

Identifying the Demand for Shaping the Social Skills of Healthy Behavior in Russian Students

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Abstract

Proceeding from the materials of published works on the topics range of the research and supplementing them with her own studies, the author singles out the healthy lifestyle discourse prevailing in the Russian student environment which is made up by the existing life experience of students, their communicative practices and represents a conscious or unconscious imbalance of practices in their daily life toward health risk factors. It has been found out that in spite of their realizing the risk factors that may affect their health in the future, Russian students are not eager to become champions of healthy behavior by default. Sociological research has found a need in the students of assistance and support for their informal efforts of implementing healthy behavior into their daily lifestyle. Moreover, in this social and demographic group the demand has been revealed for an "external organizer" of healthy lifestyle, which speaks about the social skills of "healthy behavior" being not formed at an earlier age. The research conducted places to the foreground the urge of massively involving students into the development and fulfillment of social projects associated with healthy lifestyle directly in their home university environment.

Keywords: *healthy lifestyle, healthy behavior, student youth, life values, sociology of youth, health, Russia, young people, soft skills.*

Introduction

A need of health is universal in nature, because health belongs to the principal and irreplaceable social values, and its deficiency or lack cannot be completely compensated by any other values or goods. Public health is made up by health of each citizen within a given society. Meanwhile, the condition of health of a certain individual depends on numerous objective factors, with their influence varying. For instance, human health depends on genetic factors for 15-20%, on the condition of the environment – for 20-25%, on the health care system – for 10-15% and it depends on conditions and lifestyle of the individual for 50-55% (model of health according to C. Varkevisser) (Varkevisser, 1995). Therefore, it is far not all factors that can be influenced by the health care system. So, bearing in mind the considerable close connection of human health, conditions and lifestyle, a number of researchers (Mirowsky & Ross, 2015) believe that alongside with individuals themselves who are responsible for their own health, a

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national system of education is essential which has to be prepared to motivate the individuals to develop life values of leading a "healthy lifestyle". The author shares this opinion too.

It is known that serious transcendent processes may occur in the society in the case when health of a certain individual within the society gets devaluated or gains market value. Explaining the idea, it can be mentioned that the contemporary generation of the young Russians has grown virtually in conditions of commercialization of health and its being transferred into the plane of market relations. Such a situation is extremely dangerous for social development. An unhealthy society sees crime, drugs and alcohol abuse flourish, culture and education stagnate and degrade, self-awareness become dull, with a kind of inferiority and disadvantage complex developing with the nation. It has been proven that disorders in the young population's health generate pessimism and desperation and have a destructive impact on the development of their social assets (Coleman, 1988, Coleman, 1994, Furstenberg and Hughes, 1995, Morrow, 1999). On the contrary, in the world outlook and mentality of the nation's healthy young generation enthusiasm and optimism prevail, and so do the belief of their own significance and favorable prospects (Holland, 2009).

At present, the Russian youth as a social and demographic, social and cultural group experiences considerable risks associated both with growing uncertainty and loss of previous socialization paths that prevailed in their parents' life and with its having to overcome new difficulties caused by excessive beer drinking, drugs abuse, suicidality spreading, instilment of permissive morals and other anti-social trends e.g. negativism, aggressiveness, homosexuality and other kinds of social loose conduct.

In the present-day Russia, a strong shift of the value-based range of life ambitions is observed in the student youth. For the young generation, first of all, it is the so-called market occupations that have become prestigious – ones that are associated with the ability to make very good money. Secondly, the traditional standards and rules of behavior are being destroyed, and there arises a necessity to break free from social pressure. It shapes a new lifestyle consisting of new challenges for the youth – "prohibitions are prohibited", "demand the impossible", "paradise instantly and effortlessly" etc. (Nikitina, 2017b, p. 400-402).

Within this context, a healthy lifestyle seems a marker or a testimony of the young people's losing social skills of healthy behavior in the Russian society.

Treated as a way of shaping the ideological interests of a strong and healthy nation in the previous, Soviet era, the healthy lifestyle of student youth has lost its importance by nowadays.

This is why, first of all, the contemporary Russian society has a demand for shaping so-called social skills (soft skills) of "healthy behavior", with its components being realization of the problem of keeping one's health, awareness, motivation for improving the quality of health, shaping the required abilities and skills of keeping health up and focus on active longevity. The author supposes the emphasis on shaping the social skills (soft skills) of "healthy behavior" is an important and objective criterion which determines the leadership potential of development of the contemporary young people just as well as such skills as "team work ability", "aspiration for success" and the like.

Literature Review

The driving motives for forming a healthy lifestyle and having to develop the principles of healthy lifestyle in society are studied in the works both of well-known scientists of the past historical periods (Durkheim, 1893, Mannheim, 1946, Weber, 1947) and of the modern researchers (Telama, et al., 2005, Griffiths, 2010).

A characteristic trend of these studies is the transition from an idealized type of human healthy lifestyle to shaping a healthy lifestyle within a certain social and cultural paradigm. According to Mannheim (1946), a healthy lifestyle is a derivative from the condition of education and culture in the society. In the changing world, it is the youth being included into the public life as a social development group that is important, and its lifestyle is an indicator of skills of healthy behavior and social maturity formed in the youth.

In the recent years, the quantity of studies dedicated to healthy lifestyle among the young people has increased considerably. The majority of the works are aimed at finding some estimate tools for the current physical activity levels in youth and the integrative educational technologies for massively engaging the youth in physical culture and recreational activities (Smith, et al., 2004, Cocca, et al., 2014); at developing the creative initiatives that promote shaping a healthy lifestyle (Bungay & Vella-Burrows, 2013); at criticizing the small role of preventive medicine in shaping the culture of healthy lifestyle with the young audience (Merrill, et al., 2002). The works deal with the lack of effective policy and public standards on development of a healthy lifestyle among the young people (Fullagar, 2002, Rolando, et al., 2014); with an underestimated

influence of "culture moderators" and various "collectivistic cultures" on the mental and physical health as forms of social support for people (Shavitt, et al., 2016).

The rich empirical material collected in the works of scientists (Beccaria & Guidoni, 2002; Bugge, 2010) allows saying that in value-based reference points of today's young generation "health" and "lifestyle" are separated. Health is treated as a personal resource, while in the youth's hierarchy of life values, lifestyle is perceived through behavioral patterns in youth subcultures where the models of averaged social behavior are formed in which moral and social reference points have virtually lost the meaning of "healthy behavior". Becoming members of certain groups and communities, the young people have to act within the logic of adaptation and adjusting to the life circumstances in order to live in a conflict-free social atmosphere with all members of the group (Tarman, 2016; 2017; Tarman & Chigisheva, 2017; Tarman & Dev, 2018)

Certain important evidence for this can be found in the work of Sian Supski and Jo Lindsay (2016) on studying the "endowed for heavy drinking youth cultures" groups in Australian universities. The authors point out that individual Australian students of the group under research opt for abstaining from consuming alcohol as an individual lifestyle and they show a certain power in their decision of not drinking. However, they do not translate this to their peers and do not present themselves as a part of an alternative subculture; they merely explain they want to "be fit" or they are "focused on studies" or they participate in a religious group. Thus, the students "choose their abstinent selves both in an existential sense and as an act of everyday self-identity", i.e. they are prepared to individualize their healthy lifestyle but they are not ready to act as a coherent group of social reproduction of the values oriented to a healthy lifestyle and to forge changes in the groups of "heavy drinking youth", which highlights the lack of social skills (soft skills) of "healthy behavior". The components of the latter are not only realization of one's personal problem of keeping one's health, but also a motivation for actively reproducing health in social groups and collectives one participates in.

When analyzing the studies associated with evaluation and use of online consumption of information about health and healthy lifestyle in the Internet, their authors mentioned that the respondents in the studies frequently pointed out the inaccuracy of the information obtained in the Internet, the lack of trust in online information and in consulting doctors (Anderson, 2004, Gonzalez-Gaballero, et al., 2014). The researchers tend to consider the process as "an unruly and unregulated space of mis-information and lay web users as potential victims of 'cyberquackery'"

(Lewis, 2006), too, which makes the individualist ideas for the youth on choosing a lifestyle only more complicated, and all the more so does not promote shaping the social skills (soft skills) of "healthy behavior".

The empirical studies of "healthy behavior" have revealed an interrelation between one's social skills and economic welfare throughout one's entire life cycle (Chiteji, 2010). The research by Chiteji Ngina (2010) describes the influence of unhealthy behavior factors (e.g. alcohol, physical inactivity and others) on one's future health reserve, on the time spent for restoring the health in "sick leave" days, on the future pay etc. The author argues quite convincingly that the young people initially oriented to a "healthy behavior" have higher chances at the modern labor market as they show social skills (soft skills) manifesting themselves in their extent of readiness for self-development and self-efficiency in the future – which is considered by employers to be important determinants of their future success.

Materials and Methods

Value-based attitudes of the Russian students are currently associated mainly with achieving a high material welfare and life success, as a result of which such important values as health and healthy lifestyle are squeezed out. The harmful habits being widespread among the Russian young students (smoking of cigarettes, hookah, vaping fashion, consumption of beer and strong drinks, physical inactivity, excessive consumption of sweet drinks, energy drinks etc.), the young people's not knowing the methods of personal health improvement, self-control, psychological self-adjustment and support of their health lead to underestimating the "healthy behavior" as a determinant of their future success.

At the stage of research task setting, the author determined the scope of the research – the 3rd- and 4th-year students of Saint-Petersburg State University of Economics aged 20-22. The sample included 189 students, of them 69 being men and 120 women (N=189). In this work, it was the most important to learn the opinion of exactly this target group of respondents. The research was conducted from February 20, 2017 until June 30, 2017.

The main method of the research was survey in the questionnaire survey option. After the survey, in-depth interviews with probing questions were performed in order to understand why the respondents give such answers or what they think of a certain problem. The information obtained in the in-depth interviews was registered by the interviewer using recording equipment and then input into the PC literally. Moreover, in the study, quick rounds of questions were used

in order to obtain answers to one and the same question (or to several similar ones) from the target groups of students instantly. The developed methodological toolkit included the elements of scaling (Likert and Guttman scales), the free associations technique, expert assessment; content analysis and prototype analysis were used too. The task of multi-level integrated analysis of ideas was solved by means of staged research and analyzing the data with the help of both quantitative and qualitative techniques.

The following methods were used as the research ones: analysis of the published sociological studies on the similar topics range, discussion of the research results, consideration of them when interpreting own sociological studies; the development of theoretical hypotheses for initial sociological studies, the development of structured questionnaire survey forms for written and oral surveys; poll in the form of questionnaire survey; data processing and analysis; comparative and typological analysis; case studies based on the author's information archive of materials on the topics range in question. All this has ensured the maximum immersion into the problems range of the research.

Results and Discussion

At the first stage of the research, the task was set to identify the strongest items in the hierarchy of life values in the students of the university of economics (N=189). This research has found out that the "summit" of the life values pyramid in the students is formed by the following values that are the most important in their opinion – "relationships with peers and new friends" – 89% of the respondents. They explained it by the fact that having connections would help them fulfill their life plans, find a prestigious job and succeed in career. Next, the respondents singled out "work" and "financial independence" as important values (78% and 75%, respectively), and "career growth" as a significant value (70%). In spite of these categories steadily prevailing among the important and significant values, in the interviews, many questioned students pointed out that looking for a job and ensuring their financial independence, although satisfying their demands in the above categories, took away a considerable, if not greater, part of time and efforts in their daily life. Moreover, almost half of the respondents mentioned being under constant stress due to the difficulty of finding a job or being dissatisfied with their career growth or pay, and that it was exactly the reason why they felt constantly stressed and depressed, had a negative attitude towards people around them; in it, they saw the reason of aggravation of their health, too (45,2%).

The objective of the following section of the questionnaire form was to identify the risk factors that in the opinion of the students may affect their health. The questionnaire forms developed for this section covered a broad range of questions directly or indirectly touching on the most relevant risk factors that furthered aggravation of health in the students.

First it was asked if the respondents considered themselves to be healthy. 81% of the respondents think they are practically healthy, 11% - healthy, and 8% of the surveyed ones were "not sure to answer".

After that, the students were asked to answer some questions associated with practicing sports and physical training. The students answered they tried to practise sports independently or at sports sections and clubs (67% of the respondents replied in the positive). The question what was the main motivation factor was answered by the respondents as "physical beauty", "sex appeal", "a wish to upload a picture on Instagram" – i.e. it is physical attractiveness rather than care of one's health that prevails as motivation for doing some sports.

The next pool of questions for studying the risk factors has found out that the respondents rank "Bad habits" as the first among the risk factors (79%), "Disruption of dietary pattern" as the second (67%) and "Disruption of work and rest schedule" – as the third (59%). The survey conducted confirms the results of the author's previous studies (Nikitina, 2017a), as well as of the similar sociological studies done by the Russian researchers at other higher education institutions of Russia that demonstrate that bad habits are on the top three health risk factors in the student youth (Varlamova & Sedova, 2010; Samarin & Mekhrishvili, 2017).

The task of the following section of the questionnaire form consisted in finding out the answers to the question on what was the obstacle for leading a healthy lifestyle. Among the traditional and expected by the author answers, 27,2% the students opted for the "lack of free time" reply, 21,4% and 20,9% — "lack of means" and "lack of the relevant knowledge", respectively. 16,5% of the respondents said they were "not sure to answer".

In the "Other" option, the respondents could supply their variants of answer and write it down manually. The most popular opinion in this item were "laziness", "no company", "advertisement in the Internet and social networks", "healthy lifestyle is not interesting", "the practices formed in the family", "I try not to think about consequences much", "alcohol and smoking are good communicative factors so it is difficult to refuse them".

Next, the questionnaire form included some questions the author needed for understanding the way how the Internet communities influenced the formation of bad habits in the students. Such question setting was caused by the fact that during the previous round of questions some students openly said there was a fashion for bad habits in the Internet communities. Moreover, there is indirect advertisement of bad habits and "unhealthy goods" in the Internet and in some social groups click under advertising is widespread when a student can get partner fees for a click, an action, a show etc. It is clear that such aggressive promotion methods only aggravate their high involvement into the Internet environment. It should be pointed out that in the social networks open and restricted youth groups of various thrusts are being actively created. The author has conducted a quick search for such "popular trends" of bad habits in youth as hookah smoking and vaping. For example, in the Vkontakte social network, the search of hookah fans has returned over 67 thousand groups (as of 12.05.2017). In the profile of the groups, there are pictures of young men and girls competing for the best pictures and "likes" to get free hookah tobacco and so on. The rough search for vaping fan groups around Vkontakte has returned 5193 groups (as of 12.05.2017) that are formed according to their geographical location: Saint-Petersburg vape, Moscow vape, Omsk vape etc. They imply interactive exchange of opinions, pictures, and promotion partnership with payment for displays etc. It should be stressed that all groups of this kind are composed of the young people mainly.

The question "Are you a member of such groups?" in this questionnaire form was answered by 65% of the students in the positive, with 17% marking they browsed the content in open groups and "liked" it, 15% answering "no". The remaining ones gave no reply.

The next stage of the research consisted of quick rounds of questions for the students (the students were subdivided into 9 groups (N=19) and 1 group (N=18)).

The first unit of the quick poll has found out that the most frequent signs of aggravation of health in the students are tiredness, fatigability, and nerve strain. Meanwhile, 27 % of the surveyed students are not prepared to give up bad habits in spite of some risk factors available. 20% of the questioned ones increase the time of rest for restoring their powers if there are any symptoms of accumulated fatigue and start practicing sports on a regular basis. Over 50% of the students answered they realized there was a problem but "did not know where to start". The interviewer's question as for why they did not go to a doctor was responded by the students to the effect that they "did not feel ill", "had no time", "did not like going to doctors". In the second unit

of the quick poll, the students were asked to name three most important motivational factors which they believed would lead them to a healthy lifestyle. The students mentioned they first of all "needed an example from the circle of the closest friends"; secondly, they "expect support from the friends". Thirdly, "for healthy behavior, an external organizer is required" who would stimulate them towards a "healthy behavior", create opportunities for learning personal health improvement, psychological self-adjustment and support of one's health.

The analysis of quick polling of the students has shown that among the students within the intra-university environment, the communication on healthy lifestyle topics is very poor; the author believes this due to the fact that at a young age health is no special trouble yet. Meanwhile, all the revealed factors bring to light the importance of "mutual support" in "healthy behavior" initiatives, the necessity of building such communication channels for organizing the assistance to the students before they start their informal efforts to implement healthy lifestyle into their daily lifestyle. Moreover, the need of an "external organizer" of healthy lifestyle that was found in the students speaks about a lack of social skills of "healthy behavior" in this social and demographic group.

Conclusion

Therefore, during the staged research a quite clear picture of opinions of the students of Saint-Petersburg State University of Economics on healthy lifestyle has been obtained that is made up from the existing experience. Meanwhile, healthy lifestyle itself is not a negative attribute, but nevertheless, in the analysis of the students' opinions, it is the discourse for conscious or unconscious imbalance of daily life towards the health risk factors that prevails.

Such an attitude towards health is extremely dangerous as leveling out health as a universal human value at a young age puts up questions of what negative change this trend may lead to in the future.

The author has found out that in spite of their realizing the risk factors that may affect their health in the future, the students are not prepared to become champions of healthy behavior by default. Hence the most important task for educational organizations in Russia is to build communication channels for organizing assistance and support for the students in their informal efforts of implementing healthy behavior into their daily lifestyle. Moreover, the need of an "external organizer" of healthy lifestyle that was found in the students speaks about a lack of social skills of "healthy behavior" in this social and demographic group. The research conducted

places to the foreground the urge of massively involving students into the development and fulfillment of social projects associated with healthy lifestyle directly in their home university environment.

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References

- Anderson, J.G. (2004). Consumers of e-health: Patterns of use and barriers. *Social Science Computer Review*, 22(2), 242–248.
- Beccaria, F., Guidoni, O.V. (2002). Young People in a Wet Culture: Functions and Patterns of Drinking. *Contemporary Drug Problems*, 29(2), 305-334.
- Bugge, A.B. (2010). Young people's school food styles. Naughty or nice? *YOUNG*, 18(2), 223-243.
- Bungay, H., Vella-Burrows, T. (2013). The effects of participating in creative activities on the health and well-being of children and young people: a rapid review of the literature. *Perspectives in Public Health*, 133(1): 44-52.
- Chiteji, N. (2010). Time Preference, Noncognitive Skills and Well Being across the Life Course: Do Noncognitive Skills Encourage Healthy Behavior? *American Economic Review*, 100(2), 200-204.
- Cocca, A., Liukkonen, J., Mayorga-Vega, D., Viciano-Ramírez, J. (2014). Health-Related Physical Activity Levels in Spanish Youth and Young Adults. *Perceptual and Motor Skills*, 118(1), 247-260.
- Coleman, J.S. (1988). Social capital in the creation of human capital. *American Journal of Sociology*, 94 (Supplement), 95-120.
- Coleman, J.S. (1994). Social capital, human capital, and investment in youth. In: Petersen, A.C., Mortimer, J.T. *Youth Unemployment and Society*, Cambridge: CUP, 34-50.
- Durkheim, E. (1893). The Division of Labor in Society. In: Jones, R.A. (1986). *Emile Durkheim: An Introduction to Four Major Works*. Beverly Hills, CA: Sage Publications, Inc., 24-59.
- Fullagar, S. (2002). Governing the Healthy Body: Discourses of Leisure and Lifestyle within Australian Health Policy. *Health*, 6(1), 69-84.

- Furstenberg, F.F.Jr., Hughes, M.E. (1995). Social Capital and Successful Development among At-Risk Youth. *Journal of Marriage and Family*, 57(3), 580-592.
- Gonzalez-Caballero, J-L., Almenara-Barrios, J., Lagares-Franco, C., Peralta-Sáez, J.-L., Chauvin, P., Amaddeo, P. (2014). Spanish students' use of the Internet for mental health information and support seeking. *Health Informatics Journal*, 22(2), 333-354.
- Griffiths, S.M. (2010). Leading a Healthy Lifestyle: The Challenges for China. *Asia Pacific Journal of Public Health*, 22(3), 110S-116S.
- Holland, J. (2009). Young people and social capital. Uses and abuses? *YOUNG*, 17(4): 331-350.
- Lewis, T. (2006). Seeking health information on the internet: lifestyle choice or bad attack of cyberchondria? *Media, Culture & Society*, 28(4), 521-539.
- Mannheim, K. (1946). *Diagnosis of Our Time*. New York: Oxford University Press.
- Merrill, R.M., Friedrichs, M., Larsen, L.D. (2002). Perceptions of Healthy Behaviors Versus Health Practices. *Health Promotion Practice*, 3(4), 497-500.
- Mirowsky, J., Ross, C.E. (2015). Education, Health, and the Default American Lifestyle. *Journal of Health and Social Behavior*, 56(3), 297-306.
- Morrow, V. (1999). Conceptualizing social capital in relation to the well-being of children and young people: a critical review. *The Sociological Review*, 47(4), 744-765.
- Nikitina, O. (2017a). "Social Distance" in Demographic Segments Aged 17-22 and 65 and Over: Sociology of the Problem - A Case Study of a Big City in Russia. *Man in India*, 97(16), 41-54.
- Nikitina, O.A. (2017b). Stereotyping of students' opinions about a healthy lifestyle. *Journal of Scientific Papers "Health and Education in the 21st Century"*, 19(10), 400-402.
- Rolando, S., Törrönen, J., Beccaria, F. (2014). Boundaries between Adult and Youth Drinking as Expressed by Young People in Italy and Finland. *YOUNG*, 22(3), 227-252.
- Samarin, A.V. Mekhrishvili, L.L. (2017). Health in the system of life values in student youth: results of sociological research. *International Journal of Research*, 01(55), Part 3, 151-154.
- Shavitt, Sh., Cho, Y.I., Johnson, T.P., Duo Jiang, Holbrook, A., Stavrakantonaki, M. (2016). Culture Moderates the Relation Between Perceived Stress, Social Support, and Mental and Physical Health. *Journal of Cross-Cultural Psychology*, 47(7), 956-980.

- Smith, A., Green, K., Roberts, K. (2004). Sports Participation and the 'Obesity/Health Crisis' Reflections on the Case of Young People in England. *International Review for the Sociology of Sport*, 39(4), 457-464.
- Supski, S., Lindsay, J. 'There's Something Wrong with You'. How Young People Choose Abstinence in a Heavy Drinking Culture. *YOUNG*, 25(4), 323-338.
- Tarman, B., & Dev, S. (2018). Editorial: Learning Transformation through Innovation and Sustainability in Educational Practices. *Research In Social Sciences And Technology*, 3(1), i-ii. Retrieved from <http://ressat.org/index.php/ressat/article/view/363>
- Tarman, B. (2017). Editorial: The Future of Social Sciences. *Research in Social Sciences and Technology*, 2(2). Retrieved from <http://ressat.org/index.php/ressat/article/view/329>
- Tarman, B , Chigisheva, O . (2017). Editorial for Special Issue: Transformation of Educational Policy, Theory and Practice in Post-Soviet Social Studies Education. *Journal of Social Studies Education Research*, 8 (2), i-iv. Retrieved from <http://dergipark.gov.tr/jsser/issue/32450/360860>
- Tarman, B. (2016). Innovation and education. *Research in Social Sciences and Technology*, 1(1), 77-97.
- Telama, R., Nupponen, H., Piéron, M. (2005). Physical activity among young people in the context of lifestyle. *European Physical Education Review*, 11(2), 115-137.
- Varkevisser, C.M. (1995). Women's health in changing world. Continuous challenge. *Tropical and Geographical Medicine*, 47(5), 186-192.
- Varlamova, S.N., Sedova, N.N. (2010). Healthy way of life - a step forward, two backward. *Sociological Research*, 4, 75-88.
- Weber, M. (1947). *The Theory of Social and Economic Organization*. NY: Oxford University Press.