

Indicators of life quality related to reproductive health in 15-18-year-old teenagers of Belarus

Wskaźniki jakości życia związane ze zdrowiem reprodukcyjnym 15-18-latków z Białorusi

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Wstęp. Studiowanie jakości życia związanej ze zdrowiem (QL-RH) uważana jest w praktyce pediatrycznej za jeden z priorytetowych kierunków, a wyniki są zalecane do stosowania w długoterminowych programach rządowych mających na celu poprawę stanu zdrowia młodzieży. Pomimo iż Białoruś dołączyła do realizowania zaleceń WHO odnoszących się do otwarcia usług „przyjazny dla nastolatków i młodzieży”, to praktycznie natychmiast po jej zatwierdzeniu pojawił się problem braku technik oszacowania efektywności nowych usług w oparciu o QL-RH.

Cel badań. Opracowanie i zaadoptowanie „techniki oszacowania jakości życia związanej ze zdrowiem reprodukcyjnym (QL-RRH) w odniesieniu do 15-18-latków z Białorusi – dla uzyskania wskaźników zdrowia populacji.

Materiał i metody. Według przyjętej metodologii badaniami objęto 949 15-18-latków, w tym 463 dziewcząt i 486 chłopców. Zebrane za pomocą kwestionariusza ankiety wyniki badań zostały wstępnie przeanalizowane, co pozwoliło na ustalenie wartości poszczególnych czynników i ich wpływu na QL-RRH.

Wyniki. Stwierdzono, że do wymagających pilnej korekty, zarówno wśród chłopców jak i dziewcząt, należą umiejętności medyczno-higieniczne oraz jakość opieki medycznej. W obu wspomnianych obszarach poziom wskaźnika QL-RRH był średni. Dlatego konieczne jest podnoszenie wśród młodzieży umiejętności medyczno-higienicznych, szczególnie w obszarze zdrowia reprodukcyjnego (konsultacje specjalistów, dostępność informacji na temat porad medycznych, dostępność opieki medycznej, aktualności). Dla dziewczyn, konieczne jest dodatkowo szkolenie na temat jakości żywienia i koniecznej aktywności fizycznej, a także ich włączenie do aktywnego wypoczynku w szkołach, uczelniach. Konieczna jest zapewnienie konsultacji psychologicznych dla nastolatków, przy tym tego rodzaju działalność powinna być monitorowana (kontrola).

Wnioski. Potwierdzono ważność przyjętej techniki badawczej. Stwierdzone czynniki społeczne wpływające na QL-RRH świadczą o tym, że prognoza jest optymalna.

Słowa kluczowe: jakość życia, zdrowie reprodukcyjne, nastolatki

Introduction. Studying life quality related to health (QL-RH) is considered in pediatric practice as one of priority directions, and the results are recommended for use in long-term government programs on the improvement of health of youth. Despite the fact that Belarus has joined the WHO program of services “friendly to teenagers and youth”, practically immediately after it was approved, the question about the lack of techniques for an estimation of new services efficiency on the basis of QL-RH appeared.

Aim. To develop and approve “The technique of estimation of life quality related to reproductive health (QL-RRH) in 15-18-year-old teenagers of Belarus”, to receive the population indicators.

Material & methods. The approbation of the methodology was done according to a population survey (N=949, 463 girls and 486 boys). The questionnaire data were preliminarily processed and that allowed to establish the value of each factor and their influence on other components of QL-RRH.

Results. The results testify that in the spheres demanding urgent correction, both in boys and in girls it is necessary to carry on medical-hygienic literacy and medical care activity. In both specified components the level of the factor of QL-RRH is average. Therefore it is necessary to carry on the medical-hygienic training of teenagers, especially in the area of reproductive health (consultations of specialists, availability of information about medical services). For girls it is necessary to add the information about proper nutrition, physical activity, and also to involve them in active leisure at schools, colleges. It is necessary to carry on accessible psychological consultations for teenagers (with a monitoring mode).

Conclusions. The results allow to confirm the technique validity. The social factors influencing QL-RRH testify that the forecast is optimum.

Key words: life quality, reproductive health, teenagers

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Introduction

Improving the health of teenagers is a problem of state importance in Belarus [1, 2]. Belarus has joined the WHO program of services designated as “friendly to teenagers and youth”, practically at once after it was approved. The principles of such services were developed in Geneva in 2001 [3].

The question about the lack of techniques for an estimation of efficiency of new services has appeared. According to modern requirements for the estimation of efficiency of activity in public health services, it is necessary to start with a priority of quality indicators (health indicators). Thereupon it is necessary to consider the specificity of teen age – high importance of behavioral factors, factors of reproductive health, psychological factors. Besides, modern approaches to health estimation include the analysis of data about social factors of risk and about the quality of life related to health [4, 5]. Studying the quality of life and its interrelation with a state of health is considered in pediatric practice as one of priority directions, and the study results have been recommended for use in long-term government programs on the improvement of health of young generation [6, 7].

Aim

On the basis of the analysis of requirements for studying and estimation of life quality related to health, we have developed a technique of an estimation of life quality related to reproductive health in 15-18-year-old teenagers of Belarus and have got the population indicators.

Material and methods

The approbation of the methodology was done according to a population survey (N=949, 463 girls and 486 young men) [8]. For the approbation of technique the questionnaire materials were preliminarily processed by STATISTICA 10, which allowed us to establish peculiarities of interference of separate components of quality of life related to reproductive health. The factors regulated by behavior of the teenager were allocated among dependent components of quality of life. The influence of social factors was considered in the technology of estimation and calculation. The value of each factor and their influence on other components were taken into account by working out of the procedure of an estimation.

Developed by us “The technique of an estimation of life quality related to reproductive health (QL-RRH) in 15-18-year-old teenagers of Belarus” includes four stages. The choice of a manual and electronic (all stages are automated) variant is possible.

At the first stage the teenager fills the questionnaire. This process occurs in the conditions of confidentiality and goodwill. At the second stage the calculation and estimation of the level of each factor is carried out. Eleven factors of QL-RRH are allocated, namely: self-estimation of health (F1), self-estimation of knowledge about reproductive health (F2), self-estimation of full value of nutrition (F3), physical activity (F4), duration of night sleep (F5), risk of use of psychoactive substances (F6), risk of dangerous sexual behaviors (F7), risk of psychological crisis conditions (F8), self-estimation of possibility of social realization and creation of a high-grade family (F9), an estimation of medical care activity and availability of medical services in the field of reproductive health (F10), social factors influencing life quality related to reproductive health (F11). The third stage consists of calculation and an estimation of a degree of life quality related to reproductive health (QL-RRH). At the fourth stage the conclusion is formulated. It includes an estimation of QL-RRH, an estimation of the level of each factor, the form of correction for each factor, concrete recommendations, the forecast of efficiency of recommendations with the account of social risk factors (it is impossible to optimize these factors by medical-organizational measures).

The form of correcting actions depends on the results of an estimation of a factor level. They can be warning, planned, urgent and emergency. The maintenance of correcting actions is defined by the factor to which the correction is applied.

The data obtained at approbation of techniques allowed to define the population parameters of life quality related to reproductive health in 15-18-year-old teenagers of Belarus. For the substantiation of population indicators, average individual points (as arithmetic mean), average individual indexes, the average index of QL-RRH are determined. The results of an estimation had gender specificity, so the conclusion is given separately for boys and girls.

Results

The results of calculation and estimation of the level of each factor in the population of Belarusian teenagers were as follows:

Self-estimation of health (F1)

The majority of teenagers self-estimated health as “good” (4 points at an estimation on a 5-point system). The distribution of answers appeared as follows: “bad” (1 point) – 2.3%; “satisfactory” (2 points) – 17.8%; “closer to good” (3 points) – 21.2%; “good” (4 points) – 40%; “excellent” (5 points) – 18%. Less than 1% of the teenagers did not answer the question on health self-estimation. Thus the average estimation in boys

made 3.76 ± 0.046 points, in girls – 3.3 ± 0.049 points (distinctions are significant, $t=6.8$, $p<0.0001$). The individual average value of the factor made 7 points in boys, 5 points in girls. The average factor index was 70 in boys (above the average), 50 in girls (average).

Self-estimation of knowledge about reproductive health (F2)

To the question whether the teenager knew what reproductive health was, almost half of the teenagers (48%) answered “yes” (41.6% boys and 50.8% girls, $\chi^2=2.98$, $p=0.08$); 25.8% of teenagers specified they did not know what reproductive health was (29.2% of boys and 22.2% of girls, $\chi^2=0.18$, $p=0.66$), 28.8% are unsure of their knowledge.

The knowledge about reproductive health was considered sufficient by 29.1% of the teenagers (26.1% boys and 32.2% girls, $\chi^2=2.31$, $p=0.12$), insufficient by 22% (24.3% of boys and 19.7% of girls). Every third teenager (34% of boys and 32.4% of girls) was at a loss to estimate the knowledge about reproductive health.

The individual average value of the factor made 7 points in boys, 9 points in girls. An average factor index was 58.3 in boys (average), 75 in girls (above the average).

Self-estimation of full value of nutrition (F3)

At self-estimation of full value of nutrition it was established that about 1.5% of the teenagers (0.8% boys and 1.9% girls) estimated it as “bad”, 12.2% (7.4% of boys and 17.3% of girls) as “satisfactory” (fig. 1). As a whole, the share of girls estimating nutrition on low points, appeared above the proportion of boys in 2.34 times. The condition of their food “is closer to good” (3 points on a 5-point system) was indicated by 13.8% of boys and 21.6% of girls. Estimation of nutrition was “good” in 42% of boys and in 38.9% of girls. Nutrition was “excellent” for 35.8% of boys and 19.9% of girls ($\chi^2=16.9$, $p=0.00001$). The average value of self-estimation of nutrition (on a 5-point system) was in boys 4.05 ± 0.042 , in girls – 3.58 ± 0.049 points ($t=7.2$, $p<0.0001$).

The individual average value of the factor made 6 points in boys, 4 points in girls. The average factor index was 75 in boys (above the average), 50 at girls (average).

Physical activity (F4)

It is possible to judge physical activity of teenagers by the frequency of physical training. This activity, according to the teenagers’ answers, was done: “daily” – 23.6%, “frequently” – 37.4%, “sometimes” – 36.4%, “never” – 2.2%.

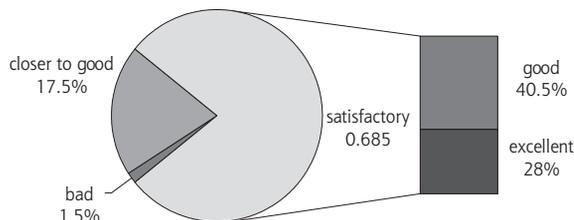


Fig. 1. Self-estimation of full value of nutrition by teenagers

About 31.07% of boys and 16% of girls ($\chi^2=18.5$, $p=0.00001$) were engaged in physical training “daily”, 43.4% of boys and 31.1% of girls ($\chi^2=7.02$, $p=0.008$) “frequently”, 24.07% of boys and 42.3% of girls ($\chi^2=30.4$, $p=0.00001$) “sometimes”, 1% of boys and 3.5% of girls ($\chi^2=6.17$, $p=0.01$) “never”. The average individual value of factor made 8 points in boys, 5 points in girls. The average index of factor was 89 in boys (high), 56 in girls (average).

Duration of night sleep (F5)

The night sleep of 4.0% of teenagers lasted 5 hours and less a day, 12.2% – 6 hours, 26.2% – 7 hours, 28.9% – 8 hours, 14.1% – 9 hours. About 14.0% of the teenagers specified they slept 10 hours per day and more (fig. 2). The average duration of night sleep in boys made 7.86 hours, in girls – 7.77 hours ($F=0.336$, $t=0.9$, $p=0.37$).

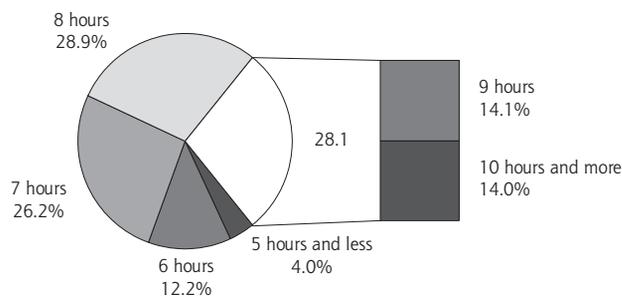


Fig. 2. Duration of night sleep of Belarusian teenagers

The average individual value of the factor was 8 points (the same for boys and girls). The average index of the factor equaled 80 (high).

Risk of use of psychoactive substances (F6)

Almost every fifth (19.5%) teenager specified smoking cigarettes (22.0% of boys and 16.8% of girls, $\chi^2=2.72$, $p=0.098$). The greatest quantity of cigarettes smoked per day, according to the answers, was 25. More often the teenagers smoked from 2 to 5 (34.0% of smoking teenagers), or 10-15 (20.5% of smoking teenagers) cigarettes a day.

To the question “Have you ever willingly used alcoholic drinks?” 70.8% of the teenagers answered “yes” (67.1% of boys and 74.7% of girls, $\chi^2=1.15$,

$p=0.28$), 1.4% of the teenagers did not answer the question. The condition of alcoholic intoxication was experienced by half (50.6%) of the interrogated. Alcohol drinks of less than 20% proof were not used by 28.9% of the teenagers (31.07% of boys and 26.6% of girls ($\chi^2=1.29$, $p=0.3$)). About 4.0% of the teenagers (4.5% of boys and 3.5% of girls) used these drinks once a week and more often, others sometimes in a month – 18.4% (21.6% of boys and 15.1% of girls), sometimes in half a year – 21.1% (19.7% of boys and 22.5% of girls, $\chi^2=0.7$, $p=0.4$), one time in half a year or more rarely – 23.3% (19.7% of boys and 27.0% of girls, $\chi^2=4.33$, $p=0.037$; fig. 3).

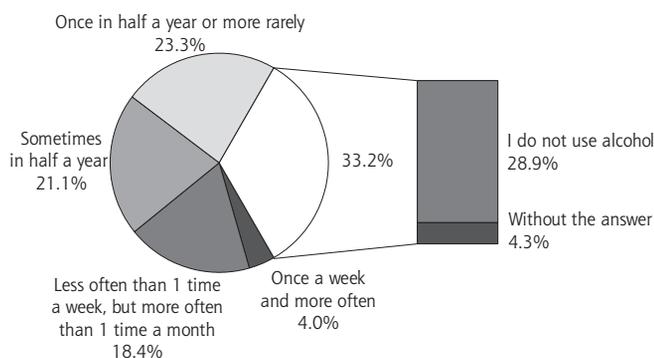


Fig. 3. Use of alcoholic drinks of less than 20% proof by teenagers

Strong (more than 20% proof) alcoholic drinks were not used by 46.7% of boys and 46.0% of girls. Sometimes in a week they were used by about 1.6% of boys and 1.08% of girls, sometimes in a month by 8.85% of boys and 4.5% of girls ($\chi^2=6.1$, $p=0.01$), sometimes in half a year by 13.6% of boys and 11.4% of girls, one time in half a year or more rarely by 18.1% of boys and 20.7% of girls.

Almost 16.1% of the teenagers (17.9% of boys and 14.3% of girls, $\chi^2=1.7$, $p=0.2$) answered that they tried using narcotic substances. Drugs were tried by 7.4% of boys and 3.5% of girls ($\chi^2=6.4$, $p=0.01$), about 5.5% of the sample.

The average individual value of the factor made 15.5 points both in boys and girls. The average index of the factor equaled 76 (high).

Risk of dangerous sexual behaviors (F7)

About 31.2% of the teenagers confirmed having the experience of sexual relations (39.09% of boys and 22.9% of girls, $\chi^2=15.3$, $p=0.0001$). Approximately 17.0% did not use contraceptives.

To the question «Were you (your girlfriend) ever pregnant?» 1.8% of the teenagers answered “yes”. In 53.0% the pregnancy ended with delivery, in 29.4% with abortion, in 17.6% with miscarriage.

About 8.7% answered “yes” to the question about casual sexual relations.

The average individual factor made 13 points in boys, 14 points in girls. The average index of factor was 87 in boys (high), 93 in girls (high).

Risk of development of psychological crisis conditions (F8)

The frequency of quarrels with associates, negative and positive emotions, bad and good mood characterizes mental health of teenagers, their emotional background (fig. 4).

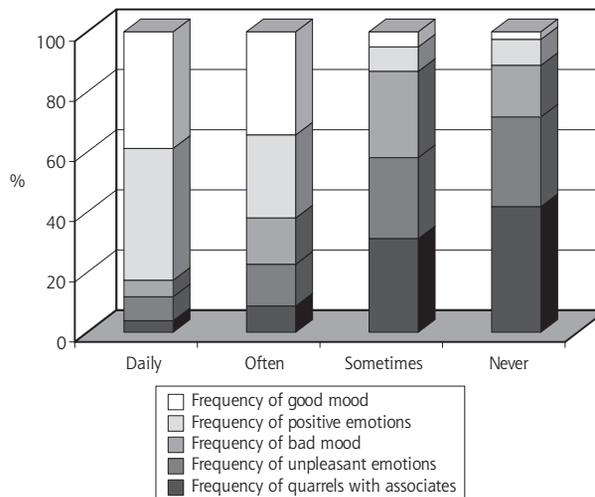


Fig. 4. Emotional background of Belarusian teenagers

Fig. 4 visually represents a positive emotional background of teenagers: the most parts of the “daily” and “often” columns are filled with good mood and positive emotions.

About 3.1% of the teenagers daily quarreled with associates (2.7% of boys and 3.7% of girls), 13.4% – frequently (10.08% and 16.8% accordingly, $\chi^2=7.15$, $p=0.0075$); 11.2% of the teenagers (15.0% of boys and 8.9% of girls, $\chi^2=11.17$, $p=0.0008$) never quarreled with associates.

Approximately 6.4% (3.9% of boys and 9.5% of girls, $\chi^2=10.5$, $p=0.0012$) experienced unpleasant emotions daily, 21.4% – frequently (17.08% of boys and 25.9% of girls, $\chi^2=6.76$, $p=0.0093$); 8% of the teenagers never experienced unpleasant emotions (10.5% of boys and 5.4% of girls, $\chi^2=7.13$, $p=0.0076$).

Nearly 4.6% of the teenagers never were in a bad mood (6.17% of boys and 3% of girls, $\chi^2=4.85$, $p=0.0276$); 4.1% of boys and 4.8% of girls were in a bad mood daily, 23.7% (17.08% of boys and 30.7% of girls, $\chi^2=14.9$, $p=0.0001$) – frequently.

Thus, girls experienced bad mood and negative emotions a little more often, quarreled with associates more often in comparison with boys.

At the same time, 34.15% of boys and 36.5% of girls ($\chi^2=0.27$, $p=0.6$) daily experienced positive

emotions. About 42.5% of the teenagers answered they often experienced positive emotions, 18.8% – sometimes, about 2.3% – never.

Near 39.7% of boys and 45.36% of girls ($\chi^2=1.25$, $p=0.26$) reported being frequently in a good mood, 34% of boys and 28.3% of girls ($\chi^2=1.86$, $p=0.17$) daily.

Despite a positive emotional background as a whole, almost every fifth (18.8%) teenager faced a situation when he/she was ready to commit suicide because of despair. Thus gender distinctions were significant: the presence of a crisis situation was specified by 8.8% of boys and 29.16% of girls ($\chi^2=44.05$, $p=0.0001$).

The average individual value of the factor made 18 points in boys, 15 points in girls. The average index was 86 in boys (high), 71 in girls (above the average).

Self-estimation of possibility of social realization and creation of a high-grade family (F9)

To the question «In your opinion, how many children will you have in your family?» the answers were distributed from «0» (3.9% of the interrogated) to «6» (0.1%). The majority of teenagers (61.8%) answered «2 children», every fifth – «1 child». The average value made 1.88 ± 0.7 (M±SD) children. The analysis of answers to the question «Which number of children in a family is ideal» showed that for 76.3% it was 2 and fewer children. The average value made 2.17 ± 0.83 (M±SD) children. The structure of reproductive objectives of teenagers is presented in the table I.

The discrepancy of reproductive objectives in ideal and planned number of children in a family is observed in the answers of 35.8% of the teenagers.

The majority (88.3%) of the respondents considered that they would have a possibility to have a high-grade family; every tenth was unsure.

Near 68.7% of the teenagers positively estimated the possibility of realization of vital plans; 29.0%

were at a loss to answer; 2.0% answered negatively. The principal causes of uncertainty were “features of character”, “financial position”; less often the teenagers specified a feeling of a barrier from parents. As a whole, the barrier presence in realization of vital plans was marked by 30.7% of the teenagers.

The individual average value of the factor made 6 points both in boys and girls. The average index of the factor equaled 86 (high).

Estimation of medical care activity aid and its availability in the field of reproductive health (F10)

The question “Did you have meetings with doctors: the gynecologist (the surgeon, the urologist) organized at school”, was positively answered by 49.6% of the teenagers.

About 35.7% of the interrogated (20.1% of boys and 52.05% of girls, $\chi^2=50.13$, $p=0.0001$) had ever visited the gynecologist or the urologist independently.

Approximately 9.0% of the teenagers (7.4% of boys and 10.6% of girls, $\chi^2=2.45$, $p=0.12$) marked the presence of “problems of medical character related to sexual sphere”.

Preventive examination of reproductive system (the gynecologist, the surgeon) was absent in 50.9% of the interrogated.

The procedure consisted only of the examination of reproductive system in 36.0%, of «examination by the doctor and answers to the doctor’s questions» in 32.0%, included «examination by the doctor, answers to the doctor’s questions and conversation about prevention» in 15.0%. Almost every tenth teenager specified that routine inspection by the gynecologist (the surgeon, the urologist) consisted of «only answers to the doctor’s questions».

Only 11.3% of the teenagers (11.9% of boys and 10.6% of girls) seek medical care immediately after the problem occurrence. The majority (48.7%, 44.2% of boys and 53.3% of girls, $\chi^2=2.72$, $p=0.099$) see the doctor when feeling ill for several days; almost a quarter – only in case of a serious illness (24.4%, 26.1% of boys and 22.7% of girls, $\chi^2=0.93$, $p=0.33$). About 7.5% of the teenagers seek medical aid only when the doctor’s note excusing absence from work (study) is necessary. Almost 5.6% do not visit the doctor of their own initiative but undergo only obligatory dispensary inspections. Almost 1.2% never consult a doctor.

31.07% of boys and 46.2% of girls were informed about the possibility of receiving medical care in the Centers of friendship to the teenager ($\chi^2=10.22$, $p=0.0014$). 1.6% of boys and 4.8% of girls ($\chi^2=7.01$, $p=0.008$) visited one of such Centers. The reason of most visits is to have a consultation or to pass routine

Table I. Planned and ideal number of children, answers of 15-18 year-old teenagers

Reproductive objective, number of children	Planned number of children		Ideal number of children	
	n	%	n	%
0	36	3.8	15	1.6
1	190	20.0	83	8.7
2	566	59.6	604	63.6
3	101	10.6	191	20.1
4	14	1.5	13	1.4
5	8	.8	10	1.1
6	1	.1	0	0
8	0	0	2	0.2
10	0	0	2	0.2
Total	916	96.5	920	96.9
Passed	33	3.5	29	3.1
In all	949	100.0	949	100.0

inspection, more rarely – to pass inspection and get treatment. In individual answers the consultation in the medical Center was caused by a possible pregnancy.

The average individual value of the factor made 12 points in boys, 13 points in girls. The average index of factor was 60 in boys (average), 65 in girls (above the average).

Social factors influencing life quality related to reproductive health (F11)

The majority of teenagers, according to answers, are brought up in full families (fig. 5). The second place is occupied by an incomplete family “with mother”. About equal shares of teenagers are brought up in incomplete families “with father”, “with grandmother/grandfather”, hardly more answers “with mother and stepfather”. Among other forms of families named by the teenagers were such as “partly with mother, partly with father”, “with father and grandmother”, “with the guardian”, and also with other relatives (“with brother”, “with aunt”, “with a family of sister’s). Individual answers – “orphan”.

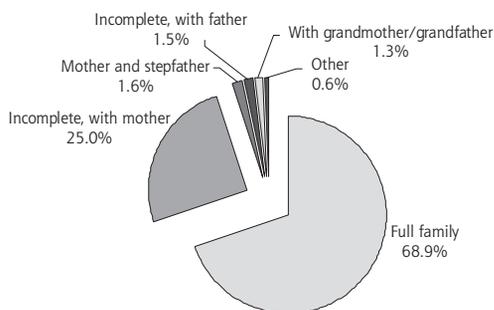


Fig. 5. Structure of families in which teenagers are brought up

The results of the analysis of self-estimation of financial position of the family in which the teenager was brought up showed that the majority of teenagers considered it “good” (45.1%) or “average” (37.7%). Each twelfth teenager asserted that his/her family position was “difficult” (4.5%), “very difficult” (less than 1.0%), or was at a loss to estimate it (3.5%); at the same time, every twelfth teenager (8.3%) estimated the financial position of the family as “very good” (fig. 6).

About 3.8% of the teenagers did not answer the question about education of mother, 18.5% – about education of father (fig. 7).

Psychological mutual relations of the teenager with parents are reflected in the table II.

The distribution of teenagers at the age of 15-18 years by gender: the proportion of girls made about 48.8%, of boys – 51.2%.

The average individual value of the factor made 19 points both in boys and in girls. The average index of the factor equaled 79 (high).

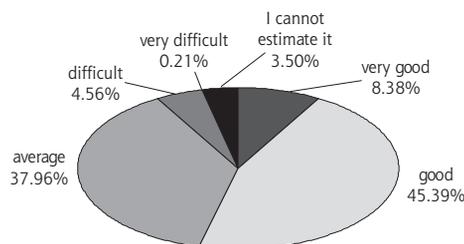


Fig. 6. Self-estimation of financial position of own family (by the teenager)

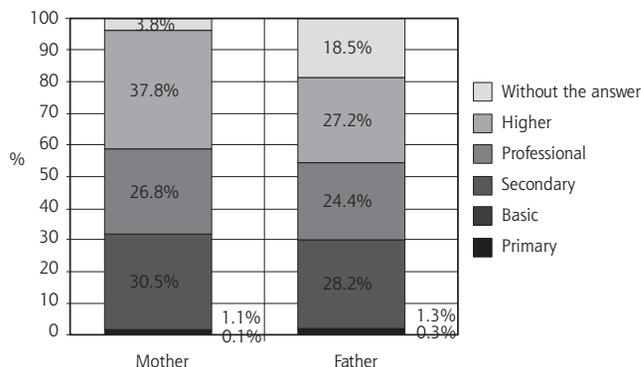


Fig. 7. Education of teenagers' parents

Table II. Psychological mutual relations in families where teenagers are brought up

Character of mutual relations	Girls, %	Boys, %
Warm	58.0	61.5
Suppressed-warm	30.6	24.8
Indifferent	3.8	7.0
Indifferent-unfriendly	1.1	0.5
Frequent quarrels, scandals	5.2	4.0
Without the answer	1.3	2.2
Total	100.0%	100.0%

The sum of individual average points under der factors made 119.5 in boys and 113.5 in girls. The individual average index of QL-RRH was 77 in boys (high) and 73 in girls (above the average).

The estimation of QL-RRH by factors, depending on gender, is reflected in tables III and IV.

Conclusions

The obtained results allow to confirm validity and diagnostic value of the technique developed by us. The peculiarities of the population indicators testify that in modern conditions, to the spheres of risk demanding urgent correction, both in boys and in girls it is necessary to determine a sphere of medical-hygienic literacy and a sphere of medical care activity. In both specified components the level of the factor of QL-RRH is average. Therefore it is necessary to carry on medical-hygienic training of teenagers based on improvement of reproductive health (consultations of gynecologist, urologist, andrologist), maintenance of availability of the information about medical services and availabil-

Table III. Boys: estimation of QL-RRH by factors, form and maintenance of correcting (warning) actions

Factor of QL-RRH	Factor level	Correction form (F2 – F10)	Maintenance of actions
Self-estimation of health (F1)	Above average	Correction is possible by positive change of factors F2, F10	
Self-estimation of knowledge about reproductive health (F2)	Average	Urgent	Medical-hygienic training based on improvement of reproductive health (urologist, andrologist)
Self-estimation of full value of nutrition (F3)	Above average	Planned	Training programs based on healthy nutrition at teen age
Physical activity (F4)	High	Warning	Within the limits of current preventive actions
Duration of night sleep (F5)	High	Warning	Within the limits of current preventive actions
Risk of use of psychoactive substances (F6)	High	Warning	Within the limits of current preventive actions
Risk of dangerous sexual behaviors (F7)	High	Warning	Within the limits of current preventive actions
Risk of development of psychological crisis conditions (F8)	High	Warning	Within the limits of current preventive actions
Self-estimation of possibility of social realization and creation of a high-grade family (F9)	High	Warning	Within the limits of current preventive actions
Medical care activity and availability of medical care in the field of reproductive health (F10)	Average	Urgent	Medical-hygienic training based on improvement of reproductive health (urologist, andrologist), availability of information about medical services, availability of medical care
Social factors influencing QL-RRH (F11)	High	Correction by medical-organizational measures is not carried out	

The forecast of success of correcting (warning) actions at boys: the optimum.

Table IV. Girls: estimation of QL-RRH by factors, the form and the maintenance of correcting (warning) actions

Factor of QL-RRH	Factor level	Correction form (F2 – F10)	Maintenance of actions
Self-estimation of health (F1)	Average	Correction is possible by positive change of factors F2, F10	
Self-estimation of knowledge about reproductive health (F2)	Above average	Planned	Medical-hygienic training based on improvement of reproductive health (the gynecologist)
Self-estimation of full value of nutrition (F3)	Average	Urgent	Training programs based on healthy nutrition at teen age
Physical activity (F4)	Average	Urgent	Training and organization of active leisure
Duration of night sleep (F5)	High	Warning	Within the limits of current preventive actions
Risk of use of psychoactive substances (F6)	High	Warning	Within the limits of current preventive actions
Risk of dangerous sexual behaviors (F7)	High	Warning	Within the limits of current preventive actions
Risk of development of psychological crisis conditions (F8)	Above average	Planned	Guarantee of accessible psychological consultation in a monitoring mode
Self-estimation of possibility of social realization and creation of a high-grade family (F9)	High	Warning	Within the limits of current preventive actions
Medical care activity and availability of medical care in the field of reproductive health (F10)	Above average	Planned	Medical-hygienic training based on improvement of reproductive health (gynecologist), availability of information about medical services, availability of medical care
Social factors influencing QL-RRH (F11)	High	Correction by medical-organizational measures is not carried out.	

The forecast of success of correcting (warning) actions at girls: the optimum.

ity of medical care. For girls it is necessary to add the information about proper nutrition, physical activity, and also to involve them in active leisure at schools, colleges. It is necessary to carry on the maintenance

of psychological consultations accessible to teenagers (with a monitoring mode). The condition of social factors influencing QL-RRH testifies that the forecast of success of measures is optimum.

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