

Fedotova V.A.

INFLUENCE OF SOCIO-CULTURAL FACTORS UPON THE ATTITUDE TOWARDS HEALTH AMONG RUSSIANS

Fedotova Vera Alexandrovna - HSE - Perm

**The study was carried out with the financial support of the Russian Foundation for Basic Research in the framework of the scientific project № 18-013-00865 «Influence of socio-cultural factors and economic well-being on attitudes towards health».*

Abstract

One of the central notions of the sociology of health is the notion of “attitude to health” that includes a system of values and motivations that create a connection between an individual and the society. One’s attitude to their health is a socio-cultural phenomenon that represents a system of personal and selective connections between the individual and the various phenomena of the surrounding reality that favour or, on the contrary, threaten people’s health, and a certain evaluation given by the individual to his or her own physical and mental state. The main objective of the present research is to reveal the types of economic mindset and values that influence the attitude to health in three generations of people in Russia nowadays. The respondents were young Russian people aged 18-25 (574 people), 293 people from the “X generation” (born between 1963 and 1984), and 184 people born between 1943 and 1963. The methodical instruments included: the PVQ-R method developed by Schwartz (Schwartz and others, 2012), the “Index of Attitude to Health and Healthy Lifestyle” (Zakharenkov et al., 2013), the “Your Lifestyle” method (Lebedeva, Chirkov, 2007; Chirkov et al., 2003). Young people’s attitude to their health is more positive than the attitude shown by representatives of other generations of Russians. The values of “Achievement” and “Self-direction: Thought” influences the emotional scale of values in the respondents belonging to the X and Y generations. The “Self-direction: Thought” value is universal for all the three generations when it comes to the cognitive aspect of health that is based on people’s readiness to acquire information on healthy lifestyle and their eagerness to raise their own awareness of the questions related to healthy lifestyle. The “Conformity: Interpersonal” value in representatives of the X and Y generations lowers the social component of health, but the same value increases it in people of the oldest generation. In Russian people aged 55-74,

conformism drives their eagerness to encourage others to lead a healthy lifestyle.

Keywords: attitude to health, components of attitude to healthy lifestyle, behavioural component of culture, values.

Introduction

The health of an individual is one of the priority aspects of life in a society, and it is closely intertwined with the fundamental right of a person to physical, spiritual, and social well-being in combination with the longest possible duration of the individual's active life. According to the Human Development Index that is annually calculated by the United Nations, Russia has the lowest positions, and in the Bloomberg rating, Russia ranked 97 out of 145 countries by the state of health of its population. Also, Russia has the highest numbers of smokers, registered abortions and suicides. The birth rate in the country seems to have exhausted its potential; the mortality rate is significantly higher than the rates existing in developing countries, and it is expected to increase. According to experts, the state is not taking good care of the citizens, but the government is not the only one to blame: Russians often neglect self-care, and their lifestyle does not lead to them staying healthy.

Most contemporary scientists believe that the main problem in health research is the contradiction between the progressing deterioration of the health of the population, which is significantly caused by the prevalence of negative aspects in the self-preserving behaviour of the population, and the fact that the society needs to change its attitude to health at the level of individual and social conscience. The category of health is among the principal elements of national wealth of any state. The importance of the subject of preserving and improving health can be explained by the fact that people understand how the state of health is relevant for creative, active, socially benefiting and, mainly, working activities of a person.

The analysis of the current state of research brings us to the following conclusions:

1. Nowadays, psychology has a large number of research works showing that culture and values have a significant impact on economic development but also on the physical and mental health of a population, including life expectancy or subjective feelings of well-being and happiness [Inglehart, Baker, 2012; Harrison. 2013; Inglehart, Klingeman, 2008; Shane, 1992; Diener, Suh, 2009; Cockerham, 1999; Gundarov, 2015]. However, more research is needed to find out what culture-specific and socio-psychological factors explain this influence.

2. The viability of a nation directly depends on the state of health of its population. Work pay creates efficient work motivation and serves as a most important stimulus that can raise the viability of a nation [Velichkovsky, 2009].

3. In Western studies, a new research area has been actively developing, under the name of “salutogenesis”, which studies the sources of physical, mental and spiritual health [Sheikh, Furnham, 2000; Janse van Vuuren, 2018; Mokhtari et al., 2013; Lin, Huang, 2014]. In Russia, however, it is very often possible to register a contradiction between the progressive deterioration of the health of the population that is significantly caused by the negative aspects of people’s self-preserving behaviour and by the fact that the attitude to health should be reconsidered by the society at the level of individual and social conscience.

Method

Our classification of generations is based on the approach used by sociologists Y. A. Levada, V. V. Gavriilyuk, N. A. Trikoza, and psychologists E. M. Shamis, A. Antipov [Astashov, 2014]. The data for the present research was collected in 2017–2018. The overall number of respondents includes 574 young respondents aged 18–25 – the Y generation (born in 1984–2000), 293 respondents belonging to the X generation (1963–1984), and 184 respondents born in 1943–1963, the so called “baby boomers”. The social and demographic characteristics of the respondents are given in Table 1.

Tab. 1. Social and demographic characteristics of the respondents

Respondents	Respondents of Y generation	Respondents of X generation	Respondents of “baby boomers” generation
Number of respondents	574	293	184
Men	247	124	71
Women	327	169	113
Average age	Max - 34 Min - 18 Average age - 27	Max - 55 Min - 134 Average age - 45	Max - 75 Min - 55 Average age - 63

The methodical tools used are: the PVQ-R method developed by Schwartz [Schwartz et al., 2012], the “Index of attitude to health and healthy lifestyle” method [Zakharenkov and others, 2018], the “Your Lifestyle” method [Lebedeva, Chirkov, 2007, 2011].

Research results

Intergenerational differences in values

Descriptive statistics and intergenerational differences in values at the individual level (Kruskal-Wallis criterion) are given in Table 2.

Tab. 2. Intergenerational differences in values at the individual level (Kruskal-Wallis criterion)

Scale	Respondents of Y generation			Respondents of X generation			Respondents of “baby boomers” generation		
	Min-max	Mean	St. Dev.	Min-max	Mean	St. Dev.	Min-max	Mean	St. Dev.
Self-Direction: Thought	3,2-5,5	4,35*	0,62	4,7-5,7	5,2*	0,66	4,3-5,7	5*	0,45
Stimulation	3-5,7	4,35*	0,64	2,3-4,7	3,5*	0,85	2,3-4	3,15*	0,74
Hedonism	2,8-5,8	4,3**	0,66	3-4,7	3,85**	0,63	3,1-4,2	3,65**	0,59
Achievement	3-5,7	4,9*	0,54	3,7-5,2	4,45*	0,77	2,7-3,5	3,1*	0,33
Power: dominance	2,9-6	4,45*	0,87	4,3-5,3	3,2*	0,66	1,3-3,2	3*	0,81
Face	3,4-5,5	4,45*	0,55	4,3-6	5,15*	0,49	2,8-5,4	4,1*	0,45
Security: Societal	2,6-5,8	4,2*	0,45	4,7-6	5,35*	0,81	4,6-6	5,3*	0,87
Conformity: Interpersonal	1-5	3*	0,70	3,6-6	4,8*	0,69	3,8-5,3	4,55*	0,66
Tradition	1,3-4	2,65*	0,77	3,7-5,2	4,45*	0,61	4,2-5,8	5*	0,59
Benevolence: Dependability	3,8-5,7	4,75**	0,78	2,7-5	5,2**	0,70	2,9-4,8	3,85**	0,82
Universalism: Caring	1-5,6	3,3**	0,8	3-5,2	4,1**	0,67	3,2-5,7	4,45**	0,83
Universalism: Nature	2,3-5	3,65*	0,74	2,9-5,6	4,25*	0,59	3,8-5,7	4,75*	0,72

Note: *** - $p < 0,001$, ** - $p < 0,01$, * - $p < 0,05$

The scales have been formed using the mean number for each value. The diagram shows those values for which the differences between generations have been found.

For young respondents, it is important to seek variety in their activities, to gain experience, it is vital to feel passionate about an activity, even if it is related to risk. High grades associated with the values of Hedonism and Achievement show one’s need to be successful and fully recognised for one’s achievements; on the other hand, the respondents aim to enjoy the pleasures of life. Enjoyable leisure time is one of the top dominating values.

The respondents aged from 34 to 55 have demonstrated expressed values of “Self-Direction: Thought”, “Security: Societal”, “Conformity:

Interpersonal”, “Face” and “Benevolence: Dependability”. They give higher importance to the order in the society and to the feeling that their country is strong and can protect them from any trouble. Representatives of this generation are more oriented to other people, it is important for them to be a reliable and trustworthy person.

Prevailing values for the representatives of the oldest generation (respondents aged 55 to 74) are the values of “Tradition”, “Universalism: Caring”, “Universalism: Nature”. It is important for them to maintain traditional values and outlooks on life, to follow family traditions and respect cultural traditions. They believe that each person in the world should have equal opportunities. Adult people in Russia take care of the nature and take part in environmentalist events more often; they find it necessary to protect the environment from destruction and pollution. At the same time, they have the lowest level of individual values, such as Stimulation, Achievement, Hedonism and Power.

It needs to be said that earlier research works had revealed differences in individual values; more specifically, young people preferred values that promote the interests of an individual, and the adult generation preferred values that promote the interests of a group [Korolyova, 2011, Shirmanov, 2015; Fedotova, 2017]. But the adult generation was not differentiated in a more detailed way by the age of the respondents.

Attitude towards health

In spite of a large number of existing definitions, there is no unanimity in the approach to defining and evaluating health. Health is a complex and at the same time holistic and multidimensional dynamic state that develops while the genetic potential of a human being finds its realisation in a specific social and ecologic environment, allowing the individuals to fulfill, to different extents, their biological and social functions [Kaznacheev, 2000].

Fomicheva T. V. and Salistaya G. S. have described the main characteristics that are important in predicting the life expectancy of the Russian population: gender, area of residence, and lifestyle [Fomicheva, Salistaya, 2016]. However, the lifestyle of Russian people has been studied very scarcely in the Russian scientific practice, especially its intergenerational aspect. The authors believe that a female body is more resilient, that women are less likely to suffer from stress, bad habits or infections. As for the quality of healthcare and job opportunities, urban areas are deemed to be prioritised.

In the context of modern globalisation, studying the social aspect of health in young people is an extremely important subject. Social health of young people in Russia currently has a significant role in the sociological discourse, which is explained by how difficult the adaptation to an unpredictable, transforming reality is for young Russian people. Ensuring and preserving physical, mental and social health of young people in Russia will

lead to faster socio-economic development of the society and establishing social and psychological safety [Gafiatulina and others, 2017].

To research the attitude to health, we used the “Index of attitude to health and healthy lifestyle” method [Zakharenkov and others, 2013] and the “Your Lifestyle” method [Lebedeva, Chirkov, 2007, 2011].

Results obtained using the first method

The behavioural component of the culture of health may be described through specific ways of preserving and enhancing health (the “Your Lifestyle” method –Lebedeva, Chirkov, 2007, 2011) and resistance to social factors that stimulate health-destructive behaviour. The “Your Lifestyle” method defines a low (deviant) level of health-enhancing activity, a medium (adaptive) level and a high level (creative self-realisation in the behavioural aspect of the health culture). A high level of self-realisation includes continual engagement in activities that enhance health (personal hygiene, rational diet, high level of physical activity, sufficient resting time, etc.). A low (deviant) level of health-enhancing activities can be characterised as an insufficient level of one’s own activities aimed at preserving and enhancing his or her own health.

Tab. 3. Levels of health-enhancing activity (%) according to the method “Your lifestyle”

Levels of health-enhancing activity	
Respondents of Y generation	
Low (deviant) level	15,33%
Medium (adaptive) level	48,95%
High level	35,72%
Respondents of X generation	
Low (deviant) level	15,33%
Medium (adaptive) level	48,95%
High level	35,72%
Respondents of “baby boomers” generation	
Low (deviant) level	26,4 %
Medium (adaptive) level	21,6 %
High level	52%

The percentage of young Russian people with a low level of such activities equals to 15,33%, which demonstrates a deviant level of health-enhancing activities. The medium level has been registered with 48,95% of the respondents. This level describes the system of health-enhancing activity that is most adequate to the norms of health. The high level is associated with creative self-realisation in the behavioural aspect of the health culture and has been

registered with 35,72 % of young Russian people. Prevailing activities are personal hygiene, controlling emotions, attending sport clubs and individual training. The least practised forms of health-enhancing activities are good sleep, systematic exposure to cold and prophylactic medical healthcare.

Representatives of the X generation have shown the following distribution: there are 12,7% of Russian people aged 34-55 with a deviant level of health-enhancing activities, 65,8% of people with a medium level of such activities, and 21,5% with a high level. Representatives of the X generation are most likely to practise such forms of health-enhancing activities as personal hygiene, going to doctors for prophylactic examination, keeping a reasonable diet, spending time outdoors; the least popular are good sleep and systematic exposure to cold. Also, the respondents were less likely to choose answers like “I try not to overwork myself” and “I regularly take vitamins”.

The oldest respondents have the most active behavioural component of the health culture and resistance to social factors that stimulate health-destructive behaviour. There are 26,4% of Russian people aged 55 to 74 with a deviant level of health-enhancing activity; the medium level has been registered with 21,6%, and the high level, with 52% of the respondents. The most practised forms of health-enhancing activities are good sleep (8,4%), being outdoors at least an hour a day (6,2%), keeping a diet (5%), controlling the emotional state (4,7%), personal hygiene (9,3%), and going to the doctors (9,7%).

Results obtained by using the second method

The “Index of Attitude to Health and Healthy Lifestyle” [Zakharenkov and others, 2013] represents a psycho-semantic questionnaire with 24 pairs of statements with opposite meanings. The authors of the method see health as a complex psychological phenomenon that is manifested in a certain type of emotional reaction, cognitive interests, orientation on practical activities, and the individual’s general orientation on activities with social meaning in the health-related part of their lives. According to this contest, the test distinguishes four scales: emotional scale, cognitive scale, practical scale and the scale of actions.

The primary analysis of the answers given by the respondents has allowed finding out the minimal, maximal and mean values and the standard deviation for each variable. Descriptive statistics and intergenerational differences in the attitude to health detected using the Kruskal-Wallis criterion are given in Table 4.

Tab. 4. Scales of health: using the Kruskal-Wallis criterion

	Representatives of the Y generation			Representatives of the X generation			Respondents of "baby boomers" generation		
	Min-Max	Mean	St. dev	Min-Max	Mean	St. dev	Min-Max	Mean	St. dev
Emotional scale	12-17	14,86*	1,41	8-15	12,3*	0,9	7-13	9*	1,14
Cognitive scale	4-11	7,4**	1,67	4-9	6,2**	1,21	3-10	8,8**	1,36
Practical scale	7-14	10,48	1,57	6-12	8,1	1,0	7-14	9,3	0,97
Scale of actions	4-9	6,36**	1,4	2-11	5,86**	2,2	5-10	7,4**	1,2

Representatives of the Y generation (respondents aged 18 to 34) have the highest presence of the emotional scale. The respondents are able to enjoy their health, to react in time to the signals given by the body, and to be free from the negative stereotypes about healthy lifestyle that exist in the society. Older people (aged 34-55 and 55-74) have minimal grades on that scale, which leads to an opposite conclusion, based on the method: the respondents from the other two generations pay more attention to their bodies but they do not always react to changes in their state of health, they do not always seek help, and they are dependent on the stereotypes about healthy lifestyle.

The highest grades on the cognitive skill have been demonstrated by the respondents aged 55 to 74. This means that the representatives of the "baby boomer" generation are more interested in the part of life related to health. Low grades on the cognitive scale may be observed with the representatives of the X generation, the cognitive aspect is less present in their health awareness. Russian people aged 34 to 55 show less interest in problems of health, they do not search for related information or consult special literature very actively.

The scale of actions measures how ready the individual is to change his or her social environment in connection with the attitude to health problems, and the generation of "baby boomers", once again, has higher grades. This scale diagnoses people's willingness to influence their family members and encourage them to lead a healthier life, to have an impact on other people they know and the society in general. High points on the social scale show that the respondents are ready to create a healthy living environment for themselves and promote various prophylactic products designed to improve health. High grades on the social scale of health correlate with high points corresponding to values of Benevolence and Universalism in this selection. Probably, one of the ways of taking care of others for adult Russians is trying to give their relatives and friends advice in the matters of health. An interesting phenomenon may be observed: strangely enough, the lowest grades on the scale of action have been obtained by respondents aged 34 to 55. Young Russian people and

representatives of the older generation (aged 55 to 74) have a more positive attitude to health than representatives of the X generation.

Influence of values on the attitude to health

We used multiple regression analysis to study the influence of values on the attitude to health (see Table 5).

Tab. 5. Results of multiple regression analysis: representatives of the Y generation

Independent variable	Dependent variables					
	Self-Direction: Thought	Stimulation	Achievement	Conformity: Interpersonal	Face	Benevolence
Emotional scale β	0,37**	0,51*	0,52**	0,27	0,08	0,28
Cognitive scale β	0,44**	0,27	0,63	0,38	0,36	0,77
Scale of actions β	0,12	0,30	0,85	-0,59**	0,34**	0,64**
R ²	0,4	0,12	0,15	0,19	0,09	0,17
F	13***	7,3*	7,4**	9*	8,8*	8,3**

Note: *** - $p < 0,001$, ** – $p < 0,01$, * – $p < 0,05$

The value of “Self-Direction: Thought” has an impact on the emotional and cognitive aspects of the attitude to healthy lifestyle. Independence in decision-making influences the respondents’ eagerness to consume information about healthy lifestyle and to educate themselves on healthy lifestyle. The “Stimulation” value based on looking for variety in life and activities, as well as the “Achievement” value, have an influence on the manifestation of the emotional scale. The importance of being successful and accepted by others influences the emotional aspect of the attitude to health – more precisely, people’s ability to enjoy their health, to feel aesthetic pleasure of having a healthy body, to react to signals it sends, and to be free of negative stereotypes related to healthy lifestyle that exist in the society.

Finally, the scale of actions is influenced by the values of “Face”, “Conformity: Interpersonal”, and “Benevolence”. The urge to create a positive opinion of oneself, to cater to the needs of all close friends and relatives, to take care of them and to act in a non-conformist way in situations with strangers have an impact on the social component of the attitude to healthy lifestyle. This scale diagnoses the respondents’ urge to convince their family members and acquaintances that they should lead a healthy lifestyle. With that being said, it is interesting to observe that the positive attitude can be observed when the young respondents are talking about the close circle of people surrounding them, and an opposite tendency can be observed when they are talking about other people

(rather than the reference group). Let us analyse regression connections in the representatives of the X generation.

Tab. 6. Results of multiple regression analysis: representatives of the X generation

Independent variable	Dependent variables					
	Self-Direction: Thought	Power: dominance	Achievement	Conformity: Interpersonal	Face	Tradition
Emotional scale β	0,34*	0,55	0,48**	0,19	0,17	0,21
Cognitive scale β	0,52**	0,24	0,51	0,24	0,33	0,53
Scale of actions β	0,27	0,39**	0,76	-0,47**	0,38**	-0,50**
R ²	0,7	0,09	0,12	0,16	0,11	0,13
F	10***	6,1*	7,2**	8,4*	7,3*	5**

Note: *** - $p < 0,001$, ** – $p < 0,01$, * – $p < 0,05$

It was found that the “Self-Direction: Thought” and “Achievement” values have an influence on the emotional scale. Independence in decision-making and the importance of being successful influence the emotional component of the attitude to health; these values are connected with the freedom from negative stereotypes of healthy lifestyle that exist in the society. Respondents with above mentioned values are more independent in their choice of actions related to health-preserving practices.

The cognitive scale is influenced by independence in the choice of actions; this is also typical of the representatives of the Y generation.

Tab. 7. Results of multiple regression analysis: Respondents of “baby boomers” generation

Independent variable	Dependent variables					
	Self-Direction: Thought	Security: Societal	Achievement	Conformity: Interpersonal	Benevolence	Tradition
emotional scale β	0,22	0,48**	0,33	0,27	0,23	0,26
cognitive scale β	0,39**	0,18	0,38	0,19	0,29	0,37***
scale of actions β	0,34	0,20	-0,36*	0,38**	0,45**	0,37
R ²	0,6	0,11	0,3	0,18	0,16	0,09
F	7***	7,4*	6,8**	4,9*	6,8*	7,2**

Note: *** - $p < 0,001$, ** – $p < 0,01$, * – $p < 0,05$

The largest number of regression connections has been found with the scale of actions, namely, with values of “Power: Dominance”, “Face”, “Tradition” and “Conformity: Interpersonal”. In this case, interpersonal

conformism and respecting customs and traditions of a culture lower the manifestation of the social component of the attitude to healthy lifestyle.

The emotional scale of health is influenced by the “Security: Societal” value for the respondents aged 55 to 74. The order in the society and the feeling of security, based on the idea that their country is strong and can protect them from any difficulties, have an influence on the emotional component of health. Manifestations of the cognitive scale are influenced by independence in decision-making and the willingness to preserve cultural traditions and customs. Values of a tradition have an influence on the depth of interest in the part of life that is connected to health. Besides, the respondent’s need to be successful, to have ambitious goals and to be recognised by the others for his or her achievements lowers the social component of health.

Results

People’s health reflects one of the most significant aspects of life and is closely connected with the person’s fundamental right to physical, spiritual and social well-being, together with the maximum active life expectancy. One of the central ideas of the sociology of health is the notion of “attitude to health” that includes a system of attitudes based on values and motivations. The conducted research has revealed the following:

1) The values of “Achievement” and “Self-direction: Thought” influences the emotional scale of values in the respondents belonging to the X and Y generations. This means that for the two generations, the need to be successful and recognised for the achievements, as well as independence in making decisions, influences their wish to feel aesthetic pleasure in having a healthy body, increases their attention to the life dynamic of their bodies, and leads to the absence of negative stereotypes of healthy lifestyle.

2) The “Self-direction: Thought” value is universal for all the three generations when it comes to the cognitive aspect of health that is based on people’s readiness to acquire information on healthy lifestyle and their eagerness to raise their own awareness of the questions related to healthy lifestyle.

3) The “Conformity: Interpersonal” value in representatives of the X and Y generations lowers the social component of health, but the same value increases it in people of the oldest generation. In Russian people aged 55-74, conformism drives their eagerness to encourage others to lead a healthy lifestyle.

Conclusion

The subject of the attitude to health is extremely relevant nowadays: research has been done on the influence of gender and area of residence on the attitude to health, whereas the factor of personality has not been given equal attention. The attitude to health is not always determined by gender, residence,

social environment or economic situation in the country: quite often, internal factors such as subjective evaluation of one's well-being and values play a bigger role. This research has revealed that the generations who have a more positive attitude to health are the Y generation (young people aged 18–34) and the oldest generation of respondents (aged 55–74). The representatives of the Y generation are clearly individualistic, with dominating values of power, achievement, hedonism, self-direction, etc. The respondents from the older generation, aged 55 to 74, are more socially oriented and have a more positive attitude toward other people.

As we established the determinants of health-preserving behaviour, it was found that interpersonal conformism in the representatives of the X and Y generations lowers the social component of health for them, but it increases the same component for the oldest generation. As for Russian respondents aged 55–74, conformism drives their urge to encourage other people in their social environment to lead a healthy lifestyle. As we noticed before, the social component for Russian people of the X and Y generations is based on their wish to help people from their close circle, rather than the entire society. The social component of health in the representatives of the X and Y generations is influenced by the fact that they want to create a positive image of themselves; the “baby boomers” want to be reliable and trustworthy.

References:

- [1] Astashova, Yu.V. (2014). Marketing: Generation Theory in Marketing. SUSU Bulletin. A series of "Economics and Management", 8, 108–114.
- [2] Chirkov, V. I., Ryan, R. M., Kim, Y., & Kaplan, U. (2003). Differentiating autonomy from individualism and independence: A self-determination theory perspective on internalization of cultural orientations and well-being. *Journal of Personality and Social Psychology*, 84(1), 97-110.
- [3] Cockerham, W. C. (1999). *Health and social change in Russia and Eastern Europe*. New York: Routledge.
- [4] Diener, E., Oishi, S., Lucas, R.E. (2003). *Personality, Culture, and Subjective WellBeing: Emotional and Cognitive Evaluations of Life*. *Annual Review of Psychology*, 1, 403-423.
- [5] Fedotova, V.A. (2017). Age-related differences in values and economic attitudes among Russians. *Psychology in Russia: State of the Art*, 10 (1), 105-116.
- [6] Fomicheva, T.V., Salistay, G.S. (2016). Health as a value in the minds of Russians: towards the future of the nation. *Social Policy and Sociology*, 3 (116), 157–165.
- [7] Gafiatulina, N.H., Zagutin, D.S., Samygin S.I. (2017). Social health in the context of providing social and psychological security

ty of Russian youth.

State and municipal management. Scientific notes SKAGS, 2, 159-163.

- [8] Harrison, L.E. (2000). Promoting Progressive Cultural Change. Culture matters: How values shape human progress. Eds. L.E. Harrison, S. P. Huntington. Publ.: New York.
- [9] Inglehart, R., Baker, W.E. (2000). Modernization, Cultural Change, and the Persistence of Traditional Values. *American Sociological Review*, 65, 19–51.
- [10] Inglehart, R., Klingeman, H.D. (2000). Genes, culture, democracy, and happiness. *Culture and subjective well-being*, 165-183.
- [11] Janse van Vuuren, E., Bodenstien, K., Nel M. (2018). Stressors and coping strategies among physiotherapy students: Towards an integrated support structure. *Journal of interdisciplinary studies*, 23, 1-8.
- [12] Kaznacheev, V.P. (2000). Adaptation and the constitution of man. *Valeology. Glossary: uch. allowance / G. A. Kuraev, V. B. Voinov. Rostov-on-Don: OOO CVWR.*
- [13] Koroleva, N.E. (2011). Priorities of value orientations of the modern Russian. *Kostroma humanitarian bulletin*, 1, 36-39.
- [14] Lebedeva, N.M., Chirkov, V.I. (2007). Culture and attitude to health: Russia, Canada, China: Monograph. Moscow.: RUDN.
- [15] Lin, S., Huang, Y. (2014). Life stress and academic burnout. *Active Learning in High Education*, 15(1), 77–90.
- [16] Mokhtari, M., Dehghan, S.F., Asghari, M., Ghasembaklo, U., Mohamadyari, G., Azadmanesh, S.A. (2013). Epidemiology of mental health problems in female students: A questionnaire survey. *Journal of Epidemiology and Global Health*, 3, 83–88.
- [17] Schwartz S., Butenko, T.P., Sedova, D.S. (2012). Refined theory of basic individual values: application in Russia. *Psychology. Journal of Higher School of Economics*, 2, 24-43.
- [18] Sheikh, S., Furnham, A. (2000). A cross-cultural study of mental health beliefs and attitudes towards seeking professional help. *Social Psychiatry and Psychiatric Epidemiology*, 35 (7), 326-324.
- [19] Shirmanov, M.Yu. (2015). Traditional values and the highest values of modern Russians. *Sociology of religion in the society of the late modern*, 63-66.
- [20] Velichkovsky, B.T. (2008). Viability of the nation. The special role of labor motivation and social stress. *Human Ecology*, 3-8.
- [21] Zakharenkov, V.V, Viblaya, I.V, Oleschenko, A.M. (2012). Scientific review of the research results of the FSBI "Research Institute of CPPGS" of the Siberian Branch of the Russian Academy of Medical Sciences on the influence of environmental factors on the development of occupational diseases. *Bul. VSNTS WITH RAMS*, 5 (2), 141-145.