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ATTITUDE TO WELLNESS AND HEALTH LIFE STYLE IN MODERN RUSSIAN SOCIETY

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Abstract
There is a strong trend of increased popularity of various forms of health related behaviour and the culture of responsible attitude to wellness and health life style in modern Russian society. The major aim of the present study was to assess the awareness of residents of one of the Federal districts of the Russian Federation about the importance of wellness for human life. The investigation included possible effects of gender, age, educational level, residence on the view of people on importance of wellness. It was conducted in the Volga Federal District. Stratified random sampling method was used for the selection of responders and data collection of 933 respondents (422 males; 511 females) in 3 age groups (20-39 years; 40-59 years; 60 years and above) was realised. The diagnostic tool "Well Awar In" questionnaire included 10 items was used. The questions targeted five areas: association of wellness and health; wellness in workplace; incorporation of wellness activities in daily life; preferences for wellness procedures; obstructions to implement wellness in daily life. The primary data were analysed using a percent of responses. The percent of responses were calculated for the total sample as well as for the subsamples of responders according to gender, age group, educational level and residence. Pearson correlation coefficient or Cramer non-parametric correlation were used for dependency analysis between responses and independent variables The results declare a tendency of males to associate wellness with active forms of health related behaviour (fitness, sports) while females with relaxation, fitness and massage. Significantly more females tended to practice outdoor activities and healthy diet while males, more males than females reported some type of workplace wellness and health related issues support and benefits. Significantly more males than females reported that they incorporate some wellness activities to daily life.

Keywords
Health life style; Wellness; Public awareness; Russian Federation.

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INTRODUCTION

The concept of wellness has become popular in Russia at the end of last century. Contrary to the western countries, the Russian market of fitness and wellness services started to develop with segments of premium class (Stroeva, & Batsunova, 2015). Wellness is mainly perceived as a concept for privileged groups of population. Later on the trend in public opinion has changed partially due to construction of economy class wellness and fitness facilities which are affordable for middle to low income groups of people as well as due to popularization of wellness concept and increased attention of people to health-related issues (Vacek, 2016).

Although wellness concept is popular in Russia, business communities as well as members of the general public do not have common view on what to consider being a wellness facility or wellness service. As the result, the term “wellness”

is often applied to various types of facilities which may include a fully established modern wellness facility as well as a fitness center with a few additional services such as massage or sauna (Stroeva, & Batsunova, 2015).

The spa/wellness trend emerged in Russia from the tradition of healthy holidays in the system of resorts and sanatoriums which has been established in the USSR and comprised of 14 thousand sanatoriums and rest homes with capacity to accommodate 2.5 million people. In addition to sanatoriums the system also included profilactoriums - a sanatorium-type establishment where people stay and have treatments while still continuing work (not being on holiday). During post-Soviet era the number of sanatoriums has reduced and, according to Federal State Statistics Service, in 2013 there were 1 250 sanatoriums and 637 profilactoriums in Russia (Tsymbal, 2014).

Worksite wellness programs (WWP) have become very popular in many countries because the workplace is a pivotal location for promoting and supporting wellness. In terms of importance, the workplace is matched only by the education system as the most effective front line approach to chronic disease prevention and promoting health (Plotnikoff et al, 2005). The WWP include various interventions such as stress management; smoking cessation; weight management; health screenings; nutrition education; workplace safety; first aid classes; employee assistance programs; work/life balance policies; flexi-time; exercise/fitness groups; discounts to local fitness facilities; healthful food choices at work meetings; training programs; and family friendly policies and facilities (such as bicycle racks, showers, gym equipment) (Fronstin, 1996; Pratt, Lemon, Fernandez, Goetzel, et al., 2007; Bottomley, Burgess, 2018).

Workplace wellness programs produce benefits to employees, employers and the whole society and they are viewed as an investment in human capital. Employers who offer effective WWP programs experience a number of benefits which include reduced absenteeism, reduced presentism (being at work but not being on the job), reduced workplace accidents, improved industrial relations, increased performance and productivity, quality work outputs, improved employee engagement, improved staff recruitment and retention, reduced health care costs, reduced costs relating to absenteeism and presenteeism, return on investment, improved employee morale, a happier resilient workforce, improved employee performance, positive impact on workplace culture, stress reduction, etc. Benefits of employees from WWP include improved physical fitness and nutritional practices, better weight control, reduced tobacco consumption or smoking cessation, reduced alcohol consumption, reduced risk of chronic diseases, health improvements, promotion of physical and mental wellbeing, stress reduction, financial benefits, improved job satisfaction among others (Workplace wellness, 2009).

The importance of WWP is well recognized in Russia. The government of the Russian Federation provides some support to the best practice of Russian enterprises and organizations dealing with effective reduction of industrial injuries and occupational diseases, healthy lifestyle promotion, solving social problems in their territories, promoting corporate charity. Furthermore, special emphasis are put on supporting initiatives to promote healthy lifestyle, to generalize and disseminate best practices and standards of healthy lifestyle promotion. However, employees-sponsored health programs have not seen any significant complex support from the government by now. According to some estimates, only about 54% of Russian organization and businesses have some WWP. This proportion is lower than in the USA and in

many European countries (Kolosnitsyna, & Lesnevski, 2012). In addition, many WWP in Russia lack complexity and include only a few work place wellness interventions such as dispanserization, vaccination, subsidized holidays packages, additional medical insurance, sporting events and some other (Zasimova, Khorkina, & Kalinin, 2014). One of such examples is the "Healthy lifestyle program" implemented by Uralsib – one of the biggest Russian's financial group, which has more than 400 outlets in Russia and abroad. The program is based on the healthy lifestyle strategies developed by the WHO and targets risk factors of common diseases including: low physical activity, being overweight, smoking, malnutrition and high blood pressure. These risk factors were identified via an employee survey and each factor received attention in a special area of the integrated program. For example, in order to increase the physical activity level of employees the company developed special ten-minute workout programs which employees can engage in at their work place (office exercise, yoga and pilates), introduced physical activities weeks not only for the employees, but for their family members, customers and partners and sponsored boarding school children. The employees were encouraged to renounce the lift for walking up and down the stairs and to do gymnastics straight in the office. To increase the level of physical activity the company also expanded its own sporting facilities and leased swimming pools and fitness centres.

Other wellness programs implemented by the company were "Healthy weight", "Anti-smoking", "Healthy diet" and "Blood pressure control". Funds for these programs were allocated from the company's net profit "Health at the workplace" (Kirsten, Karch, 2012). As a result of these programs high proportions of employees increased their physical activity, optimized diet and stopped smoking. In 2010, URALSIB was the corporate winner of the All-Russian Contest of Health Promotion Projects "Healthy Russia" which was hosted by the Russian Ministry of Health and Social Development.

Other examples of workplace wellness programs include the occupational safety and health management systems designed to prioritize worker safety and health above the results of production activities of "Lukoil" group of companies; the occupational health and safety system of Russian steel and mining holding "Metalloinvest" which targets occupational health, process safety and environmental protection, disease prevention, treatment and recovery, building the culture of responsible attitude to health and safety; the health protection programs of Sakhalin energy investment company with goals to prevent diseases and improve health of employees and their families, to promote healthy life style, to provide leisure and health facilities; the health care system of Baltika Breweries company which includes compensation and benefits system, health insurance, health maintenance facilities and services among other examples. Many other Russian companies developed programs which encourage healthy life style of workers ("Health at the workplace", 2011).

There is a strong trend of increased popularity of various forms of health related behaviour and the culture of responsible attitude to health in modern Russian society. However, the problem of reducing risk factors of chronic diseases, improving health status of Russian citizens remains very important. For example, according to various estimates, more than 50% of adults in Russia have body mass above recommended norms due to low levels of physical activity and unhealthy diet. Up to 60-65% of adult males are smokers. The consumption of alcohol is well above the WHO level of problem drinking (Kalinin et al., 2011).

The proportion of Russians who are involved in regular physical activities is about 15% and in fitness – 3%, in comparison, in the USA these proportions are 40% and 14%, respectively ("The Russian market of sporting goods and fitness", n. d.). Life expectancy in Russia is lower than in European countries.

AIM

The major aim of the present study was to assess the awareness of residents of one of the Federal districts of the Russian Federation about the importance of wellness for human life. The specific objectives include:

- Assessment of public opinion on association between wellness and health; wellness in workplace; incorporation of wellness activities in daily life; preferences of wellness procedures; obstructions to implement wellness in daily life.
- Investigation of the possible effects of gender, age, educational level, residence, on the view of people on importance of wellness.

METHODS

Material

The survey was conducted in 4 Federal subjects (Nizhniy Novgorod region, Kirov region, Chuvash Republic and Mari El Republic) of the Volga Federal District, Russian Federation in May-October 2017. The Volga Federal District was established in May 2000 with administrative center in Nizhniy Novgorod city. The district is located in the south-eastern part of the European Russia and comprises of 14 Federal subjects with the total area of more than one million square kilometers (about 6% of Russian territory). According to the 2010 census, its population was about 30 million people, about 20% of the Russian population (70.8% urban). The location of Volga federal district is shown in Fig. 1.

Fig. 1. Location of Volga Federal district in Russia.

Stratified random sampling method was used for the selection of responders and collection of primary data. In total, 933 responses were received from intact population. The sample is representative mainly because of weighting according to age and sex. Demographic characteristics of the responders are presented in Tab. 1.

Tab. 1. Demographic characteristics of the responders. Fig.s represent the number of responders with percentage in brackets

Characteristics	Responders
Sample size	933 (100)
Gender	
Males	422 (45.3)
Females	511 (54.7)
Age group	
20-39 years	308 (33.0)
40-59 years	353 (37.8)
60 years and above	272 (29.2)
Size of the residence	
500 000 and more	167 (17.9)
10 000-500 000	401 (50.0)
10 000 and less	365 (32.1)
Education	
Basic	166 (17.8)
Middle	402 (43.1)
University	365 (39.1)
Regular sports	
Yes	74 (7.9)
No	859 (92.1)

Diagnostics

The study instrument "Well Awar In" questionnaire (Krejčí, &Vacek, 2013) consisted of questions on socio-demographic characteristics of the participants such as gender, age, residence, educational level, ethnicity, participation in sports;. The ten-item "Well Awar In" questionnaire included questions on the state of public awareness of the impact of wellness for life. The questions targeted five areas: association of wellness and health; wellness in workplace; incorporation of wellness activities in daily life; preferences for wellness procedures; obstructions to implement wellness in daily life. The instrument was translated from English into Russian. The Russian version was checked through a blind back translation. The items in the "Well Awar In" questionnaire were vetted by a group of reviewers in order to make sure that the questions and answer options were culturally appropriate for the sample. The group consisted of the University students and faculty and members of the general public. As a result of the revision several questions and answer options were edited.

Statistics

The primary data were analysed using a percent of responses. The percent of responses were calculated for the total sample as well as for the subsamples of responders according to gender, age group, educational level and residence. Pearson correlation coefficient or Cramer non-parametric correlation were used for dependency analysis between responses and independent variables (measures of effect size). Statistica 9 and Maltab 7.8 – R2009 software were used for data analysis.

RESULTS AND DISCUSSION

Overall perception of meaning of the term “wellness”

Volunteers were asked to select from the list of 9 answer options a response which reflects their overall perception of meaning of wellness. The distribution of answers is shown in Tab. 2. Tab. 3 presents the results of dependency analysis with Pearson’s or Cramer’s correlation coefficients as a measure of effect size. Coefficient is waged from 0 to 1, the higher coefficient, the higher dependency. In the Tab. 3 hypothesis with yes (no) means that the answers depend (do not) on an independent variable (gender, age, education or residence). The hypothesis applies to the entire population. Probability means probability of hypothesis error.

Tab. 2 Distribution (%) of the answers to the 1st question in the study sample of intact population "What is on your mind when you hear word "wellness"?" (n=933)

Answers	Total sample	Responses (%)										
		Sex		Age group			Education			Residence		
		F	M	20-39	40-59	60+	B	M	U	> 0.5 mln	10th-0.5 mln	<10 th
Relaxation	12	16	8	9	14	12	10	9	14	15	6	9
Health and healthy lifestyle	9	9	9	8	12	9	6	8	15	8	14	5
Relax	9	11	8	11	11	7	5	9	14	11	4	13
Fitness, sport	17	13	22	29	16	6	5	19	21	19	20	8
Exercise, movement	11	3	18	17	7	8	7	14	8	8	15	9
I do not know, nothing	28	29	26	15	23	45	59	27	13	24	25	47
Massage	7	11	4	5	12	6	5	7	8	9	4	7
Recreation	3	4	1	5	0	3	2	3	2	3	2	1
Swimming, sauna, whirlpool	4	4	4	3	5	4	1	4	5	3	10	1

Notes. Gender: F-females, M – males; age groups: 20-39 full years, 40-59 full years, 60+ - 60 years and older; education: B – basic, M – middle, U – university; residence according to number of inhabitants: <0.5 mln – more than 500 000, 10th-0.5 mln – 10 000 – 500 000, <10 th – less than 10 000.

About 28% of the responders indicated that they know nothing about wellness. For most of the volunteers wellness was associated with fitness and sport, exercises and movement, relaxation, health and healthy life style or massage. Recreation received the lowest response rate (3%). Gender, age, educational level and residence had a significant effect on the distribution of responses in the study sample (Tab. 2 and Tab. 3). Males had a tendency to associate wellness with active forms of behaviour such as fitness, sports, exercises and movements while females – with relaxation, fitness and massage. Younger responders, people with more advanced level of education and residents of big cities were more aware of wellness concept than the responders of older age group and people with basic level of education or residents of small settlements. For example, in the age group of 20-39 years only 15% of volunteers knew nothing about wellness but in the group of 60 year and older – 45%.

Wellness and better health

Volunteers were asked their opinion on the association between wellness and good health. Distributions of the responses are shown in Tab. 4. Most of the responders (86%) believed that wellness helps to better health. Age, educational level and residence but not gender had an effect on the opinion of the responders (Tab. 3). Higher proportions of younger volunteers, people with an advanced level of education and residents of big cities had positive opinion on association between wellness and good health than in older age groups, basic level of education and in small settlements.

Tab. 3 Association between distribution of answers to 10 questions and gender, age group, educational level and residence of responders in the sample of intact population (n=933)

Question	Dependency				
		Sex	Age	Education	Residence
1	Coefficient	0.35	0.51	0.47	0.54
	Hypothesis	Yes	Yes	Yes	Yes
	Probability	0,05%	0,05%	0,05%	0,05%
2	Coefficient	0,07	0,39	0,38	0,32
	Hypothesis	No	Yes	Yes	Yes
	Probability	NS	0,05%	0,05%	0,05%
3	Coefficient	0,43	0,55	0,29	0,27
	Hypothesis	Yes	Yes	Yes	Yes
	Probability	0,05%	0,05%	0,05%	0,05%
4	Coefficient	0,16	0,33	0,04	0,16
	Hypothesis	Yes	Yes	No	Yes
	Probability	0,05%	0,05%	NS	0,5%
5	Coefficient	0,17	0,24	0,02	0,1
	Hypothesis	Yes	Yes	No	Yes
	Probability	0,05%	0,05%	NS	1,0%
6	Coefficient	0,13	0,32	0,11	0,07
	Hypothesis	Yes	Yes	Yes	Yes
	Probability	0,05%	0,05%	0,5%	10,0%
7	Coefficient	0,14	0,51	0,20	0,27
	Hypothesis	Yes	Yes	Yes	Yes
	Probability	0,5%	0,05%	0,5%	0,05%
8	Coefficient	0,55	0,55	0,26	0,30
	Hypothesis	Yes	Yes	Yes	Yes
	Probability	0,05%	0,05%	0,05%	0,05%
9	Coefficient	0,53	0,56	0,17	0,29
	Hypothesis	Yes	Yes	Yes	Yes
	Probability	0,05%	0,05%	2,5%	0,05%
10	Coefficient	0,19	0,70	0,22	0,29
	Hypothesis	Yes	Yes	Yes	Yes
	Probability	0,05%	0,05%	0,05%	0,05%

Note: NS – not statistically significant

Tab. 4 Distribution (%) of the answers to the 2-nd question in the sample of intact population "Do you think than wellness helps to better health?" (n=933)

Answers		Responses (%)										
	Total sample	Sex		Age group			Education			Residence		
		F	M	20-39	40-59	60+	B	M	U	> 0.5 mln	10th-0.5 mln	<10 th
Yes	61	57	63	70	70	36	31	58	75	59	72	38
Rather yes	25	26	22	22	19	34	37	26	17	28	15	29
No	15	17	15	8	11	31	32	17	8	12	13	32

Notes. Gender: F-females, M – males; age groups: 20-39 full years, 40-59 full years, 60+ - 60 years and older; education: B – basic, M – middle, U – university; residence according to number of inhabitants: <0.5 mln – more than 500 000, 10th-0.5 mln – 10 000 – 500 000, <10 th – less than 10 000.

Measures to protect and improve health

The volunteers were asked to indicate what they do to protect and to improve their health. Some 13 possible options of health-related behaviour were listed. The responses are shown in Tab. 5. In the total sample outdoor physical activities received the highest number of responses (30%) followed by healthy food (18%) and indoor physical activities (15%). Abstinence and

drinking mode received the lowest response rate (1% each) followed by wellness (2%). Some 10% of the participants noted that they do not do anything special to protect and improve health.

All independent variables had an effect on the distribution of answers to this question (Tab. 3 and Tab. 5). Higher proportions of females tended to practice outdoor activities and healthy diet while males – performance sports and exercises and active relaxation. Approximately 9% of males and 11% of females reported that they do nothing to protect and to improve health. In the younger age groups responders preferred various types of physical activities to protest and improve health while older people paid more attention to healthy died and medical care. The proportion of people who did nothing for health protection increased with age from 0% in the age group of 20-39 years to 16% in the age group of 60+ years and decreased with the higher levels of education. People with university level of education and urban residents tended to be more involved in the active forms of health related behaviour such as performance sports, exercises and active relaxation than responders with basic educational level and rural residents.

Workplace wellness and health prevention programs

Regarding the workplace wellness and health prevention programs, the majority of the responder (92%) noted the absence of such programs (Tab. 6). Only 8% of the volunteers reported some type of support on the work place. Cash contribution and wellness vouchers were not offered by any employer. The distribution of answers did not depend on the educational level or size of the residence (Tab. 3). However a higher proportion of males than females reported some type of workplace wellness and health related issues support as well as younger volunteers compared to the older ones.

Tab. 5 Distribution (%) of the answers to the 3-d question in the sample of intact population "What do you do to protect and improve your health?" (n=933)

Answers		Responses (%)										
	Total sample	Sex		Age group			Education			Residence		
		F	M	20-39	40-59	60+	B	M	U	> 0.5 mln	10th-0.5 mln	<10 th
Performance sport	7	4	11	6	8	7	4	8	8	8	10	1
Healthy food	18	24	12	19	14	23	16	17	20	18	18	16
Exercise and active relaxation	10	5	15	22	14	5	4	9	15	11	10	3
Prevention from a doctor	11	13	10	4	1	31	16	9	10	11	8	15
Wellness	3	4	1	2	4	0	1	2	3	3	2	2
Drinking mode	1	0	2	1	1	1	1	1	2	1	1	1
Running	4	5	3	9	3	0	1	4	6	4	5	3
Regimen	13	12	14	19	8	9	10	13	12	12	14	13
Physical activities	15	15	15	19	12	13	13	15	16	20	8	11
Outdoor	30	34	25	33	32	21	31	36	22	26	33	28
Nothing	10	11	9	0	15	16	17	10	7	10	13	5
Abstinence	1	1	2	2	1	1	2	2	0	1	2	1
Massage, sauna	11	11	11	17	13	2	12	14	7	11	13	6

Notes. Gender: F-females, M – males; age groups: 20-39 full years, 40-59 full years, 60+ - 60 years and older; education: B – basic, M – middle, U – university; residence according to number of inhabitants: <0.5 mln – more than 500 000, 10th-0.5 mln – 10 000 – 500 000, <10 th – less than 10 000.

Tab. 6 Distribution of the answers to the 4-th question in the sample of intact population "Is there any wellness and health prevention program at your work-place?" (n=933)

Answers		Responses (%)										
	Total sample	Sex		Age group			Education			Residence		
		F	M	20-39	40-59	60+	B	M	U	> 0.5 mln	10th-0.5 mln	<10 th
Cash contribution	0	0	0	0	0	0	0	0	0	0	0	0
Wellness vouchers	0	0	0	0	0	0	0	0	0	0	0	0
Does not support	92	95	88	80	97	100	91	93	91	92	87	92
Massage	1	0	2	3	0	0	2	1	0	1	2	1
Supports	8	5	11	18	3	0	7	6	9	7	11	8

Notes. Gender: F-females, M – males; age groups: 20-39 full years, 40-59 full years, 60+ - 60 years and older; education: B – basic, M – middle, U – university; residence according to number of inhabitants: <0.5 mln – more than 500 000, 10th-0.5 mln – 10 000 – 500 000, <10 th – less than 10 000.

Holiday's monetary benefits

Regarding the question on holiday's monetary benefits, most of the participants (82%) responded that they did not have any (Tab. 7). The distribution of answers only depended on age and sex (Tab. 3). Higher proportions of positive responses were observed among males than females and in younger age group of the responders.

Tab. 7 Distribution of the answers to the 5-th question in the sample of intact population "Do you have any holiday's monetary benefit?" (n=933)

Answers		Responses (%)										
	Total sample	Sex		Age group			Education			Residence		
		F	M	20-39	40-59	60+	B	M	U	> 0.5 mln	10th-0.5 mln	<10 th
Yes	18	16	20	30	19	7	18	18	16	21	18	10
No	82	84	80	70	81	93	82	82	84	79	82	90

Notes. Gender: F-females, M – males; age groups: 20-39 full years, 40-59 full years, 60+ - 60 years and older; education: B – basic, M – middle, U – university; residence according to number of inhabitants: <0.5 mln – more than 500 000, 10th-0.5 mln – 10 000 – 500 000, <10 th – less than 10 000.

Wellness activities of everyday life

According to the analysis of responses to the sixth question, 79% of volunteers included some wellness activities to everyday life (Tab. 8). This proportion was higher among males and in the younger age group with no effect of residence and educational level (Tab. 3).

Tab. 8 Distribution of the answers to the 6th question in the sample of intact population "Do you try to include wellness activities in your everyday life?" (n=933)

Answers		Responses (%)										
	Total sample	Sex		Age group			Education			Residence		
		F	M	20-39	40-59	60+	B	M	U	> 0.5 mln	10th-0.5 mln	<10 th
Yes	79	73	84	95	75	62	68	80	80	75	81	81
No	21	27	16	5	25	38	32	20	20	25	19	19

Notes. Gender: F-females, M – males; age groups: 20-39 full years, 40-59 full years, 60+ - 60 years and older; education: B – basic, M – middle, U – university; residence according to number of inhabitants: <0.5 mln – more than 500 000, 10th-0.5 mln – 10 000 – 500 000, <10 th – less than 10 000.

Wellness holiday packages

The volunteers were asked on whether they ever purchased wellness holiday package and on their preferences in wellness services and facilities. The distribution of answers is shown in Tab. 9. Some 11% of the responders noted that the do not go for holidays. Nature was the most preferable choice for holidays (41%) followed by affordable prices (28%) and cultural environment (10%). Distribution of the answers to this question depended on the age of responders and size of the residence (Tab. 3). Higher proportions of older respondents and people in small settlements never purchased wellness holiday package than the younger people or volunteers from big cities.

Tab. 9 Distribution of the answers to the 7-th question in the sample of intact population "Did you ever purchase wellness holiday package?" (n=933)

Answers		Responses (%)										
	Total sample	Sex		Age group			Education			Residence		
		F	M	20-39	40-59	60+	B	M	U	> 0.5 mln	10th-0.5 mln	<10 th
Nature	41	42	39	42	47	31	31	43	43	37	43	47
Cultural environment	10	12	7	11	10	8	8	9	11	13	6	7
Affordable prices	28	24	33	31	31	21	26	29	29	33	27	18
Quality of wellness establishment	7	7	7	10	9	1	7	6	8	9	8	1
Quality of customer service	7	6	8	8	6	6	10	6	7	5	8	9
I am not going	11	13	11	4	2	35	22	12	8	10	12	19

Notes. Gender: F-females, M – males; age groups: 20-39 full years, 40-59 full years, 60+ - 60 years and older; education: B – basic, M – middle, U – university; residence according to number of inhabitants: <0.5 mln – more than 500 000, 10th-0.5 mln – 10 000 – 500 000, <10 th – less than 10 000.

Preferable types of wellness services

Volunteers were asked on the preferable types of wellness services. Distribution of the responses is shown in Tab. 10. Of the 11 options listed, three areas all together had a response rate of more than 70%: outdoor activities (26%), hydrotherapy (26%) and massage (19%). Yoga, meditation, Pilates and body wraps received the lowest number of responses (1%, 3%, 4% and 4%, respectively).

The results of the dependency analysis indicated that all independent variables had an effect on the distribution of responses to this question (Tab. 3). More males than females preferred massage, outdoor physical activities and other exercises, team sports, while females gave more preferences than males to yoga and meditation, facial treatment and cosmetic services, Pilates and body wraps. Younger volunteers had more preferences for massage, cosmetic services, and team sports than the older ones. Some 27% of the responders in the older age group had no preferences for wellness services. In the age group 40-59 year this percentage was about 6%, and the age group of 20-39 years there was no people without preferences for wellness services. People with university level of education demonstrated higher rates of preferences for cosmetic services, Pilates, hydrotherapy, body wraps, while responders with basic education – for massage, physical exercises. Outdoor physical activities received the same response rate in all age groups of the responders. There were less people without preference for wellness services in the subgroup of volunteers with university education compared to the middle and basic educational subgroups. The

size of residence also affected the distribution of the answers. The three most preferable types of wellness services were the same in the subgroups of responders according to the residency and include massage, outdoor activities and hydrotherapy. However, residents of big cities demonstrated a higher preference rate for meditation, cosmetic services, body wraps and team sports than residents of small settlements, who showed a higher preference for outdoor activities.

Tab. 10 Distribution of the answers to the 8-th question in the sample of intact population "Which of the wellness services do you prefer?" (n=933)

Answers		Responses (%)										
	Total sample	Sex		Age group			Education			Residence		
		F	M	20-39	40-59	60+	B	M	U	> 0.5 mln	10th-0.5 mln	<10 th
Yoga	1	2	0	3	1	0	2	0	1	0	2	0
Massage	19	16	24	28	22	12	23	20	16	18	23	19
Meditation	3	5	2	4	3	4	4	2	5	4	3	1
Facial treatments/ cosmetic services	11	20	0	14	15	3	5	12	13	15	8	5
Outdoor activities	26	22	31	25	25	29	26	26	26	26	18	40
Pilates	4	9	1	3	7	3	1	4	8	4	5	4
Other exercises	12	10	13	14	9	11	14	13	9	12	12	10
Hydrotherapy	26	26	26	28	21	26	17	29	26	25	30	22
Body wraps	4	7	0	2	8	0	2	3	5	5	3	0
Team sports	11	2	21	28	8	0	10	12	13	16	9	9
Nothing	11	13	7	0	6	27	17	10	8	13	10	6

Notes. Gender: F-females, M – males; age groups: 20-39 full years, 40-59 full years, 60+ - 60 years and older; education: B – basic, M – middle, U – university; residence according to number of inhabitants: <0.5 mln – more than 500 000, 10th-0.5 mln – 10 000 – 500 000, <10 th – less than 10 000.

Expectations from wellness services

The ninth question enquires on the expectations from wellness services. There were 6 answer options. The distribution of responses is shown in Tab. 11. In the total sample of volunteers, 43% of the responders expected health improvement from wellness services, 25% – relaxation, 18% – improvement of face and body looks, 13% – improvement of chronic health problems and pain, and 9% – improvement of self-confidence. About 7% of the volunteers did not care about the outcomes of wellness services. Gender, age, residence had an effect on the distribution of answers to this question (Tab. 3). More males than females expected health improvement and self-confidence improvement from wellness services while females compared to males had higher expectation for relaxation, improvement of looks and chronic pains. In the subsample of older people expectations from wellness were shifted towards improvement of chronic health problems and pains with less expectations in other options in the areas of self-confidence and looks. Compared to the residents of bigger cities people, in small settlements people expected less from wellness in the areas of relaxation, self-confidence and general look and more – in health improvement. No effect of educational level on distribution of responses was observed.

Tab. 11 Distribution of the answers to the 9-th question in the sample of intact population "What do you expect from wellness stay and service?" (n=933)

Answers		Responses (%)										
	Total sample	Sex		Age group			Education			Residence		
		F	M	20-39	40-59	60+	B	M	U	> 0.5 mln	10th-0.5 mln	<10 th
Relax	25	31	19	26	27	22	24	29	23	27	29	18
Health improvement	43	34	52	46	51	32	45	37	47	40	43	56
Improvement looks (face and body)	18	24	11	27	17	9	16	16	21	24	15	9
Improvement of self-confidence	9	6	12	12	10	0	4	10	10	13	6	3
Improvement of chronic problems muscles and joints	13	14	11	4	5	33	16	13	11	14	10	16
I basically do not waste anything	7	6	7	2	3	18	10	6	6	5	9	8

Notes. Gender: F-females, M – males; age groups: 20-39 full years, 40-59 full years, 60+ - 60 years and older; education: B – basic, M – middle, U – university; residence according to number of inhabitants: <0.5 mln – more than 500 000, 10th-0.5 mln – 10 000 – 500 000, <10 th – less than 10 000.

Obstacles to participate in wellness activities

Volunteers were asked to select the main obstacles which they have to participate in wellness from the list of 6 possible options. The distribution of answers is shown in Tab. 12. Lack of time received the highest attention of the responders, followed by laziness, reachability, age and financial difficulties. About 19% of the volunteers noted that they do not have obstacles. All the independent variables had an effect of the distribution of answers to this question (Tab. 3). However, the strength of association between the age groups and the distribution of the answers was strong and for gender, residence and educational level – moderate. In the younger age groups lack of time was the main obstacle for implementation of wellness concept while in the older group – age and reachability. With advanced level of education the proportion of people who considered lack of time as an obstacle increased while that of responders who noted reachability and age as an obstacle decreased. More university graduates noted lack of reasons for not to be involved in wellness activities than people with basic and middle level of education. Compare to residents of cities, a higher proportion of inhabitants of rural settlements noted presence of the obstacles for participation in wellness activities including financial difficulties, reachability and age.

Tab. 12 Distribution of the answers to the 10-th question in the sample of intact population "What is the main obstacle to implement wellness concept into your daily life?" (n=933).

Answers		Responses (%)										
	Total sample	Sex		Age group			Education			Residence		
		F	M	20-39	40-59	60+	B	M	U	> 0.5 mln	10th-0.5 mln	<10 th
Lack of time	41	41	42	54	48	12	38	40	43	42	42	37
Financial difficulty	12	12	11	13	10	10	10	11	12	11	9	14
Laziness	14	14	13	13	15	12	11	15	12	13	15	11
Reachability	14	14	12	2	6	38	18	16	11	11	13	25
Nothing	19	17	23	27	21	8	13	17	24	19	26	8
Age	14	15	12	0	1	50	25	14	10	14	9	25

Notes. Gender: F-females, M – males; age groups: 20-39 full years, 40-59 full years, 60+ - 60 years and older; education: B – basic, M – middle, U – university; residence according to number of inhabitants: <0.5 mln – more than 500 000, 10th-0.5 mln – 10 000 – 500 000, <10 th – less than 10 000.

DISCUSSION

Association of wellness and health in the sample of intact population

The term "wellness" is used in many languages with an assumption that everyone knows what it means. Analysis of current literature reveals additional terms corresponding and interrelating to the notion of wellness, namely well-being, quality of life, life satisfaction, happiness and general satisfaction. Although the term "wellness" is relatively new in Russia, the results of the present survey suggest that the responders were quite aware of wellness concept and appreciated its importance for human life. This suggestion is confirmed by the fact that about 72% of the responders associated wellness with various forms of health related behaviour and 86% of the participants thought that wellness helps to maintain and improve health.

Incorporation of wellness activities in daily life in the sample of intact population

The survey demonstrated that most of the responders practice various forms of health related behaviour (question 3) and try to include wellness activities in the everyday life (question 6). The responses related to various types of physical activities for health (outdoor activities, performance sports, active relaxation, running, etc.) received the highest attention of the survey participants. These findings are quite encouraging as they confirm the opinion of many Russian experts regarding a growing preference for healthy life style of the Russian population. For example, a survey conducted in one of the regions located in the central part of Russia ("Programma", n.d.) demonstrated that about 64% of school-age children, students and adults were willing to participated in physical activities on the regular basis.

Preferences for wellness procedures and expectations in the sample of intact population

According to the responses (question 8), the most preferable wellness procedures and services included outdoor activities, hydrotherapy and massage while the list popular procedures were yoga, meditation, Pilates and body wraps. These results concur with the data of Russian academy of wellness which demonstrated that the most popular services among customers of wellness and fitness centres include gym, aerobics or shaping, sauna or steam and massage. Mental practices, solarium and beauty services are less popular, as these procedures are not commonly offered in many fitness and wellness centres. Both surveys demonstrated that quite small proportion of the responders (about 11%) preferred team sports which stressed an importance of individualized approach to organization and conduction of wellness and fitness services and procedures.

According to the responses of participants of the present survey, the main expectations from participation in wellness activities were health improvement, relaxation, improvement of face and body looks, improvement of chronic health problems, and improvement of self-confidence. The Russian society is increasing in the wellness tourism (Malygina, 2018) to participate in wellness and fitness activities for follow reasons: maintaining physical form and health status, freedom from negative energy, relaxation, harmony of body and soul, recreation. Regardless of different survey instruments, the data are quite similar with our findings.

Workplace wellness programs

The results of the present survey also highlighted the situation with WWP (questions 4 and 5) in Russia. The results are in agreement with previous studies which demonstrated that despite of numerous health benefits WWP and a high popularity of such programs among employees WWP are still not common in Russia. For example, in the present study, most of the responders (92%) noted absence of work place wellness programs and only 18% of the participants reported that they receive some holiday's monetary benefits from employers.

Obstructions to implement wellness in daily life

The present survey indicated the main obstacles to participate in the wellness services. Lack of time was the most common reason (41% of responses). Other reasons (financial difficulties, laziness, reachability) scored almost similar proportions of responses (12-14%). This is quite different from finding of another studies (Rehor, Kornatovska, 2013; Marcinko, 2015; Malygina, 2018, Krejčí et al., 2019) which demonstrated that the reachability of fitness or wellness facility is the main obstacle (43.2%). Other important obstacles included limited number of wellness services (33,4%), high prices (31.5%), low quality of customer care and services (29.1%). Lack of time received 23,8% of the responses. Such difference in the identified obstacles for participation in wellness activities may be explain by the use of different instruments in the two studies.

CONCLUSIONS

The present survey demonstrated some important findings in all five studied areas of the public opinion on wellness and its importance for human life, namely association of wellness and health; wellness in workplace; incorporation of wellness activities in daily life; preferences for wellness procedures and expectations; obstructions to implement wellness into daily life.

Effect of gender

The results of the present survey demonstrated a statistically significant weak to moderate association between gender and distribution of answers to questions 1, 3-6, 8-10 but not the questions 2 and 7. According to the data analysis, in the area of relation between wellness and health both genders equally appreciated association between these two concepts. However, males had a tendency to associate wellness with active forms of health related behaviour (fitness, sports, exercises and movements) while females – with relaxation, fitness and massage. For health protection, higher proportions of females tended to practice outdoor activities and healthy diet while males – performance sports and exercises and active relaxation. Regarding the area of workplace wellness, higher proportions of males than females reported some type of workplace wellness and health related issues support including holiday's monetary benefits.

In the area of wellness and activities of everyday life a higher proportion of

males than females reported that they incorporate some wellness activities to everyday life. Regarding gender differences in the preferences for wellness procedures and services, more males than females preferred massage, outdoor physical activities and other exercises, team sports, while females gave more preferences to yoga and meditation, facial treatment and cosmetic services, Pilates and body wraps. Males also tended to expect health improvement and improvement of self-confidence from wellness services while females had higher expectation for relaxation, improvement of looks and chronic pains. There was analysed a significant gender difference in the distribution of answers in the area of wellness obstacles. A higher proportion of males reported that they do not have obstacles for participation in wellness activities, while more females noted age as an obstacle.

Effect of age

Age group as an independent variable had an effect on all dependent variables. Responders in the younger age group demonstrated a higher awareness of wellness concept and positive opinion on the association between wellness and good health than in the older age groups. Regarding to the workplace wellness and health prevention programs higher proportions of younger responders reported presence of WWP and holiday's monetary benefits than the older volunteers. Age-related differences were noted in the area of wellness and activities of daily life. The younger group of responders demonstrated a higher activity in including wellness procedures in daily life and in purchasing wellness holidays packages and they preferred to select various types of physical activities to protect and to improve health while the older responders – healthy diet and medical care.

Regarding preferences for the wellness procedures and services, the younger volunteers had more preferences for massage, cosmetic services, and team sports than the older ones. About 27% of the respondents in the older group demonstrated no preferences in wellness services. In addition, there were same age related differences in expectations from participation in the wellness procedures and services. The main expectations from wellness among younger volunteers were health improvement, improvement of look, self-confidence and relaxation. In the subsample of older people the expectations from wellness were shifted towards improvement of chronic health problems and pains with fewer expectations in other options. Age-related difference was also noted in the distribution of answers regarding the obstacles in wellness participation. Responders of the younger age groups noted lack of time as the main obstacle for implementation of wellness concept while in the older group the main obstacles were age and reachability.

Effect of educational level

Educational level of the responders had an effect on the distribution answers to five questions in the areas of wellness and health (questions 1 and 2), wellness activities in everyday life (question 3), preference for wellness procedures and services (question 8) and obstacles for wellness participation (question 10). In general, people with higher educational level were more aware of wellness concept, had more positive opinion on association between wellness and health, tended to be more involved in the active forms of health related behaviour and did not have reasons not to be involved in wellness activities than the responders with basic level of education.

Effects of residence

The results of data analysis indicated that the size of residents had an effect on

the distribution of answers to six questions in all the areas but not wellness in work place. More urban residents were aware of wellness concepts and its association with good health, and also more of them were involved in active forms of health related behaviour and purchased wellness holiday packages than the rural residents. Residents of big cities also demonstrated a higher preference rate for meditation, cosmetic services, body wraps and team sports than the residents of small settlements, who showed a higher preference for outdoor activities. Compared to the residents of bigger cities people in small settlements expected less from wellness in the areas of relaxation, self-confidence and general look and more – in health improvement. However, a higher proportion of people from small settlements reported obstacles for participation in wellness activities including financial difficulties, reachability and age. In general, the effects of urban residence were quite similar to the effects of higher level of education.

Therefore, for the first time, the results of the present survey highlighted the important issues of public perception of wellness and its association with health in Russian population. It should be noted that the survey was only conducted in one region of the Russian Federation and, therefore, the results may be generalized with some precautions. However, according to demographic characteristics, the study sample was quite representative of the population of the Russian Federation.

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ANNEX: The questionnaire Well Aware In (Krejčí et al., 2019)

PUBLIC OPINION ON IMPORTANCE OF WELLNESS FOR EVERYDAY LIFE
THE SURVEY
Questionnaire "Well_Awar_In" (Krejčí, Vacek, 2013)

Can you, please take a few minutes and fill this questionnaire? It concerns understanding of your approach and understanding of wellness.
Please, provide a truthful answer, do not worry to express the way you really feel about the issue.
There is no need for your name as the results are only used for the purpose of a scientific research.
This is the only questionnaire, please relax.

Where do you live (hometown, village....?)
Sex:
Age:
Education:
Disability:
Sport:

Questions:

1. **What is on your mind when hear word „wellness"?**

   .....

2. Do you think that „wellness" helps to better health?

   ……..

3. What do you do to protect and improve your health?

   ……..

4. Is there any „wellness" and health prevention support at your workplace or of insurance company?

   ……

5. Do you have any holiday's monetary benefits from your employer/ insurance company?

   ……

6. Do you try to include wellness activities in to your everyday life?

……..

7. Do you ever purchase wellness holiday packages? (Do you prefer out of your town packages?)

……
If yes, what do you prefer? (Please, circle preferred location)
a) Nature
b) Cultural environment
c) Affordable price
d) Quality of wellness establishment
e) Quality of customer service

…….

8. Which of the wellness services do you prefer? (Please, circle preferred location)
a) Yoga
b) Massage
c) Meditation
d) Facial treatments / cosmetic services
e) Outdoor activities
f) Pilates
g) Other exercise, please specify ……
h) Hydrotherapy
i) Body wraps (whole body or partial)

…….

9. What do you expect from wellness stay and services? (Please, circle preferred location)
a) Relax
b) Health improvement
c) Improvement looks (face and body)
d) Improvement of self-confidence
e) Improvement of chronic problems and pains of muscles and joints?

……

10. What is a main obstacle to implement wellness concept in to your daily life?

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