

Healthy Behaviour and Psychological Well-Being in Young Adult Belarusian Men: How Much the Realization of Personal Goals in Life Matters?

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Summary. *Background.* Since the braking down from the Soviet Union, there has been an unnatural population decrease in Belarus. At present, life expectancy of men is 10–12 years lower than in women.

The aim of this study was to investigate the healthy behaviour and psychological well-being of young adult Belarusian men in association with the subjective estimation of the possibility to realise personal goals in life.

Methods. An anonymous cross-sectional survey design was employed. The study was conducted in 2016 with a randomised sample of men aged 18–30 ($n = 895$). The sample was representative of the national distribution of adult men (18–30 years) by place of residence. The methods of descriptive statistics, criterion χ^2 and the Mann–Whitney criterion were used for data analysis.

Results. The majority of young adult men were brought up in full families, in an atmosphere of love and understanding or respect and benevolence. Despite these, more than 60% of the respondents ever experienced depressive mood, and about 17% did not deny suicidal thoughts. The unhealthy behaviour, low psychological well-being and the smallest proportion (57.7%) of positive estimation of the possibility to realise life goals were more prevalent among rural male inhabitants. Respondents who reported the most favourable behaviour in relation to their own health were of average age, having higher education, officially married, mostly urban, raised more frequently in a full parental family, and in an atmosphere of love and understanding. These young adult Belarusian men also assessed better their personal psychological health and were more positive towards the possibilities to realise personal life goals.

Conclusions. The social portrait of a man with the best characteristics of health saving is of special interest: such a man is an implementer and bearer of the culture of vital behaviour, and it is precisely on him that social marketing programmes aimed at formation of a healthy lifestyle among young people should be oriented. Considering the fact that health, family, love and children hold the first positions among the life values of young men, there is a potential for development of social culture of health saving.

Background

Population health is the most important economic and social resource of the state. Health is a complex concept, a phenomenon that comprises many components: physical, mental, social and spiritual. More than half of the total contribution to health is made by behaviour-regulated factors of a lifestyle. At the same time, the social environment in which a person is born, grows up and creates his/her own family, also shapes the way of life and health behaviour. In modern society, it becomes obvious that social usefulness, the demand for the individual by the society and his/her adaptation in the social environment are more significant in terms of health

than the presence or absence of physical defects and diseases (1).

Social usefulness, in turn, depends on the social resource, or social capital, formed by many factors: social origin, primary socialisation, age, health status, education, qualifications, foreign language proficiency, material well-being, gender, ethnocultural, religious affiliation and others (2). The level of education is also significant for health saving (3).

For the decades of the 19th century, Belarus was a part of a large comparatively stable state – the Union of Soviet Socialist Republics (USSR). Since gaining independence, the country has developed an independent policy with adherence to specific social principles. From early nineties until mid-2010, the population health status in the post-Soviet countries decreased, mostly because of social and economic inequality (4).

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The social poverty that arose during political and economic reforms had the greatest negative impact on the population's health, i.e., the birth rate, physical development and health of children (5). Alongside with low material wellbeing, psychological burden and social insecurity influenced the increase in prevalence of chronic non-infectious diseases and higher mortality among the population of productive age. According to Velitchkovskiy, social stress was the main cause of decreasing medical and demographic situation as it primarily affected the employable population; and the specific outcome of that stress was the loss of effective labor motivation, i.e., the opportunity to ensure a worthy personal life and one's family by honest work (5).

In Belarus, mainly the budgetary financing system is operating today in the health care sector with the main principle of equal distribution and accessibility of service for all citizens. The country guarantees state funded secondary and higher education for all Belarusian citizens. The impoverishment of the population and social inequality led to undesirable outcomes, i.e., for over 20 years, there has been an unnatural population decline because of low birth rate, the average life expectancy of men has been 10–12 years below that of women, and the most vulnerable risk group for early death has been represented by men who live in village. Belarus faces a deterioration in the population health and an imbalance in the reproduction processes: the predominance of mortality over births, the high mortality of working-age men, a significant increase in the cases of cardio-vascular diseases and neoplasms (6). In the first decades after independence, there was also a remarkable increase in the incidence of alcoholism and drug addiction (7). In Belarus, similarly to neighbouring Russia, men were most vulnerable to the consequences of the social and economic crisis (8).

Currently the demographic situation in Belarus has slowly stabilised, and the indicators of the average life expectancy have begun to grow slightly (9). At the same time, the age structure of the population, deformed by depopulation processes that have occurred since 1992, is unfavourable from the point of demographic forecast. The proportion of adolescents who will enter the active reproductive age in the coming years is lower than what is needed to support simple reproduction processes.

With this study, we aim to determine the association of young adult Belarusian men's healthy behaviour with their subjective estimation of goals in life realisation. Additionally, we aim to describe the group of men with the most preferable characteristics of healthy behaviour.

Methods

Design and Sample. A study was conducted in 2016 using a cross-sectional survey design. A randomly selected sample consisted of male respondents, who expressed their voluntary consent to participate in the study. The inclusion criteria were age and gender. Adult men of 18–30 years participated in a study. When selecting the sample, the principle of representativeness of the general country population of adult men in relation to geographical and urban/rural distribution was taken into account.

Participants and Study Instrument. In total, 895 adult male respondents filled in the anonymous survey with 41 questions divided into three blocks: (1) the social status of a respondent; (2) the family situation and childhood; (3) the opinions, attitudes and behaviour of respondents in the field of health and adherence to unhealthy habits. Some questions included the possibility of choosing several answers, while several questions were open-ended. The response rate was 95.0%. The survey tool was developed by authors in relation to scientific literature and professional experience. The survey tool was piloted before the main study ($n = 40$).

Study Organisation. The survey was distributed to the respondents in an out-patient and in-patient clinic by medical students of the 5th year of study, when they were in clinical placement. Preliminary instructions to students on data collection were provided by principal investigators. Respondents visited the out-patient clinic for an annual check-up or specific medical examination (to start employment, to enter college or university, for passing the driver's license, etc.).

Statistical Analysis. Methods of descriptive statistics, criterion χ^2 and the Mann-Whitney criterion were used for statistical analysis of the survey data, by STATISTICA 10.0.

Results

The majority of the respondents (91.4%) were ethnical Belarusians. The respondents estimated their financial situation as moderate (mean \pm SE, 6.26 ± 0.057) and about 40% of the respondents considered it to be below the average (4–5 points on a 10-point scale). Other socio-demographic characteristics of the sample are presented in Table 1.

Parents' Family Characteristics. The results revealed that 80.0% of the study participants were brought up in a full family, in an atmosphere of love and understanding (47.8%) or respect and benevolence (one in four). A little more than a quarter of young adult men indicated other relationships in their parents' families, less favourable from the socio-psychological point of view, or other conditions of upbringing in childhood (Table 2). The presence

Table 1. Socio-demographic Characteristics of the Sample

| Characteristics | |
|---|-------------------------|
| Age (mean \pm SE; Moda) | 23.36 \pm 0.09; 26 |
| | % (N) |
| Education | |
| Higher | 25.9 (232) |
| Students | 22.7 (203) |
| Vocational | 33.1 (296) |
| Basic (complete school programme) | 13.3 (119) |
| Lower basic (incomplete school programme) | 3.0 (27) |
| No answer | 2.0 (18) |
| Place of residence | |
| Urban | 75.9 (680) |
| Rural | 24.1 (215) |
| Marital status | |
| Married | 33.0 (295) |
| Live with a partner | 9.0 (81) |
| Divorced | 4.5 (40) |
| Single and never married | 53.2 (476) |
| Other | 0.4 (3) |

of mental illness in one of the close relatives or family members was noted by 4.0% of the respondents. The financial situation of the parents' family on a 10-point scale was assessed by 6.7 ± 0.5 points (data not present).

Young Male Belarusians' Experience of Subjective Health and Values in Life. The state of respondents' both self-assessed physical and mental health corresponded to a good level. On average, physical health was assessed at 7.4 ± 0.05 (mean \pm m) points out of 10 and psychological health was assessed by 8.1 ± 0.06 points. The statistically significant difference was determined in relation to self-assessed psychological health of urban and rural respondents: those from cities rated the status of their mental health better ($p < 0.001$).

The main values in life of young Belarusian men were life, health (76.9%) and family, love and children (63.9%). Material prosperity was ranked as the second priority in the life values for the respondents (Table 3).

Table 2. Respondents' Parents and Parental Families

| Characteristics of Parents' Families | % (N) |
|---|----------------------------|
| Composition | |
| Full family | 80.0 (716) |
| Brought up by one parent | 17.5 (157) |
| Brought up by other relatives | 1.2 (11) |
| Educated in an orphanage | 0.9 (8) |
| Other | 0.4 (3) |
| Relationship in parents' family | |
| An atmosphere of love and understanding | 47.82 (428) |
| Respect and benevolence | 25.03 (224) |
| Calm and rationality | 16.42 (147) |
| Alienation and misunderstanding | 3.23 (29) |
| Conflict | 6.0 (54) |
| Power and domestic violence | 0.8 (7) |
| Other | 0.7 (6) |
| Education of parents | |
| Higher (both parents) | 36.3 (325) |
| Incomplete higher | 2.8 (25) |
| Vocational (one or two parents) | 48.3 (432) |
| Basic | 8.5 (76) |
| Lower basic | 3.2 (29) |
| No answer | 0.9 (8) |
| Alcohol use experience (frequency of using) | Strong alcohol/Low alcohol |
| Regularly | 2.35 (21)/2.68 (24) |
| Often | 14.08 (126)/17.0 (152) |
| Sometimes | 59.33 (531)/60.2 (539) |
| Do not use | 22.12 (198)/18.0 (161) |
| No answer | 2.12 (19)/2.12 (19) |

Table 3. Respondents' Values in Life

| Life Values ¹ | % | Rank |
|--|------|------|
| Life, health | 76.9 | 1 |
| Family, love, children | 63.9 | |
| Material prosperity | 52.8 | 2 |
| Career, position in the society | 34.0 | 3 |
| Leisure, entertainment | 26.7 | 4 |
| Freedom | 25.0 | |
| Self-esteem, creative self-realisation | 23.7 | |
| Education | 21.2 | |
| Labour, professionalism | 13.9 | 5 |
| Helping people | 10.9 | |
| Observance of laws, law and order, decency | 6.4 | 6 |
| Welfare of the country | 6.0 | |

¹It was possible to choose more than one answer.

Analysis of the data on the respondents' self-estimation of the possibility to realise personal life goals revealed that 91.3% (621) of the respondents acknowledged such possibilities in their lives. The significant difference was determined in relation to the place of residence: urban men (70.4%) were more positive about goals in life realisation than the rural men (57.7%) ($p < 0.001$).

The majority of the respondents (89.3%), those who listed the reasons, indicated no money as the reason that suspended their possibility to realise personal goals. Every third of young men (32.1%) has had difficulty defining his personal goals and every fourth (22.2%) found it difficult to answer the question about the opportunity to realize their life goals.

Young Male Belarusians' Experience of Depression Moods. The majority of the respondents (83.4%) denied the experience of suicidal thoughts, more those who lived in cities than in rural areas ($p < 0.01$). Almost 39.0% of young men answered negatively

to the question *Have you ever experienced depressive symptoms (low mood, decreased energy, decreased activity, etc.)?*. Similarly, 30.2% responded negatively to the question *Have you ever worried (anxiety about future failures, difficulties in concentrating, fussiness, inability to relax, epigastric discomfort, sleep disturbances)?*. No difference was determined between urban and rural dwellers in their responses to the question of whether they ever experienced depressive mood or whether respondents ever felt anxious (Table 4).

Young men were in trouble to reply to the question *What in your opinion are the main problems of the modern youth?*. The most frequently mentioned problems were: 'bad habits' (one in three of the respondents), 'alcohol, drunkenness' (one in five), 'smoking' (every tenth), 'drugs' (every tenth-eleventh). More rarely or sometimes and in combination with other problems, they mentioned "computer, internet", 'lack of goals, work', 'infantilism, irresponsibility, pamperedness, bad manners, rudeness, egoism, laziness, idleness', and 'lack of housing and money'.

About 37.0% of the respondents estimated the state's activities on preventing drunkenness and drug abuse among the youth as effective. At the same time, those respondents, who assessed the effectiveness of the state's efforts to prevent drunkenness and drug abuse among young people as insufficient (19.1%) or rather insufficient (31.6%), showed a tendency towards a lower estimation of the possibilities for realising their life plans and a lower estimation of one's own financial situation ($p = 0.058$).

Life Habits of Young Male Belarusians. The most popular leisure activity among the respondents was meeting with friends, and the second type of activity was sitting at the computer or TV (Table 5). Young men with the urban place of residence were significantly more often involved in sport in comparison with rural men (43.0% vs 26.0%, $p < 0.001$). More urban men (56.5%) were ready to apply psychologi-

Table 4. Respondents' Experience of Depression Moods

| Answers | Have you ever ...? | | |
|------------------|--|----------------|--------------------------------------|
| | Experienced depressive symptoms, % (N) | Worried, % (N) | Experienced suicidal thoughts, % (N) |
| No | 38.9 (349) | 30.2 (270) | 83.4 (746) |
| Urban | 39.4 (268) | 30.6 (208) | 85.5 (581) |
| Rural | 35.8 (77) | 26.5 (57) | 76.7 (165) |
| <i>p</i> | > 0.05 | > 0.05 | 0.008 |
| Sometimes | 48.2 (432) | 54.1 (484) | 9.5 (85) |
| Often | 4.5 (40) | 6.6 (59) | 0.7 (6) |
| 'I feel it now' | 1.3 (12) | 2.1 (19) | 0.6 (5) |
| Could not answer | 7.0 (62) | 7.1 (63) | 5.9 (53) |

Table 5. Respondents' Experience of Leisure Time and Psychological Difficulties Prevention

| Leisure Time of Respondents | % |
|---|------|
| Meeting with friends | 71.0 |
| Sitting at the computer | 50.3 |
| Watching television | 40.4 |
| Go in for sports, go to the pool, the gym | 39.3 |
| Used to walk in the park, the public garden, on the street | 30.8 |
| Had a favourite hobby | 26.6 |
| Visited movies, theatres, exhibitions, museums | 20.7 |
| Did not know what to do | 5.6 |
| Did not have free time | 4.6 |
| Actions When Having Psychological Difficulties in Life | |
| 'I managed myself' | 36.8 |
| 'I was consulted with friends' | 31.2 |
| Asked for help their parents or other relatives | 27.4 |
| Asked for help to the clergy | 2.5 |
| Sought help from a specialist (psychotherapist, psychologist) | 2.2 |
| Could not answer | 3.1 |
| If you could apply for psychological help in a difficult life situation, would you do it? | |
| Yes | 42.4 |
| Could not answer | 24.4 |
| No, and from this answer (%): | 33.2 |
| Because of lack of confidence that assistance would be effective: 26.0 | |
| Because of fear of making their problems public: 14.2 | |
| Because of fear to seem weak: 13.8 | |
| Because of shame or shyness: 8.5 | |
| Because of apprehension that it would be too expensive: 3.9 | |

cal help in a difficult life situation than rural men (35.4%), $p = 0.0019$. According to the respondents, 66.4% knew where to get psychological help.

The presence of smoking friends and acquaintances was confirmed by 92.6% of the respondents. About 42.3% of the respondents were smokers themselves, and significantly more often they were from villages (56.3% as compared with 37.9% of the urban residents, $p = 0.003$). By smoking intensity, 32.4% of men smoke 6–10 cigarettes per day, 28.8% smoke 1–5 cigarettes per day and 38.8% were smokers with 11 and more cigarettes per day.

Strong alcohol and low-alcohol drinks were tried by respondents (63.9% and 78.7%, respectfully)

even before their adulthood (18 years old) (Table 6).

During the last month prior to the survey, 19.6% of the respondents consumed alcohol 3 times and more, and there were no significant differences between those living in towns or villages.

The main reason to consume alcohol for the respondents was entertainment and fun (Table 7).

Problems related to alcohol use during the last year preceding the survey were acknowledged by 14.3% of the surveyed young men. Most of them had conflicts with their parents. Less often they mentioned dismissal from work, problems with the police, court and transport accidents (data not shown).

Table 6. Respondents' Experience of Alcohol Consumption

| Age | Alcoholic Beverages were Tested for the First Time, % of respondents | |
|----------------------|--|--------------|
| | Strong alcohol | Weak alcohol |
| Earlier than 7 years | 1.1 | 1.7 |
| In 7–10 years | 2.8 | 6.7 |
| In 11–14 years | 17.7 | 28.0 |
| In 15–17 years | 42.3 | 42.3 |
| No answer | 1.7 | 1.8 |
| Did not try | 34.4 | 19.5 |

Table 7. Reasons for Alcohol Consumption

| Causes of Alcohol Consumption | Rank | % |
|---|------|-------|
| To lift mood, for entertainment, fun | 1 | 43.8 |
| For company | 2 | 24.05 |
| To distract from problems, to relax, to relieve fatigue | 2 | 22.2 |
| Customary by tradition | 3 | 8.6 |
| To feel more confident in communication | 4 | 2.8 |
| Boredom, idleness | 4 | 2.08 |
| 'I like to taste alcohol' | 4 | 2.08 |

The study revealed that a young man who responds to the most favourable behavioural characteristics in relation to his own health (physically active, without bad habits, without depression, assessing health as a basic value in life) is more often an urban resident with higher education or acquiring it, married, brought up in a full family with a favourable moral and psychological climate, with parents who often had higher education, in relatively favourable material conditions. This is a man who has a positive perception of his own physical and mental health, and is inclined to actively seek psychological help when necessary and is optimistic about his own life position. He is characterised by a partnership position and high sincerity when answering the questions of the questionnaire.

Discussion

The majority of young Belarusian men were brought up in full families, in an atmosphere of love and understanding or respect and benevolence. Health, as well as family, love and children occupy the first positions in the rank list of the life values of young Belarusian men. Their self-assessed physical and mental health corresponds to a good level. At the same time, the alcohol use at very young age and before adulthood was rather prevalent among study respondents. Sports or any other active leisure should be much more improved among the participants, i.e., young Belarusian men.

The presence of social inequality between urban and rural young men is emphasised by the study results. The reasons of disparities between urban and rural young adult Belarusian men are rather unclear: there is the state health system in Belarus with equal accessibility to health care, there is free school education and an equally accessible system of higher education, and the modern state policy is targeted at the economic development of rural areas in particular (10). At the same time, in this study, the urban respondents' state of psychological health was significantly higher, the presence of suicidal thoughts was less and the healthy life style with involvement in sports was more dominant if

compared with their peers from the rural place of residence. These results may be partly explained by the larger possibilities that exist in cities to spend leisure time actively, as well as the stronger trend of going outdoors when living in a limited space of an apartment. The realisation of life goals was a crucial factor of the difference between urban and rural residents in this study: the urban residents often stated that they had opportunities to realise their life goals in relation to the residents from outside the cities. This may be connected with the villagers' significantly lower level of self-esteem of psychological health, a higher percentage of smokers among them and the more likely experience of suicidal thoughts. To prove such a connection, further investigations have to be conducted.

Material prosperity was the important value in life for half of the respondents in this study. The phenomenon of subjective poverty was clearly illustrated by the discrepancy between the level and quality of life of the population of Belarus (11). The results of the national representative sociological study of families with children living in Belarus (12) reported that most of the respondents could not afford to buy expensive goods as money was spent only on necessary things. In this study, most likely, the respondents compared themselves with the social environment around them and, seeing that they lived at the same level as their neighbours, colleagues and relatives, referred financial situation of the parents' family as the average level.

The growth in material needs of the population is also influenced by the globalisation processes and the availability of an uncontrolled flow of information about a 'beautiful life'. First of all, it concerns the youth. The desire to 'live beautifully' becomes an end purpose in itself. Social inequality becomes a crucial objective risk factor for the development of social stress in the young generation. Social inequality in health is viewed from several perspectives: it is not so much an economic but territorial, educational, socio-demographic, and information inequality that interacts with the objective conditions

for forming the health of the younger generation, including determining the formation of stereotypes of health-saving behaviour and the possibilities for its implementation (13, 14). There is a reason to assume that namely the influence of a 'beautiful life' vision might be the basic cause why each fifth of young male Belarusians could not self-estimate their possibility to realise their life goals.

Conclusions

The main values of life, according to young men in Belarus, regardless of their residence in the city or village, were *life, health, family, love, children* and *material prosperity*. Thus, a high potential for the formation of a social culture of health can be presupposed and, in the long term, the overcoming of the demographic crisis in Belarus might be expected. At the same time, under modern conditions in Belarus, the subjective poverty of the

younger generation is a social risk factor that limits the individual's self-estimation of realising life goals and the capacity to implement behaviour aimed at maintaining health. Bad life habits, i.e., sedentary manner of living, intensive consumption of alcohol and smoking, are those warning signs that require immediate preventive actions and higher awareness of the society.

The majority of the young Belarus men denied the experience of suicidal thoughts but the depressive symptoms and worries were prevalent.

The generation of men in this study was born in a period of political change that might influence their values of life, health perception and healthy behaviour style. A comparative analysis of these young men values of life and healthy behaviour with the next generation and peers from other post-Soviet countries with common historical roots is of particular interest.

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