

Physical Health as a Cornerstone of Individual Resilience in the Czech Republic

Physical health is a foundational pillar of individual resilience, shaping a person's capacity to sustain productivity, adapt under stress, and recover from adversity. The Physical Health dimension represents the strongest weighted component (20 %) in the Index of Individual Resilience (IIR), reflecting both its direct influence on functioning and its role as a gateway to other dimensions such as mental well-being, adaptability, and long-term social participation.

Background

Resilience has become an increasingly important concept in social science, public policy, and psychology, particularly in the context of long-term uncertainty, demographic and social change, and growing public-health pressures. While much of the existing literature has examined resilience at the macro level, focusing on how societies, institutions, and systems withstand crises, it is equally important to understand resilience at the individual level. Personal resilience influences how people manage stress, maintain their functioning, and recover from setbacks in the face of changing life circumstances.

Physical health plays a central role in this process. A person's ability to respond to challenges, sustain daily activity, and recover from difficulties is closely tied to their physical condition, functional capacity, and overall well-being. Chronic disease, fatigue, and limited physical functioning can weaken coping resources and reduce the ability to adapt, while good health supports sustained performance, energy, and psychological stability.

As societies confront ongoing pressures, including health system strain, lifestyle-related illness, aging populations, and heightened mental-health demands, understanding the physical dimension of resilience becomes increasingly relevant. This article examines physical health as a key component of individual resilience in the Czech Republic, drawing on results from the Index of Individual Resilience (IIR) to explore the relationship between health status, lifestyle factors, and resilience capacity.

Methodology

The IIR was constructed as the sum of 60 questions across eight dimensions (the maximum attainable value was 226 points). Individual items were scaled and converted into standardized scores. Sociodemographic variables (gender, age, and education) were not included in the index. The target population consisted of individuals aged 16–75. Representative samples were obtained in the Czech Republic (N = 1,235; CAWI 620, CAPI 615; data collection conducted from May 23–29, 2025, by the agency SC&C).

The dimensions and their weights were as follows:

Values (14 %), trust in institutions (7 %), cohesion (6 %), adaptability (18 %), mental health (11 %), skills (6%), material security (18 %), physical activity and health (20 %).

The Health dimension had a maximum possible score of 46 points and represents the most significant component of the index. It includes both aspects of physical health and lifestyle and everyday habits that influence health in the long term (physical activity, smoking, alcohol and medication use, chronic illnesses, and subjective assessment of health status).

Results

The Czech Republic exhibits a complex health profile, characterized by strong activity habits alongside elevated health-risk indicators. Key findings include:

Mean BMI	26.6 (overweight range)
Physical activity ≥3x weekly	44 %
Hypertension	26 %

These results show that while the average respondent maintains a relatively high level of physical activity, the population simultaneously faces elevated cardiometabolic risks. The coexistence of active lifestyles with high BMI and hypertension suggests that structural dietary patterns, sedentary work environments, and stress may counteract the benefits of sports participation.

Frequency of Sports Activity

Sports activity is one of the most important factors supporting physical health as well as overall resilience. In response to the question, "How many times per week do you engage in sports activity for at least 30 minutes?" 22 % of respondents stated that they do not engage in any physical activity at all. By contrast, nearly 44 % of respondents report exercising at least three times per week, which represents a very strong foundation for building long-term physical and mental resilience.

Differences between individual groups are also noteworthy. The level of sports participation varies significantly by educational attainment: among people with only primary education, 28 % do not exercise at all, whereas among those with a university degree, only 13 % report no sports activity.

Education: Respondents with Basic Education



Education: Respondents with Secondary Education



Education: Respondents with University or Higher Professional Education

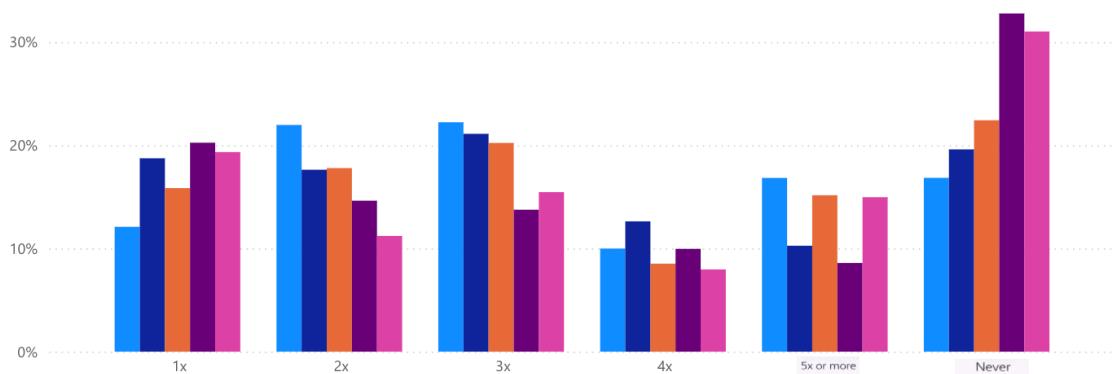


Respondents were asked the question: "How many times per week do you exercise for at least 30 minutes?" Exercise activities included brisk walking, running, gym workouts, team sports, cycling, skating, and similar forms of physical activity.

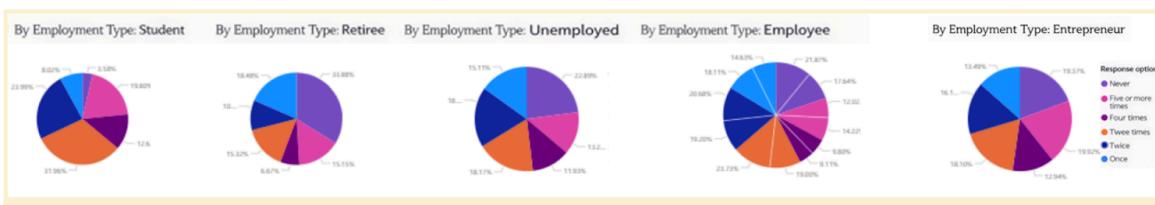
The analysis also shows that partnership status is related to the regularity of sports activity. The highest proportion of respondents who do not engage in sports at all is found among divorced and widowed individuals, where approximately one third of respondents report no physical activity. By contrast, single individuals and those living in a long-term relationship exhibit a significantly more active lifestyle, with these groups showing the lowest share of non-participants in sports.

By Relationship Status

● % Single ● % In a committed relationship ● % Married ● % Widowed ● % Widowed ● % Divorced



Frequency of Sports Activity by Type of Partnership

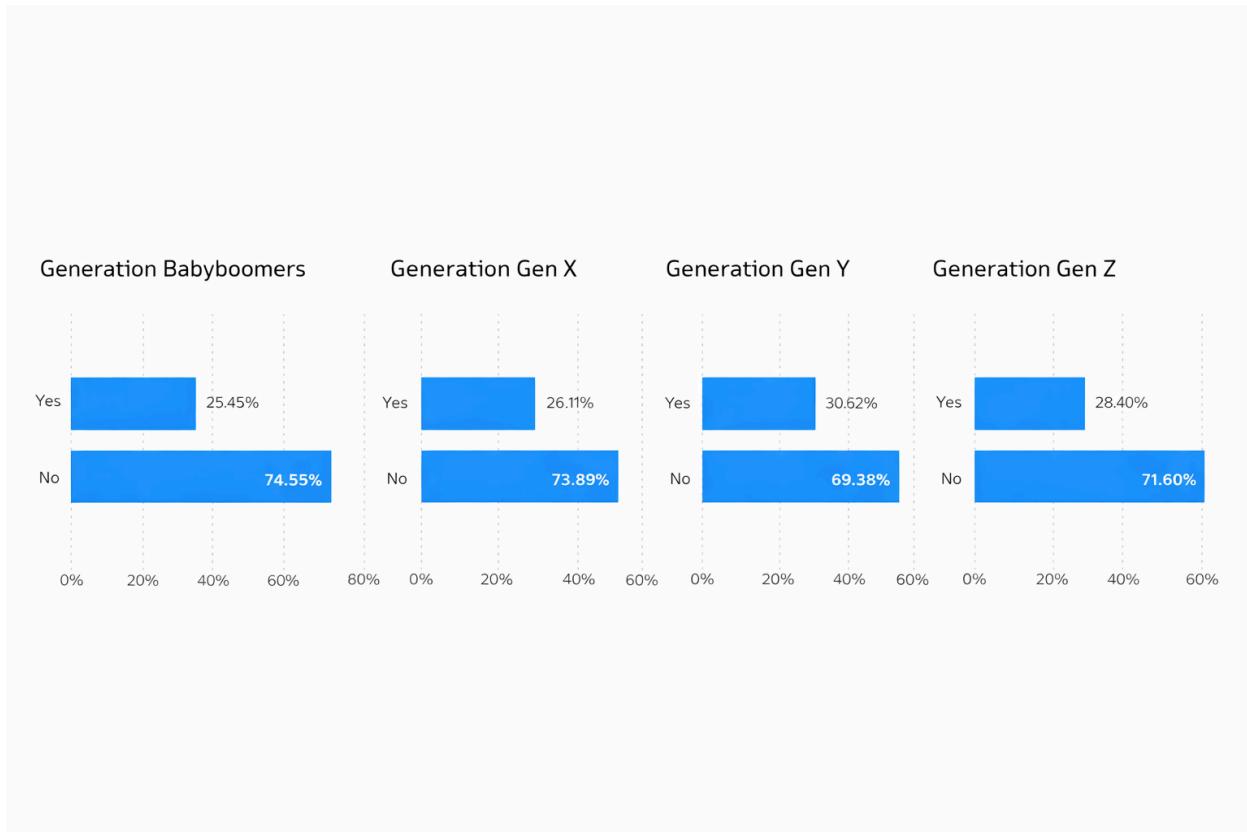


Frequency of Sports Activity by Type of Employment

These data suggest that sports activity is not evenly distributed across the Czech population. Regular exercise is associated with factors such as education, partnership status, and age. While part of the population engages in sports several times a week and considers physical activity a natural part of their lifestyle, other groups show a significantly lower level of physical activity.

Smoking and Alcohol Consumption

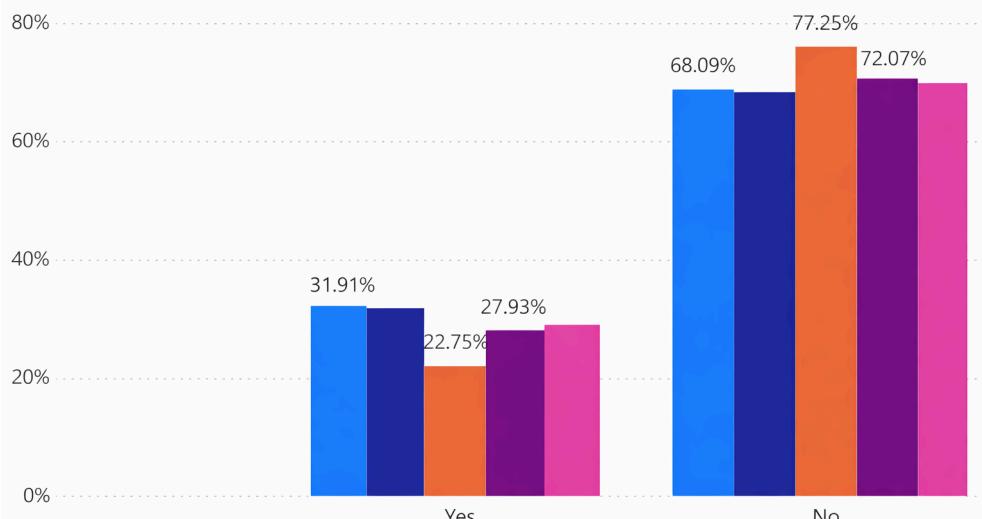
In response to the question of whether they smoke, 27 % of respondents answered affirmatively. Across generations, the responses did not differ very markedly, and the results were also relatively balanced by gender and occupation. However, certain specific patterns emerge within social groups: students smoke the least (only 14 % reported that they smoke), as do people living in marriage (22 %), while the highest proportion of smokers is found among employees in the private sector (33 %).



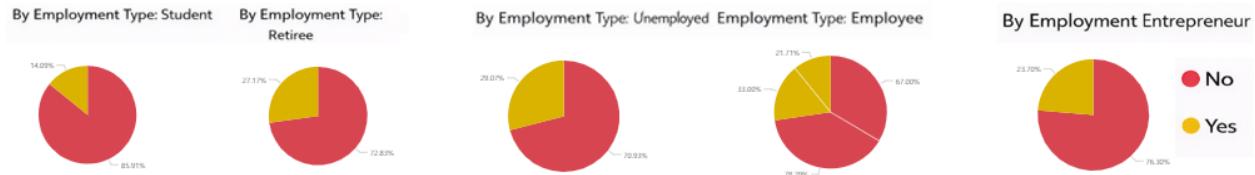
Smoking and drinking by Generations

By relationship

● % Single ● % In a committed relationship ● % Married ● % Widowed ● % Divorced

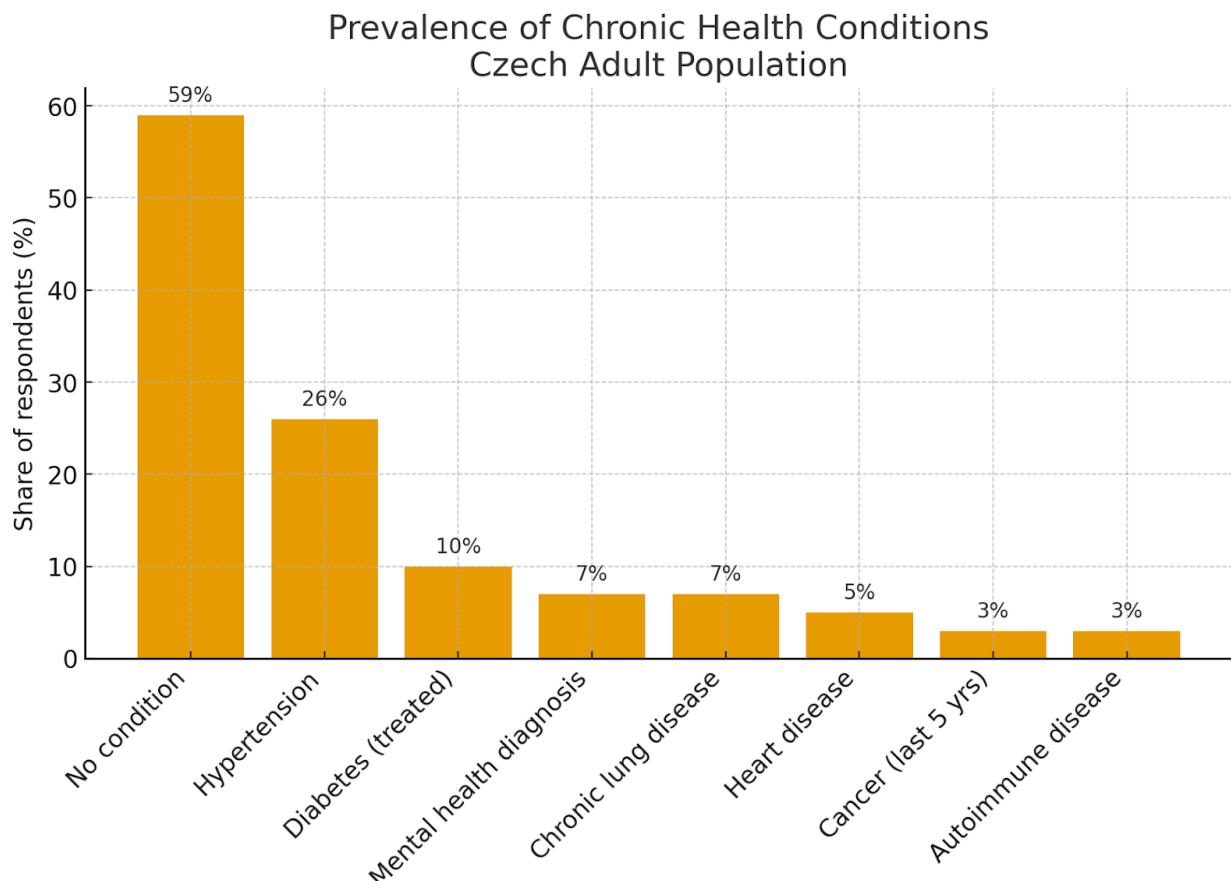


Smoking and Drinking by Relationship status



Smoking and Drinking by Employment Type

Prevalence of Selected Chronic Conditions

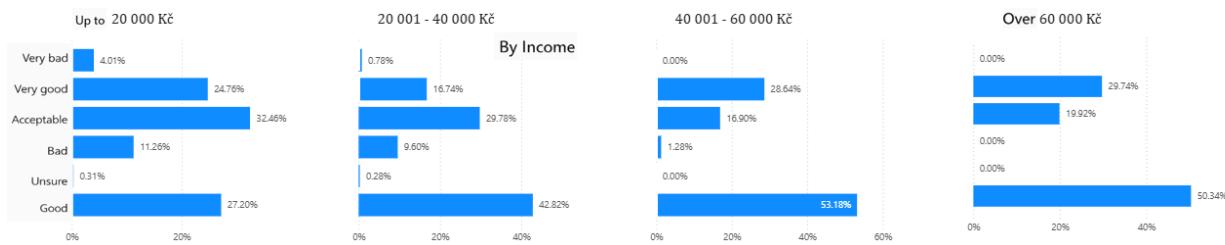


The majority of respondents (59 %) report no chronic conditions, while the most common diagnosis is high blood pressure (26 %). Other chronic conditions occur in a smaller but still significant share of the population (3–10 %).

Subjective Assessment of Health Status

Subjective perception of one's own health represents an important complementary indicator, as it often captures problems earlier than they manifest in the form of a formal diagnosis. Data from the survey show marked differences between individual socioeconomic groups.

The largest share of respondents rate their health as good or fair. However, notable disparities emerge by income level and type of employment. The response "very poor health status" appears exclusively among retirees and the unemployed.



A significant generational difference is also evident: younger respondents describe their health as better, while subjective health assessments gradually worsen with increasing age. This pattern is expected; however, it is interesting that in some older generations, a relatively positive perception of health persists despite a higher prevalence of chronic conditions. This may reflect adaptation to health limitations or cultural differences in how people talk about and evaluate their health.

Discussion

The health dimension represents a combination of strengths and weaknesses, creating a characteristic "dual picture" of health in the Czech Republic: on the one hand, a high level of sports activity and relatively good subjective self-assessments of health; on the other hand, a persistent burden of chronic conditions, overweight, stress, and harmful habits.

Positive behavioral patterns—most notably regular sports activity—constitute a strong protective factor. The fact that nearly half of the population exercises at least three times per week represents a significant asset for future health and resilience. In some groups, particularly among those with higher education, an active lifestyle has already become a cultural norm. These data suggest that the Czech population has a solid foundation on which preventive strategies, active aging programs, and health promotion initiatives can be built.

At the same time, it is evident that sports activity is not evenly distributed. Low levels of physical activity among less educated individuals, economically vulnerable groups, or people in poorer health create potential for widening inequalities. These differences are crucial: regular physical

activity not only reduces health risks but also directly strengthens other dimensions of resilience, such as mental well-being and adaptive capacity.

Another key issue is smoking and other risk behaviors, which—despite a decline in recent years—remain a firmly embedded part of the Czech health profile. Approximately one quarter of the population still smokes, with significant differences by social situation and type of employment. This indicates that lifestyle-related habits are sensitive to stress, working conditions, and socioeconomic circumstances.

Conclusion

Overall, the physical health of the Czech population represents a mix of strengths and clearly identifiable vulnerabilities. Czechs engage in regular physical activity to a large extent: nearly half of the population exercises at least three times per week, and the majority rate their health as good. These two indicators form a solid basis for individual resilience and confirm that a broad segment of the population actively takes care of its health.

At the same time, pronounced social disparities persist. Lower education, lower income, or unemployment are associated with lower levels of physical activity, more frequent smoking, and poorer subjective health assessments. These factors weaken the ability to cope with stressors and may, in the long term, reduce overall societal resilience. The index results therefore indicate that physical health in the Czech Republic is a significant, yet not fully stable, pillar of individual resilience.

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