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## Lifestyle and the attitude of seniors towards health

**Summary:** In order for one's lifestyle to be healthy one ought to adhere to a particular set of rules such as regular physical activity, rational diet, and hygienic way of life. These elements are important at all stages of life, regardless of one's state of health or social status. These rules become essential in relation to seniors, since with age their influence on the quality of life, i.e. dexterity, self-reliance, and independence

increases. More and more exercise programmes aimed at people in the age of late adulthood and promoting healthy lifestyle are being introduced. Unfortunately, all physical activity in this age is commonly associated with rehabilitation or sanatorium treatment. The few physical activity classes organised by some centres are usually related to secondary prevention of illnesses and they are initiated and supervised by medical staff.

The @ktywny Senior project is an attempt at addressing the issue of the lack of general activation of people of over 60 years of age. Not only has the introduction to Physical and Health Education class schedule enriched the offer – it has also had an influence on the increase of seniors' awareness and competences related to the lifelong need to care for their health. The course schedule included a series of lectures and practical activities aimed at presenting to the seniors the positive sides of regular physical activity and allowing them to experience the favourable effects of exercise.

Research aimed at studying the lifestyles of seniors with emphasis on the relations between their physical activity and their attitude towards health was conducted throughout the research. Hypothesis stating that the level of awareness of issues related to health determines the lifestyle of seniors in regard to their physical activity was formulated. Each of the participants received "BM/HF" "Healthy Lifestyle" questionnaires. The results of the research on health-related behaviour suggest that the behaviours that the seniors most often ignore are regular physical exercise and the ability to control the level of stress. The health model characteristic of seniors is ambiguous, although the seniors tend to gravitate to the holistic-functional model.

On the basis of the analysis of information related to the elements of seniors' lifestyles in the context of the results determining the health model it may be stated that although the respondents' average results were higher in the holistic-functional part their general level of physical activity was low. Perhaps seniors do not recognise the connection between health and the necessity to improve their physical prowess. In light of the research results it may be concluded that there is an urgent need to introduce Physical and Health Education classes to programmes aimed at people over 60 years of age.

**Key words:** people in late adulthood, attitude towards health, healthy lifestyle, physical activity.

Harmonious lifestyle ensuring good state of health both in the physical and the psychological sense is termed wellness in world literature, and its main theme is "feel good". One leading a healthy lifestyle should adhere to a set of rules such as regular physical activity, rational diet and hygienic way of life. These elements are important at all stages of life, regardless of one's state of health or social status<sup>1)</sup>.

The mentioned rules become essential in relation to seniors, since with age their influence on the quality of life, i.e. dexterity, self-reliance, and independence increases<sup>2)</sup>. It must be emphasised that the state of the general motor skills in old age is determined by the lifestyle and state of health of the earlier stages of life. The influence of former stages of life on the motor skills are never as substantial earlier in life<sup>3)</sup>.

Lifestyle can be defined as a set of behaviours characteristic of the general model of functioning of an individual or a group, depending on the social and cultural norms in which the individual or the group exist as well as on one's system of values, attitude, and knowledge, along with the general economic, political, and

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<sup>1)</sup> E. Kozdroń, *Program rekreacji ruchowej osób starszych*, Warszawa 2004, pp. 5–7.

<sup>2)</sup> E. Kozdroń, op.cit., pp. 5–7.

<sup>3)</sup> W. Osiński, *Antropomotoryka*, Poznań 2000, pp. 75–77.

organisational social structure<sup>4)</sup>. Therefore, the repetitive, complex, and long-lasting behaviours that are influenced and modified by the psychosocial environment – the family, society, and culture – are to constitute one's lifestyle.

Among the numerous human behaviours the actions performed in order to be healthy and those that have a documented influence on health can be identified. These behaviours can be divided into those improving health and the harmful ones. Actions such as the aforementioned rational diet, avoiding drugs, managing stress, and being physically active can be called positive, and smoking cigarettes, alcohol abuse, aggressive behaviour, and poor diet – negative<sup>5)</sup>.

Not only does physical activity favour shaping the body and beating records in sport – it is also an integral element of health which determines its state to a large extent. Regular physical exercise is one of the most important factors favouring delaying involution processes. It has been proposed that action is more effective than pharmaceuticals. Active way of spending leisure time stimulates physical fitness, improves cardiovascular performance, increases the elasticity of vascular walls, and improves the agility of the senses. Even though currently there is no scientific evidence that physical exercise prolongs life we know that it improves its quality<sup>6)</sup>.

What lifestyle one chooses depends on his understanding of health and illness, as well. Perceiving health as a value can be explained from the perspective of the biomedical and the holistic-functional theories of health.

In the biomedical model (BM) health and illness are separate states; one is either healthy or ill; there are no intermediate states. Both remain outside one's control. In this approach, health is reduced to the rules of biological functioning on the basis of congenital conditions. Health is not perceived as a state of normality. Medical practice only identifies the lack thereof. Remedying procedure is initiated in such case; therefore, doctors are not interested in healthy individuals: "If I wanted – as a healthy person – to ask a doctor for advice to improve that health (to be more healthy) I would be suspected of mental illness and sent to a detention ward"<sup>7)</sup>.

Illness, in turn, constitutes a situation when human organism cannot resist negative factors from the outside environment. From the point of view of those supporting this approach, it is then that medical care is needed<sup>8)</sup>.

The biomedical model understands convictions and emotions as psychological aspects that cannot determine bodily health. Biochemical causes of illness are the object of analysis. The social, psychological, and behavioural aspects are not included in this

<sup>4)</sup> B. Woynarowska, *Zdrowie młodzieży szkolnej w Polsce i innych krajach*, Warszawa 1996, pp. 9–10.

<sup>5)</sup> A. Łuszczyńska, *Zmiana zachowań zdrowotnych – dlaczego dobre chęci nie wystarczą?*, Gdańsk 2004, pp. 14–21.

<sup>6)</sup> W. Osiński, op.cit., pp. 75–77.

<sup>7)</sup> A. Pawłucki – unpublished work, in possession of the author.

<sup>8)</sup> H. Sęk, I. Ściagała, T. Pasikowski, M. Beisert, A. Bleja, *Subiektywne koncepcje zdrowia. Wybrane uwarunkowania*, „Przegląd Psychologiczny” 1992, 35(3), pp. 351–363; H. Sęk, T. Pasikowski, I. Ściagała, *Sense of Coherence and Subjective Health Concepts*, „Polish Psychological Bulletin” 1994, vol. 25(1), pp. 15–23.

approach. According to this paradigm human body is a biomachine and in the case of a dysfunction, i.e. illness, a doctor appears as an engineer fixing a broken mechanism and the person suffering from the dysfunction "has nothing to say" in his case.

### Holistic-functional model

Health is a changing resource and illness is a deficit of the immunologic resource whose potential is to a large extent dependent on the consciousness of the subject who may learn how to be healthy, promote health, secure it, and participate in the process of healing, when as a result of the influence of pathogens and the lowering of immunity it comes to illness (i.e. a breaking of the dynamic equilibrium). From the perspective of this model it is stated that one creates health and one gets ill – the illness does not "get to" a person. According to the holistic-functional theory a human being is a subject (who makes decisions about the changes that influence him) as well as a social person involved in relationships with society and an individual adaptively integrated with the natural environment. This means that one's health is:

- determined by one's decisions
- influenced by others
- determined by the "forces of nature"<sup>9)</sup>.

Health-related convictions will, therefore, have a major influence on making health-related decisions.

Various types of physical exercise programmes for people in late adulthood that promote healthy lifestyle are being implemented in the world. However, they cannot be directly introduced into Polish reality. That is because the expectations, conditions, and opportunities for seniors in our country are different. We should, therefore, aim for creating our own standards and developing effective methods of activation of the society. In Poland there is no consistent programme for the promotion of physical activation of seniors. All physical activity in this age is commonly associated with rehabilitation or sanatorium treatment. The few physical activity classes organised by some centres are usually related to secondary prevention of illnesses and they are initiated and supervised by medical staff. First of all, the promotion of healthy lifestyle in Poland lacks:

- a correctly implemented social health policy on all government levels,
- effective health education at all stages of ontogeny,
- common access to physical culture classes for women as well as men over 60 years of age in accordance with their health, agility, and financial capabilities<sup>10)</sup>,
- and qualified instructors for this age group.

The *@ktywny Senior* project is an attempt at filling the gap that has appeared in the area of the general activation of people of over 60 years of age. Not only has the

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<sup>9)</sup> A. Pawłucki – opracowanie własne dostępne u autora.

<sup>10)</sup> E. Kozdroń, op.cit., pp. 5–7.

introduction to Physical and Health Education class schedule enriched the offer – it has also had an influence on the increase of seniors' awareness and competences related to the lifelong need to care for their health.

The course schedule included a series of lectures and practical activities aimed at presenting to the seniors the positive sides of regular physical activity and allowing them to experience the favourable effects of exercise. Achieving the aforementioned aim was made possible by the implementation of the following objectives:

- ❖ Increasing the awareness and passing on information on the subject of physical activity of people in late adulthood and its importance in heightening the quality of life.
- ❖ Acquiring of a selection of methods and forms of physical activity aimed at maintaining and improving health by seniors.

The subject matter of the lectures included issues related to physical culture, the connection between physical activity and health, prevention of premature ageing, prophylactics of diseases of civilisation, and methods and forms of physical activity. The theoretical classes constituted a great way of introducing safety measures related to taking up physical activity; they have also increased the seniors' motivation to participate in physical exercise during the programme and after it was finished.

The practical classes constituted the second part of the series, during which the "active seniors" could use the information that they had acquired in a number of forms of physical exercise performed on the basis of the suppositions of health training. The above objectives can be divided into three groups because of their different aims.

The forms of physical activity that are to be found in the first group include the exercises shaping physical agility and elements of strength training. The seniors were introduced to the Nordic walking hiking technique and using the poles for increasing muscle tone. The aims for this group were realised in the form of general exercise, as well.

The second group included relaxation exercises and elements of Eastern exercise systems. The aim of this group was to equip the seniors with stress management skills as well as introducing them to a „new” way of spending leisure time constituting an alternative to the traditional ways of passive relaxation. The seniors participated in a session of Schulz autogenic training, they attempted simple Tai chi and yoga sequences, and they also had the chance to experience the positive influence of self-massage on the body.

The third group were the recreational games aimed at introducing the pleasant character of physical activity.

Research aimed at studying the lifestyles of seniors with emphasis on the relations between their physical activity and their attitude towards health was conducted throughout the research. Hypothesis stating that the level of awareness of issues related to health determines the lifestyle of seniors in regard to their physical activity was formulated.

Each of the participants received "BM/HF" "Healthy Lifestyle" questionnaires.

The "BM/HF" questionnaire constructed by Helena Sęk and her co-workers includes twenty statements which include the suppositions related to the biomedical and holistic-functional models. The BM part includes a set of questions that describe health in relation to medical categories, some genetically determined, in which each individual is obliged to adhere to the norms set by doctors. In the HF part the questions are developed in accordance with the thesis that health is a process of dynamic equilibration of the requirements of the environment.

The "Healthy lifestyle" questionnaire consisted of six parts:

Category I: smoking cigarettes,

Category II: alcohol abuse and use of medication,

Category III: diet habits,

Category IV: physical exercise and fitness,

Category V: stress management,

Category VI: security

Each part included questions that the respondent answered on a three-degree scale: usually, sometimes, hardly ever. There was a certain number of points connected with each answer, with the maximum sum of the questions of each category equalling 10. Depending on the sums the results were divided into four groups:

10–9 pts. – very good

8–6 pts. – good

5–3 pts. – mediocre

2–0 pts. – bad

The results of the research on health-related behaviour suggest that the behaviours that the seniors most often ignore are regular physical exercise (cat. IV) and the ability to control the level of stress (cat. V).

In almost  $\frac{3}{4}$  of the surveyed negative attitude towards regular physical activity could be observed. Therefore, the seniors have confirmed the regularity that ageing of the body is connected with abnegation of activity. Furthermore, it may be assumed that the research subjects do not have sufficient knowledge on the subject of the negative results of avoiding regular physical activity. Only less than 15% of the respondents declare that they take care of their health though physical exercise (Fig. 1).

The seniors taking part in the research do not recognise the necessity to improve muscle strength. More than half of the respondents never do the strength exercises that constitute an integral element of health training. Efficiency of the organism and muscle strength determine the level of general fitness, which, in turn, determines the quality and successfulness of everyday life activities. 50% of the surveyed admit that they sometimes take part in physical activities, at least 3 times a week (q. 2). The same number of respondents claims that they sometimes maintain the desired body mass (q. 1). The most positive answers are related to spending leisure time with the family while gardening or playing games (q. 4) (Fig. 2).

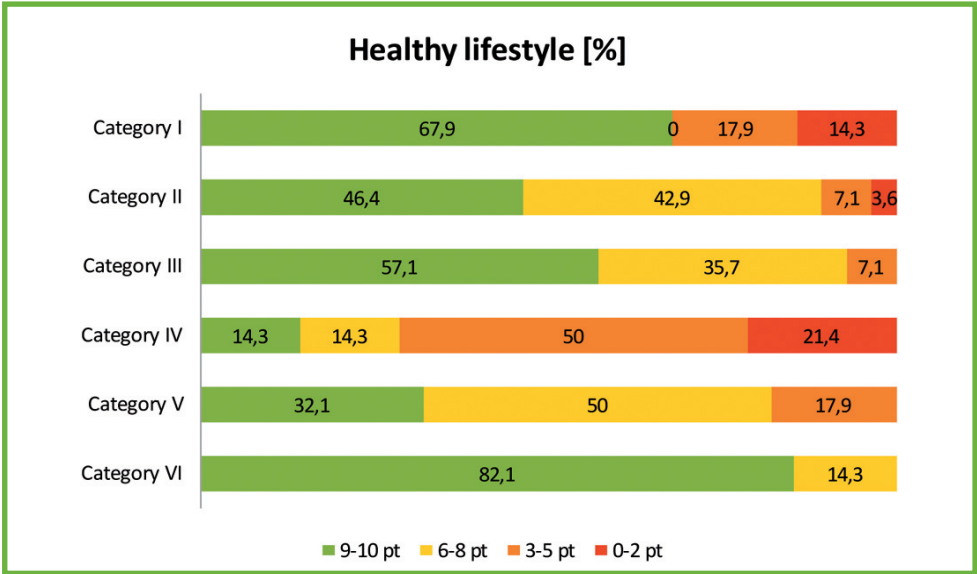


Fig. 1. The percentages describing the health-related behaviours of seniors in the particular categories of actions

Source: Developed by the author.

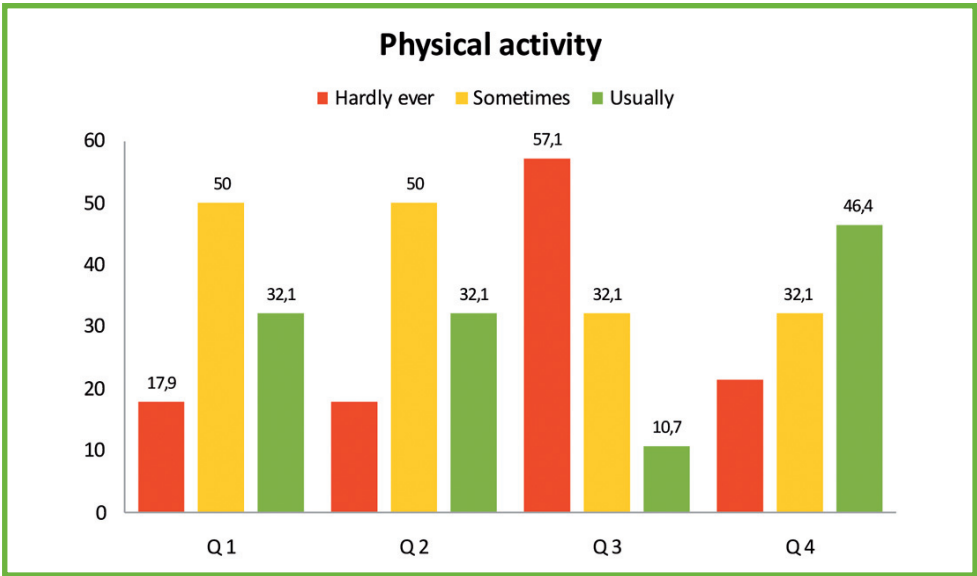


Fig. 2. The percentages describing the health-related behaviours of seniors in the category: exercise and physical activity

Source: Developed by the author on the basis of the following questions: 1. maintaining the desired body mass, 2. regular stamina exercise, 3. regular strength exercise, 4. recreational physical activities with the family.

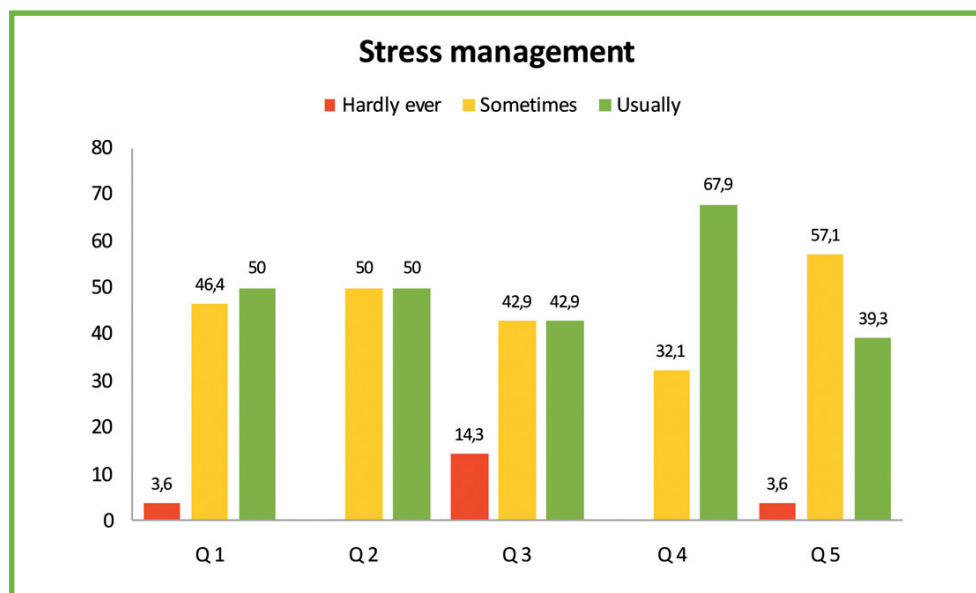


Fig. 3. The percentages describing the health-related behaviours of seniors in the category: stress management

Source: Developed by the author on the basis of the following questions: 1. I do things that make me happy, 2. I can relax and express my feelings, 3. I can predict stressful situations, 4. I have relatives whom I can ask for help, 5. I participate in group activities.

Yet another factor contributing to the acceleration of the processes of ageing of the organism is stress. In the references there are two types of stress described – the negative one (distress) and the positive one (eustress). The contemporary seniors should learn to eliminate the results of distress caused by, among others, retirement or the speed of development of civilisation (the problem of social exclusion).

The conducted research indicates that in the category of stress the respondents declare that they cannot always control negative emotions, especially in difficult situations – 14,3% (q. 3). Majority of the seniors are not completely certain of their actions in the face of stress. About half of the surveyed confirm that there are situations that generate their negative emotions and that only sometimes they are able to control them. Over 2/3 of the respondents declare that they can ask their relatives for help if they need to (q. 4) (Fig. 3).

In the hypothesis it was assumed that one's attitude towards health has an important influence on the lifestyle of seniors in relation to regular physical activity.

The results of the conducted survey justify the statement that it is not possible to unambiguously identify the model more popular with the seniors participating in the research. The average of the declared answers was slightly higher in the case of the holistic-functional model (Chart 1). It may indicate that that the senior consciously participate in the forming of their health. They can also understand that their health potential is conditioned by the lifestyle they prefer.



Chart 1. The statistical amounts characterising the convictions of the seniors in relation to health

	Average	Standard variation	Minimum	Maximum
BM	29,95238	5,609019	19,00000	42,00000
HF	<b>35,75000</b>	4,870668	23,00000	44,00000
Total	65,15000	9,225244	47,00000	81,00000

Source: Developed by the author.

Considering the research results in the context of the results related to lifestyle one may come to the conclusion that despite the average results being higher in connection with the holistic-functional model the level of the physical activity of the respondents was too low. Perhaps seniors do not recognise the connection between health and the necessity to improve their physical prowess.

However, the authors of the present article believe that the above reflections require further exploratory proceedings.

In light of the research results it may be concluded that there is an urgent need to introduce Physical and Health Education classes to programmes aimed at people over 60 years of age. The curriculum should include problems related to the importance of general physical and recreational activity in preventing involution processes. Furthermore, theoretical information should be complemented with a series of practical activities in health training and exercise compensating for the inactivity in seniors' everyday lives. Putting emphasis on stress management skills (techniques and methods of relaxation) as well as the ways of eliminating fatigue (passive and active leisure time) is important, too.

The increasing number of seniors is a cause of the need to concentrate on providing this social group with opportunities of further education and enriching their personalities through discovering the world around them. The positive reception of the *@ktywny Senior* programme expressed by the participants in the evaluation survey of the project may serve as a confirmation of this belief. The seniors evaluated the way of conducting the classes, the competences of the instructors and, last but not least, the information and skills acquired during the course very highly.

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## Annex to the article: A sample Health Education for people in late adulthood activity plan

### I. The theoretical part

#### Lesson plan 1

**Topic:** *Physical culture – a way to longevity and health of the contemporary man*

##### Lecture

- ❖ The aim of the lecture is to introduce the participants to a selection of theories related to the perception of human body in contemporary physical culture.
- ❖ We discover the world of the culture of human body and the numerous forms of participation in physical culture.
- ❖ How to define the notion of physical culture in contemporary world?
- ❖ What does it mean that the body constitutes an existential value and what is the attributing of symbolic sense to the body?

#### Lesson plan 2

**Topic:** *The importance of physical activity in human life from birth to late old age*

##### Lecture

- ❖ Why is it necessary to undertake physical activity regularly as a child, a teenager, a person in the "working age", and a senior?
- ❖ Explanation of the notions of motor skills, agility, and coordination.

#### Lesson plan 3

**Topic:** *Seniors in contemporary popular culture*

##### Lecture

- ❖ What shapes the identity of contemporary youth?
- ❖ What do the notions of consumer culture, instant culture, and body and sexuality culture mean?
- ❖ Can grandparents have an influence on the bringing up of grandchildren and teenage grandchildren in contemporary culture?

### II. The practical part

#### Lesson plan 4

**Topic:** *Improving Nordic walking technique – health level*

Health-related cultural competences:

Axiological competence: acquiring knowledge on the subject of the importance of participation in health training in maintaining physical prowess

Technical competence: acquiring training heart rate measurement skills

Number of participants: 20

Location: city park

Equipment: Nordic walking poles for each of the participants

Duration: 90 min.

[illegible]

	<p>– <i>Turning the poles</i> Hold the poles together in front of you at shoulder level, arms close together. Turn the poles as far as possible.</p> <p>– <i>Kayaks</i> Hold the poles as in the above, arms at shoulder width. Move the arms in a manner imitating rowing in a kayak. forwards backwards</p> <p>– <i>Turning the body</i> Hold the poles as in the above. Turn your body without bending your arms</p> <p>– <i>Squats</i> Drive the poles into the ground at a 45 degree angle. Bend your hip joints, knees, and ankle joints (squat)</p> <p>– <i>Raising your arms</i> Hold the poles together in front of you, arms down. Raise your arms – inhale through your nose Lower your arms- exhale through your mouth</p> <p>– Measuring the training heart rate</p>	<p>× 15</p> <p>× 10 × 10</p> <p>2 × 8</p> <p>× 10</p> <p>× 4</p> <p>1 min.</p>	<p>We ensure that the participants push the poles when standing up.</p>
3	<p><b>Main part</b> <u>Improving the technique of marching with poles.</u></p> <p>– <i>Marching with poles</i> Revising the basic technique</p> <p>– <i>Marching and jumping</i> After every five steps jump up without using the poles</p> <p>– <i>Marching and turning</i> After every five steps turn around full circle.</p> <p>– <i>Marching one after another</i> „Number 1” sets the tempo and the direction. „Number 2” follows.</p> <p>– <i>Marching in pairs</i> The participants stand one after another, „number one” holds the handles of the poles, „number 2” the other ends. March simultaneously swinging your arms energetically.</p> <p>– <i>Marching and pushing both poles</i> March and push at both the poles simultaneously.</p> <p>– <i>Marching with energetic pushing</i> March using your arms alternately, draw back energetically, and push hard on the straps.</p> <p>– Measuring the training heart rate</p>	<p>× 1</p> <p>× 2</p> <p>× 2</p> <p>× 2</p> <p>× 2</p> <p>× 2</p> <p>× 2</p> <p>1 min.</p>	<p>The exercises take place in a 50 m long straight line</p> <p>Turn to the right, then to the left interchangeably.</p> <p>Change the leaders</p> <p>Change the leaders</p> <p>We ensure that the participants keep their elbows straight while marching</p> <p>We ensure that the technique is correct with the increased energy of marching</p>

	<u>Increasing stamina</u> – <i>Marching with sustained medium intensity</i> After 10 minutes of marching measure your training heart rate  – Measuring the training heart rate	20 min.  1 min.	
4	<b>Final part</b> – <i>Marching with low intensity</i> March with substantially lower speed, do not hold the handles, let the poles hang down on the straps  – <i>Marching and raising your arms</i> Hold the poles together in front of you, arms down. After every five steps raise your arms and inhale.  – <i>Turning your body</i> Put the poles held together on your shoulders. Turn your body.  – <i>Side bends</i> Hold the poles together over your head. Do side bends.  – <i>Opening</i> Drive the poles into the ground in front of you. Inhale, opening your chest – draw the handles to the sides. Exhale closing your chest – draw the handles together.  – Measuring training heart rate	2 min.  × 4  × 10  × 10  × 5  1 min.	We ensure that the side bends are done in the coronal plane.
5	<b>Organisation</b> Collecting the equipment, discussing the class, saying goodbye	2 min.	

Lesson plan 5

Topic: *Learning exercises with use of newspapers that improve the general agility*

Health-related cultural competences:

Communicational competence: explaining to the participants the rules of selection of physical exercises proper for their age

Technical competence: the ability to use an unusual piece of equipment in shaping general agility

Number of participants: 20

Location: gym

Equipment: newspapers, mats

Duration: 45 min.

No	Description of the task	Number/ duration	Comments
1	<b>Organisation</b> – Greeting, checking the preparation for the exercises	1 min.	The participants stand in a circle
2	<b>Introduction</b> – <i>Energy</i> Everyone says their names and grades their energy on a 1 to 10 scale  – <i>Marching</i> Swing your arms and legs energetically  – <i>Marching and exercising</i> ✓ Raise your arms, clench and unclench your fists ✓ Raise your arms, turn your hands around ✓ Arms down – bend and straighten your elbows ✓ Arms down – swing your arms forwards and backwards ✓ March raising your knees high ✓ Tiptoeing ✓ March, raise your arms sideways – inhale with your nose, lower your arms – exhale with your mouth ✓ March, get your newspaper	1 min.  1 circle  × 15 2 × 10 × 10 2 × 10 ½ circle ½ circle × 4  ½ circle	Around the circle  Around the circle        The instructor gives each of the participants a newspaper sheet
3	<b>Main part</b> <u>Exercises with newspapers</u> – <i>Hats</i> Put unfolded newspaper on your head, march and keep straight, do not let the newspaper fall  – <i>Raising your arms</i> March, hold the paper with both hands in front of you, hands down, on „one” put your arms behind your head, one „two” put them back down  – <i>Slalom</i> Put the newspaper down on the floor. Move taking small steps around the papers left by other participants until you reach yours.  – <i>Marching wide – narrow</i> Place the papers as in the above. March between the papers and cross over each paper putting your legs wide apart  – <i>Reach for the newspaper</i> Stand over your newspaper. Inhale – raise your arms over your head, exhale – lower your arms and bend, reaching for your paper  – <i>Circling around your body</i> Hold your newspaper in one hand at head level. Circle the paper around your body going down, passing the paper from hand to hand	½ circle  ½ circle  1 circle  1 circle  × 3  × 4	Marching in circle        On the spot in circle  Circling around the head, the neck, the chest, the stomach, the thighs, the knees, the calves; both ways

– <i>Safety pin</i> Hold your newspaper in one hand. Change the hand behind your back; one hand up, one hand down	× 10	The participants stand in circle. The papers on the floor.
– <i>Straightening your arms</i> Hold your newspaper in both hands at hip level. Straighten both arms.	× 10	
<u>Exercises on the newspaper</u> – <i>Marching</i> March on the spot with the paper in front of you. Step on and off the paper.	× 20	
– <i>Wide and narrow</i> March on the spot over the paper. Narrow – march on the paper, wide – the paper between your feet.	× 20	
– <i>Balance</i> The paper between your feet. Move your body weight from one leg to the other.	× 20	
– <i>Heel</i> Do as above bending your knee backwards at a straight angle	× 20	
– <i>V</i> The newspaper in front, march forward with legs wide (paper between your feet), and backwards – legs narrow	× 20	
– <i>Folding the newspaper</i> Put the paper on the floor, fold it and unfold it using your feet	2 min.	
<u>Exercises lying down</u> – <i>Reaching your knees</i> Hold your paper with both hands in front of you. Raise your head and body, touch your knees with the paper.	× 15	
– <i>Raising your hips</i> Hold the paper with one hand at hip level. Raise your hips, move the paper to the other side.	× 15	
– <i>Feet up</i> Hold the paper between your feet. Straighten your knees, raise your feet.	× 15	The participants lie down in circle, knees bent, feet on the floor
– <i>Turning your body</i> Hold the paper with both hands in front of you. Turn your body so that the paper touches the floor on one side and your knees on the other.	× 10	
– <i>Newspaper behind your head</i> Hold the paper with both hands at hip level. Put the paper behind your head – inhale, back down – exhale.	× 4	
		The participants stand in circle. Numerous changes in direction.

	<p><u>Group exercises</u></p> <p>– <i>Passing the newspapers.</i> The participants stand quite close to each other. At the instructor’s signal they pass the papers to the right, picking papers up from the left</p> <p>– <i>A ball</i> Each of the participants divides the paper in two halves. They put them in one hand and form a ball</p> <p>– <i>A battle</i> The participants are divided into 2 groups. Each team gets half of the gym. On the signal each group tries to throw as many newspaper balls to the other half as possible</p>	<p>2 min</p> <p>1 min.</p> <p>2 min.</p>	
4	<p><b>Final part</b></p> <p>– <i>Marching</i> The participants march freely around the gym, each takes two paper balls</p> <p>– <i>On target</i> Each of the participants throws his paper balls at a target placed in the middle of the circle</p>	<p>1 min.</p> <p>1 min.</p>	The participants stand in circle
5	<p><b>Organisation</b></p> <p>Discussing the class, saying goodbye</p>	<p>1 min.</p>	