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SOCIAL HEALTH AND PERCEPTION OF RISKS BY STUDENTS LIVING IN SOUTHERN RUSSIAN REGIONS (BASED ON SOCIOLOGICAL QUESTIONING DATA OBTAINED IN ROSTOV-ON-DON)

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We chose young students as our research object as they represent a social-demographic group with a specific social health, lifestyle, social activity, and social well-being. Our research goal was to assess students' social health and to determine how they perceived risks for it. Analysis of social health risks perception by young students was performed within socio-centric and sociogenic approaches as well as risk-examining paradigm. We considered social activity, social networks involvement, and social well-being as key aspects of social health. It is shown that young students mostly have average social health as per its integral index. But here we detected low social activity, high social networks involvement, and average social well-being. We singled out 3 typical groups of young students: "socially active integrated optimists", "socially passive moderately integrated pessimists", and "socially passive integrated optimists". All three students groups mentioned difficulties related to employment as important social health risk factors; however, it were respondents with low social health who were most preoccupied with "future uncertainty". Young students with low social health are to a greater extent preoccupied with risk factors causing personal danger for themselves than for a society as a whole.

It is necessary to create complex activities in a contemporary education space; these activates are to aimed at minimizing and preventing risks for Russian students' social health. We should make for higher social activity as it will inevitably lead to higher social well-being and improve overall students' social health.

Key words: young Russian students, social health, risks, risks perception, social activity, social networks involvement, social well-being.

The World Health Organization treats health as a phenomenon with a rather complicated nature and determines it as triune physical, psychological, and social welfare of a person. So, social welfare can be and should be considered a feature of a person's individual state. In the WHO experts' opinion, social health is a degree to which a person is satisfied with his or

her social status, social connections and relations, material welfare, and living conditions. An antipode to social health is social deadadaptation, social neglect, and deviation [21].

It is vital to study social health of young students as its parameters are indicative for assessing overall health risks, and they have "the significance for making a

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young person's sociality really healthy and for making this phenomenon a scientifically regulated object" [11, p. 74]. When we characterize "social health" as a category, it is necessary to highlight that its semantic field is very wide and has a lot of meanings; it comprises a wide range of social, economic, psychological, cultural, and other parameters. T.Parsons and E.Fromm interpreted health as a social phenomenon with a complicated structure which formed due to interactions between various social groups or individuals and the society as a whole and reflected this or that level of such interactions [16, 18]. We noted that foreign researchers focused their attention on social health as a certain state of a personality, group, and society [23,26].

Overall, representation of youth's social health in the scientific sociological discourse is related to issues of social activity which transforms types and forms of a group's or an individual's social mobility and involvement into the society into various social relations and connections. These issues attracted attentions of foreign and Russian sociologists [3, 9, 11, 12, 18, 20, 22, 24]. Thus, L.A. Baikova considers youth's social health through the prism of harmony in social connections and relationships with other people, society, and culture, which make for satisfying social needs and self-actualization of a young man's personality [3].

Scientific research in the youth sociology sphere, as well as in the sphere of its social health was performed by a number of Russian scientists [2, 6, 9, 10, 13, 14, 19]. A common conclusion is that when there is uncertainty and riskiness in the society, young students face a problem which life style to pursue as a form of their social self-determination and their self-actualization in life [17].

Overall, population health risks [4, 14], including those for young students' social health, evolve in the social interactions and "become behavioral determinants" [8].

M. Tobias, a contemporary foreign researcher, has examined risk factors for a personality social development and young people's health; he stresses, among other factors, a low social rank (social-economic status of young people) as being one of the most important. The scientist comes to a just conclusion that low social rank results in unhealthy life style and risks of increase in social insecurity. To solve this problem, M. Tobias suggests to make material wealth more accessible and to provide social support [25]. Such an approach will make for decrease in risks for youth's social development and health.

This article treats social health as a state determined by social activity and involvement into social contacts and reflecting a certain level of a social state. "Young students" as a social category within the socio-centric approach is a heterogeneous community with a variety of life styles, risks as its essential property, and different levels of social health [5].

Our research goal was to assess social health and perception of risks for it by young students.

Our research tasks were to analyze an individual's social activity, his or her involvement into social networks, and social well-being of young Russian students.

Data and methods. We analyzed perception of risks for young students' social health within the socio-centric and socio-genic approaches as well as within the riskology paradigm. Our research empiric base was the results of sociological questioning conducted among young students in Rostov region (the sampling comprised 369 people). We questioned students from

the Southern Federal University, 130 people (35.2% of the sampling); Donskoy State Technical University, 186 people (50.4%); Rostov State Medical University, 47 people (12.7%); and Rostov Regional Sport School of the Olympic Reserve, 6 people (1.7%). The questioning was conducted in September - October 2016.

Respondents' age varied from 16 to 26 years: 145 were 16-18 (39.3% of the sampling); 183, 19-21 (49.6%); and 41, 22 and older (11.1%). 37.9% were males and 62.1% females. More than a half (58.3%) were first-years students from humanitarian, technical, and natural sciences faculties.

A medical-social trend, namely integration of socio-centric and sociogenic approaches, gave methodological grounds for social health research. Socio-centric approach implies examining characteristics of a young personality's involvement into the society which provides its self-actualization, the society development, and harmonious interaction between a personality and the society [1]. Sociogenic approach implies examining influence exerted on health by characteristics of a personality involvement into the society, physical and mental welfare being determined by social health [5]. A combination of socio-centric and sociogenic approaches (as per terms suggested by L.V. Kolpina [12]) allows to explain objective and subjective features of youth social health. Objective criteria give the possibility to assess involvement into social contacts; and subjective ones, satisfaction with one's own social status and social health.

Our basic methodological benchmark was the thesis that social health characterizes not only the society as a whole or a social group, but also separate individuals, that is, it can be described on an individual level together with physical and mental

health. We spotted the following components of individual social health:

a) an individual's social activity (is measured via involvement into work, social and political, cultural, and other activities);

b) involvement into social networks (is measured via social contacts intensity and membership in various organizations);

б) social well-being (is measured via satisfaction with a social status, social networks, "life as a whole").

Students' social activity was assessed via their participation in the social life of their HEE and city, volunteer activities and social and political activities, participation in religious organizations activities. Activity in these spheres was considered to be "high" if a respondent got him or herself involved into it "often" or "from time to time"; it was considered to be "average" if respondents did it "rarely"; it was considered to be "low", if a respondent stated he or she "never did that". Analysis of answers simple distributions revealed that 73.4% respondents never took any part in social and political activities, and 83.2% students never participated in any religious organizations activities. As these activity types turned out to be rather alien for most students they were excluded from our further analysis.

Involvement into social networks was measured via frequency of a student's socializing with a) his or her family; b) his or her friends. Involvement into social networks was assessed as "high" if a respondent chose a variant "I socialize quite often"; it was assessed as "average" if they chose "socialize from time to time"; and it was assessed as "low", if the answers were "rarely" and "never".

Social well-being was characterized on the basis of assessments respondents gave to the quality of their social relations (in-

teractions with such reference groups as families, friends, and fellow students). Social well-being was assessed as "high" ("good") for respondents who, when answering "How do you estimate your relations with various groups of people?" question, chose "excellent"; it was assessed as "average" for those who chose "good": and it was assessed as "low" ("bad") for those who chose "satisfactory" or "bad".

An index for each component of social health was calculated as per formula:

$$I_i = \frac{a_1 + a_2 + a_n}{n},$$

where I_i – is and index for an i-th component of social health,; a_n – is a value of a n-th variable characterizing a component (values are equal to "1", "2", or "3"); n – is a number of variables which characterize a component.

For example, social activity index (I_{act}) was calculated as a simple average of three components: participation in a city social life, participation in a HEE social life, and participation in volunteer activities. If a respondent stated he or she frequently participated in a HEE social life (variable value being equal to "1"), rarely participated in volunteer activities (variable value being equal to "2"), and almost never participated in a city social life (variable value being equal to "3"), then his or her I_{act} amounted to "2".

Value of each index varied from 3 (a component evidence is minimal, that is, a respondent is socially passive / isolated from a social network / his social well-being is low) to 1 (a component evidence is maximum, that is, a respondent is socially active / he is integrated into social networks / his social well-being is high).

We performed a cluster analysis (k-averages techniques) basing on values of social health components indexes; it al-

lowed us to distribute students into groups depending on their social health peculiarities. We also calculated an integral social health index as a simple mean of its three components. Index value from 1 to 1.25 indicated social health was good; from 1.26 to 1.75, above average; from 1.76 to 2.25, average; from 2.26 to 2.75, below average; from 2.76 to 3, poor social health and social insecurity risks for an individual. That is, the higher social health integral index is, the better and individual is integrated into social environment, adapted to it, and the higher his socio-cultural potential is.

We applied correlation analysis to characterize how young students perceived risks for their social health. We detected correlations between: a) an integral index of a student's social health, b) a respondent belonging to this or that cluster, and c) a respondent assessing this or that social problem as "dangerous".

To assess risk perception, students were offered a list of 12 factors causing social health disorders risk. Each respondent could choose not more than 6 factors which he or she considered to be "dangerous".

Results and discussion. The preformed analysis revealed that students' social health had the following features: low social activity, substantial involvement into social networks, and average social well-being.

A share of students who often took part in various social activities didn't exceed 10% per each type. Thus, only 4.3% respondents often participates in social life of their city, and 10.6% did it from time to time. 7.6% often participated in their HEE social life, 22.2% did it from time to time. This social activity was the most popular among students. Only 3.0% respondents were often involved into volunteer activities, and 17.3%, from time to time. 33.9% students were totally isolated from their

HEE social life (chose "never participate" variant); 54.7%, from their city social life; 52% never took part in any volunteer activities.

As we calculated students' social activity index, we got values ranging from "1" (maximum activity, 8.4% respondents) to "3" (minimum activity, 24.7% respondents).

Students most frequently communicated with their friends as 85.9% respondents said they did it often. 12.7% chose "from time to time" variant; 1.4%, rarely. The obtained data on high students' involvement into interaction with their peers are quite natural and reflect peculiarities of social connections and attitudes in this social group. Less than half students (48.2%) noted that they "frequently communicated with their family members less than with their friends"; 36.3%, "from time to time"; 14.1%, "rarely"; and 1.4%, "never".

Maximum value of index showing involvement into social networks ("1") was characteristic for 45.5% respondents; and minimum ("3"), for only 0.5% of the sampling.

Most students assessed their relations with friends quite positively: 63.7% said they were excellent, 28.2% stated they were good. 46.9% and 42% students correspondingly gave the same assessments for their relations with their family members.

Respondents' relations with their fellow students can be considered the least satisfactory as only 12.5% said "they were excellent", 48.8 stated "they were good", and 34.7%, "satisfactory".

More than a half values of social well-being index (58.7%) are concentrated in "high" zone ranging from 1 to 1.67, the least possible value ("3") was fixed only for 2.7% students.

Clustering allowed to detect 3 clusters (Table 1). Students from *the first cluster*

(35.7% of the sampling) had the best social health as the cluster end center as per social activity index was equal to 1.56, social networks involvement index was equal to 1.21, and social well-being index was equal to 1.57. Students from this cluster can be called "socially active integrated optimists". Share of students belonging to this cluster was practically the same among male and females students, 37.2% and 34.8% correspondingly.

Students from *the second cluster* (26.6% of the sampling) – so called "socially passive moderately integrated pessimists" – have low social activity (the cluster end center is 2.55) combined with poor social well-being (the cluster end center as per this component is 2.27) and average involvement into social networks (index value is 1.92). Young male students authentically more frequently belong to this cluster than young females, 33.6% against 22.3% correspondingly.

Students from *the third cluster* (37.7% of the sampling) are well involved into social networks just as students from the first cluster (the cluster end center as per social network involvement index is 1.23) and have good social well-being (the cluster end center as per this index is equal to 1.59). However, social activity level in this cluster is very low (the cluster end center as per social activity index is 2.7). This students' group can be called "socially passive integrated optimists" and there are more girls among them than boys. 42.9% female respondents belong to it and only 29.2% male respondents. Calculation of the integral index showing students' individual social health (index value ranging from 1 to 1.25) revealed that only 8.3% students had good social health, and 36.3%, above average. 41.8% students had only average social health, and 13.6%, below average.

Table 1

Median values of social health components in the detected clusters

Social health components	Median value of a components in clusters		
	1 cluster (35.7%) "Socially active integrated optimists"	2 cluster (26.6%) "Socially passive moderately integrated pessimists"	3 cluster (37.7%) "Socially passive integrated optimists"
Social activity	1,56	2,55	2,7
Social networks involvement	1,21	1,92	1,23
Social well-being	1,57	2,27	1,59

We detected statistically significant ($p < 0.001$) weak positive correlation (Pearson correlation coefficient is equal to 0.22) between social health level and a respondent's self-esteem of his or her physical health. Respondents with different social health level perceived risk factors which were important for them in a different way.

We examined a correlation between an integral index showing individual social health and a respondent choosing this or that factor as a significant one and detected that respondents with low social health were more preoccupied with "future uncertainty" (Pearson correlation coefficient was equal to 0.117 with $p < 0.05$). This group of respondents was also more preoccupied with social insecurity threat than other groups (Pearson correlation coefficient was equal to 0.1 with $p < 0.06$).

The obtained data are confirmed with the results of the research conducted by the Russian Public Opinion Research Center (VCIOM) in June 2017. As per this research results, health index and personal safety (security) nowadays holds the leading place among life priorities of Russians (Table 2). And as we can see from it, significance attributed to personal safety and health has been growing steadily according to comparative data analysis as per this parameters over previous years [7].

As per our research results, there was a statistically significant correlation (as per chi-square criterion) between belonging to a certain cluster and choice of increase in poverty (0.14 at $p < 0.05$) and future uncertainty (0.14 at $p < 0.01$) as disturbing troubles. The first threat was authentically more frequently mentioned by students from the most "socially healthy" cluster, and the second one, by those form the least "socially healthy".

Shares of respondents who perceived this or that risk factor as a significant one in different clusters are shown in Table 2.

Totally, we can note that respondents with lower social health are more preoccupied with threats for themselves than for the society as a whole as opposed to students with better social health parameters.

As can see from the Table 3, such factor as difficulties with recruitment is viewed as the most serious threat in all clusters; it was chosen as "a dangerous one" by 53% respondents from the first cluster, by 48%, from the second, and by 54%, from the third one. We didn't detect any authentic discrepancies between clusters. Students also had the same attitudes towards traditional values destruction; it was considered a threat by 39% respondents in the first cluster, by 37%, in the second, and 36.8%, in the third one.

Table 2

"VCIOM-Sputnik" all-Russian pilot questioning results (14-15 May 2017)[7]

How significant are the following aspects of your life for you personally? (closed question, one answer, index in scores)							
Параметр	2005	2006	2007	2008	2009	2014	2017
Your own health and health of your family members (index)	98*	94	93	96	97	95	99
Family relations (index)	97	94	94	96	97	97	98
You personal safety and safety of your family (index)	96	94	93	96	97	97	96

Note: * – Respondents could assess a factor significance as per scale from -100 (totally insignificant) to 100 (very significant)

Table 3

Risk perception by respondents with different social health levels

Risks	A share of respondents considering a threat to be significant (%)		
	1 cluster	2 cluster	3 cluster
Traditional values destruction	39,5	37,5	36,8
Social stratification into poor and rich	31,0	20,8	19,9
Poverty growth	32,6	24	18,4
Difficulties with recruitment	53,5	47,9	54,4
Unemployment growth	27,9	20,8	19,9
Social insecurity	13,2	20,8	19,9
Social and political instability	20,9	14,6	15,4
National and religious conflicts	23,3	21,9	22,8
Social injustice growth	15,5	22,9	20,6
Soullessness and immorality	26,4	26,0	36,0
Credibility crisis	20,9	14,6	17,6
Future uncertainty	22,5	33,3	18,4

Besides all that, each fifth student from the second and the third cluster marked social injustice growth as a risk factor (as opposed to students from the first cluster who thought this factor was insignificant). Perhaps, ideas about injustice are rather personified. But still the same young people are much less preoccupied with

overall unemployment growth (14.8 respondents from the third cluster thought it was significant as opposed to 27.9% respondents from the first cluster). Respondents from the third cluster are the least preoccupied with overall poverty growth (two times less than in the first cluster), social stratification in the society, and political

instability. Therefore, we can say that a thesis on private problems priority for respondents from the "socially passive..." group.

Conclusions and recommendations.

Therefore, social health is a phenomenon which reflects different aspects of life and it requires comprehensive and profound scientific examination with obligatory generalization of theoretical and applied data related to contemporary practicalities in the sphere [15]. The sociological research which considered social activity, social networks involvement, and social well-being as key aspects of young students' social health revealed that:

- calculation of the integral index showing individual social health of young students proves that most respondents have average social health; young students' social health has the following features: low social activity, high social networks involvement, and average social well-being;

- we spotted out 3 typical groups of young students: "socially active integrated optimists", "socially passive moderately integrated pessimists", and "socially passive integrated optimists";

- all students' group mark difficulties with recruitment as significant social risk factors; however, "future uncertainty" preoccupies respondents with low social health more than those with high one;

- young students with low social health are more preoccupied with risk factors which are dangerous for themselves that for the society as a whole.

In contemporary educational environment it is necessary to work out complex activities aimed at minimization, prevention and prophylaxis of risks for young students' social health. In particular, it is necessary to make for greater social activity and decrease in social networks involvement as it will undoubtedly lead to better social well-being and better social health in general. As a social aspect of young people's health influences their overall health and is realized via social connection and relations, it is necessary to promote social health support both at regional and federal levels. This statement confirms all the results obtained in the previous research [22] and conclusions saying that societies with high social health has a distinctive feature of the highest informal support being given to all their members.

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