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## Samooocena sytuacji zdrowotnej polskich położnych

## Self-evaluation of Polish midwives' health state

### Streszczenie

**Wstęp.** Przepisy prawne regulujące pracę położnych przedstawiają je jako osoby zdolne do oceny stanu zdrowia noworodka oraz kobiety.

**Cel.** Celem pracy jest przedstawienie dokonanej samooceny sytuacji zdrowotnej polskich położnych wraz z uwagowaniami tej oceny.

**Materiał i metody.** Badaniami objęto 3569 położnych z całego obszaru Polski. Materiał badawczy zgromadzono w czasie jednego roku. Dane zebrano metodą sondażu diagnostycznego z wykorzystaniem techniki kwestionariuszowej.

**Wyniki.** Ponad połowa badanych położnych, niezależnie od regionu kraju ( $p > 0.05$ ), ocenia swoje zdrowie (57.44%), kondycję fizyczną (54.89%) jako dobre. Tylko nieliczne położne przyznają się do złego, a nawet bardzo złego stanu zdrowia (2.72%) i takiej samej kondycji fizycznej (2.63%). W większości położne (63.35%) stwierdzają, że ich stan zdrowia jest porównywalny ze stanem zdrowia innych osób w zbliżonym wieku, a ponad dziesięciokrotnie mniejsza grupa (6.33%) uważa, że zdecydowanie gorsze. Położne oceniające swój stan zdrowia jako bardzo dobry, to przede wszystkim istotnie statystycznie zróżnicowane grupy osób ( $p < 0.001$ ): najmłodszych, poniżej 30 roku życia, stanu wolnego, nie posiadających doświadczenia macierzyńskiego, legitymujących się wykształceniem wyższym, posiadających krótki staż pracy, oceniających bardzo dobrze swoje warunki mieszkaniowe, materialne i jakość swojego życia.

**Wnioski.** Położne bardzo zadowolone ze stanu swojego zdrowia to najmłodsze panny, nie posiadające dzieci, z wykształceniem wyższym zawodowym o dobrym statusie materialnym, oceniające swoje zdrowie lepiej niż rówieśniczki.

### Abstract

**Introduction.** Legal provisions enacting midwives' works take for granted their ability to evaluate newborns' and females' health state in all stages of their lives.

**Aim.** The work aimed at presenting a self-evaluation of health situation that midwives made, together with determinants for this self-evaluation.

**Material and methods.** The research involved 3569 midwives from all over Poland. The research material was collected over one year. The data were collected by means of poll diagnostic method, and the questionnaire technique was used.

**Results.** Over a half of the researched midwives – whatever region of Poland they came from ( $p > 0.05$ ) – evaluated their health (57.44%) and physical condition (54.89%) as good. Only few midwives admitted their health state was bad and very bad (2.72%), and made the same evaluation of their physical condition (2.63%). The majority of midwives (63.35%) declared that their health state was comparable to that of their peers, whereas a group who thought it to be considerably worse was over tenfold smaller (6.33%). Midwives who evaluated their health state as very good mostly belonged to statistically significant, varied ( $p < 0.001$ ) groups of individuals comprised: the youngest, aged under 30, single, childless, with higher education completed and a short work experience, highly appreciating their housing, material conditions and their life standards.

**Conclusions.** Midwives who were very satisfied with their health state were the youngest unmarried people, childless with higher vocational education; they enjoyed a good material status and evaluated their health higher than their peers.

**Słowa kluczowe:** samooocena zdrowia, sytuacja zdrowotna kobiet, położne.

**Keywords:** self-evaluation of health, females' health situation, midwives.

## INTRODUCTION

The Constitution of the World Health Organization features a definition of health, as a full biological, mental and social well-being rather than a mere absence of disease or ailment. Definition components make it possible for health care specialists to use it both subjectively and objectively in their evaluations. Legal provisions regulating midwives' work assume they are able to evaluate females' and newborns' health state in all stages of their lives. Midwives acquire skills necessary for evaluating health state through their professional training, starting with their undergraduate studies and perfecting them in courses and specializations [1,2].

Self-evaluation – a subjective perception of one's health state as an element of the quality of life – is one of the ways of describing the health state of any population. It is important for maintaining the level of an individual's activity, his/her social contacts, and the way to cope with stress. It also affects their self-acceptance [3]. Generally positive evaluation of one's family and professional situation induces a feeling of good health [4]. Well-being – commonly described as quality of life – brings an increase in the positive attitude towards oneself, the family and the society. It has been proven to affect the level of individual's physical and mental activity and the number of social contacts. People who positively perceive their health make more plans for the future and are more satisfied with their general life situation [4,5].

## AIM

The work aimed at presenting the self-evaluation of health situation that midwives make up, together with determinants for this self-evaluation.

## MATERIAL AND METHODS

The investigation involved 3569 midwives all over Poland. The research material was collected over one year. The data were acquired by means of the poll diagnostic method and the questionnaire technique. The method used a Polish adaptation of ADEM Questionnaire, a personal questionnaire for describing socio-demographic properties of the group. Person's corrected contingency coefficient was used to analyze the research material statistically. The relation between distinctive features was verified by means of the Chi-square test ( $\chi^2$ ) on independence of features.  $p < 0.05$  values were accepted as statistically significant.

## RESULTS

Midwives involved in the investigation were aged from 25 to 75, the mean being  $42.42 \pm 7.31$  years. Nearly a half of the nationwide poll group (48.02%) was aged from 41 to 50. The majority of midwives were residents of poviats towns (48.18%), married (77.89%), had had a maternity experience (84.06%), and mostly – a vocational college education completed (87.55%). They described their housing conditions as good (47.88%) and material conditions as average (48.28%), nearly a half were satisfied with quality of their lives (48.01%).

TABLE 1. Socio-demographic data for investigated midwives.

Socio-demographic data	Regions of Poland						Total
	Central	Southern	Eastern	North-Western	South-Western	Northern	
	%	%	%	%	%	%	%
Age (n=3569)							
up to 30 years of age	6.13	4.18	7.13	8.49	5.22	4.63	6.30
31-40 years of age	35.31	37.96	28.32	32.95	32.83	31.25	32.59
41-50 years of age	45.91	45.15	53.56	44.32	42.91	50.46	48.02
over 50 lat	12.64	12.71	10.98	14.24	19.03	13.66	13.08
$\chi^2=49.550$ $p=0.0000$							
Place of residence (n=3568)							
voivodeship city	25.65	14.21	23.43	30.79	41.79	22.68	24.94
poviat town	52.42	50.67	49.67	40.57	37.31	55.55	48.18
other town	8.74	16.39	7.23	14.53	10.45	12.27	11.27
village/ settlement	13.19	18.73	19.57	14.10	10.45	9.49	15.61
$\chi^2=165.774$ $p=0.0000$							
Marital status (n=3569)							
unmarried	11.53	12.88	11.46	16.12	17.91	15.74	13.62
married	77.88	81.27	81.50	75.11	70.52	73.61	77.89
widow	2.60	1.34	2.22	2.30	2.61	2.55	2.21
divorced	7.99	4.52	4.82	6.47	8.96	8.10	6.28
$\chi^2=37.214$ $p=0.0011$							
Maternity experience (n=3569)							
childless	13.75	16.56	14.07	18.71	16.79	17.36	15.94
1 child	27.14	26.25	23.22	28.63	34.33	30.09	27.04
2 children	49.26	44.31	46.44	43.74	40.67	42.13	45.03
3 and more children	9.85	12.88	16.28	8.92	8.21	10.42	11.99
$\chi^2=53.977$ $p=0.0000$							
Education (n=3567)							
higher	14.19	5.85	9.93	7.77	16.48	9.95	9.65
higher vocational	2.79	2.17	3.18	3.02	2.25	2.78	2.80
vocational college	85.13	91.97	86.89	89.21	81.27	87.27	87.55
$\chi^2=32.789$ $p=0.0002$							
Self-evaluation of housing							
very good	21.75	19.73	24.57	19.71	24.25	23.61	22.25
good	46.28	49.50	45.86	50.07	51.12	46.99	47.88
average	28.07	27.59	26.78	25.04	20.52	25.23	26.11
rather bad, and even very bad	3.90	3.18	2.79	5.18	4.10	4.17	3.75
$\chi^2=22.248$ $p=0.1014$							
Self-evaluation of material conditions							
very good	5.20	4.68	5.11	4.03	5.60	6.02	4.99
good	32.34	33.11	36.03	32.52	33.21	31.94	33.59
average	49.07	46.49	47.21	50.07	46.64	50.46	48.28
rather bad, and even very bad	13.38	15.72	11.66	13.38	14.55	11.57	13.14
$\chi^2=13.106$ $p=0.5940$							

Nearly a half of them – whatever region they came from ( $p > 0.05$ ) described their health (57.44%) and physical condition (54.89%) as good. Only few respondents admitted having bad and even very bad health state (2.72%), and similar physical condition (2.63%).

TABLE 2. Self-evaluation of midwives from individual regions of Poland.

Regions of Poland	Self-evaluation of health state				Self-evaluation of physical fitness			
	very good	good	average	bad, very bad	very good	good	average	bad, very bad
central (n=538)	8.55	57.43	31.97	2.04	11.34	54.65	31.41	2.60
southern (n=598)	8.03	58.03	31.27	2.68	8.36	55.18	34.11	2.34
eastern (n=1038)	9.34	58.67	28.61	3.37	12.91	53.95	30.64	2.50
north-western (n=694)	8.92	55.83	33.24	2.01	9.06	56.55	31.65	2.73
south-western (n=268)	11.57	57.09	27.61	3.73	16.79	55.60	24.25	3.36
northern (n=432)	9.49	56.48	31.48	2.55	11.11	53.94	32.18	2.78
nationwide research poll	9.11	57.44	30.74	2.72	11.24	54.89	31.24	2.63
Chi <sup>2</sup> /df=15/ p-value	$\chi^2=12.639$		p=0.6301		$\chi^2=24.809$		p=0.0525	

TABLE 3. Evaluation of satisfaction with health state and comparing one's own health state with the health state of one's peers.

Regions of Poland	Comparison of health state				Satisfaction with health state			
	much better	better	similar, comparable	worse, considerably worse	very satisfied	satisfied	neither satisfied nor dissatisfied	dissatisfied, very dissatisfied
central (n=538)	6.32	23.98	63.75	5.95	5.95	61.52	22.86	9.67
southern (n=598)	6.52	21.91	63.88	7.69	6.02	63.21	19.90	10.87
eastern (n=1038)	7.23	22.54	63.39	6.84	7.23	59.83	20.33	12.62
north-western (n=694)	8.78	21.87	64.17	5.18	6.04	58.71	24.89	10.36
south-western (n=268)	13.43	22.01	58.96	5.60	9.33	61.94	18.28	10.45
northern (n=432)	9.26	21.30	63.43	6.02	6.94	60.19	23.84	9.03
nationwide research poll	7.99	22.33	63.35	6.33	6.72	60.63	21.80	10.84
Chi <sup>2</sup> /df=15 / p-value	$\chi^2=21.595$		p=0.1188		$\chi^2=18.787$		p=0.2235	

The majority of midwives (63.35%) found their health comparable to that of their peers while over a tenfold smaller group (6.33%) found it definitely worse; table 3. Moreover, 22.33% of midwives described their health state as better than the general one of the society.

Midwives who evaluated their health state as very good primarily belonged to the following statistically significant, varied groups of individuals:

- the youngest, below 30 years of age (18.22%), ( $\chi^2=66.04$ ; df=9; p=0.0000);
- single, unmarried women (13.99%) and widows (11.39%), ( $\chi^2=29.480$ ; df=9; p=0.0005);
- those without maternity experience, childless 14.76%), ( $\chi^2=53.621$ ; df=9; p=0.0000);
- with higher education (14.24%), ( $\chi^2=24.668$ ; df=6; p=0.0003);
- with the shortest work experience at the position of a midwife – up to 5 years: below 1 year (15.60%) and from 1 to 5 years (15.06%), ( $\chi^2=86.764$ ; df=18; p=0.0000);
- those describing their housing as very good (17.76%), ( $\chi^2=185.908$ ; df=9; p=0.0000); their material condition as very good (26.40%), ( $\chi^2=286.520$ ; df=9; p=0.0000) and more important—very satisfied with their quality of life (31.44%), ( $\chi^2=346.212$ ; df=9; p=0.0000);
- those describing their health state as better than that of their peers (37.54%), ( $\chi^2=139.781$ ; df=9; p=0.0000), and even very satisfied with their health (84.17%), ( $\chi^2=4115.777$ ; df=9; p=0.0000).

Respondents who evaluated their health state as bad or very bad primarily included the following statistically significant, varied groups of midwives:

- the oldest ones, over 50 years of age (3.21%);
- single, divorced (4.02%);
- with three and more children (4.44);
- with vocational college education completed (2.91%);
- having the longest occupied worked at the position of a midwife, over 25 years (38.36%) and 21-25 years (34.99%);
- those describing their housing as bad or even very bad (8.21%), described their material conditions (7.25%) alike, and those dissatisfied or even very dissatisfied with their life quality (6.92%);
- those describing their health state as worse as or even considerably worse than that of their peers (30.53%), and also very dissatisfied with their health state (23.51%).

Midwives very satisfied with their health state primarily included the following statistically significant, varied groups:

- the youngest, below 30 years of age (12.00%), ( $\chi^2=33.061$ ; df=9; p=0.0000);
- single, maidens (10.08%), ( $\chi^2=29.834$ ; df=9; p=0.0005);
- those without maternity experience, childless (10.02%), ( $\chi^2=17.775$ ; df=6; p=0.0001);
- those with higher vocational education (13.00%), ( $\chi^2=32.255$ ; df=6; p=0.0001);
- those with the shortest work experience as a midwife – up to 5 years: below 1 year (10.09%) and from 1 to 5 years (10.81%), ( $\chi^2=40.744$ ; df=18; p=0.00165);
- those describing their housing conditions as good (13.98%), ( $\chi^2=155.399$ ; df=9; p=0.0000) and their material conditions alike (26.40%), ( $\chi^2=273.279$ ; df=9; p=0.0000), as well as those very satisfied with their lives (37.12%), ( $\chi^2=740.216$ ; df=9; p=0.0018);

**TABLE 4. Comparison of the structure of investigated midwives with respect to their evaluation of health state and satisfaction with health state, depending on age, marital status, maternity experience and education (% in each line).**

Age	Self-evaluation of health care				Satisfaction with one's health state			
	very good	good	average	bad/ very bad	very satisfied	satisfied	neither satisfied nor dissatisfied	dissatisfied/ very dissatisfied
up to 30 years of age (n=225)	18.22	56.89	24.00	0.89	12.00	60.89	19.11	8.00
31-40 years of age (n=1163)	11.09	60.62	25.62	2.67	7.31	64.23	18.66	9.80
41-50 years of age (n=1713)	6.83	56.77	33.55	2.86	5.54	59.51	23.34	11.61
over 50 years of age (n=467)	8.14	52.25	36.40	3.21	7.07	55.67	25.27	11.99
Chi² / df=6 / p-value	χ² =66.044		p=0.0000		χ² =33.061		p=0.0001	
Marital status	Self-evaluation of health state				Satisfaction with one's health state			
	very good	good	average	bad/ very bad	very satisfied	satisfied	neither satisfied nor dissatisfied	dissatisfied/ very dissatisfied
unmarried (n=486)	13.99	58.85	24.90	2.26	10.08	62.76	18.72	8.44
married (n=2779)	8.38	57.77	31.12	2.73	6.33	60.72	22.23	10.72
widow (n=79)	11.39	53.16	34.18	1.27	7.59	58.23	25.32	8.86
divorced (n=224)	6.70	51.79	37.50	4.02	4.02	55.80	21.88	18.30
Chi² / df=9 / p-value	χ² =29.480		p=0.0005		χ² =29.834		p=0.0004	
Maternity experience	Self-evaluation of health state				Satisfaction with one's health state			
	very good	good	average	bad/ very bad	very satisfied	satisfied	neither satisfied nor dissatisfied	dissatisfied/ very dissatisfied
childless (n=569)	14.76	56.94	26.01	2.28	10.02	60.46	18.63	10.90
with one child (n=965)	8.08	62.59	26.53	2.80	5.91	63.01	20.83	10.26
with two children (n=1606)	8.28	55.13	34.23	2.36	6.35	59.37	23.15	11.14
with more than three children (n=428)	7.01	55.14	33.41	4.44	5.61	60.28	23.13	10.98
Chi² / df=9 / p-value	χ² =53.621		p=0.0000		χ² =17.775		p=0.0378	
Education	Self-evaluation of health state				Satisfaction with one's health state			
	very good	good	average	bad/ very bad	very satisfied	satisfied	neither satisfied nor dissatisfied	dissatisfied/ very dissatisfied
higher (n=344)	14.24	61.34	22.97	1.45	11.63	64.83	15.12	8.43
higher vocational (n=100)	12.00	58.00	29.00	1.00	13.00	56.00	20.00	11.00
vocational college (n=3122)	8.45	56.96	31.67	2.91	5.99	60.29	22.61	11.11
Chi² / df=6 / p-value	χ² =24.668		p=0.0003		χ² =32.255		p=0.0000	

**TABLE 5. Comparison of the structure of investigated midwives with respect to their evaluation of their health state and satisfaction with health state, depending on their work experience (in each line).**

Work experience at the post of a midwife	Self-evaluation of health state				Satisfaction with one's health state			
	Very good	Good	Average	Bad/ very bad	Very satisfied	Satisfied	Neither satisfied nor dissatisfied	Dissatisfied, very dissatisfied
below 1 year (n=109)	15.60	60.55	23.85	0.00	10.09	61.47	18.35	10.09
1-5 years (n=259)	15.06	59.85	22.78	2.32	10.81	62.93	17.37	8.88
6-10 years (n=397)	13.35	62.22	23.17	1.26	8.06	65.24	19.65	7.05
11-15 years (n=626)	11.66	56.39	28.27	3.67	8.47	60.70	19.49	11.34
16-20 years (n=932)	7.18	58.52	31.40	2.89	5.57	60.02	22.72	11.68
21-25 years (n=703)	5.55	56.76	34.99	2.70	4.27	60.60	23.76	11.38
over 25 years (n=477)	6.92	51.36	38.36	3.35	6.29	56.39	24.74	12.58
Chi <sup>2</sup> / df=18 / p-value	$\chi^2=86.764$		p=0.0000		$\chi^2=40.744$		p=0.0016	

**TABLE 6 Comparison of the structure of investigated midwives with respect to their evaluation of health state and satisfaction with health state, depending on their evaluation of their housing and material conditions as well as satisfaction with their quality of life (% in each line).**

Self-evaluation of one's housing	Self-evaluation of health state				Satisfaction with one's health state			
	Very good	Good	Average	Bad/ very bad	Very satisfied	Satisfied	Neither satisfied nor dissatisfied	Dissatisfied/ very dissatisfied
very good (n=794)	17.76	58.06	21.41	2.77	13.98	59.57	16.62	9.82
good (n=1708)	7.43	61.91	28.85	1.81	4.92	65.65	20.30	9.13
average (n=932)	5.36	50.54	40.56	3.54	3.97	53.54	29.08	13.41
rather bad or even very bad (n=134)	5.22	44.78	41.79	8.21	5.97	52.24	20.90	20.90
Chi² / df=9 / p-value	χ²=185.908		p=0.0000		χ²=155.399		p=0.0000	

Self-evaluation of material conditions	Self-evaluation of health state				Satisfaction with one's health state			
	very good	good	average	bad/ very bad	very satisfied	satisfied	neither satisfied nor dissatisfied	dissatisfied/ very dissatisfied
very good (n=178)	26.40	56.18	16.85	0.56	26.40	54.49	11.24	7.87
good (n=1198)	11.68	67.72	19.02	1.58	8.67	68.56	16.10	6.67
average (n=1723)	6.56	54.38	36.56	2.50	3.89	59.32	25.65	11.14
rather bad or even very bad (n=469)	5.33	42.86	44.56	7.25	4.69	47.55	26.23	21.54
Chi² / df=9 / p-value	χ²=286.520		p=0.0000		χ²=273.279		p=0.0000	

Satisfaction with quality of life	Self-evaluation of health state				Satisfaction with one's health state			
	very good	good	average	bad/ very bad	very satisfied	satisfied	neither satisfied nor dissatisfied	dissatisfied/ very dissatisfied
very satisfied (n=229)	31.44	53.71	13.10	1.75	37.12	48.47	10.04	4.37
satisfied (n=1711)	9.64	65.42	23.42	1.52	6.13	72.96	14.60	6.31
neither satisfied nor dissatisfied (n=1134)	5.38	52.47	39.24	2.91	3.17	51.85	33.51	11.46
dissatisfied/ very dissatisfied e (n=491)	5.50	42.77	44.81	6.92	2.85	43.58	25.46	28.11
Chi² / df=9 / p-value	χ²=346.212		p=0.0000		χ²=740.216		p=0.0000	

- those describing their health state as better than that of their peers (29.82%), ( $\chi^2=1072.753$ ; df=9; p=0.0000).
- Midwives who were dissatisfied or even very dissatisfied with their health state primarily comprised the following statistically varied groups:
- the oldest, over 50 years of age (11.99%) and those in their forties (11.61%);
- single, divorced (18.31%);
- those with two (11.14%) and three or more children (10.98%);
- those with vocational college education completed (11.11%);
- those with the longest work experience at the position of a midwife – over 25 years (12.58%);
- those evaluating their housing as bad or even very bad (20.90%), and similarly evaluating their material conditions (21.54%), as well as those dissatisfied or even very dissatisfied with their quality of life (28.11%);
- those describing their health state as worse or even considerably worse than that of their peers (58.41%).

## DISCUSSION

This work features subjective evaluations of the health state made by midwives. This professional group is substantially prepared to evaluate their own health and that of their family. Respondents found their health and their satisfaction with it as good. Such an evaluation did not differ

from any other subjective evaluations of one's health, which was confirmed by health assessment of Polish females by Wróblewska, where over a half of respondents evaluated their health as good [2]. A research performed among female students of the Third Age University found respondents to enjoy a positive attitude towards their health and to take care of it [4]. Different results were obtained in the investigation in the population of Łódź, where over 30% of respondents described their health state as worse or even very bad [6]. Less extreme evaluation of health was reported in case of menopausal females from Lublin. They reported their health and general disposition to be adequate to their age, so as to even state to feel occasionally younger than their actual age might suggest [7]. This research showed Polish midwives to evaluate their health at a level equal to that of other people from their social surrounding. It seems positive that this evaluation was closer to positive rather than negative evaluation tendencies, which was better than worse in case of other people. This may only suggest taking care of one's health and intentional approach towards the issues involved.

The investigation proved youngest respondents, i.e. those below 30, to appreciate their health best. The research reflected worldwide tendencies of the youngest respondents, who are likely to make optimistic evaluations of their health. In the study by Kaleta, a bad evaluation of health increased with age [6]. This was most vivid in investigations administered in populations of elderly people, where small differences in age – frequently ranging from 2 to 5 years indicated



great differences in appreciation of one's health. Naturally, younger people described their health state as good and various health disorders increased with age [4, 8]. Studies by other researchers proved over a half of elderly people to evaluate their health as bad or very bad [9]. Accordingly, fitness deficits also increased with age, which affected everyday life self-care activities [10]. This is also confirmed by studies on Polish females and males where an age group comprised of 15 to 29 year-olds – irrespective of age – evaluated their health state as good [2].

Midwives' marital status considerably affected their perception of their health. Single people, unmarried females and widows and females without maternity experience declared their health state was very good. Similarly, in a nationwide research, single people declared their health to be good. Still in the same research, people with children were reported to enjoy better health state, which was different from findings of authors of this investigation [2]. This means that health was an important aspect for them and might be correlated to the way of perceiving themselves and their families. Generally, having a family, a husband and children mobilized females to take care of their own health, as well as of that of their families [11-13]. Research by Wysokiński et al. did not report any effect of marital status on evaluating one's health. Individual poll groups evaluated their health at the same level [8].

Education was another variable affecting self-evaluation. Polish midwives with higher education appreciated their health better than other groups. It was confirmed by an investigation performed among the elderly ones, where individuals with higher education evaluated their health better [8]. Nationwide research carried out in people of different ages proved that education level considerably determined the perception of one's health [2,14].

Economic situation also appeared to have a considerable effect on issues evaluated by the investigated individuals. Authors' own research proved potentially healthy midwives to evaluate their housing and material conditions as very good; at the same time, they showed themselves very satisfied with the quality of their lives. Identical conclusions were drawn after an analysis of the research performed in Polish males and females. Better economic situation positively affected their evaluation and contributed to an increase in pro-health behaviors [2].

## CONCLUSIONS

1. Over a half of investigated midwives evaluated their health and physical condition as good.
2. The majority of midwives declared their health state to be comparable to that of their peers.
3. Midwives who were very satisfied with their health state consisted of the youngest maidens; childless yet with higher vocational education completed, they enjoyed a good material status and appreciated their health higher than their peers.

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## REFERENCES

1. Jabłoński L. Mierniki zdrowia. In: TB. Kulik, I. Wrońska (ed). *Zdrowie w medycynie i naukach społecznych*. Stalowa Wola: Oficyna Wydawnicza Fundacji Uniwersyteckiej; 2000. p.39-57.
2. Wróblewska W. Women's health status in Poland in the transition to a market economy. *Soc Sci Med*. 2002;54:707-26.
3. Kwapisz U, Gryko GB, Majchrzak B, Głogowski J. Zdrowotne i psychospołeczne aspekty funkcjonowania osób w starszym wieku. *Pielęgniarstwo XXI wieku*. 2005;4:79-82.
4. Jachimowicz V, Kostka T. Health self-assessment among elderly females – students of the University of the Third Age. *Ginek Prakt*. 2009;17(1):26-30.
5. Bauman K. Jakość życia w okresie późnej dorosłości. *Gerontol Pol*. 2006;14:165-71.
6. Kaleta D, Polańska K, Dzikowska-Zaborszczyk E et al. Factors influencing self-perception of health status. *Cent Eur J Public Health*. 2009; 17(3):122-7.
7. Czekirda M, Ślusarska B, Adamska-Kuźmicka I, et al. Satysfakcja z życia kobiet w okresie menopauzy. *Fam Med Prim Care Rev*. 2007; 9(2):220-8.
8. Wysokiński M, Wrońska I, Fidecki W et al. Samoocena zdrowia fizycznego przez osoby w podeszłym wieku. In: J. Kowalewski, P. Szukalski (ed). *Pomyślne starzenie się w świetle nauk o zdrowiu*. Łódź: Uniwersytet Łódzki; 2008.p.13-20.
9. Jabłoński L, Wysokińska-Miszczuk J. Podstawy gerontologii i wybrane zagadnienia z geriatry. Lublin: Wydawnictwo Czelej; 2000.
10. Abramowska-Knom A. Indywidualne demograficzno-społeczne determinanty stanu zdrowia osób starszych – próba kwantyfikacji ich wpływu. In: J. Kowalewski, P. Szukalski (ed). *Pomyślne starzenie się w świetle nauk o zdrowiu*. Łódź: Uniwersytet Łódzki; 2008.p.206-17.
11. Arber S, Cooper H. Gender and inequalities in health across the life-course. In: Annandale E, Hunt K, (ed). *Gender inequalities in health*. Buckingham: Open University Press; 2000.
12. Khlut M, Serment C, LePape A. Womens health in relation with their family and work roles: France in the early 1990's. *Soc Scie Med*. 2000;50:1807-25.
13. Martikainen P. Womens employment, marriage, motherhood and mortality: A test of the multiple role accumulation hypotheses. *Soc Sci Med*. 1995;40:199-212.
14. Halik J. Samoocena stanu zdrowia ludzi starych. In: J. Halik (ed). *Starzy ludzie w Polsce*. Warszawa: Instytut Spraw Publicznych; 2004. p.103-6.

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