

# Indices of youth behaviour in the sphere of reproductive health

## Wskaźniki zachowań młodzieży w sferze zdrowia rozrodczego

MARINA SURMACH

Chair of Public Health and Health Services, Grodno State Medical University, Grodno, Belarus

Czynniki behawioralne decydują o zdrowiu młodzieży. Jednak brak wypracowanej metodologii w badaniach nad zdrowiem rozrodczym. Celem pracy jest podział wskaźników zachowań młodzieży w sferze zdrowia rozrodczego. Analiza definicji wykazuje, że działania samozachowawcze i prozdrowotne to pojęcia synonimiczne. Te zachowania można rozpatrywać na poziomie indywidualnym, grupowym i społecznym. Orientacja działań samozachowawczych może być pozytywna lub negatywna. W przypadku negatywnym można mówić o zachowaniach ryzykownych, będących rodzajem dewiacji, choć zachowania te nie są tożsame. Zachowań ryzykownych nie można przeciwstawiać działaniom samozachowawczym: osoba może zachowywać się ryzykownie, jednocześnie dbając o własne zdrowie. Korelacje między zachowaniami pozytywnymi dla zdrowia są nieistotne. Wzorce zachowań negatywnych dla zdrowia są powiązane w większym stopniu. Działania samozachowawcze są przedmiotem badań medyczo-socjologicznych. Sądzimy, że badania nad samozachowawczymi działaniami młodzieży powinny uwzględniać następujące wskaźniki: Stosunek młodzieży do ochrony własnego zdrowia; Zachowania w relacji z korzystania z opieki medycznej; Wskaźniki tolerancji rodziny i związków małżeńskich; Cele reprodukcyjne i ich realizacja poprzez zachowania reprodukcyjne.

**Słowa kluczowe:** zachowania zdrowotne, zdrowie rozrodcze, młodzież, wskaźniki

Behavioural factors are the cores of teenage health. At the same time, the absence of the unified methodology is characteristic for research in the sphere of health behaviour. The work purpose is to allocate indicators of behaviour of youth in the field of reproductive health. The analysis of definitions shows that self-saving, health-saving, health behaviour can be considered as synonyms. This behaviour can be considered on the individual, group and public levels. The term "illness behaviour" is used less often. The orientation of self-saving behaviour can be positive or negative. In the case of negative orientation one can speak about risky behaviour. The risky behaviour can be considered as the version of deviant behaviour, however these terms are not synonyms. Risky and deviant behaviour cannot be opposed to self-saving behaviour: the person can make risky acts and undertake measures on health protection simultaneously. Besides, risky behaviours, as a rule, do not exist separately. Correlations between health-positive actions are insignificant. Health-negative behavioural patterns are interconnected to a higher degree. Self-saving behaviour is the subject of medical-sociological studies. In our opinion, the research of the self-saving behaviour of youth in the sphere of reproductive health can be carried by the following groups of indicators: The attitude of a teenager, to health-saving; Behaviour in the relation to use of medical care – medical activity; Indicators of family tolerance and matrimonial partnership; Reproductive objectives and their realization in reproductive behaviour.

**Key words:** health behaviour, reproductive health, youth, indices

© Hygeia Public Health 2012, 47(2): 169-173

www.h-ph.pl

Nadesłano: 26.04.2012

Zakwalifikowano do druku: 21.05.2012

**Adres do korespondencji / Address for correspondence**

Prof. Marina Surmach

Grodno State Medical University, Chair of Public Health and Health Services, Gorkogo str. 80, 230009 Grodno, Belarus

e-mail: marina\_surmach@mail.ru

### Introduction

In modern conditions it is impossible to research health without studying the behaviour in relation to health. However there is a number of methodological problems connected with the absence of the unified terminology, the absence of the unified toolkit in the research. The work purpose is to allocate indicators of behaviour of youth in the field of reproductive health.

### Analysis of definitions

The analysis of definitions shows that the term «self-saving behaviour» is a widely used one. Self-

saving behaviour is defined in the National Program of demographic safety of the Republic of Belarus as «The care of the person about own live and health», and its formation is defined as «The development in the population of the behavioural stereotypes promoting strengthening of health» [18]. This definition explains using the term "health-saving behaviour" as the synonym to the term "self-saving behaviour".

The dissertational research of T. N. Shushunova is devoted to problems of self-saving behaviour of students of Minsk. Author uses the following definition: «Self-saving behaviour is the behaviour ... which includes conscious actions of the individual on

preservation of health in biological, psychological and social relations» [25, p. 3]

Self-saving behaviour, by A. V. Reshetnikov, reflects the most typical and characteristic kinds, forms of behaviour of people in the field of protection, improvements of the individual and public health, depending on concrete social and economic, political conditions, and includes behaviour of separate persons, groups, the population as a whole, work of bodies and public health service establishments on the maintenance of the population with the preventive and medical help [21, p. 3].

An often used term is the behaviour connected with health (health behaviour). The most known definition of health behaviour belongs to S. Kasl and S. Kobb [7]. By this kind of the behaviour we understood any activity of the person directed towards preservation of health, prevention of illness or revealing an illness in the absence of clinical symptoms [13, p. 20].

The behaviour connected with illness (illness behaviour) is any activity of a person considering themselves sick, directed towards the search of suitable means for treatment and for achievement of recovery [13, p. 20].

D. Gohmen suggests to divide all kinds of behaviour connected with health into preventive and protective, united by a uniform preventive value [3].

The orientation of the behaviour connected with health can be both positive and negative. Positive orientation assumes the intent to keep and strengthen health, adequate medical activity, and corresponds with a healthy way of life. Negative orientation is lack of interest in health and its destruction. It can be expressed as in the realized actions (when health is used for the sake of other values), and in unrealized (because of insufficient knowledge) [15].

The negative self-saving behaviour lays in the sphere of risky behaviour. Risky and deviant behaviour are interconnected, but these terms are not synonyms from the classical point of view. Deviant behaviour is the behaviour which causes the disapproval of public opinion. The term «deviance» designates the characteristics which is out of social standard [17].

Academician A. V. Reshetnikov divides all the variety of forms of deviant behaviour into three groups: actually deviant, delinquent and criminal. Deviant behaviour means any acts or the actions defying written or unwritten norms. The control of deviant behaviour in the majority of societies is asymmetrical: deviations in the bad party are condemned, in good – are approved. Characteristic line of deviant behaviour is the cultural relativism. The social norm accepted either by a society, or the

legislation, – is an especially relative phenomenon. The same act in one society can be considered positive, in other – a social pathology. Criteria of deviations vary in time even within the limits of the same culture [22].

### **Methodological and research peculiarities of behaviour connected with health**

If we should research the risky behaviour we should say, that risky and deviant behaviour are not opposed to self-saving behaviour, because of the person can make risky acts and undertake measures of health protection simultaneously [24].

It is known also that correlations between health-positive actions are insignificant whereas health-negative behavioural factors are interconnected to a higher degree [12]. This fact has been noted by the well-known researcher of behaviour in the sphere of health D. Mechanik [8]. For example, the strong connection between teenage smoking and alcohol use has been established [14]. According to the theory of cumulative behaviour, the use of alcohol and tobacco are only the symptoms of a more general problem shown later by diverse kinds of destructive behaviour, including violence, suicide tendencies, illicit sex [4].

Principal kinds of risky behaviour among the Belarussian youth environment nowadays are the use of psychoactive substances and unsafe sexual behaviour [23]. Correlation between the use of alcohol and unsafe sexual behaviour of youth is underlined also by foreign researchers [2, 9].

E. A. Koshkina, N. I. Pavlovskaja, S. G. Konovalova investigated the risk factors connected with dangerous sexual behaviour among alcohol consumers in the youth environment [20]. A questionnaire of key informants, supervision in night clubs, discussions in focus groups were used. Such aspects of value judgment by respondents of risky sexual behaviour as the reasons of alcohol use before sexual relations, the expectations connected with it, the understanding of safe sex, possible measures of preventive maintenance were studied. It has been established that the youth take alcohol before sex mainly for the purpose of pressure removal, for improvement of communication skills, «for relaxation»; quite often – to muffle shame and to lower the feeling of responsibility; to augment sensations and to raise sexual excitation; for maintenance of self-affirmation. On the whole, for the enhancement of pleasure from sexual relations. It is characteristic that many of the specified expectations are not justified. Nevertheless, the youth mark the presence of a certain „ritual” template of alcohol-sexual behaviour: the obligatory use of alcohol before sex. The alcohol use often raises aggression which is

the reason of various behavioural deviations, including sexual (namely: refusal of protection, group sex, casual sexual communications, commercial sex, sexual violence, the use of drugs connected with sex).

We can see that separate kinds of risky behaviour do not exist separately, as a rule. Perspective direction in the forecast of risky behaviour is the prediction of its total intensity, but not of orientations of separate actions [24].

I. V. Levitskaja has defined the concept of «deviance» in her dissertational work as «the immanent property of the social subject, the phenomenon or the process, characterising the probability of occurrence of certain social forms and behaviour of not standard type; the potential of deviance reflects the presence of factors, reasons and conditions promoting occurrence of concrete forms of deviant behaviour» [16, p. 12].

I. V. Zhuravlyova underlines that the standard approaches to research and estimation and also the development of ways of influence on the behaviour in health sphere are reduced to research of the reasons of unhealthy behaviour and development of strategy towards its change [13]. Possibly, it is connected with the fact that until now it has not been possible to find any easily identified positive orientation to health which could represent itself as a basis for stimulation of efforts on health maintenance. In the social psychology some corresponding theoretical models have been developed. Among them: the model of belief in the advantage of health, the model of parallel reactions, the model of stages of self-changes of behaviour, the theory of the proved actions, as well as a number of others.

According to our opinion, the theory of the proved actions deserves special attention in modern conditions and with reference to teenagers and youth. The theory proves that direct determinants of behaviour include various interactions. Opinions or belief act as behavioural variables, through them external parameters (norms, attitudes, socially-demographic factors) influence behaviour. The behaviour, according to the given theory, is defined by attitudes and subjective norm. Attitude (relation) is own opinion of the individual on possible consequences of behaviour and an estimation (positive or negative) of results of such behaviour. The subjective norm is an opinion about possible reaction of other people on similar behaviour and personal motivation of conformity to such expectations [1].

Until now it has not been possible to find any easily identified positive orientation to health which could represent itself as a basis for stimulation of efforts on health maintenance. Therefore working out of the area not previously studied till now – antibrave, or vital behavior, – is perspective. The vital behaviour

represents the system of actions and the relations mediating health and life expectancy of the patient. The value of health lies in the sphere of studies on antibrave behaviour. [11, p. 11].

The conclusions of the well-known researcher in that sphere, David Mechanik, speak about the influence of culture on the behaviour in the field of health. He asserted that patterns of behaviour in the field of health are part of the vital style characterizing ability of the person to expect a problem and to actively overcome it. The behaviour connected with health is a part of such patterns reflecting social values and an inclusiveness of the person in the culture of a given community [8]. As I. V. Zhuravlyova writes, the culture forms the base for formation of social norms, patterns, and it provides translation of these formations through various information channels or social institutions: system of training, mass media, a family etc. [13, p. 104].

J. Ivanevich and M. Mateson also consider the behaviour connected with health as elements of patterns of vital style, but stress the sensibleness of decisions accepted by the individual. Decisions are subdivided in connection with health by criterion of health-responsibility of the person. The public health services are considered as one of health resources [6].

The influence of the culture on the self-saving behaviour is illustrated brightly also by results of the research under the guidance of I. V. Zhuravlyova among Russians and Finns. I. V. Zhuravlyova writes: «Model of self-saving behaviour of Russians: health deterioration – fear of disease – the information from physicians, i.e. the Russian starts to care about health after he had been ill or trying to prevent an illness the doctor spoke about. Other model of self-saving behaviour at Finns: the information from physicians – family traditions – medical data from mass media. Differently, activities of doctors form the relation to health, which becomes a part of family traditions. It is supported by constant popularization of medical data through mass media» [13, p. 147].

As K. Hildt-Ciupinska writes, among adult Poles (men and women) dominate two ways of care about health which can be designated as «medical behaviour» and «health-saving (“prozdrowotne”) behaviour». The first type of behaviour is connected with the use of services of medical care (for example, visits to the doctor, control examinations, preventive inspections). Such way of care about health is used by people of advanced age, with the worst state of health. The second type means various forms of health-saving (a balanced diet, physical activity, various ways to fight stress). This type of behaviour is characteristic for young, educated people, in a good financial situation [5].

## Specificity of reproductive health of youth

The sphere of reproductive health possesses a high specificity reflected in the techniques of research.

Much attention for behavioural factors of health of teenagers in the sphere of reproductive health is given in the studies of professor I. V. Zhuravlyova. At an estimation of behaviour of teenagers concerning their health, professor I. V. Zhuravlyova defined [12, 13]: the self-estimation of own health by teenagers; medical knowledge (knowledge about diseases, about harmful consequences of some habits for health, about risk factors of some diseases, about skills of first-aid treatment); the attitude of teenagers to health as to a vital value; ecological attitudes of teenagers; prevalence of deviant behaviour (smoking, use of alcohol and drugs, risky sexual behaviour).

Studying self-saving behaviour of studying youth of Kazan, M. J. Abrosimova and L. V. Muhamedrahimova estimated a standard of living of families in which teenagers are brought up, participation of parents in formation of self-saving skills of the child, prevalence of the use of alcohol and smoking in families, value judgment of health by teenagers, their relation to health as to vital value, understanding the harm for health of those or other risk factors (bad habits, heredity, the ecological factor etc.), observance of a mode of day and balanced diet principles, prevalence of the use of psychoactive substances [10].

To estimate the self-saving behaviour in the field of reproductive health of young girls living in Nizhni Novgorod, T. V. Pozdeeva investigated the reasons of the beginning of intimate relations and their correlation with child-bearing, a self-estimation by the teenager of the medical knowledge, reproductive objectives and reproductive behaviour (abortions, level of knowledge) [19].

## Conclusions

The self-saving behaviour of youth is mostly a medical-sociological subject of study. Generalising the experience of the earlier research, and also having carried out the analysis of own research results, we have allocated five groups of indicators of youth behaviour in the sphere of reproductive health, which should be included in the questionnaire for research of reproductive health of teenagers. These indicators are the following:

1. the attitudes of teenagers, young girls or boys, to health-saving;
2. medical knowledge of the person;
3. behaviour in the relation to the use of medical care – medical activity;
4. indicators of family tolerance and matrimonial partnership;
5. reproductive objectives and their realization in reproductive behaviour.

## Piśmiennictwo / References

1. Ajzen I, Fishbein M. Understanding attitudes and predicting social behavior. Engelwood Cliffs, Prentice-Hall 1980.
2. Pedersen ER, Lee CM, Larimer ME, Neighbors C. Gender and dating relationship status moderate the association between alcohol use and sex-related alcohol expectancies. *Addict Behav* 2009, 34(9): 786-789.
3. Gochman DS. Health behavior: Plural perspectives. [in:] *Health Behavior. Emerging Research Perspectives.* Gochman D (ed). Plenum, NY 1988: 3-17.
4. Hanna EZ, Yi HY, Dufour MC, Whitmore CC. The relationship of early-onset regular smoking to alcohol use, depression, illicit drug use, and other risky behaviors during early adolescence: results from the youth supplement to the third national health and nutrition examination survey. *J Subst Abuse* 2001, 13(3): 265-282.
5. Hildt-Ciupinska K. Skala pozytywnych zachowań zdrowotnych dla kobiet. *Probl Hig Epidemiol* 2009, 90(2): 185-190.
6. Ivanevich Y, Matteson M. Promoting the individual's health and well-being. Causes, coping and consequences of street at work. Chichester 1989: 267-299.
7. Kasl S, Cobb S. Health behavior, illness behavior, and sick-role behavior. *Arch Environ Health* 1966, 12, 2: 246-266.
8. Mechanic D. The stability of health and illness behavior: Results from a sixteen-year follow-up. *Am J Publ Health* 1979, 69: 1142-1145.
9. Westwood J, Mullan B. Young people and sexual risk-taking behavior in Central England. *Sex Health* 2009, 6(2): 135-138.
10. Абросимова МЮ, Мухамедрахимова ЛВ. Само-сохранительное поведение учащейся молодёжи. *Бюлл. НИИ соц. гигиены, экономики и управления здр-ем им. Семашко* 2003, 7: 73-76.
11. Ефименко СА. Риски и рисковое поведение пациентов в сфере здоровья. *Социология медицины* 2007: 7-12.
12. Журавлёва ИВ. Здоровье подростков: социологический анализ. *Издательство Института социологии РАН*, 2002: 240.
13. Журавлёва ИВ. Отношение к здоровью индивида и общества. *Ин-т социол РАН М Наука* 2006: 238.
14. Кислицина ОА. Социально-экономические факторы, детерминирующие приобщение российских подростков к потреблению психоактивных веществ. *Интернет-конференция «Дети и Молодежь».* Федеральный образовательный портал „Экономика. Социология. Менеджмент”, Государственный университет – Высшая школа экономики, лаборатория гендерных проблем Института социально-экономических проблем народонаселения РАН, Исследовательский комитет «Социология здоровья и здравоохранения» Российского общества социологов (РОС), Институт социологии РАН, Москва 01.03-04.04.2010. <http://www.ecsocman.edu.ru> (01.04.2010).

15. Ковалёва АА. Самосохранительное поведение в системе факторов, оказывающих влияние на состояние здоровья. *Журнал социологии и социальной антропологии* 2008, XI, 2: 179-191.
16. Левицкая ИВ. Социологическое измерение потенциала девиантности: теоретико-методологический аспект: автореф. ...дис. кандидата социол наук. БГУ, Минск 2009: 24.
17. Левицкая ИВ. К вопросу о понятийном аппарате девиантологии. *Методологія, теорія та практика соціологічного аналізу сучасного суспільства: Збірник наукових праць.* – Харків: Видавничий центр Харківського національного університету, Харків 2005: 220-224.
18. Национальная программа демографической безопасности Республики Беларусь на 2007-2010 гг. Указ Президента Республики Беларусь №135 от 26.03.2007.
19. Поздеева ТВ. Оценка и формирование самосохранительного поведения как инструмент профилактики репродуктивного здоровья. *Проблемы городского здравоохранения. Выпуск 11: Сборник научных трудов. НИ Вишнякова. Петербург, 2006: 294-296.*
20. Кошкина ЕА, Павловская НИ, Коновалова СГ, Кошкин АВ. Профилактические аспекты наркологии. Факторы риска, связанные с опасным сексуальным поведением, среди потребителей алкоголя в молодёжной среде. *Вопросы наркологии* 2004, 2: 60-67.
21. Решетников АВ. Институциональные изменения социокультурного паттерна здоровья и болезни. *Социология медицины* 2005, 2: 3-25.
22. Решетников АВ. Социологическая теория формирования личности в обществе. *Социология медицины* 2004, 2: 3-11.
23. Ростовцев ВН. Поведенческие риски и нравственные ценности. *Белорусский медицинский журнал* 2005, 1: 81-82.
24. Фролова ЮГ. Перспективы исследований рискованного поведения в психологии здоровья. *Психосоциальная адаптация в трансформирующемся обществе: проблемы и перспективы: материалы II Международной научной конференции. 26 октября 2007 г., Минск / редкол. ИА Фурманов и др. Центр БГУ, Минск 2007: 249-250.*
25. Шушунова ТН. Самосохранительное поведение студенческой молодёжи: социологический анализ (на примере минских вузов): автореф. ...дисс. кандидата социологич. наук: 22.00.03. Институт социологии НАН Беларуси, Минск 2009: 23.