I. Introduction

There are many studies that indicate the relationship between religiousness and various aspects of health. Despite the fact that these studies have a long tradition, it is still difficult to describe the mechanisms, which regulate the interaction of these variables [1]. On principle, the factors that influence health include a proper diet, physical activity, quitting smoking or acting in accordance with the medical recommendations provided by a physician. The above factors, however, do not fully explain this relationship [2]. What is also noted is a positive correlation between psychological and physical health and religious practices such as meditation, prayer, and various acts of cult, which enforce positive emotions like hope, love, satisfaction, forgiveness and reduce negative ones such as hostility. Positive emotions reduce the activity of the sympathetic division of the autonomic nervous system and the hypothalamic-pituitary-adrenal axis (thus reducing the secretion of the stress hormones such as norepinephrine and cortisol) which has both psychological (anxiety reduction) and physiological effects (lower blood pressure and decreased heart rate and oxygen consumption) and may contribute to a better state of health of these people. These are probably not the only mechanisms and it is possible that many other psychological, behavioural and biological factors play an important role, these, however, require further research. Currently there is a large amount of scientific reports stating that religiousness is connected with longer life, lower heart

Keywords: religiousness, centrality of religion, health behaviours, smoking, drinking of alcohol
disease incidence and lower rates of mental health problems [3]. Majority of the studies were population based. The main goal of this project is to test these variables and compare them in groups that are the subject of such researches much less frequently: medical students and students who are preparing for priesthood.

In this project the following questions were to be answered:

- Is there a difference in health behaviours in medicine and seminary students?
- Are there any identical connections between health-seeking behaviours among people with different religiosity level?

II. Method

Study groups:
- Medical students (3rd year) N=143
- Students of catholic seminars (3rd year) N=100

Age
- Medical students (M=21.34; SD=0.96)
- Students of seminars (M=22.04; SD=1.66)

Scales used:
- Questions about: weight and height (BMI), number of daily meals, frequency of undertaking physical activities, frequency of drinking alcohol
- IZZ Pro-health Behaviours Inventory (Proper eating habits, prophylactic behaviours, positive psychological attitude, health-seeking behaviours)
- Quiz Fagerströms’s Scale (smoking)
- Scale of Centrality of Religion C15 (S. Huber).

III. Results

There are three statistical differences for BMI, daily meals and smoking in two groups (see Table I). There are statistical differences in alcohol use in medicine and seminars students (see Table II).

There is no significant statistical correlations between religiosity and health behaviours in group of students of seminars.

<table>
<thead>
<tr>
<th>Cognitive interest</th>
<th>Worship</th>
<th>General score</th>
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<tbody>
<tr>
<td>Daily meals</td>
<td></td>
<td></td>
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<tr>
<td>Physical activities</td>
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<tr>
<td>IZZ Proper eating habits</td>
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<td>IZZ Prophylactic behaviours 0,24*</td>
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<td>IZZ Positive psychological attitude 0,17 *</td>
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<td>IZZ Health-seeking behaviours</td>
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<tr>
<td>Fagerströms’s scale -0,25 * -0,21 *</td>
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Note: * p < 0.05

Conclusions

- The relationship between religiousness and health behaviours has a different character among people with different centrality of religion.
- Medical students more frequently use stimulants such as alcohol and tobacco than seminar students do.
- This may indicate that the medical knowledge is insufficient in motivating health-seeking behaviours and that a more important role is played by religiosity and its centrality.

References