Univerzita Palackého v Olomouci

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THE IMPACT OF SUBJECTIVELY PERCEIVED SOCIOECONOMIC STATUS ON LIFESTYLE BEHAVIOUR AND PHYSICAL ACTIVITIES AMONG YOUTH

Diplomová práce

(magisterská)

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Phyisical Activity and Active Living

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Title of the master's thesis: The impact of subjectively perceived socioeconomic status on lifestyle behaviour and physical activity among youth

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Abstract:

The purpose of the study was to examine the impact of subjectively perceived socioeconomic status on lifestyle behaviour and physical activity among youth. Four participants of age between 18 and 22, who, according to the author's personal assessment of their socioeconomic status, came with the different social background, were asked to talk about the financial situation in family, participation in physical activities and how and in which way school, neighbourhood and friends influenced their activity and lifestyle during adolescence and in the present. The interviews were semi-structured and sub-topics were opened to the respondents in order to obtain the desired information. The results showed that the support of family and friends was very important for the respondents in shaping their attitude towards sports and health. Respondents of more active parents were more active themselves. Friends were also a great motivator for all respondents. Place of residence played a key role in the availability of content for physical activity. Respondents from more urban areas had more available and more diverse options for PA. The results suggest how subjectively assessed socioeconomic status and its determinants impact young people in the amount and type of physical activity.

Keywords: socioeconomic status, physical activity, adolescence, healthy lifestyle

Jméno a příjmení autora: Eugen Oreč

Název: Vliv subjektivně vnímaného socioekonomického statusu na životní styl a pohybovou aktivitu mládeže

Školitel: Arnošt Svoboda, Ph.D

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Abstrakt:

Cílem této diplomové práce bylo zkoumat vliv subjektivně vnímaného socioekonomického statusu na životní styl a pohybovou aktivitu mládeže. Čtyři participanti ve věku od 18 do 22 let, kteří, dle autorova osobního hodnocení, pochází z různých socioekonomických skupin a jsou tedy vybaveni různým sociálním kapitálem, byli dotazováni na rodinnou finanční situaci, účast na fyzických aktivitách a jak škola, sousedské vazby a přátelé ovlivňují jejich aktivity a životní styl během dospívání. Rozhovory byly částečně strukturované a během konverzace byla dle potřeby zahrnována další podtémata za účelem získání příslušných informací. Výsledky ukazují, že podpora rodiny a přátel je pro účastníky výzkumu při nastavování jejich vztahu ke sportu a zdraví velice důležité. Potomci aktivnějších rodičů byli sami více aktivní. Velkou motivací byli také přátelé. Bydliště a sousedství hrály pak významnou roli v dostupnosti a rozmanitosti pohybových aktivit. Účastníci z městských oblastí měli větší přístup k pohybovým aktivitám a jejich nabídka byla širší. Výsledky výzkumu ukazují, jaký vliv má subjektivně vnímaný socioekonomický status na množství a typ pohybových aktivit mládeže.

Klíčová slova: socioekonomický status, pohybová aktivita, adolescence, zdravý životní styl

I declare that I have prepared this thesis independently under the supervision of dr. Arnošt Svoboda. I have listed all the literature and professional resources used, and I have adhered to the principles of scientific ethics.

Olomouc……..……...2022

I would like to express my sincere gratitude to my supervisor, dr. Arnošt Svoboda, for his support and help in writing the thesis. I also thank the young people who were respondents in the work and their openness to this research. Finally, I would like to thank my family, professors and all colleagues who supported me throughout my studies.

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1. Introduction

Adolescence is a phase of life that stretches between childhood and adulthood and its definition has been a mystery for a long time. Adolescence encompasses elements of biological growth, psychological change, and major social role transitions, both of which have changed in the last century. Early puberty accelerated the onset of adolescence in almost all populations, while the understanding of continuous growth raised its endpoint far into the 20s. In parallel, the delayed moment of transition roles, including completion of education, marriage, and parenthood, continues to change popular perception as adulthood begins. Presumably, the transition from childhood to adulthood today occupies more of the life stream than ever before, at a time when unprecedented social forces, including marketing and digital media, are impacting health and well-being throughout all these years. An expanded and more comprehensive definition of adolescence is key to the developmentally appropriate design of laws, social policies and service systems. Instead of ages 10 to 19, the definition of 10 to 24 is more consistent with adolescent growth and popular understandings of this life stage (Sawyer et al., 2018).

In today's modern times, most young adults do not meet the guidelines for a minimum amount of moderate physical activity of 150 minutes per week (WHO, 2020). An inactive lifestyle leads to the risk of cardiovascular diseases, diabetes, obesity, some forms of cancer, osteoporosis and mental disorders. Physical activity can be effective at all stages of chronic disease management, but also in prevention, treatment, and rehabilitation (Warburton, Nicol, & Bredin, 2006). Of particular interest is the potential of physical activity to prevent chronic diseases, thereby improving quality of life and reducing health care costs. In the last fifteen years, the limitations of preventive procedures have been recognized, which are aimed mainly at young people in educational programs (school, college) and motivational programs (correction of certain physical disabilities, sports, etc.), which triggered a trend of considering the impact on behaviour outside the person, such as the impact of the built environment and socioeconomic status.

The goal of this thesis is to find out how and in what way the subjective SES of respondents and everything that falls under it affects the individual and specific groups of people towards physical activity in each form and general participation of health. The context that was used in the theoretical part of the paper was mostly referred to research conducted in

Western developed countries, while the research in this paper was conducted in a different context, a developing country with a different economic situation and socio-political characteristics where socio-economic differences among young people are not as clear as in the West. The reason for this was simply because relevant literature from Western countries was more available. Thus, the context of data from the theoretical part was not always fully corresponded to the data of the research.

2. The impact of family on a healthy lifestyle

Adolescence is a time of significant social and biological change, and also a time when many health behaviours are established. In the last few decades, research has shown that children, adolescents (Condliffe and Link, 2008) and adults (Stringhini et al. 2018; Singh-Manoux et al., 2018) who are exposed to lower socioeconomic status face an increased risk of health problems and chronic conditions, as well as the worsening severity of health problems through their upbringing and life (Condliffe and Link, 2008). The negative effects of low socioeconomic status on children's health can be identified before the child finishes school age, but these effects continue and often worsen with growing up as well (Currie and Stabile, 2003). The long-term effects of socioeconomic status on the health of children and adolescents are well established but the relationship between changes in the socioeconomic status of the household and the health status of children and adolescents is less clear (Levesque, MacDonald, Berg et al., 2021). Most of the current literature on the impact of socioeconomic status comes from research that compares children from low socioeconomic status, be it cross-sectional or longitudinal research, with children from higher socioeconomic status. Such research is limited because children do not always remain in one socioeconomic group during their lifetime. The influence of the family on the socioeconomic position of the child has been studied in great detail by the french sociologist Pierre Bourdieu, who in his essay The Forms of Capital explained the amount of influence that the socioeconomic status of parents has on children. He spoke mostly about the cultural habits acquired by parents (cultural capital), the success in education and the realization of social capital. Although it did not mentioned health and physical activity as such, it might be brought into a consequential causal relationship with these capitals (Bourdieu,1986).

It is also important to emphasize that in some studies the socioeconomic status is determined by the subjective assessment of the respondents, and this is the case in some sources in this paper. Children from any level of socioeconomic status may be exposed to socioeconomic changes that, although they may not change the overall level of socioeconomic status, may have consequences for their health. Knowledge of the mechanisms linking changes in socioeconomic status and children's health is useful, from a public health perspective, for assessing and responding to the potential health effects of widespread socioeconomic crises such as the Great Recession of 2008, which had a dramatic impact on

family economic well-being (Reinhard et al. 2018), or even the COVID-19 pandemic, which is predicted to drastically increase global unemployment and poverty (Buheji et al. 2020).

In studies that assessed the relationship between socioeconomic status and health behaviour of children/adolescents, the results suggested that lower socioeconomic status during childhood may be associated with increased consumption of alcohol (Poonawalla et al., 2014), tobacco (Hallal et al., 2012), or drug use (Skogen et al., 2019) in adolescence. A study conducted on Norwegian adolescents found that those adolescents aged 16 to 21 who experienced deteriorating socioeconomic status in childhood reported more frequent use of tobacco and drugs (Skogen et al., 2019).

It is known that the interaction of social, psychological and biological factors occurring in these transition years can make adolescents vulnerable to many risky behaviours (Aucott, Poobalan, McCallum & Smith, 2014), but can counteract positive behavioural changes with respect to constructive experiences from childhood and adolescence (Poobalan, Aucott, Clarke, & Smith, 2014; Poobalan, Aucott, Clarke & Smith, 2012). Nevertheless, both positive and negative health behaviours established during this transition to adulthood often continue later in life (Parcel, Muraskin, Endert, 1988), and therefore this is a critical phase in a person's life (Howarth and Street, 2000). It is also a time when opportunity inequalities can be severe, with the transition period being particularly risky for those already vulnerable to poorer socioeconomic status (Berzin, 2010; Mitchell, Jones, & Renema, 2015).

Parental material support during childhood for playing sports is very important for later consequences. Children whose parents have been able to pay for organized physical activities are more likely to remain active in adulthood. All children interviewed in a British research agreed that the inability of parents to pay training fees as the main reason for not playing organized sports. In addition to material support, there is also the mental support. Children will be more motivated to play sports if they grow up in a sports environment. The parent's attitude towards sports will encourage the child to love sports. Respondents state that they started playing sports because one of their parents did sports. The reason can also be regular family visits to sports events, watching sports on television or playing together with parents (Dagkas & Stathi, 2007).

Some researchers have chosen a qualitative approach to find out how the family affects the physical activity and health of young people. One of them is a Swedish study in which respondents stressed that their family is a great motivator for physical activity. Family

should facilitate children's inner motivation (Jonsson et al., 2018). The researchers conducted by Saksono et al. are also very interesting. Through two qualitative studies, they used tracking tools or apps to monitor physical activity in families of lower socioeconomic status. The results suggest a positive impact of such devices on physical activity and general perception of health in disadvantaged families and may be a recommendation on how the health of lower SES in general could be improved through technology (Saksono et al., 2018, Saksono et al., 2021).

3. The impact of educational institutions on participation in physical activities

In 2010, data and figures from the World Health Organization (WHO) indicate that approximately 27.5% in 2016 (Guthold, Stevens, Riley, Bull, 2016) of the world adult population and 81% of adolescents did not reach the minimum level of physical activity required to achieve a certain health benefits. The same data and WHO data show that only 56% of the member states of the organization have implemented policies to promote physical activity. The difference between the inactive percentages of the adult and adolescent populations is staggering, which is even more alarming given that adolescence (9 to 18 years) is a period in which health behaviours develop and that these behaviours significantly predict the physical activity these people perform as adults (Telama et al., 2005). However, in addition to the above, the fact that it has been observed that around the age of 15 there is a decrease in physical activity in both male and female populations (Van Michelin et al., 2000), combined with the fact that during the first year of university to another significant reduction (Bray and Born, 2004; Ullrich-French, Cox, Bumps, 2013).

The impact of physical education classes on physical activity among 17 and 18-year-olds was investigated by Martins et al. in a qualitative designed study. Regardless of SES status, inactive children said that poor experience with physical education classes negatively affected their current activity. Male children most often did not like competition and did not have the necessary support from teachers, while for girls the reasons were body image and competitive classes. On the other hand, for currently active respondents, a positive experience from primary and secondary school was very important and they agree that a good teacher, diverse and well-organized teaching have strongly influenced them to do sports in their free time in formal or informal form. The safety problem with school facilities though was discovered by an Australian study which, through interviews with almost 3,000 students came to the information that bullying on school playgrounds is a common reason for avoiding the PA at those facilities (Parrish, 2011). Although this problem is usually not during school classes and it can be related to build and social environment, the school should solve it with the help of local authorities.

Sparling and Snow (2002) found that patterns of physical activity during the senior year of college are maintained for 6 years after graduation. Studies regarding alumni also

suggest that those who participated in more physical activity courses while in college had better exercise habits and a more positive attitude toward fitness than those who attended fewer physical activity courses 6 to 20 years after graduation (Brynteson and Adams, 1993; Pearman et al., 1997). It is clear that physical activity courses in college and university can play an important and enduring role in promoting and maintaining the motivation and behaviour of male and female students (Buckworth, 2001).

Given that physical activity classes provide students with opportunities to maintain a healthy, active lifestyle, it is important to periodically assess why students enrol in such classes. Previous research has found that students participate in physical activity courses for a variety of reasons, such as learning new physical activity skills, having fun, improving fitness levels, gaining academic merit, and engaging in regular physical activity (Hilderbrand and Johnson, 2001; Leenders, Sherman, & Ward, 2003). Gender differences were also noted, and the main reasons for enrolling female students were to improve fitness levels, while male students reported having fun or enjoying themselves as the main reasons for enrolling (Kilpatrick, Hebert, & Bartholomew, 2005; Weinfeldt and Visek, 2009). Understanding the interplay between students 'motivation to participate (e.g., intrinsic versus external) and different physical activity choices (e.g., compulsory versus elective) may also be the basis for teaching (Cardinal and Kim, 2017).

Among the leading risk behaviours of young people aged 18 to 22 are insufficient physical activity, tobacco and alcohol use are well-identified leading causes of overall mortality at the population level (Mokdad, Marks, Stroup, & Gerberding, 2004; WHO, 2005). The study showed a significant decline in physical activity (PA) from adolescence to adulthood (Nelson et al., 2006; Nelson et al., 2007), and 18.4% of young people aged 18 to 24 and 21.5% from 25 to 34 years in the American report did not deal with any PA (Blackwell, 2002).

Ambitious national goals and increased funding for community sports and physical activity projects (such as the Sports Centre at Regent's Park in London) (Allender, Cowburn, & Foster, 2006) show that sport and physical activity are gaining in social, political, and health policy importance. Increased interest in physical activity is welcome, but trend data suggest that current interventions to promote sport and physical activity are inadequate. Furthermore, it examines whether the evidence base supporting physical activity policy provides an adequate understanding of the reasons for participation or non-participation in physical activity.

Adolescents who may have limited access to space and equipment outside of school or college may benefit from attending physical education classes at school (Hills et al., 2015). Therefore, physical education in school can be an accessible source of physical activity for many adolescents and can help develop an active healthy lifestyle (Lonsdale et al., 2013). But it should be emphasized that not only physical education classes are important, but also children should be allowed access to the school playground and outside of classes. In schools that have equipped school playgrounds, children are more active and more involved in sports outside of PE lessons (Dagkas & Stathi, 2007). However, PE lessons and school playgrounds are especially important for children of lower economic status for whom PE is the only source of organized physical activity and it is very important that all children are included in physical education classes regardless of SES (Martins et al., 2016). In addition to the number of physical education classes, access to a high-quality physical education experience (eg. teacher behaviour, achieved results) is important for children and adolescents, which forms the basis for lifelong physical activity (Expert Group on Health-Enhancing Physical Activity, 2017; Saillis and et al., 2012).

Available evidence suggests that participation in physical education classes is positively associated with higher levels of physical activity (Chen, Kim, & Gao, 2014; Mooses et al., 2017; Fröberg et al., 2017). A recent multi-country study reported differences in participation in physical education classes at the national and regional levels, which also differed according to gender, age, and income classification in the country (Martin, Kelly, Boyle et al., 2016). The same is confirmed by a Portuguese study which, through interviews with children, concluded that SES plays a very big role in the later approach to physical activity. It is a big task for teachers and schools to connect low-income children with local clubs and sports organizations and give them financial and moral support so that they can continue physical activity outside school like their peers from higher SES (Martins et al., 2016; Dagkas & Stathi, 2007).

4. The impact of built environment on physical activity

Built environments are total places that people have built or designed by people, including buildings, terrain around buildings, community layouts, transportation infrastructure, and parks and trails (National Research Council, 2005). Policies can be laws and regulations at any level of government, corporate practices and rules in institutions like schools. Changing the built environment and policies are expected to have a long-term impact on most or all people in those places. Characteristics of built environments, from neighbourhoods to cities, are related to chronic disease rates and mental health (Frank, Engelke, & Schmid, 2003; Frumkin, Frank, & Jackson, 2004; Sturm and Cohen, 2004) and risk factors such as obesity (Ewing, and et al., 2003; Papas et al., 2007) and hypertension (Ewing et al., 2003). Physical activity is believed to be a crucial mechanism by which chronic diseases can be influenced in the built environment (Frank, Engelke, & Schmid, 2003; Frumkin, Frank, & Jackson, 2004).

Social changes over the decades have dramatically reduced the need for physical activity in everyday life, while creating ubiquitous barriers to physical activity. Mechanization and computerization have reduced physical activity at work, labour-saving devices have reduced activity required for household chores and investments and policies that favour car travel have reduced walking and cycling for transportation. Although these social changes have had some desirable effects, they have also led to a reduction in daily physical activity (Sallis et al., 2012).

In order to promote physical activity among young people, it is important that young people have the opportunity to be active in their social and physical environment. Many people in today's society live in deprived environments that play a key role in promoting weight gain by encouraging inactivity or poor nutrition (overeating or consuming unhealthy foods) (Lee, McAlexander, & Banda, 2011). Swinburn et al. (2011) stated that obesity is the result of the outcome of people who normally respond to the surrounding disenfranchised environment in which they live. Although significant progress has been made in researching the impact of the built environment (BE), researchers continue to seek to clearly highlight the identity and impact of specific characteristics of the built environment on patterns of protected areas and youth health habits. This has led to attempts to create effective strategies and

policies that make environments that support environmental protection problematic and generally ineffective.

Previous literature has clearly shown that environmental impacts on young people vary significantly depending on demographic factors such as age, gender, socioeconomic status, race, and ethnicity (Carven et al., 2010; Mota et al., 2011; Zhu and Lee, 2008). After that, the unique approach to promoting physical activity that implies that "background" components are equal among all young people is too simplistic and vague and offers little or no benefit to the health and lifestyle of many young people (Ball, Timperio, & Crawford, 2006).

In addition to demographic factors such as age, gender, and socioeconomic status, the geographical environment in which young people live can also play a major role in determining the impact of specific built environment characteristics on young people's physical activity patterns and health habits. This is because young people living in different geographical environments interact, perceive, and use the built environment for the needs of free living and the previous literature presents significant differences in physical activity patterns of urban and rural youth (Huang, Hung, Sharpe and Wai, 2009; Simen-Capeu, Kuhle, & Veugelers, 2010). A review by Sandercock et al. (2010) concluded that given the huge differences between rural and urban environments, it may not be surprising that previous literature has provided ambivalent findings regarding the physical activity levels of young people from these contrasting environments. It was therefore argued that the suburban environment may be most favourable for young people to be physically active, as it lacks many extreme barriers involving either a rural or urban landscape. For example, while young people in an urban environment may face high traffic density, young people from rural areas may face long travel distances or poor infrastructure, such barriers to physical activity may be potentially less pronounced in a suburban environment.

Healthy People 2020 (U.S. Department of Health and Human Service) and the Medical Institute (National Research Council, 2010) have identified public parks and recreational facilities as places that provide conditions for a variety of recreational activities for children, families, and organizations such as schools and religious institutions. The supply of the environment to parks and recreation is a function of government in all developed countries. The aesthetics, cleanliness, content and safety of the park had a major impact on the adolescents surveyed in a qualitative study among Belgian adolescents living in neighbourhoods of low socioeconomic status (Van Hecke et al.,2016). Because parks and recreational facilities are generally available to populations with the highest risk of inactivity

and are available at low cost to end users, they play an important role in disease prevention. Their assurance, design and quality can be influenced by public policy (Godbey and Mowen, 2010; Henderson and Fry, 2011).

The availability and proximity of recreational facilities have been consistently associated with greater physical activity in adults (Brownson et al., 2001; Diez Roux et al., 2007; Wilson et al., 204; Troped et al., 2001), adolescents (Cohen et al. et al., 2006; Gordon-Larsen et al., 2006; Babey et al., 2008; Humbert et al., 2006) and children (Cohen et al., 2006; Gordon-Larsen et al., 2006; Frank et al., 2007; Grow et al., 2008).

A national survey of adults in the United States has shown that perceived access to parks and trails is positively associated with physical activity (Browson et al., 2001). Respondents who perceived access to these resources were almost twice as likely to meet the guidelines for physical activity than those who did not observe that these resources were available. A study in three cities found that objectively measured densities of parks and recreational facilities were associated with adult physical activity (Diez Roux et al., 2007). An observational study by Floyd et al. (2008) in Tampa and Chicago estimated energy consumption associated with different zones of activity in 28 neighbourhood parks. Indoor spaces (basketball and racket sports), playgrounds, and football fields were generally associated with higher energy consumption than baseball/softball courts, picnic areas, and open spaces (Floyd et al., 2008). It is very important to children what content is offered on the playgrounds. Football and basketball are a very good examples for improving physical activity of local children, especially in neighbourhoods with a poorer population because they do not require additional equipment, just a ball. Facilities for sports such as table tennis and badminton are not recommended unless the local community also provides equipment for these sports (Van Hecke et al., 2016).

Trails and green trails can be used for active recreation and active commuting. People who used the trails per week were twice as likely to meet physical activity recommendations (Librett, Yore, & Schmid, 2006). A study in Dallas, Chicago, and Los Angeles found that greater use of trails was associated with trail characteristics such as mixed views (combination of urban and natural landscape), lighting, good trail conditions, and restrooms (Reynolds et al., 2007). Adolescents in the study conducted by Van Hecke et al. mentioned that some parks and playgrounds were avoided due to dirt, loud music of older adolescents who drink on playgrounds respectively parks and verbally or physically abuse younger children. Inappropriate vegetation (tree in the middle of the playground, uncut grass) might be one of

the rejection factors. Respondents also emphasized the advantage of parks and public areas where there was content for multiple generations so they could go with other siblings who were younger or older.

A large study by Frank et al. (2007) on youth found that the presence of recreation space within 1 km of the home related to walking among all age groups (ages 5 to 20) and was the strongest predictor of walking among youth in the age group. group of 15 to 20 years. Cohen et al (2006) found that parks with playgrounds, basketball courts, walking trails, trails, bathing areas, and multipurpose spaces were associated with greater physical activity outside of school in adolescent girls. Thus, the presence of parks and trails, as well as the design of these facilities are associated with physical activity. Last but not least, the importance of the social factor should also be emphasized. Through interviews with adolescents, the authors of research on social and physical causes of physical activity of young people from lower SES concluded that young people find social factor (safety and friends) more important than physical factors like facilities and proximity (Van Hecke et al., 2016).

As mentioned above, social environmental factors are very important among lower SES respondents and in another qualitative research. As children and young people from the lower SES are more dependent on the quality and availability of public and free space, their safety and human environment are very important as well. Due to the material impossibility of engaging in organized sports, children and young people need safe public areas and the supervision of an adult who will help them in organizing activities. This could partially cover the lack of organized activities (Humbert et al., 2006).

There is limited research on the association between access to the recreational environment and body weight. The results generally do not support the association between the recreational environment and obesity for either adults or youth (Papas et al., 2007). This is not surprising because recreational environments are only one component of the built environment. One notable exception was the U.S. National Adolescent Study, which found that the chances of obesity were lower among youth in neighbourhoods with more recreational content (Gordon-Larsen et al., 2006).

Several studies have assessed the environmental impacts of parks and recreational facilities using quasi-experimental design. For example, a study conducted in ethnically diverse communities in San Francisco compared attendance and physical activity in two restored parks with a control park (Tester and Baker, 2009). Renovations included lawn

replacement, new fencing and lighting, and additional programming. Both "intervention" parks recorded a significant increase in the number of visitors for young people and adults. physical activity, with comparisons with two control parks (Dowda et al., 2007). Residence of a skate park is associated with a six-fold increase in utilization and greater physical activity.

Active transport among young people has declined in most of the countries in recent decades. However, there are some good examples that should be followed. Germany, Denmark, Netherlands and Japan have managed to reverse this trend through built environment and young people are increasingly using active transport to school (Gerrard, 2009). The change in the observed decline in the rate of hiking and cycling for transport, especially for short trips, represents a major opportunity to improve the health of all age groups. Evidence is accumulating on how the built environment can support active transport, and this evidence can serve to change policy. The key characteristics of the built environment and community design are land use (residential, commercial, institutional or park and open space), intensity (population density), position relative to other destinations in the community, interconnections available to reach these destinations and aesthetic quality. Having a multitude of destinations nearby is positively associated with hiking and biking for transportation (Saelens and Handy, 2008; Durand et al., 2011). Destinations refer to land uses that are often approached in everyday life for shopping, education, work and recreation

Transport infrastructure connecting residential areas and destinations is also linked to active transport. When there are sidewalks, well-lit streets, and pedestrians are protected from traffic, residents often walk more and have more physical activity, although the results are not very consistent (Durand et al., 2011; Ewin and Cervero, 2010; Wendel-Vos et al., 2007). Having bike paths or paths that separate bicycle users from traffic is sometimes associated with increased bicycle use (Fraser and Lock, 2010;).

Nearby public bus and train stops are positively associated with active transportation (Sallis et al., 2009; De Bourdeaudhuj, Sallis et al. Saelens, 2003; Moudon et al., 2007). People who use public transportation tended to be more active and were less likely to be overweight and obese than adults who did not use public transportation (Lindström, 2008). 29 percent of those who used transit were physically active for 30 minutes or more each day, just walking to and from public transportation (Moudon et al., 2007).

Many environmental factors associated with active transportation among young people are similar to those found in adults. Two reviews (Faulkner et al., 2009; Giles-Corti et al.,

2009) found consistent evidence that proximity to a destination and the presence of walking and cycling trails are important for active youth transportation (Pont et al., 2009). Living in high-density neighbourhoods and various non-residential land uses such as parks, playgrounds, and recreational facilities are associated with higher rates of active child transportation (Pont et al., 2009) and overall physical activity (Giles-Corti et al., 2009).

5. Attitude towards physical activity and health regarding SES

Socio-economic differences in physical activity are complex (Klavestrand and Vingard, 2009). It has long been hypothesized that there is an association between socioeconomic status and physical activity in that people with high socioeconomic status are more physically active than those with lower socioeconomic status (Jenum, Lorentzen, & Ommundsen, 2008; Trost, Owen, Sallis, & Brown, 2002). Such a difference between socioeconomic groups has been declared a cause of health differences and has been used as a justification for introducing interventions aimed at increasing the level of physical activity in lower socioeconomic groups (Jenum et al., 2008; Trost et al., 2002). However, several papers have recently emerged that question this relationship, including reviews by Gidlow, Johnston, Crone, Ellis, and James (2016); Beenackers, Kamphuis, Giskes, Brug, Kunst, Burdorf and Lenthe (2012) and Stalsberg and Pedersen (2010). Beenackers et al. (2012) actually found that in studies reporting occupational physical activity, groups with low socioeconomic status proved to be more active, while the results were similar among socioeconomic groups related to active transportation. The only domain that seemed to be favoured by groups with high socioeconomic status was leisure physical activity. Same result was also visible in Australian qualitative research on 20 adults of different SES. The result in physical activity might be a consequence of SES (Burton et al., 2003). The possible reasons for that were stated later in the paper.

Some studies have shown that among men the overall activity levels are lowest in those with managerial and professional jobs, while the pattern is reversed in women. Overall activity levels vary depending on household income for men, which is highest among those with average household income and lowest at both extremes of income distribution, but no pattern is visible for women (British heart foundation statistics website, 2007). Low physical activity in leisure time has been found to be strongly associated with low income, low education, and low socioeconomic status (Lindstrom, Hansen, & Ostergren, 2001; Papadopoulou et al., 2003; Powell, Slater, Chaloupka, Harper, 2006).

On the other hand, in several studies that looked at the domains of physical activity other than physical leisure activity, no gender differences were observed (Hallal et al., 2003). As already mentioned in introduction, most of these studies were conducted in high-income countries, where activity patterns differ from those observed in low- and middle-income countries. Talaei et al. (2013) in a study of 6622 adults studied physical activity by

socioeconomic status and gender and found statistically significant variations in all levels of physical activity, except transportation, by gender. Men were more active than women in all fields except physical activity in the household. Physical activity of men and women in leisure time was significantly higher in people with better socioeconomic status. Reports from developed and developing countries have shown that men are more active than women in their free time (Burton et al.,2003; Monteiro et al., 2003; Steptoe et al., 2002; Gomes VB, Siqueira KS, Sichieri, 2001). In their study, Azevedo et al. (2007) found lower levels of leisure physical activity in the less educated, lower income levels, and generally in groups with low socioeconomic status (Azevedo et al., 2007).

These results seem to have two main reasons. The first are internal barriers, such as lack of motivation and free time, and special attitudes in women who believe that physical activity in the household is sufficient for health. Other external barriers are such as lack of attractive public places for physical activity, insufficient knowledge of exercise-related problems and low income (Chinn et al., 1999; Burton et al.,2003). Although higher socioeconomic status is positively associated with physical activity in leisure time, lower socioeconomic status is positively associated with physical activity at work because there is a higher percentage of manual workers in this status (McNeill, Kreuter, Subramanian, 2006). Stalsberg and Pedersen (2010) found that more than 40% of studies in adolescents did not find differences in physical activity among groups by socioeconomic status.

Individuals with low socioeconomic status have less free time and less energy to participate in physical leisure activities. Furthermore, organized physical leisure activities are often expensive, which further reduces the opportunities to participate in organized physical leisure activities for people of low SES. Undoubtedly, studies confirm that individuals of higher socioeconomic status are more likely to participate in organized physical leisure activities. Therefore, interventions, including organized leisure physical activity, may be less useful for compensating for social inequalities in health variables unless they focus on increasing access to those who cannot otherwise afford it (Bauman et al., 2012).

Stalsberg and Pedersen (2010) concluded that although most studies reported a positive relationship between high socioeconomic status and physical activity, the relationship was far less clear than that commonly advertised. Furthermore, high physical activity among the groups with high socioeconomic status recorded in the studies was predominantly related to leisure physical activity. Palma and Assis pointed out (2011) that entire areas of physical activity and health research were biased by the fact that all researchers were from developed

countries and studied variables relevant to individuals in those countries. Palma and Assis concluded that the results of such research created an unrepresentative picture and therefore such research results would be less relevant for developing countries. Del Duca et al. (2016) provided an elegant example of the importance of considering more physical activity in multiple domains. In their study, adding active travel to work to the physical activity mix, almost twice as many people followed the physical activity recommendations than when only leisure-time physical activity was counted (Del Duca et al. 2016).

In addition, comparing only the number of hours or minutes of physical activity in socioeconomic groups does not provide enough evidence to draw conclusions about health problems. Beckvid-Henriksson, Franzén, Elinder, and Nyberg (2016) found, for example, that children from families with low socioeconomic status were more physically active compared to colleagues from high socioeconomic status. Despite that fact, they were more often fat and obese. Therefore, the authors suggested that other variables, such as diet, should be examined to identify explanations for health differences among socioeconomic groups (Beckvid-Henriksson et al., 2016). However, qualitative research conducted by Bukman et al. pointed out that people of lower socioeconomic status are more likely to eat unhealthily because of, what they said, high cost of healthy food.

Low SES respondents emphasized that frozen and unhealthy food is more often cheaper and at a discount, so it is easier to prepare it after a long and hard-working day. This may partly explain the fact that people with lower SES are often more physically active during the day but also fatter. Another important cause of healthy behaviour is the influence of the environment and family which we described in the second chapter. Adult respondents who are physically active have had the support from family and friends to be physically active through adolescent period and the family has encouraged a healthy lifestyle. These families are most often from high SES and high educated. Inactive respondents from the low SES did not have this kind of support from family and the environment (Burton et al., 2003).

In a review of searches of relevant studies, Stalsberg and Pedersen (2018) included fifty-six studies, which were then divided into four areas of physical activity: transport physical activity, occupational physical activity, residential physical activity, and leisure physical activity. It turned out that the positive relationship was only for physical activity in leisure time, while the relationship did not exist or was the opposite for all other domains. The authors concluded that the assumed positive relationship between socioeconomic status and physical activity was mainly the relationship between leisure physical activity and

socioeconomic status. It is further suggested that the area of physical activity should always be considered when studying the mentioned relationships with socioeconomic status.

The relationship between socioeconomic status and health has been studied for a long time. In the 1960s, academics generally believed that medical technology and economic development would reduce health inequalities, at least in developed countries (Lutfey and Freese, 2005). However, in the 1980s, Black discovered that health inequalities in Britain not only did not decrease, but actually increased (Smith, Bartley, & Blane, 1990). Studies in the United States and European countries have also supported this conclusion, meaning that the health status of a group with a higher socioeconomic status is clearly better than that of a group with a lower socioeconomic status (Harper and Lynch, 2007; Mackenbach et al., 2008). These studies confirmed the profound impact of socioeconomic status on health; however, the mechanisms behind this phenomenon have been discussed. Scientists have proposed two different perspectives: social causality theory and health-selective theory (Jon Ivar and Steinar, 2003). The first suggests that differences in socioeconomic status are a major cause of health inequalities (Dahl, 1996). In contrast, the second perspective implies that people with good health strive for even better health and thus have a higher socioeconomic status (West, 1991). Despite these arguments, more and more scientists seem to agree that the impact of socioeconomic status on health is closely related to people's lifestyles (Simandan, 2017). In a more specific context, health is maintained and improved through the efforts and choices of individuals' healthy lifestyles (Fraser and Shavlik, 2001).

A healthy lifestyle refers to a series of behavioural patterns through which individuals maintain and promote good health based on certain motivations, norms, abilities, and knowledge of what constitutes a healthy life, stress relief or comfortable behaviour (Cockerham, 2005). Lifestyle includes health-risk behaviours, such as smoking and drinking, inactivity (Pronk et al., 2004; Morawa and Erim, 2018) and health-promoting behaviour's, such as exercise, interpersonal interaction, stress management, and spiritual growth (Walker, Sechrist and Pender, 1987). The research findings indicated that health is closely related to people's lifestyles in a wide range of social contexts. For example, an investigation conducted in the United States found that the actual leading causes of deaths are behavioural risk factors such as smoking, poor diet and physical inactivity. The study concluded that lifestyle-related behavioural factors account for nearly 40% of deaths (Mokdad et al., 2004). Moreover, the way of life could be passed down through the generations. A study of mother and child couples suggested that if the mother of a child aged 0 to 3 has a healthy lifestyle, she is 27%

more likely to be healthy and adopt the same lifestyle (Ponthiere, 2011). It is important to point out that, although lifestyle is closely related to health, it is not a purely personal choice. In fact, lifestyle is influenced by various social factors, especially the socioeconomic status of an individual (Wang and Geng, 2019).

Romeike et al. conducted a study among people with low SES in Netherlands. Through in-depth interviews with Muslim immigrants and Dutch of poorer economic status, they tried to detect their opinions and the reasons for a healthy diet and their attitude towards physical activities. Respondents mostly had an affirmative attitude towards a healthy diet and knew that it contributes to health and reduce risk of disease while they had different views on physical activity. Most respondents said they were not physically active enough due to work-related fatigue, expensive gyms and costs of leisure-time activities and thus preferred free activities such as walking and cycling. It is very important for most people to have company and it is a great motivator for physical activity. Religion also plays a role. Muslim women are sceptical about leisure-time activities such as swimming because under Muslim law, women and men must train separately so that most traditional Muslim women do not participate in organized sports. Here we can see the importance of proper public health policies towards first-generation immigrants in Western countries who are, on average, poorer and less physically active than the native population.

Lifestyle and socioeconomic status are strongly related. As noted by Max Weber, a particular lifestyle can be chosen from existing choices, but the range of possible choices is largely determined by one's socioeconomic status and other social determinants (Cockerham et al., 2010). Similarly, according to Cockerham (2010), lifestyle is fundamentally limited by an individual's social hierarchy and living conditions. Moreover, the study showed that excluding the effect of lifestyle from the overall effect of socioeconomic status on health would significantly reduce the latter (Contoyannis and Jones, 2004). Thus, lifestyle could be one of the indirect mechanisms linking SES and health. It is important to note that although the literature suggests a strong association between SES, lifestyle and health while the nature of their relationship is not well specified. On the one hand, previous studies have routinely focused on individual behaviours or small subgroups of life behaviour's (particularly risky behaviours, such as drinking and smoking), but focusing on individual or small subgroups of behaviour's offers limited implications (Frohlich, Corin, & Potwin, 2001).

6. Methodology

Research in the form of interviews seems to be the one that penetrates the deepest into the topic and explains certain phenomena on the personal level of the respondents. Reading the literature, it can be noticed that most researches were based on quantity, i.e., it is researched on people and not with them (Macdonald et al, 2003). As the research in this thesis is based on analayzing interviews among individuals with different subjective SES using purposive sampling method, a rather detailed description of the data obtained by data collection and analysis should be formulated. The coding was a theory driven process, there was a central topic and it guided analysing of data. The purpose of the work was to show how the factors of SES status of each respondent affected him/her personally in relation to physical activity and a healthy lifestyle.

Four respondents between the ages of 18 and 22 joined the study. Purposive sampling method was used for selection and the author chose the participants according to his own perception of their personal or family socio-economic status. The place of residence and expected family income with regard to education and work and the number of family members were used as criteria for determining participants SES by author, which were also recommended universal criteria for determining SES (American Psychological Association, 2015).

The reason why the author chose to do research on young adults is that they are old enough to express their thoughts from the present and young enough to express their experiences through puberty and high school and explain how certain factors influenced their attitude towards physical activity. All respondents still live with their parents and are financially dependent on them. That is why it was extremely important for us to watch their personal SES through SES of their families.

Two respondents lived in settlements where real estate was more expensive than average and schools were of better quality. Public transport was more accessible and places of residence contained more opportunities for sports. There were more swimming pools, indoor gyms, sport clubs, etc. They were also more walkable. Both parents of those children were highly educated and did jobs that were paid above average. Respondents were of different gender.

The other two respondents lived in neighbourhood and village that were reputed to be poorer and cheaper to live in. These places did not have as much content for physical activity and public transport was less accessible. The parents of these respondents were not university educated, one parent in both families did not work and they had a large number of family members (5+). Monthly earnings per head were below average. Respondents in this case were different gender as well.

Individual interviews were collected in the spring of 2021. All interviews lasted between 40 minutes and one hour and were conducted after the written consent of the individual where they were introduced to the purpose of the research. The research was also approved by the ethics committee of Palacky University. All respondents were of legal age under the law of the state where they lived so there was no need for parental approval. Finally, each respondent was guaranteed anonymity and that all data would be used exclusively for the purpose of the master thesis. For this reason, respondents' statements will be accompanied only by fake names (e.g., Antonio; Ivanka, Martina, Filip).

Semi-structured interviews with predefined questions i.e., topics were used to find out how respondents perceived SES factors affected participation in physical activities and how and in what way the family SES and place in which they lived influenced their activity and general attitude towards sports and health. During the interviews, problems related to upbringing, beliefs, family support, financial situation, education and institutional support, personal choices, extracurricular activities, friends, built environment and personal perceptions of SES were discussed and presented. Respondents were explained what exactly SES means and what factors affect it and the topic of the paper was explained to them superficially. Examples of questions asked were as follows: ‘How would you determine your SES in relation to your environment?’; ‘Did your parents encourage you to be active?’; ‘Did you have the opportunity to play sports at school?’; ‘Were these parents able to afford extracurricular activities?’; ‘Do you have access to public playgrounds and sports clubs near your place of residence?’; ‘Do your friends play sports?’; ‘Did the physical education teacher motivate you to do sports?’; ‘Do you go to sport events as a family?’; ‘Would you be more physically active if you lived somewhere else or had more money?’ Etc.

The interviews were conducted via Skype and recorded at the same time. The recorded conversations were then transcribed. Each record was then encrypted. After coding, common themes were identified that will be addressed in the data analysis. For the coding process an excel spreadsheet with specific topics was created in the coding process. Each column marked

one sub-topic and the answers of the respondents were entered in rows. The table contained about twenty sub-topics (friends and PA, PA in school, subjective family SES, etc.) that were pre-defined as interview objectives. The answers were entered exactly as they were pronounced. These responses were ultimately used in the analysis and extracted from the table with respect to the context of the analysis All data after coding were re-analysed and relationships between them were determined. After this process, new sub-topics were defined together with the initial topics, i.e., questions.

The interview with the respondents was only shared with the supervisor of the master thesis in order to get feedback in case of need for change or addition.

7. Results

Socio-economic and psychosocial factors that adolescents see as influencing their activity and their perception of health and general physical activity were identified. There are many factors that affect one's perception of socio-economic status. To determine the factors that are most important to us, we must take into account the examined group of people. Our respondents are young people who are usually not directly affected by some events and situations such as specific economic situation (unemployment rate, inflation, taxation) of the place where they live because they are not yet in a stable employment relationship, own real estate or material wealth although those factors affect the ones we are going to discuss. It is very important to determine their awareness of the economic position in society through comparison with social environment and how they perceive themselves in it. The awareness and general at titude towards physical activity as well as material and psychological support, young people develop through family, friends, and teachers, all those people important for adolescent period. Financial stability of their families determines the place of residence and schooling, which those adolescents could not change. It is important to understand how this location of residence facilitated or hindered the respondent's activity and how much these all factors are interrelated and interdependent. When we clarified that respondents of that age still depend heavily on family and the environment, we decided to generalise the analysis to 3 main factors; (a) subjective SES (b) built environment, (c) motivation and encouragement through social environment (family, friends, school).

Subjective SES

As we stated in the previous section, it was important for this paper to determine the perceived SES of respondents. This subjective SES in itself does not directly affect physical activity, but it was a good tool to use it in the context of further issues such as financial support and the possibility to do organized sports, safety in the neighbourhood where they live and relationship with friends. As the respondents di not know that they were selected according to the author subjective (and somewhat objective) assessment of their SES, it was necessary to hear what they say. Although the author believes that there are important differences between them, all four of them considered themselves as a middle class. The reason for this can be found in human nature where an individual does not want to stand out or because of simple unconsciousness because they are surrounded by people of a similar

status. We should also be objective and say that the society in which respondents live is much more economically equal (Eurostat, 2020) than most of the countries where another research were conducted. It should be emphasized that their subjective SES is again very dependent on the SES of their family and that they have experienced their situation in fact through the situation of the parents. Finally, through the subjective SES they see the social and built environment.

' I would say that we are of average SES status, we have some additional money from tourism. both parents are employed. The average working family. In relation to the residents of my city I would again say that I am a middle SES, and my friends are diverse. Some are richer and some poorer. I'm in the middle again.' (Antonio)

' Well as an average. I live well and I don't miss anything, sometimes I cannot afford something more expensive. We are a big family, and we live completely Ok. I think my part of town is for the middle class. There are rich and poor too. Some houses are very nice, and people don't look poor. My family is of average class here.' (Filip)

'Medium rich. Wealthier people live in better neighbourhoods and do better jobs, and richer people are mostly not immigrants. We are same as the others. We are all of similar status (friends). My neighbourhood is for the middle class and is close to the centre, I think it's a good neighbourhood. It may even be above average' (Ivanka)

'Well, I would rate the status as medium. We don't live on a high level, but we have everything. Mother doesn't work. I am the only child left in the family, so it is easier for them. The father has his own construction company. I also work so I help the family. Compared to my neighbourhood and friends, I'm in the middle. I have richer and poorer friends. My parents always afforded me everything (school trips, for example). I've never hung out with people who care how much money they have. I don't feel bad, I have enough, and I hang out with people like that, who don't care. Although, our family income is under average.' (Martina)

Two respondents were also asked whether and in what way their activity and way of life would be different if they had more money. Partially active respondents explained:' *It would be the same. I don't think I would, money was never the problem so nothing would change*.'

(Filip) while the inactive respondent explains:' If parents had better jobs, I think we could eat better and live healthier. If my parents had better jobs and earned more, maybe I shouldn't work a lot so I could live healthier. And we don't see each other much. I study in the morning and then go to work in the afternoon. That's why it's hard for me to include some physical activity.' (Martina).

Built environment

a) Sports infrastructure

Interviews found that respondents from the richer neighbourhoods were more physically active in team sports. They participated more in paid sports activities in their free time and played organized sports more often and for longer because of easier access and more options. Respondents from those neighbourhoods themselves emphasized that they had easy access to clubs and public sports areas and that this certainly helped them to be more active. This included a multitude of football, handball and basketball clubs and swimming pools and open public playgrounds with futsal, basketball, or table tennis facilities. Both respondents from this group spoke positively about their place of residence, *'We had a lot of playgrounds in my part of town, for football, basketball, table tennis, handball and parks for street workout. We have a lot of opportunities for recreational sports'* (Antonio), *'Everything is close to us; school and sports facilities. We have a tennis club, swimming pools, a football club, athletics, basketball, handball and everything is close to me, in walking distance'*

Other respondents, however, find some barriers to physical activity associated with the place of residence. Although there were some possibilities, they were not as different and available as for other respondents. One of them is explaining how his neighbourhood is actually good for some types of PA but due to poor infrastructure that potential has not been used enough, '*Next to the school is a football club. But I wish we had more options for PA. For example, our part of town is close to nature, and we might have some hiking or camping communities. I would also like to have a street workout park'* (Filip). On the other hand, (Martina) who lived in the countryside did not have any opportunity for organized sports activities*, ' There was nothing for me. There was only a football club in the village that was for boys. If I wanted to train something, I had to go to a town 15km away and my parents had to drive me'*. The football club that was mentioned in interview was for the boys only. Usually, in Croatia are sport clubs separate for boys and girls, they don't mix.

b)Transport

Public transport and accessibility were very important items for the respondents that motivated and demotivated them to be physically active. Life in a smaller city made it easier to access sports facilities, *'I went mostly by foot because it is a small city and in 15 minutes I could go to training. Even if I had to go somewhere further, I would go. Proximity did not affect my choice. It can be reached on foot everywhere and public transport is excellent, if needed. We had sidewalks and it is safe for pedestrians'*(Antonio) and so the life in richer neighbourhoods near the city centre, *'It is great (public transport), we have tram every 10 min. But I usually go by bike because everything is so close'*(Ivanka).

On the other hand, living in a place with fewer opportunities and poorer connections could affect the motivation of young people, *'Public transport is a disaster, I had to go by car, the bus only runs 2 times a day. Mostly my parents had to drive me'*, *'I had no will (to do sports). But if they were closer (sport facilities and clubs) to my home and I didn't have to travel far, I might still be engaged'* (Martina).

In the category of transport, we could have noticed that the respondents who lived in more central and more developed places had easier access to public transport, but also a greater possibility of active transport. Both respondents who stated that they have good connections by public transport also had infrastructure for cycling and walking. This is very likely also a consequence of higher city budgets for infrastructural development. The respondent who lived on the outskirts of the city did not have that possibility. Apart from being geographically distant from sports facilities and for that reason there was no possibility of safe and fast active transport and public transport was not well regulated either. Here we unfortunately saw how some respondents had both options and some neither.

c) Safety

Safety was also one of the components that the professional literature took as an important parameter for the activity of children and adults. For the most of them, the neighbourhoods of the higher SES were safer. However, our research did not show a

connection between place of residence and security. All 4 respondents stated that they felt safe in their neighbourhoods and that it did not negatively affect physical activity.

' I live in a small town, and it is safe. The playgrounds are safe, and we have no problem with that. We all know each other. The lighting always worked, and it was safe' (Antonio).

'The village is safe, and I have never felt the danger. The village is small, so the parents always knew where we were' (Martina).

To explain these answers about security we need to take again the context of the state in which the respondents lived. The reason for not experiencing security as a relevant cause for physical activity could be found in the fact, if we believe the official statistics of the European Union, that Croatia is one of the safest, if not the safest country in EU (Eurostat, 2019). As we have said before, most previous research on this topic has been conducted in countries with higher crime and violence rates, and therefore the security factor was much more pronounced than among our respondents.

Motivation and encouragement

Respondents were firstly asked about their personal motivation for doing PA. Responses were expected given the age and role of physical activities in their lives. We saw the same pattern in three respondents, citing health as their main internal motivation, while good look as an external motivation seems to be the dominant one. The answer differed only in the respondent who was a professional athlete.

' It is my way of life and job' (Antonio)

' I am physicly active because of my long term goals to look better or be in better shape.' (Filip)

' To be healthy and look good.' (Ivanka)

' It's not so important for me to do something, but I'm starting to think about it, but I don't have time and therefore no will. It didn't matter to me before, I think it's because of the environment. But now I realize how important it is for health and to meet new people. But as a young person, the good look would be the biggest motivaton.' (Martina)

a) Family and friends as motivators

The importance of family could have been noticed among respondents. All respondents stated that their family was a great motivator and support in sports. Each of them had the psychological support of their parents to play sports and be active. Along with parents, friends and peers may play an even more important role in adolescence. Our respondents started playing sports for the sake of friends, but also gave up if they did not have adequate peer support and if their friends did not have a similar interest. One respondent states that he himself was a motivator for his friend to start cycling. Both very active respondents point out that their friends are also active.

Two respondents also stated that they were motivated by family members to be and remain active. It is evident that an active parent or sibling is an important motivating factor for playing sports.

'Ever since I was born, sport has been present in my family through a variety of topics. Partly because of my older brother, who played football, and our father, who also played sports recreationally' (Antonio)

' We are all very active. Dad goes to gym, rides a bike and my parent walk a lot. My brother used to play football as well.' (Ivanka)

Respondents commented that friends, beside family, are the great (de)motivation to engage in physical activity.

' We encourage each other. One friend started cycling because of me. We are active a lot, we are always doing something.' (Filip).

'My friends are also not interested in PA much. No one does sports and I think that affects me. If one of my friends started doing PA, maybe I would too. But now we are in a period when no one wants to be active. We like to just sit in bars and hang out in the houses. I've been talking to a friend about going to the gym for 6 months now, but we haven't gone yet because we don't have the willpower. But it would be much easier for me if someone goes, I will never go alone like this.' (Martina).

*' My brothers and I played the most popular sport, football, because our other friends trained it ' (*Antonio)

' I was doing swimming and athletics. I was interested in these sports and my friends also went to those sports, so it motivated me even more. They played sports and today some of them. No one is fat. We often talk about sports and health.' (Ivanka)

Here we also had the factor of a whole family physical activities. Our respondents with more active parents, spent more weekends and free time with their families and were active together. The two respondents show a difference in the attitude of parents towards children when it came to playing a sport together. While a respondent who grew up in a more urban environment with more accessible public sports areas stated that he played sports with his parents, this was not the case with a girl who grew up in a rural area with less accessible content. This may be the reason why playing with parents in public places is not commonplace in the respondent's environment. Socioeconomic differences in families and communities may also have an impact in this case. Residents of the area, and even the parents of the respondent who did not do sports with family, were manual workers and therefore may not have the time and energy to play sports with children. Also, parents with a higher level of education are probably more aware of the importance of spending time with children playing sports.

'We would go to the playground near the house and play various sports with our parents. We also went for skiing together.' (Antonio).

'No. That was not the case (to do sports with family). There is no such thing in my environment. I think because of the mentality. It would look strange; parents don't play with teenage children on the playgrounds here.' (Martina)

We must not neglect financial support and the possibility of paying for sports activities. Although the amount that parents payed for sports largely depends on the type of sport and the equipment that needs to be purchased, our respondents did not lack financial support from their parents to pay the membership fee. Also, the sports that respondents play or have played in general are not expensive and do not require large expenditures from parents. Thus, we can explain that none of the respondents, regardless of the economic situation of their parents, stated this as a reason for not engaging in organized sports.

'Yes, they could (pay for sports), it was never a problem. I trained wrestling and membership fees were never an issue.' (Filip)

' I always had my hands free, they never restricted anything to me. There have never been financial barriers. ... it is not expensive (footbal). For example, when my brother and I trained at one club at the same time, we only paid one membership fee so the other had it for free.' (Antonio)

*' My parents were always willing to pay for sports, but I didn't have the will after football. The membership fee was about 20 euros. If I wanted to train and something more expensive, I think my parents could afford it. ' (*Martina*)*

Watching sports on television or live was a significant motivation for active respondents and maintained a sporting atmosphere in the home. Respondents of lower SES also watched sports at home, there were no significant differences.

' Sports are watched at home. More types of sports. Olympics and world championships especially. My family loves sports very much. That has always been our priority.' (Ivanka)

' Football was watched all the time at home, and I went to watch basketball live with my dad because he was a member of the club. And I watched my older brother while he was playing football. The sport is often watched live and on television. I got my love towards sports from my family.' (Antonio)

' We watch football when some important match has been played' (Martina)

' There is a sports atmosphere in the family, we watch different sports.' (Filip)

All respondents were aware of the importance of health but did not have equal support for a healthy lifestyle. While the more active respondents had parents who maintained a healthy

diet and activity of the children' *They encouraged us to be physically active because it is good for development, mentally and physically. Team sports were considered important for good social environment. We eat well and I would rate it as very good. There has always been an awareness of the importance of health. I always had maximum support for it*' (Antonio), other respondent however described how it was not so simple for her:

' We eat late, and we don't sleep enough. My parents don't know that I smoke, and they wouldn't be happy if they do. My mother used to tell me that smoking and alcohol are not good for health, but we never went deep into the issue. No one is fat. Mom and I eat healthy. Dad eats everything. He doesn't care what he eats. I didn't eat well during school. Lots of pasta. We didn't really pay attention to diet. Now I have a different view and try to take care, both for looks and for health. On weekends we would only eat something healthy, on other days not because mom didn't have time to cook.' (Martina)

Alcohol consumption and smoking are a risk factor for an unhealthy lifestyle While the respondents with active parents and friends denied smoking in the family and the surrounding area:' *None smokes in my family. Friends neither.*' (Ivanka). The respondents with inactive parents lived in a different environment:' *Both parents, brother and sister smoke and so do I. 2 times a month I drink. Alcohol is drunk on some occasions. They (parents) have nothing against it. At 16, I started going out and drinking. I am aware of the risks of smoking, but everyone around me has smoked so this is normal for me*.' (Martina)

b) School as a motivator

School and physical education, which should be a support and motivation for playing sports, did not play a big role among the respondents. Regardless of the quality of teaching and teachers, other reasons were more important to the respondents.

' PE was not organized. Most of the time we did what we wanted. The professor was not interested, only a couple of times a year when he would write in some marks. We did not have to attend the class and we often skipped it. I was not motivated by PE classes. And some of my friends were demotivated and hence distracted from sports. If I didn't have the support of my family, I probably wouldn't play sports because PE at school didn't motivate me at all. I

skipped it myself many times. The classes were very boring. Family motivated me much more than school' (Antonio)

' We had a gym, the PE classes were good, we had a lot of equipment. The professor organized classes according to the curriculum and I liked that. PE classes were cool because of the classmates and because the teacher was likeable. It didn't motivate me to play sports after school though because my friends did not do it neither.' (Martina)

A great help and opportunity for young people with less opportunities for sport around their homes would be the option to play sports in school. Schools may organize extracurricular activities so that each student has the opportunity to engage in organized sports. Unfortunately, this was not the case among some of our respondents:

' There was a lack of sports in the school especially some organized ones. We only had volleyball outside of class as far as I can remember' (Filip).

' *... but we did not have opportunity to engage some PA after lessons*.' (Martina)

On the other hand, the respondent, who went to more sport-friendly schools, had that opportunity.

' *My school supported sports, many sports clubs use school halls, so the school collaborated with clubs. We were able to practice many sports inside the school hall. And because of that we had cheaper membership fees, 7 euros a month. I think that was a great thing.*' (Antonio)

8. Discussion

The social background the respondents were different. Some of the respondents are coming from sport-oriented families, they lived in different places with different possibilities to be active. The schools they went to were not the same as well.

Two of them lived in neighbourhood, i.e., places where the possibility of playing sports and infrastructure, as well as public transport, were much more developed. Furthermore, respondents who lived in families with higher income were more engaged in organised and paid sports, although we cannot conclude that higher income was the reason for this. The similar pattern has been seen in papers by Dagkas (2007) and Martin (2018) where children from low-income families participated less in organized sports activities. Like Roux (2007) claimed in his work, the possibility of additional activities and diversity in the choice of organized physical activities was visibly different, especially the connection by public transport and walkability to sports facilities. That finding could be comparable with ours where our respondents from more central parts of the city had more choice to play sports and could easily reach these facilities on foot or by bicycle, while respondents from the periphery had to use public transport or have to be ridden by their parents. Respondents from the city outskirts in their places of residence did not have many options for playing sports, especially this was a problem for a girl who had no option in her village. However, as we have seen in our results, the level and type of physical activity were not conditioned largely by the family economic situation but more by the way of life of the family and the social environment. Although lifestyle is also influenced by economic factors, according to sociologist Bourdieu, cultural capital is crucial. Bourdieu presents a rich theoretical background as well as operationalization of cultural capital. To explain what cultural capital means, he divided it into 3 groups and one of them is embodied cultural capital. It refers to those values that an individual acquires by his own effort. But, it has to be noted that children who have parents with higher level of cultural capital have also an advantage in acquiring this type of capital (Bourdieu,1986). Namely, the children of the higher SES simply absorb the culture of their environment, they visit theaters, concerts, they are exposed to a certain type of music according to their parents, do sports, remain active, etc. (Puzić, Gregurović, Košutić, 2017). In linking the lifestyle and education of individuals, Bourdieu used correspondence analysis. He also wanted to find out the relation between SES and aesthetic taste. He concluded that the

relationship between the two main factors, cultural and economical capital, positions someone in a world of different cultural tastes. So, for example, members of higher SES share the same level of education and the same habits, view on the world, behaviour and actions that are results of internalization of a particular systematic rules in early socialization (Bourdieu,1986).

A lack of content for female children was also noted in the study by Frank (2007). A respondent from richer neighbourhood could choose between football, basketball, swimming, athletics, etc. As for extracurricular activities in schools, respondents who went to particular school's state that they did not have much content. Badrić and Prskalo conducted in 2008. a survey about participation in leasure sport among 12-15 years old students in Croatia. 59% of boys participated in some kind of sport but only 29% of girls did the same. There were multiple reasons for that; girls feel judged by others, lack of support or there was nothing for them nearby. Not having an option nearby was the main reason though for our participant. Other girl did not have such a problem probably because she was living in much central neighbourhood and more liberal environment. It has to emphasized that this is not a problem only in Croatia. There are many studies conducted in developed and developing countries which findings suggested that social factors but also lack of opportunities to do sports were playing a big role in girls participation in sports (Rohan et al., 2016., Duffey et al., 2021, Guthold et al., 2020). Although this problem may seem more as a social one rather than infrastructural, the paradigm that we were talking about might be affecting the financial support by local authorities for organized clubs and sports fields for girls.

All respondents attended public schools, but those in richer and more developed environments also had more options for PA. Understanding the importance and motivation for PE lessons depended on teacher engagement, infrastructure, and equipment. Although Martins and Hills (2015) seemed to conclude that quality of PE lesson have a strong impact on adolescents later physical activity, that was not the case among our respondents. Every school should have equal access to equipment and facilities, and financial spending should be aimed at developing extracurricular activities in schools, especially those attended by poorer children. This conclusion agreed with previous research that was recently conducted by Ricci et al. PE teachers should understand their role as educators and role models, and thus motivate and direct young people to physical activity in later life.

Respondents with active parents had more active parental support for playing sports and practicing a healthy lifestyle and that was investigated in the study of Jonsson (2018)

where he found the similar results. As for the financial support of parents, it is interesting that the respondents of all financial backgrounds did not state this as a big problem and that their parents were not hindered from paying membership fees in sports clubs. That was not the case in paper of Dagkas and Stathi (2007) which found a strong correlation between financial situation and paying for sport. In addition, it is important to emphasize that our respondents engaged in affordable sports activities such as football, swimming, wrestling and cycling that did not require large expenditures on equipment and membership fees. Also, everyone except Antonio played these sports recreationally and there was no need to pay for travel to competitions abroad or additional trainings. It was reasonable to assume this as reasons why their parents did not have problems with funding sports activities.

The important reason for being inactive seem to be the transport problem (Gerrard, 2009, Durand et al., 2011; Ewin and Cervero, 2010; Wendel-Vos et al., 2007) Both respondents who lived in the suburbs and village cite this as one of the main obstacles to physical activity (at least organized). These respondents depended on public transport, which was once rare and inaccurate, and the ability and availability of parents to drive them to trainings. This directly or indirectly demotivated them to continue playing sports, even though they both participated in organized sports at the time. Although they did not emphasize this as the main reason, transport time spending probably had a big impact on motivation like it was argued by Fraser and Lock (2010). Respondents from central neighbourhoods had a lot of options within a small radius around their home and had no transportation problems at all. All in all, as Giles-Corti and Pont (2009) have confirmed, place of residence and built environment play a very big role.

Family is a central starting point for young people for everything in life, as well as physical activity. The parents of more active respondents were themselves physically active and lived relatively healthy, thus they motivated and influenced their children. Active respondents stated that their role models in sports were parents who were also active and older siblings. Sports are watched at home among all respondents, but some respondents stated that they also went to sports events with their parents, while this was not the case with other respondents. Our work and Poobalan and Aucott (2016) came to the same result that the attitude towards a healthy lifestyle was also inherited from the family. In the families with more educated parents, more attention was paid to nutrition, although all the respondents understood the importance of the same and tried to eat healthy. Smoking was prevalent in

inactive families while it was not the case in active families. Hallal (2012) also demonstrated that being inactive and from lower SES increased the risk of being smoker.

The respondents were young adolescents, and for them peers and friends are the great support and an important part of life. Friends of active respondents were also active and motivated each other and it was their way of life. Inactive respondent said that her friends were also inactive and that this might motivate her to start engaging in some physical activity. Importance of peers was also investigated and confirmed in other papers (Fitzgerald et al. 2012., Smith et al.,2015., Salvy et al. 2008, Downward et al., 2016.)

Safety, which in research by Van Hecke (2016) affected youth activity in public areas, did not play a big role because all of them felt safe enough, regardless of place of living.

Comparing the data from the literature with the data obtained in the empirical part of this paper, it is evident that there are certain differences in topics such as security, financial capabilities of parents and the quality of PE. Of course, it is important to emphasize that the number of respondents, methods of researches, time and places of researches were very different. Regardless of these differences, there were also many common causes and problems in the participation of younger people in physical activities (friends, family, transport, etc.).

9. Conclusion

The aim of this paper was to see how and in what way subjective socio-economic status affects physical activity and sports in young people. Through the treatment of the most important socio-economic factors, we tried to see what encourages or prevents young people from becoming and remaining physically active.

The respondents were selected based on the author's subjective assessment of SES because all respondents are already known to the author. It is also important to emphasize that there was not as big a difference in SES among respondents as there is in some other countries from previous works because economic inequality in Croatia is low (GINI index is 28.3) (Eurostat,2020). One more thing was that participants did not live in the same place and hence it was more difficult for comparison. Previous works, which have been conducted mostly in Western countries, dealt with much more distant social groups that differ more in socioeconomic status than the groups in this paper. Nevertheless, even this relatively small difference in SES respondents supports some of the correlations and relationships that previous research has found although these studies were different of kind.

Has this paper managed to answer the problem we posed in the introduction; How and in what way does subjectively assessed socio- economic status and its components affect a young individuals and their participation in PA and healthy lifestyle. I would say so. The economy affects all aspects of our lives, and so it is with physical activity and consequently health. The nature of young people is to be active, but the quantity of that activity was not the direct focus of this work. But how it affects. Children from wealthier families and backgrounds find it easier to participate in organized sports or leasure sports due to more financial outlay required for participating in them. Also, richer parts of the city offer more content for physical activity. As it was possible to observe in our interviews, more educated parents wee usually more inclined to an active and healthy lifestyle that they passed it on to their children. We also mentioned in the analysis Bourdieu’s theory of economic and cultural capital that children inherit from their parents and how this plays a major role in the further interests of children and their development. This does not mean that other parents do not have this awareness, but for objective reasons (harder jobs, less free time) it is harder for them to pass it on to their children. Such children are then more prone to inactive life, smoking and alcohol. Surprisingly, but unexpectedly, friends and peers are a motivator who can play a

major role in lifestyle. We can also link this to SES and built environment as other children are more likely to be active if there is content for them to play sports.

This paper stresses out the well-known paradigm, that was investigated in a study by Ricci et al. , how important is that young people from lower SES who do not live-in rich cities and near the centre should have a quality program of extracurricular activities at school to reduce the difference in physical activity compared to peers who could be more active because of more favourable place of residence and financial situation. It is also obvious that the lack of free or public sports facilities is a problem for young people in rural areas. Local communities could motivate young people for relatively little public money by improving content for outdoor sports activities such as street workout parks, table tennis tables, basketball courts and the like. The connection by public transport to the city centre is of immense importance to people living in the suburbs. Cheap, punctual, and frequent transportation would certainly help and motivate young people to go to trainings or other sports activities that are not in their place. Walking paths and biking trials could be additional help for young people to reach playing grounds safely and faster. Parents and older siblings need to be aware that they are a role model for their children. The love of sports and a healthy lifestyle are largely inherited from their parents and their example can have a very positive impact on young people and their future lives. The school as an educational institution and a representative of the state policy towards young people and their education and development must be a support and assistance to young people from the lower SES. Organized and interesting physical education classes can have a great impact on young people and motivate them or demotivate them to do sports outside of class. Unfortunately, in Croatia, physical education is often just an informal school subject that is not given importance, so the schools themselves do not treat it as they should.

I believe that this topic is extremely important for the whole society and its development and health. We know that physical activity prevents many cardiovascular diseases and improves the quality of the overall point of view and thus reduces government spending on public health. It is extremely important that teenagers and young adolescents understand and learn how physical activity and a healthy lifestyle play a big role in their current and future lives. Qualitative research can penetrate deep into a topic and find out what problems young people encounter when talking about this topic. A lot of research has been done on this issue and I believe that there will be more in the future and that politicians, professors and parents will increasingly understand how their attitude towards youth health

will shape our entire society. Although the fact is that today we live in the richest and most equal world so far, even more efforts are needed to continue this trend. It is good that the development of humanity is on an upward trajectory, and it is true that today young people can afford more and live a better and healthier life than any generation before us. When I started writing this paper, it was impossible for me to find someone extremely poor because I didn't know such adolescents. That doesn't mean there aren't any. The European/North American context of this work can be misleading because we live on the richest continent in the world. I would like more work on this topic to be done among the population of poorer continents to get a complete picture and answers to our questions.

10. References

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