

Summary of Professional Accomplishments

1. Name and surname: **Magdalena Florek-Łuszczki**

2. Possessed diplomas, scientific/artistic degrees – including name, place, and year of obtaining and title of doctoral dissertation.

Master of Arts in Sociology, Maria Curie-Skłodowska University in Lublin, 1996.

Doctor of social science, Maria Curie-Skłodowska University in Lublin, 2003 r., title of doctoral dissertation: *Socio-medical consequences of accidents (based on studies of patients of Emergency Medical Services in Lublin voivodeship)*.

3. Information concerning to-date employment in research institutions

College of Business and Administration, Lublin

- Assistant Professor in the Department of Sociology, Faculty of Social and Humanistic Sciences (since 2007 until now)

- Lecturer (since 1999 to 2005)

Institute of Rural Health, Lublin

- Assistant Professor in the Department of Public Health/ Center of Public Health and Health Promotion (since 2003 until now)

- engineering and technical employee in the Departments of Ergonomics and Public Health (since 1997 to 2002)

Maria Curie-Skłodowska University, Lublin

- Assistant Professor in the Department of General Sociology, Faculty of Philosophy and Sociology (since 2004 to 2007)

4. Indication of scientific achievement* resulting from the Article 16, Clause 2, of the Act of 14 March 2003 in the matter of scientific degrees and scientific titles and degrees/titles in the arts (Journal of Law, No. 65, Clause 595 with later amendments):

a) title of scientific/artistic achievement: **Hygienization of Polish village as a socio-medical movement. ISBN 978-83-942990-0-2 (monograph).**

b) (author/authors, title/titles of publications, year of issue, publisher, reviewers of publication): **Magdalena Florek-Łuszczki, Hygienization of Polish village as a socio-medical movement, 2015, Reviewer – Prof. Dr. Jerzy Zagórski**

c) characteristic of the scientific/artistic purpose of the abovementioned paper/papers and the results achieved, together with a discussion of their possible use.

Introduction

The health situation of the rural population was and is still worse than habitants of cities. This is due to multifactorial determinants of their life and work, in particular cultural and economic determinants. Generally, rural residents are characterized by a lower level of education and social and living conditions than the urban population and a lower level of health culture. In addition, the specificity of labor in agriculture reinforces the occurrence of certain types of illnesses and diseases, which, in combination with still varying quality of medical care in rural areas, determines the health of their residents.

The rural population of the nineteenth and early twentieth centuries struggled with many diseases, especially infectious, being a consequence of large negligence of hygiene, starting with deficiencies in personal hygiene by the poor sanitary and hygienic houses and homesteads, and ending with deficits in sanitary macrosocial scale. This problem was perceived mainly by doctors, and mostly activated in this regard doctors-hygienists, who were the initiators and creators of organizations that united specialists in the field of hygiene. The most striking symptom of this was the Warsaw Society of Hygiene, uniting not only doctors-hygienists, but also many different observers, mainly researchers and journalists, leaders and participants of social life in village, including writers, priests, teachers, government officials, policy makers, and local authorities.

Inter-war and post-war periods in Poland, especially, the sixties and seventies of the twentieth century, are a time of intense modernization and radical improvement in hygiene and health in village. Actions undertaken in advance, bearing the hallmarks of the process of hygienization, often having the characteristic of individual and exuberant, over time, it became a part of many collective entities, which took the structured form, and in a certain extent, petrified.

Collective actions in this regard, have crowned with certain changes, underpinning the broad of social movement with a clearly health-oriented characteristic. The study assumes that the hygienization of village should be treated more as a quasi-social movement than a social movement in a classic term. In favor of this thesis and the methodological approach, numerous supporting examples of individual initiatives, institutional and collective hygienic effects in rural areas are presented.

Purpose

The aim of the study is to distinguish individual (persons) and collective entities and to analyze their actions as important links of movement of hygienization of village. It was assumed that the entities that setting up the movement and forming immanent elements were individuals, organizations and institutions that initiated hygienization actions, gave them the right direction and were their executors. Duration of movement of hygienization of village is included in the four historical eras: the turn of the nineteenth and twenty centuries, inter-war and post-war periods, and, what is clear, the present time. In the next stages of history, despite their regime differences, including political and economic differences, proceeded continuation of many activities and projects, mainly related to modernization in various areas of peasant family life, its existence, managing a farm and its equipment and mental changes in villagers, especially, the dominant agricultural population.

Results

It is difficult to unequivocally determine when the process of hygienization of Polish village began. Most frequently, the first symptoms are associated with the enfranchisement of peasants, falling in the second half of the nineteenth century. Then, it began to be directly responsible for their living conditions, including housing of their families.

Analysis of hygiene and health of people in village after enfranchisement showed that both hygiene and health were incomparably worse than in cities. The main reasons for this disproportion, people saw in a bad economic situation of the rural habitants, but also in significant cultural differences. Numerous scientific and current journalistic studies pointed to their low health awareness, lack of knowledge of the causal link between the level of personal hygiene and environmental existence and prevalence of certain diseases and lack of a sense of necessity, or need to care about hygiene and purity of their own body.

On the Polish village of the late nineteenth and early twentieth century non-medical health care dominated, and even experienced its apogee (Lesinska-Sawicka, Waskow 2012, p. 10). In prophylactic and therapeutic negligence and witchcraft, the enlightened doctors

sought the leading causes of morbidity and mortality among the lowest strata of society (Maciesza, 1903, p. 613).

Among the causes of high incidence and morbidity of infectious diseases in the rural population were also poor housing conditions. Too little chambers and their small size forced the inhabitants of rural cottages for shared sleeping of several persons in one bed, often ill persons with healthy people.

Other factors leading to disease were dirt and sloppiness, resulting from the narrowness of the cottage, and even more as a consequence of lack of habit of attention to clean the body and living areas, moving from generation to generation (W. Puławski 1910, p. 745; Rakowiecki 1900, p. 195). Other frequently reported causes of infectious diseases were the lack of ventilation in houses and moisture, which was its consequence, as well as numerous visits to sick persons and the cult of dead – i.e., visits in houses of the dead people. The development of infectious diseases was also supported by close and frequent contacts with animals, often sick with glanders, rabies, actinomycosis, tuberculosis, etc. (Pulawski W. 1910b, pp. 818-820; Rakowiecki 1900b, pp. 257-258; Pettenkofer 1900, pp. 68-70). A serious problem was unsecured wells, without covers, which led to significant pollution of drinking water (Limanowski 1914, p. 440). Quick intervention was needed also with respect to the lack of toilets (Dobrzycki 1903, pp. 557-560).

Hygienic conditions in the Polish countryside in late nineteenth and early twentieth century most worried and tended to favor the educational activities of teachers, doctors, educational activists, and some writers, as well as priests. Their individual efforts formed part of the positivist current of activities aimed at the socio-cultural transformation, i.e., by disseminating health culture and initiating movement of hygienization of village (Kosinski 1983, p. 49).

An extremely important determinant of this emerging social movement, later called hygienization, has become a monthly published journal "Health", being an official organ, formed just in the partitions of Poland, of the association of doctors and naturalists, called the Polish Society of Hygiene, originally and formerly called Warsaw Hygiene Society. In efforts to improve the hygiene and health of rural residents of this period actively joined their creators and members of other institutions, including Drop of Milk and Children's Playgrounds as well as initiators and members of the Society of Practical Hygiene.

Hygienic situation of the village in the inter-war period, despite the actions undertaken on a repair, it was still very bad. In this period, clearly loomed social, economic and cultural differences between the various regions of the country. Starting from the village of Wielkopolska, free of illiteracy, affluent, increasingly bricked through overcrowded, poor, internally conflicted, but generally socially aroused the village of Malopolska, and to living in a fairly airtight structure, quite poor, thatched roofs and using the wood tools of the village of the eastern part of our country (Ihnatowicz, Mączak et al. 1988, pp. 605-607).

The worst hygienic situation was noticeable in the environment of poor peasants and farm workers. In traditional rural huts, even tragic conditions dominated, as evidenced by the very low temperature in rooms, clay floor in the form of a concave, cramped, lacking ventilation, overcrowded chambers, preventing separate sleeping by individual family members. Consequently, this led to a failure by their inhabitants of basic rules of personal hygiene, i.e., washing up (due to the cold conditions in houses) or stripping of clothes worn during the day before going to sleep to bed (Tokarski 1992, p. 48). Lack of toilets, no public swimming pools or public baths were common.

The bad hygienic and health situation was also conditioned by two factors, i.e., misery of the rural habitants and the lack of medical care (Kaszubski 1937, p. 112).

Concern for the improvement of the hygienic situation of the Polish inter-war countryside became an important part of the activity of social activists, but also the administrative authorities, especially, in the second half of the twenties and thirties of the

twentieth century, when they introduced a number of provisions and restrictively approached their implementation (Łopatto, Łazorowicz et al., 1929, pp. 5-8). An important event at the central level, to develop courses of action and efforts to improve the hygiene and health situation in towns and villages, was first established in 4th June 1918 by the Ministry of Public Health. Among the many actions undertaken were those of hygiene, i.e., public hygiene, the fight against infectious diseases, hygiene and inspection of housing, hygiene crafts (Upper 1976, p. 486).

Youths were also lively engaged in the hygienization movement of the mentioned period, related to educational activities. In a large part, this was due to the situation of the village, which was devoid of a sufficient number of primary schools, as well as educational training centers for adults. The aim of such initiatives was to lift the village out of ignorance and backwardness.

The post-war period was characterized by a very bad hygienic and sanitary situation in the countryside, largely due to the ravages of war. The most severe were spreading infectious diseases and lack of commonly available medical care.

Specific deficits were noticeable, especially in the sphere of personal hygiene (no bath), lack of access to decent water, catastrophic state of sanitation of rural settlements, lack of toilets or their very poor condition (Danielski 1958a, pp. 308-309; Wawrzyszuk 1964, p. 210). They emerged a clear disproportion between the sanitary and hygienic state of particular regions of Poland. The worst situation of rural settlements were located in eastern and south-eastern areas and partly, in areas of central Poland (Danielski 1959, p. 208).

The activity inherently associated with the movement of hygienization of Polish village in the mentioned period, involves numerous institutions and organizations, most of them with national extent, including health cooperatives and centers, pharmacies, Sanitary-Epidemiologic States, State Sanitary Inspection, Institute of Occupational Medicine and Rural Health, women's and youth organizations.

Hygienization of contemporary village should be identified with the development of sanitary infrastructure in rural areas and occupational health and safety in agriculture. Compared to the post-war period in rural areas there was a significant improvement in housing conditions, it has become common to equip houses with bathrooms, running water and toilets.

Political changes in the nineties of the twentieth century and reaching in their traces economic and cultural changes caused that the responsibility for the sanitary state of the village has been given primarily to all local autonomies. The attention to proper sanitary condition regulated by the *Act on maintaining cleanliness and order in communes* of 13 September 1996 with later amendments. This law implements directives relevant to the content of EU.

With hygienization of contemporary village are related projects, whose purpose was to protect environment, especially, by maintaining its cleanliness and preventing its degradation. In the last decade, a particular supervision has included to dismantling of roofing containing asbestos and its disposal.

An important area of activity associated with the movement of hygienization of village is to care for the health and safety of people employed in agriculture. This is due to the risks that are related to work in this sector. Decisive and significant impacts on improving the situation here have institutional activities, mainly undertaken by the Agricultural Social Insurance Fund and the Institute of Rural Health in Lublin.

According to the main goal of this work, the entities forming socio-medical movement, called hygienization of village and its structure were distinguished. Among them it can be: Polish Red Cross, health centers, leaders of health, fire brigade, youth organizations, women's organizations, including: Circles of Rural Housewives, instructors for the household belonging to the communal agricultural service, League of Women, Sanitary-Epidemiological

Stations and State Sanitary Inspection, Institute of Occupational Medicine and Hygiene in Lublin and former committees of hygienization.

Contribution of Polish Red Cross to the movement of hygienization of village was very clear in the pre- and post-war periods. In the early thirties of the twentieth century, a particularly important role in spreading knowledge of hygiene played Youth Circles of the Polish Red Cross, and places of impact were primarily schools and other educational, care and upbringing centers. Shortly after World War II, Polish Red Cross held a leading role in cultivating tradition of hygiene education. Implementation of the measures enrolling in movement of hygienization was conducted by this organization individually or in conjunction with other entities.

Participation of Polish Red Cross in hygienization of village was also among the main guidelines of healthcare jobs in 1950. According to them, this organization had to serve complementary to the health care institutions in raising awareness of sanitation of the population (Sztachelski 1950, p. 20).

Health centers, especially in the inter-war and just post-war periods, due to the commitment of doctors and nurses were the foundation of the movement of hygienization of the Polish countryside. Among the basic tasks of health centers in the inter-war period were as follows: conducting elementary preventive measures (vaccinations, health education, hygiene), counseling with respect to infectious and social diseases, instructing on how to care of mother and child, as well as, exercising sanitary and hygiene control in the country area (Twenty years of the Public Health Service ... 1939, p. 23). After World War II, the tasks of health centers, associated with the movement of hygienization of village, were among others to spread knowledge of the hygiene rules among the rural population and to ensure compliance with sanitary regulations. A special place was to deal with advising and supervising the construction of housing, so that they meet the basic hygiene requirements, including volume, layout lighting, ventilation, as well as the construction and maintenance of necessary sanitation facilities, mainly thermal baths, wells, lavatories, dunghills, etc. (Rawski 1946, pp. 119, 131).

The implementation of the tasks assigned to the institutions of health care in rural areas was possible due to the leading role and commitment of hired doctors and nurses. However, because of a deficit of medical staff (too low number of physicians and nurses) to perform non-medical activities, including educational, it was often neglected or completely abandoned. This became the main stimulus to create a position of leader health, which was not a full-time employee of health center, whose role was to promote education of health and hygiene and giving first aid, care about the development of the care of mother and child and to ensure medical care for seasonal countryside kindergartens during harvest and digging potatoes (Kanabus 1948, p. 105-106).

An important place in the movement of hygienization of village has occupied fire brigade. Educational activities run by the Voluntary Fire Brigades largely have been accomplished in the form of courses. During their duration, mainly the important issues of fire protection are taken into account, but also they trained how to run a house and farm according to the rules of hygiene and health, and how to provide Samaritan-sanitary help in case of random events, etc. (Walczak 2002, pp. 241-242).

From the inter-war period, youth organizations were engaged in the activity of hygienization of village. The greatest achievements in spreading health education noted the Rural Youth Union. Since 1962, in all instances of this Union, board of health worked as a socio-advisory body, bringing together young health professionals, doctors, pharmacists, dentists, nurses and social activists of the Union, working in health care system or cooperating with this system. From the beginning of 1975, health councils were appointed gradually in each community. Formation of health councils was an important causative agent of increase in educational and health initiatives in villages, including among others, scope of hygiene and

avored the intensive development of health schools, which were a series of lectures on hygiene, health and planned parenthood, carried out during the autumn, winter and spring seasons (Wysocka 1965, p. 148).

An important role in the implementation of actions involving the movement of hygienization of Polish village played women's organizations. The fastest acting were Circles of Rural Housewives. The efforts of their members, aimed at raising the level of hygiene and aesthetics of the village, were among the most discernible works of this organization. Due to this organization, competitions were conducted among the rural population, as well as training on hygiene and health (Synak 1976, p. 104-141).

Alongside members of the Circles of Rural Housewives, their participation in the tasks inherently concerned with the hygiene and health movement, served as commune instructors of household and members of the Women's League. The position of commune household instructor was created in the context of local communal agricultural service, and their main tasks included, among others, modernization of households in the countryside, promoting of proper organization of work at home and yard, attention to upgrading agricultural skills and economic of women and rural girls, consultancy with respect to rational nutrition of rural families, organizing various lectures and courses, as well as dissemination of hygiene in village (Nowak, Ziajka 1977, pp. 84-85; Wawrzyniak 1977, pp. 138-139).

In turn, the role of the members of the Women's League was based on promotion among rural women of new trends in health, sanitation and modernizing everyday life. A special place in the hygienic activity of the League dealt with accomplishment of initiatives of rural laundry development (Jartych 1962, pp. 2-3).

Immediately after the II World War, the main project of hygienization rested on shoulders of the Ministry of Health formed in 1945, and in the early fifties of the twentieth century, the concern on the sanitary-hygienic state was a part of action of institutions, appointed for this purpose. In the first sequence were created: sanitary-epidemiological stations in 1952, and in 1954 the State Sanitary Inspection. Work of sanitary-epidemiological stations for the movement of hygienization of village consisted primarily on current and preventive sanitary supervision (along with frequently used measures of coercion in relation to recalcitrant), help in organization and operations of water companies dealing with construction of rural waterworks, and initiation of competitions on cleanliness and aesthetics, as well as distribution among the rural population of educational materials, conducting immunization and registration of infectious diseases (Horoch 1961, pp. 449-453).

Since the mid-fifties of the last century, the leading role in the process of hygienization of village played the Institute of Occupational Medicine and Hygiene in Lublin (current name – Institute of Rural Health), which resulted from the idea of its creation and mission assigned as a research institution. According to the Statute of the Institute, it was obliged to plan, organize and implement scientific research in the field of occupational health, prophylactic and treatment of occupational diseases occurring in connection with work in rural areas and the scope of its hygiene (Statute of Institute of Occupational Medicine and Hygiene in Lublin 1955, pp. 1-5).

A distinct role in the activities of the movement of hygienization of village have played committees of hygienization. Their creation resulted from insufficient efficiency of existing organizational forms working within the mentioned movement. The decisive part in their creation was assigned to the Ministry of Health and Social Care. In turn, doctors working in the rural regions and in the sanitary-epidemiological stations began operations in commune areas, initiating the creation of social committees of hygienization of village. As the result, committees were provincial, county, district and rural.

In addition to the wide-ranging health education and learning, as immanent factors of the movement of hygienization of village, an important role played also exhibitions and competitions. They have a popularizing nature. Due to them, knowledge oscillating around

the hygienic-sanitary issues were forwarded in an accessible and direct way. At the exhibitions, visitors could confront the theory with practice, watching standard objects, replicas and sanitary devices.

An important function in the movement of hygienization played various publications, including books and journals, as well as journalism available for wide audience. Massively used forms of dissemination of the health culture were brochures and leaflets promoting proper hygiene behavior patterns.

Significant place in the movement of hygienization of village occupied initiatives to raise the level of personal hygiene in villagers. Important achievements of this movement were: created folk baths, public baths and swimming pools. In their creation from the outset were involved social activists, doctors, priests, writers.

Any actions and initiatives creating this socio-medical movement resulted in specific effects and achievements. In this work, they were divided into qualitative and quantitative effects.

It was assumed that the qualitative achievements of this movement are positive changes in the attitudes of rural residents towards their own health in the context of changing their hygiene habits, new ways of care and treatments to improve sanitary condition of housing and farmyards and related law regulations, the newly established institutions, whose main mission was to improve the hygiene and sanitary conditions.

On the other hand, qualitative effects of movement of hygienization of village reflected, among others, in a number of built baths and bathing facilities, equipment of house with sanitary installations, construction of water and sewerage networks and improving housing conditions. Although it is difficult to determine the direct impact of hygienic measures to increase their numbers, it must be assumed that such a positive relationship existed.

The movement of hygienization of village could not exist without people, who were the scientific and practical backbone in the field of hygiene. It is impossible to mention by name all meritorious for the movement of hygienization of village, therefore, in this habilitation thesis, biographies of some selected hygienists, whose knowledge, charisma and determination were the driving force for this movement on the national range, were presented. Among them were: Jozef Polak, Witold Chodzko, Marcin Kacprzak and Jan Danielski.

Summary

The health of villagers was and is the subject of interest of researchers recruited mainly from the medical world, representing various specializations, but mostly from general and family medicine and public health, fashionable today. In the past, a special role in medical diagnosis and analysis of the living conditions of villagers played hygienists, and hygiene since the mid-nineteenth century became an important branch of medicine. Its practical dimension served to remove the risks to human health, and simultaneously, to allow for positive changes in the hygiene habits and healthy behavior.

Popular, in the late nineteenth and the first half of the twentieth century, specialization of hygienist-doctor was particularly desirable in rural areas, neglected in terms of hygiene and sanitation. Specialists in this field of medicine most often became initiators and leaders of hygienic measures, initially disordered, spontaneous and local. Inspired by their actions of unions and community, wider groups of social activists became an important backbone of the nascent socio-medical nationwide movement. Although repeatedly stressed in this work that it was more of a quasi-movement than the movement with classic assumptions and theoretical and methodological requirements, it does not change the fact that its leading goal and implemented tasks were important and even crucial for improvement of hygiene and sanitation of the village.

This movement in different historical periods was characterized by different dynamics and intensity of activities. In the first phase, the spectrum of its effects was small, diverse and

rather regional. Larger effects were achieved in a more developed, with respects to cultural and economic factors, Wielkopolsce than in neglected Malopolsce and the Lublin region. Along with progressive more and more intense institutionalization of activities centered around the guiding idea of hygienization of village, and thus, the emergence of legal law regulations, conferring powers and duties of the institutions and organizations, constitute important links of the described healthy movement, followed by its intensification. This took place mainly from the mid-fifties to the late seventies of the twentieth century.

The functioning of the movement was possible due to commitment of representatives of state authorities, various decision-makers, local officials and social activists. Their decisions and personal organizational efforts repeatedly depended on whether and how the implemented modernization projects were aimed at radical improvements in hygienic and sanitary situation, and de facto in health situation, in rural areas.

Implemented actions over the years, intrinsically co-creating the movement of hygienization of Polish countryside yielded positive, quantitative and qualitative effects, which I have tried to present in the work, however, I have been aware that because of their diversity and large number, I did not describe them all, but only these that are crucial and the most important.

In this habilitation thesis, having diagnostic and cognitive characteristics, it seems that I have accomplished the intended purpose, which distinguishing the entities and analysis of their activities, which are important traffic links of the movement of hygienization of village, which is a specific kind of socio-medical movement. With this thesis, I have tried to enrich research achievements in sociology of medicine and health sciences. This work describes a certain activities of various individuals, institutions and organizations dealing with problems of improvement of hygienic-sanitary situation, and thus, to improve the health of the Polish countryside. Joint ventures of these individuals and institutions in a more than a hundred-year perspective, described on the basis of various scientific and popular sources, create a multi-threaded image of hygienization activities in rural areas in Poland, starting from the second half of the nineteenth century to the present day.

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5. Characteristic of the remaining scientific (artistic) achievements.

a/Publications without the monograph, being the scientific achievement, resulting from Article 16, Clause 2, of the Act of 14 March 2003 in the matter of scientific degrees and scientific titles and degrees/titles in the arts.

In addition to the monograph, which I have presented as a scientific achievement, referred to art. 16 of the Act of 14 March 2003 in the matter of scientific degrees and academic titles and degrees and title in the arts, after obtaining the degree of doctor I have published 51 articles and 8 chapters in collective works (Appendix 5, parts II A and II D).

The total score of publications after obtaining a doctoral degree is as follows: Impact Factor = 42.975, points of KBN/Ministry of Science and Higher Education = 612, the number of citations according to the Web of Science database Core Collection = 56 and the Hirsch index h-index = 5.

Furthermore, I am the editor of one monograph and co-editor of one monograph. The vast majority of my papers are original articles prepared on the basis of my own research or studies carried out in cooperation with the scientific staff employed in national and foreign scientific and academic institutions.

The subject of published papers focuses mainly on issues falling within the field of public health i.e., knowledge on health and health behavior in rural residents, and efforts to improve their health situation, accidents and their health and social consequences, situation of disabled people in rural areas, including especially in the field of health and social needs, as well as their institutional support, Effects of cannabinoids, classified as substances used in folk medicine on the protective activity of antiepileptic drugs.

Assessment of knowledge on health and analysis of health behavior in rural residents have been included in publications, written based on the results of empirical research conducted in 2004-2005 on a nationwide sample of rural residents and among medical and nursing staff of Primary Health Care under a grant entitled: "Priorities of the European Union health policy and health awareness of Polish rural residents. Indications for health promotion", in which I was one of main researchers, as well as, based on the results of surveys and radiological examination obtained in the course conducted under my leadership project of the statutory activities of the Institute of Rural Health, entitled: "Assessment of breast lesions and risk factors for breast cancer among women living in rural areas" , a sample of residents of Lublin province. The collected results allowed to assess the state of knowledge on health, access to medical counseling, preventive examinations, as well as to assess the needs in health education.

Research interest in problems of accidents refers to the issue of health, economic and social consequences of accidents, experienced by adults living in Lublin province, who were the patients of emergency medical services – that was the subject of scientific analysis in my doctoral dissertation. The publications were written based on the data from medical records of victims of accidents, collected by the emergency medical stations in the Lublin voivodeship and correlated with them results of surveys. Studies allowed to estimate damage to the health of the respondents resulting from accidents, any degree of disability, need for medical care, as well as to determine abnormalities in the implementation of before-the-accidents social roles.

Another area of my research interests refers to the situation of persons with disabilities in the village. Original works relating to this matter were based on survey results obtained during the project implementation entitled: "Assessment of the health and social needs of rural residents with disabilities" , in which I was the principal investigator. The presented results were related to the self-assessment of the health, social and living conditions of persons with reduced mobility, assessment of the degree of self-realization and the impact of musculoskeletal dysfunctions and resulting health risks on safety of work on the farm.

For several years my research interests are oriented also to the health situation of people employed in agriculture, especially in the aspect of risks arising from exercising professional activities and their consequences and preventive measures, closely related to occupational health and safety, which are the leading elements of the ongoing process of hygienization of contemporary villages as I emphasized in the monograph .

Among the health risks associated with the work on the farm, chemical hazards occupy an important place, alongside physical and biological hazards. To increase crop yields of crops, pesticides and plant protection products are quite commonly used, which belong to organophosphorus compounds. Improperly use of the pesticides resulting from non-

compliance with health and safety (including lack of personal protection items) can lead to poisoning, whose symptoms often include convulsions and seizures, resistant to currently available antiepileptic drug treatment.

Epilepsy, in addition to cardiovascular diseases and cancers, is a major concern of public health professionals. It is a chronic and often incurable, and patients with epilepsy often struggle with negative reactions from the social environment, especially rural environment. Stigma in consequence may lead to their marginalization and social exclusion. In such situations, it happens that the patients seek the help in quacks and people practically involved in natural medicine, complementary or alternative to traditional medicine. Folk medicine, to the greatest extent remained in the country, where a centuries-old tradition favors the practice of its methods and perpetuated the belief in the efficacy of substances of natural origin. In the case of epilepsy, substances isolated from plants like Indian hemp (*Cannabis sativa*, *Cannabis indica*) inhibit seizures. Especially, smoking their leaves or resin and inhalation of their smoke allow, among others, the inhibition of seizures. Experimental studies have demonstrated that the smoke from the burning of the plant is rich in substances and compounds activating cannabinoid system in the mammalian brain, including the human brain. With the stimulation of cannabinoid receptors one can get full control of seizures. Against the wide use of cannabinoids in the treatment of epilepsy is legislative prohibition of cultivation of these crops in Poland. The only one solution, to unambiguously determine whether or not cannabinoids play an important role in the inhibition of seizures, was to conduct experimental studies on animals (mice) that were administered the cannabinoid receptor agonists (WIN55,212-2 and ACEA). In this indirect way, one can get information on the efficacy of cannabinoids in the treatment of epilepsy.

Presently, a huge interest of researchers and scientists in the world, including clinicians, concerns on aspects of the therapeutic use of cannabinoids in epilepsy. Despite the ban on the use of plant-derived cannabinoids (ie substances isolated from hemp seeds), and synthetic cannabinoids, in Poland and in the world, information confirming the beneficial effects of cannabis extracts in the treatment of refractory epilepsy is available. Moreover, in the present days, phase III clinical trials are conducted in the world to confirm the therapeutic properties of cannabinoids (Epidiolex®) in the treatment of refractory epilepsy.

b. Studies performed on request for public authorities

I was the principal investigator (manager) of two studies carried out for: the Ministry of Agriculture, entitled: "Work safety in agriculture - an overview of achievements and recommendations for policy in this regard" (2008) and the Ministry of Health and Social Care entitled: "Prophylactic examinations in farmers" (2009), as well as, a study prepared on request for the Marshal Office in Lublin entitled "Assessment of health and determination of the health needs of Lublin voivodship's residents for the purpose of developing health policy programs implemented by the Regional Government of Lublin in 2016-2021" (2015) (Appendix 5, part III M).

c. Implementation of research projects

After obtaining a doctoral degree, I have taken part in 11 research projects within the statutory activities of Institute of Rural Health, including 4 where I was / am the principal investigator (manager) and author. In addition, I was a researcher in 4 grants funded by KBN/NCN (Appendix 5, part II - I).

d. Conferences

After obtaining a doctoral degree I have presented 33 papers at scientific conferences, including 15 papers on international and 18 papers on national conferences (Appendix 5, part III B).

e. Didactic achievement/Teaching

Since 1999, I run classes, seminars and lectures on the I and II degrees of studies at the course of sociology from sociology of medicine, general sociology, social demography, social policy, sociology of gender and body.

In 1999-2005 and from 2007 until now, I taught/teach students in the School of Business and Administration in Lublin. In 2004-2007 I have taught students at the Maria Curie-Skłodowska University in Lublin.

I am a tutor/promoter/supervisor of 26 theses for the degree of licentiate and 7 master's theses. Additionally, I am a reviewer of theses and dissertations for the degree of licentiate and Master of Arts in sociology (Appendix 5, part III J).

f. Training and internships at foreign research centers / university

In 2009, (22-26.04) I have had a training in the Norwegian academic center Diakonheim University College in Oslo. The aim of the training was to learn about the curriculum, educational activities and the mode of financing the university.

g. Reviewing publications in national journals

I am a reviewer of several articles in: "Medycyna Ogólna i Nauki o Zdrowiu", "Journal Pre-Clinical and Clinical Research" and "Annales UMCS sectio I (Philosophy and Sociology)" (Appendix 5, part III P).

h. Membership in scientific societies and expert groups

I am a member of the Polish Sociological Society – Section on Medical Sociology and the Polish Society for Social Policy (since 2014 a member of the Audit Committee).

In 2007-2008 I was a member of the External Experts Team of the National Programme "FORESIGHT 2020" (Appendix 5, part III N).

i. Participation in committees and editorial boards of scientific journals

Since 2015, I am a member of the scientific board of "Health Problems of Civilization" (Appendix 5, part III G).

j. Organizational and popularizing activities

In 2005-2014, I was a principal coordinator of the Institute of Rural Health in the frame of the Lublin Science Festival.

