pojasa, kojoj su skloniji muškarci nego žene.

remaining 47.7% of participants-drivers have been warned or fined at least once up to as many as 30 times.

Behaviour of participants as passengers

The following chart shows frequency of potentially risky behaviour of the citizens of Rijeka as passengers.



As the figure illustrates, the citizens most often drive without a safety belt as passengers, and they least often argue with the driver while driving.

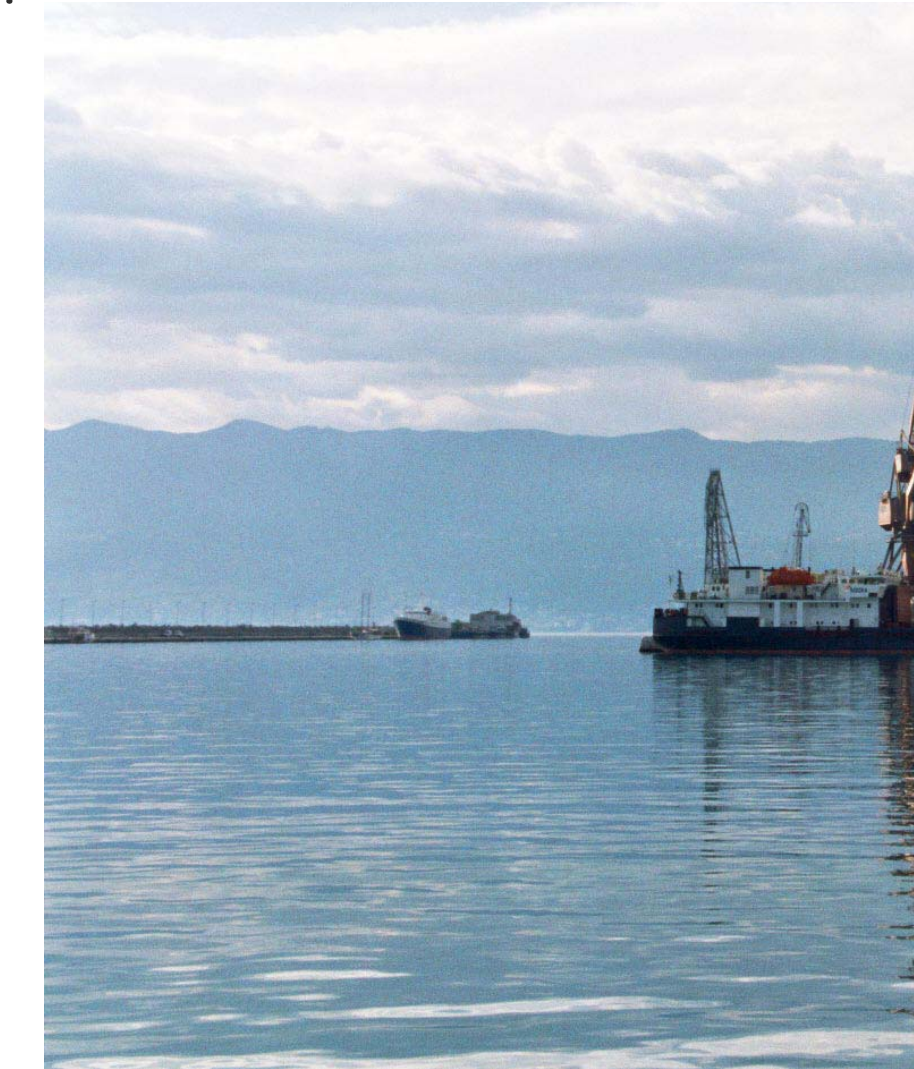
In addition, it has been established that every form of risk behaviour studied (e.g. driving without a safety belt, giving suggestions to the driver on driving, arguing with the driver while driving, distracting the driver in other ways), is more likely to be adopted by younger participants as passengers, rather than the elderly.

Sex difference has been established only when driving without a safety belt, where men tend not to use it, unlike women.

lako se pješaci uglavnom pridržavaju propisanih pravila ponašanja u prometu, ipak se kao nešto rizičnije skupine mogu izdvojiti mlađe osobe i muškarci. Te se skupine ispitanika rjeđe pridržavaju propisanih pravila i češće se rizično ponašaju. U ulogama vozača i suvozača također se najrizičnije ponašaju mlađe osobe i osobe muškog spola.

Uz represivne i druge mjere koje provodi prometna policija, daljnje se unapređenje prometnog ponašanja u svim segmentima može očekivati primjenom edukacijskih programa s kojima treba početi u što ranijoj dobi.

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Although pedestrians mostly obey traffic rules and regulations, younger people and men can be singled out as a somewhat riskier group. These groups tend to disobey the rules and regulations and more often adopt a risk behaviour. They are also the groups with the riskiest behaviour as drivers and passengers.

Along with repressive and other measures undertaken by traffic police, further improvement of traffic behaviour in all segments is expected by means of implementing educational programmes which should take place at an earliest age.



Literatura / Literature

Adrian, M., Barry, S.J. (2003). Physical and mental health problems associated with the use of alcohol and drugs. *Substance Use and Misuse*, 38, 1575-1614.

Dubbert, P.M. (2002). Physical activity and exercise: Recent advances and current challenges. *Journal of Consulting and Clinical Psychology*, 70, 526-536.

Fagerstrom, K. (2002). The epidemiology of smoking: Health consequences and benefits of cessation. *Drugs*, 62, 1-9.

Hooper, L. (2001). Dietetic guidelines: Diet in secondary prevention of cardiovascular disease. *Journal of Human Nutrition and Dieting*, 14, 297-305.

Houde, S.C., Melillo, K.D. (2002). Cardiovascular health and physical activity in older adults: An integrative review of research methodology and results. *Journal of Advanced Nursing*, 38, 219-234.

Hu, F.B. (2003). Overweight and obesity in women: Health risk and consequences. *Journal of Women's Health*, 12, 163-172.

Koh, H.K., Bak, S.M., Geller, A.C., Mangione, T.W., Hingson, R.W., Levenson, S.M., Miller, D.R., Lew, R.A., Howland, J. (1997). Sunbathing habits and sunscreen use among white adults: Results of national survey. *American Journal of Public Health*, 87, 1214-1217.

Lucas, R.M., Repacholi, M.H., McMichael, A.J. (2006). Is the current public health message on UV exposure correct? *Bulletin of the World Health Organization*, 84, 485-491.

Rehm, J., Gmel, G., Sempos, C.T., Trevisan, M. (2002). Alcohol related morbidity and mortality. *Alcohol Research and Health*, 27, 39-51.

Sarafino, E.P. (1994). *Health Psychology: biopsychosocial interactions*. New York: John Wiley & Sons.

Schlenk, E., Dunbar-Jacob, J., Engberg, S. (2004). Medication non-adherence among older adults: A review of strategies and interventions for improvement. *Journal of Gerontological Nursing*, 33-43.

Tse, M.M.Y., Benzie, F. F. (2004). Diet and health: Nursing perspective for the health of our aging population. *Nursing and Health Sciences*, 6, 309-314.

Waller, P. F. (2002). Challenges in motor vehicle safety. *Annual Review of Public Health*, 23, 93-113.

Warburton, D.E.R., Nicol, C.W., Bredin, S.S.D. (2006). Health benefits of physical activity: The evidence. *Canadian Medical Association Journal*, 174, 801-809.

Whitehead, D. (2001). A social cognitive model for health education/health promotion practice. *Journal of Advanced Nursing*, 36, 417-425.

Williams, P.G., Holmbeck, G.N., Greenley, R.N. (2002). Adolescent health psychology. *Journal of Consulting and Clinical Psychology*, 70, 828-842.

