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ARTÍCULO DE INVESTIGACIÓN

Formación de un estilo de vida saludable en jóvenes a través de la socialización: determinantes sociopsicológicos

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Resumen. La salud humana está determinada no solo por factores biológicos del entorno y social, sino también por la valoración que cada persona hace de su salud. Esforzarse por llevar un estilo de vida saludable requiere un cambio en la actitud de los individuos y la sociedad hacia la salud personal y pública. El objetivo del estudio fue explorar las ideas de los jóvenes rusos sobre su salud, nutrición, calidad de vida, actividad física y malos hábitos, para encontrar maneras prácticas de aumentar su motivación hacia un estilo de vida saludable. A partir de una entrevista enfocada en una conferencia en línea y una encuesta a expertos por correo electrónico, los autores examinan las ideas de los jóvenes sobre un estilo de vida saludable, el estado de salud y los malos hábitos. La investigación concluye que los jóvenes tienen ideas contradictorias y no siempre precisas sobre los principales factores que afectan su salud, los medios para mantenerla y la importancia de un estilo de vida saludable. Para que los jóvenes opten por la salud, la familia, la comunidad local y el estado deben aunar esfuerzos para mejorar el nivel espiritual, educativo y cultural del individuo, creando condiciones favorables y motivándolos.

Palabras clave: malos hábitos, educación, atención médica, autoevaluación de la salud, socialización.

Formation of a healthy lifestyle among young people through socialization: socio-psychological determinants

Abstract. Human health is determined not only by biological factors of a person's environment and social environment, but also by the attitude of values towards their health. The purpose of the study was to explore young Russians' ideas about their health, nutrition, quality of life, physical activity, and bad habits in order to find practical ways to increase their motivation towards a healthy lifestyle. Based on a focused interview at an online conference and an expert survey via email, the authors examine young people's ideas about a healthy lifestyle, health status. The findings underscore that young people's motivation is determined not only by personal perceptions, but also by the broader context of socialization, peer influence, and accessibility to health-promoting environments. The research concludes that young people have contradictory and not always accurate ideas about the main factors that affect their health, the means to maintain it and the importance of a healthy lifestyle. In order for young people to choose health, the family, the local community and the state must join forces to improve the spiritual, educational and cultural level of the individual, creating favorable conditions and motivating them. Therefore, the practical recommendations derived from this research emphasize the integration of healthy values into everyday social practices, creating conditions that foster consistent behavioral changes and a long-term commitment to health.

Key words: bad habits, education, healthcare, self-rated health, socialization.

INTRODUCTION

Researchers note that today's society increasingly recognizes health as a crucial factor in the quality of life. Good health is seen as a unique resource for achieving other important and necessary goals, such as education, employment, and career for young people, and investment in the future (Akhmetshin et al., 2019; Shichkin et al., 2024).

The determinants of public health include the person's socio-economic status, the health-care system (Kruchinina, 2024; Abilkassimova et al., 2025), and genetic and environmental factors (Muneenam & Suwannattachote, 2025; Yerzhanova et al., 2025). However, human health depends not only on these factors, which can be conditionally called external, but also on internal ones (Begishev et al., 2024). These internal factors involve the person perceiving their health as an important value. This attitude determines the individual's readiness to care for their health and lead a healthy lifestyle.

The fact that different socio-demographic groups have dissimilar systems of values and priorities in life (Letova, 2024) entails the need to study their unique ideas about health and readiness to actively care for it, since an inadequate subjective rating of one's health inevitably affects behavior and lifestyle (Zentsova, 2024; Kobegenova et al., 2025). The present study focuses on youth as a group whose health shows the following alarming trends (Lobacheva, Shurukhnov, 2024):

- Environmental problems. Unfavorable environmental situations can provoke serious diseases not only among the adult population, but also among children and youth, having a detrimental impact on general health (Kalinina et al., 2020; Sapryka et al., 2025).
- Insufficient exercise among children and youth. Only one-fifth of schoolchildren and one-tenth of college students have enough healthy motor activity. Almost 76% of young people prefer passive forms of leisure (in front of the TV or at the computer). This raises the issue of comprehensively promoting physical culture and sports among youth (Ionova, 2020).
- Lack of healthy eating habits (Tkeshelashvili & Bobozhonova, 2024). Poor-quality nutrition fails to provide the young body with the necessary amount of vitamins, leading to decreased performance (Dey et al., 2025) and academic achievement, impaired vision and memory, and obesity (Pokida & Zybunovskaia, 2022).
- Alcohol use. The predominant age at which young people first try alcoholic beverages is 13-15 years old. Popular alcoholic drinks consumed by young people most often are beer, low-alcohol drinks, and wine (Vorobev et al., 2019).

Smoking and vaping. The share of young people who have tried smoking ranges from 20% to 77.5% (depending on age and place of education). Boys typically try smoking for the first time at the age of 11 and less often later in life, while girls first try smoking at 13-15 years (Agliullina et al., 2018).

LITERATURE REVIEW

Research on female university students has revealed important relationships between self-rated health and physical activity levels. A recent study of Chinese female university students found that self-rated health was significantly and positively correlated with physical activity engagement (Timushkin et al., 2024). Importantly, this relationship was partially mediated by social anxiety, with social anxiety accounting for 12% of the total effect, suggesting that psychological factors such as social-evaluative concerns play a key role in how health perceptions translate into physical activity behaviours (Huang et al., 2025). Similarly, investigations among university students in Western China demonstrated that the relationship between physical activity and self-emotion management is not straightforward, with self-rated health serving as an important mediating factor (Zhang et al., 2025). Furthermore, evidence suggests that positive health self-perception is linked to better sleep quality and lower anxiety levels, though these associations may differ by gender (Basheer et al., 2025). These findings point to the complexity of health perceptions among youth and suggest that subjective health ratings may not always align with objective health behaviours or risk factors.

International research has examined various approaches to supporting health motivation among young populations. Studies from different countries have explored how health awareness influences quality of life through multiple pathways, including health behaviour action and safety behaviour practice, with findings suggesting that these pathways may vary depending on regional context (Lee et al., 2025). Research on professional health education has also highlighted the importance of systematic approaches that incorporate both internal motivation and

external support structures (Biehl et al., 2025). However, despite the growing body of research on youth health behaviours, significant gaps remain in our understanding of how young people perceive healthy lifestyles, particularly regarding their self-assessment accuracy and the role of regional differences in health behaviour formation. These gaps underscore the need for region-specific studies that can better capture the contextual factors influencing youth health perceptions and behaviours.

According to our analysis of scientific studies, there is no universal approach to building a healthy lifestyle. Nevertheless, the proposed definitions and classifications of health and healthy lifestyle do not contradict but rather complement and mutually reinforce one another, providing different perspectives.

According to Korchagina (2020), the components of a healthy lifestyle include an active life position; job satisfaction; physical and mental comfort; proper rest; balanced and rational nutrition; balance between the consumed and expended energy; correspondence of the chemical composition of the diet to physiological needs in nutrients; regular physical and motor activity; psychophysiological pleasure in the family; economic and material independence; and personal hygiene, including a rational daily regimen, body care, and clean clothes and shoes. These components are described as giving the person pleasure from life and positively affecting their health (Korchagina, 2020).

Studies add clarifying characteristics to the understanding of healthy living, for example, giving up bad habits, having optimal motor activity (Ibragimova et al., 2025), rational nutrition, hardening the body with exposure to cold, personal hygiene, and positive emotions.

Filonenko & Kienko (2019) define the healthy lifestyle of youth as the typical forms and ways of daily life that strengthen and improve the body's reserve capabilities, thereby ensuring the successful performance of their social and professional functions, regardless of economic and socio-psychological conditions.

The healthy lifestyle of young people often understood as a rational version of the organization of their daily life that allows them to optimally realize their biological and social functions, maximize the use of the genetic reserves of health, and achieve the best physical and mental performance. In other words, the healthy lifestyle of a young person is aimed at strengthening and preserving individual and public health (Alekseev, 2023). This suggests an extremely important social role and biological function of a healthy lifestyle, since young people are the ones who will determine the path of the country's development and make decisions that will decide its future (Vaslavskiy, Vaslavskaya, 2022; Grudtsina et al., 2025).

Thus, a healthy lifestyle as a system consists of many interconnected and interchangeable elements based on the principles of the culture of nutrition, movement, emotions, relationships, and upbringing rather than simply compliance with health improvement technologies (Grishin, Odintsov, 2024).

It is increasingly believed that health is affected not only by objective living conditions and the person's socioeconomic status but also by the subjective perception and self-rating of their lifestyle (Varderesian et al., 2020; Zhuravskaya et al., 2022; Yakushkina et al., 2025). Researchers note certain features in young people's self-assessment of their lifestyle and health and point

to a connection between these assessments and socio-psychological and socio-economic factors (Zhuravleva et al., 2020; Kuts et al., 2024).

The focus of this study lies on the components of a healthy lifestyle of young people in all aspects of health — physical, mental, spiritual, and social:

- nutrition (including the consumption of quality drinking water and the necessary amount of vitamins, minerals, proteins, fats, carbohydrates, and special products and food additives) (Aleshkov et al., 2025; Chugunov & Nikiforov, 2020; Bachinskaya et al., 2021),
- household conditions (quality of housing, conditions for passive and active recreation, and the level of mental and physical safety in the place of living) (Vorotilkina et al., 2022),
- learning and work conditions (not only physical but also mental safety, enough stimulation and favorable conditions for development) (Zhiratkova et al., 2018; Alimova et al., 2025; Sapfirova, 2025),
- exercise (physical culture and sports, various health improvement systems focused on improving the level of physical development, supporting it, and recovering from physical and mental stress) (Savko & Khozhempo, 2018; Popova, 2019).

In this light, the purpose of our research is to explore the views of Russian youth on personal health, nutrition, quality of life, exercise, and bad habits to find practical ways to increase their motivation for a healthy lifestyle.

METHODS

The study was conducted in 2025 in Russia and consisted of several stages using the following data collection methods:

- a) Analysis of documents and scientific sources on the research problem,
- b) A focused interview via an online conference,
- c) An expert survey via email,
- d) Mathematical and statistical data analysis methods.

At the first stage of the study, scientific and analytical works on the research problem were reviewed. This analysis of publications on the outlined issues was conducted to investigate scientific approaches to the introduction of a healthy lifestyle among young people.

At the second stage, a group focused interview was conducted via an online conference to determine the most common ideas of young people about a healthy lifestyle, their health status, and bad habits. The interview included 10 people from among employees of research centers engaged in social and medical research on the problems of healthy lifestyles. The group discussion was audio-recorded and lasted 1 hour and 25 minutes.

After processing the results of the focused interview, at the third stage of the study, an expert survey was conducted via email. The experts were selected according to the criterion of having at least three publications on the problems of healthy lifestyles among young people.

A total of 45 experts were asked to rank the most common ideas of young people on healthy lifestyle, health, and bad habits obtained in the focused interview.

The consistency of expert opinions was assessed with Kendall's coefficient of concordance (W) calculated in SPSS. Next, the expert ranking was processed to determine the weights of expert opinions.

RESULTS AND DISCUSSION

TABLE 1. Young people's ideas about healthy lifestyle, health, and bad habits (results of the focused interview and expert assessments).

No.	Ideas	Rank	Weight
1	Regardless of their age, gender, and place of residence, health is an important value in the lives of young people	1	0.24
2	Young people typically assess their health status as good, which does not always match the reality	2	0.19
3	Young people prefer not to go to doctors and tend to self-treat	3	0.17
4	Young people widely believe that health is determined primarily by external factors (rather than the person) and not by a healthy lifestyle (depending on the person themselves)	4	0.12
5	Young people lack a consistent desire to lead an active lifestyle, harden their body, and exercise	5-6	0.09
6	Young people lack healthy eating practices	5-6	0.09
7	Young people are not ready to take responsibility for their health and lead a healthy lifestyle, as they do not see a healthy lifestyle among the priorities	7	0.06
8	The prevalence of bad habits (smoking, having alcoholic/low-alcohol drinks, doing drugs) in young people is determined by genetic factors rather than lifestyle and environment	8	0.04

Source: own research and results of the expert survey; the concordance coefficient $W = 0.64$ ($p < 0.01$), which indicates a strong consistency of expert opinions.

Our results show that, according to experts, a considerable number of young people, regardless of age, gender, and place of living, consider health an important value in their lives. However, experts also note a certain declarativeness inherent in young people's opinions about the value of health. For example, according to Andrei P., only a third of young people take good care of their health. Furthermore, it was noted (Maxim N.) that the approach to taking care of one's health does not change for the better with age. On the one hand, this cannot be entirely true, since, for example, by the age of 25-35, many people start families and have children, becoming their role models and teaching them skills and values. On the other hand, as the parent's attention shifts to their child, they might care less about their health.

In addition, experts note that young people tend to overestimate their health. In our study, two-thirds of young people had colds in the past year, 15% had hereditary diseases, and 4% had or used to have a disability. This share of people who have or had a disability is not fundamentally different from the proportion of disabled people in the general structure of the population, although it should increase with age. These results indicate that more serious work is required to prevent diseases, including colds, and disability among young people.

The risk of the spread of socially significant diseases among youth is suggested by the findings of Kalinina et al. (2020) that about 15% of young people get screened for sexually transmitted diseases within a year. This fact raises the need to rethink approaches to outreach, assessing the effectiveness of current social advertising (Pashkurov et al., 2025; Temirkanova et al., 2025).

Experts further note that self-rated health is the highest among adolescents and the lowest in older young people (25-35 years old). This age difference is attributed not only to the objective factors of physical well-being, which become worse with age, but also to the fact that adolescents and young people in general are subjectively characterized by a more optimistic approach to life. With age and increasing psychological and social burden, the perception of the world also changes (Nurmaganbet et al., 2025).

Experts confirm that young people are well aware that health equally strongly depends on factors like bad habits (substance abuse, drug use, alcohol use, and smoking) and approach to one's health and the environmental situation (Hudayberganov et al., 2025; Vasileva et al., 2025) and working and resting conditions (Mazelis et al., 2023; Sapfirova et al., 2025).

Nevertheless, as noted by one of our experts (Nikolay K.), the ranking of the general determinants of health changes when young people identify the factors affecting their health: in the first place is given the state of the environment or genetics and not the person's lifestyle and surroundings. Among the practical actions aimed at maintaining a healthy lifestyle, young people, according to experts, prefer spending more time in nature, actively resting, observing the optimal work-life balance, and giving up strong alcohol. That is, for young people, a healthy lifestyle and its social quality (as factors dependent on the person themselves) are secondary to external factors independent of the individual (the environment and genetics) (Sergeeva et al., 2023).

Moreover, experts suggest that young people rarely go to doctors, getting appointments only in case of emergency, and tend to self-medicate, since a significant part of young people show a tendency to trust the advertisements of drugs that claim to improve health (Grishin, Bykova, 2024). A significant part of youth (almost a third, according to Alexander T.) generally prefers to limit their contacts with doctors and resorts to self-treatment, listening to the advice of relatives and acquaintances, or consulting the Internet. This behavior is attributed by experts to the work of Russian public social institutions, which are often focused on the bureaucracy of working with patients (Markosian, 2022), while commercial clinics are often financially inaccessible or lack the necessary infrastructure close to the person's place of residence (Klochko, 2024; Klimova et al., 2024; Vaslavskiy et al., 2022).

Ultimately, experts argue that most of the youth are not ready to take responsibility for preserving and maintaining their health because they believe that life depends more on external circumstances than on their efforts (Mokhov et al., 2023). Experts believe that the lion's share of

young people choose to aim for the lifestyle led by their parents or adopt the lifestyle they see in the consumed content or their social circle (friends).

However, not all experts agree that young people do not have an established striving to lead an active lifestyle and harden their body and that many do not recognize the importance and expediency of exercise and movement. One expert (Sergey N.) suggests that less than 10% of young people do daily morning workouts, and almost half never work out at all; that virtually no one observes the tradition of body hardening through exposure to cold; and that only sometimes do young people take walks before bedtime, but the number of those who do this regularly is going down. Conversely, according to a different expert (Dmitry V.), more than half of young people have engaged in some kind of active sport or attended a sports section at some point in their lives.

Experts say that young people experience quite significant difficulties in observing healthy eating practices. Their daily diet is marked by a significant consumption of products like fast food, potatoes, white bread, sweets, pasta, smoked sausage, mayonnaise and other sauces, canned food, coffee, and tea.

At the same time, the consumption of products from whole grains (Vasiliev et al., 2025), fish, and vegetables is very low. According to one of the experts (Mikhail M.), the nutrition of adolescents is especially unhealthy, with many consuming sweet carbonated drinks, chocolate products, pastries, and cakes at least once a day, with very little fresh vegetables and cereals.

Despite this, experts say that a significant part of young people do not consider their nutrition unhealthy, and the overwhelming majority are completely or rather satisfied with their nutrition. This is especially true for adolescents, who tend to assess their diet very positively, despite its structure being irrational and threatening to health. This indicates a lack of understanding of the basics of healthy eating, not only by children and young people but also by their parents.

In addition, experts note that different age groups of young people have different opinions on hindrances to healthy eating. While adolescents (14-17 years old) consider the lack of information about healthy eating to be the main obstacle, older age categories often emphasize the lack of money. Citing the results of surveys, experts report that more than half of young people are in favour of banning genetically modified products, although some believe that such products should simply be properly labeled (Zhelybayeva et al., 2025). Despite this, only a fifth of young people pay attention to the composition of the purchased products, showing an indiscriminate or indifferent approach to their diet.

Experts further highlight the alarming prevalence of bad habits among youth, including smoking, drinking alcoholic or low-alcohol beverages (particularly the regular consumption of beer), and taking narcotic substances. The surveys conducted by experts indicate that about 40% of young people smoke, with more than half having more than eight cigarettes a day. Vaping is a new habit that has become particularly widespread. Studies suggest (Agliullina et al., 2018; Sharifullina et al., 2025) that smoking e-cigarettes has a cumulative effect — bronchial asthma, chronic bronchitis, and cardiovascular problems can develop in vapers over time (Dharmarajlu et al., 2024). Vaping has also been found to elevate blood pressure, increase the risk of heart attack and stroke, and impair endothelial function.

Regarding low-alcohol beverages, experts note that more than a third of young people drink beer at least once a week, while strong alcohol and wine are less popular. The prevalence of the habit of drinking beer is indicated by the fact that, according to experts, this beverage is regularly consumed by most of the youth aged 25-35. Furthermore, studies show that about 12% of young people have tried drugs once or twice, and almost 5% admit to using such substances somewhat regularly (Serebrennikova, 2024). We also found that, despite the ban on the sale of tobacco and alcohol products to people under 18 in Russia, bad habits are still developed predominantly in adolescence. An overwhelming proportion of smokers develop addiction before the age of 20, and two-thirds of young people start drinking alcohol before turning 18. This situation is even more depressing because young people do not have enough knowledge and skills to give up bad habits on their own (Gairbekov, 2018).

Our findings are consistent with the conclusions of Pokrovskaya et al. (2018), who describe two groups of principles according to the socio-biological nature of human personality. According to biological principles, a healthy lifestyle needs to be age-appropriate, strengthening, active, and ascetic. Social principles, on the other hand, imply that a healthy lifestyle has to be aesthetic, moral, strong-willed, and restrictive. However, the implementation of these principles is challenging and contradictory and does not always yield the desired result. Hence, despite understanding the value of health for a person, young people prefer to act as they like, focusing on rather irrational behavior in matters of a healthy lifestyle. This tendency is attributed to the shortcomings of the education system with respect to building young people's motivation to care for their health and lead a healthy lifestyle (Pokrovskaya et al., 2018; Aubakirova et al., 2021). A healthy lifestyle should be considered an integral part of overall behavior (systematic approach), and the educational and pedagogical process for the formation of healthy lifestyles needs to correspond to the age and individual characteristics of students (Gairbekov, 2018; Denisova et al., 2023).

The present study has several limitations that should be acknowledged. The primary limitation concerns the reliance on self-assessment methods for evaluating health behavior and lifestyle practices among respondents, as subjective evaluation by each respondent regarding their healthy lifestyle behavior may affect the generalizability of results.

Future research should focus on evaluating the effectiveness of digital health interventions promoting healthy lifestyles among youth, including fitness applications and social media platforms (Maimerova et al., 2025). Research on smartphone app-based interventions for physical activity shows promise, though more high-quality studies are needed to determine their true effectiveness (He et al., 2024). Additionally, understanding user experiences with digital fitness tracking devices – including factors affecting adoption and sustained use such as accuracy concerns, cost, and motivation – is essential for developing more effective interventions (Gulati et al., 2024).

CONCLUSION

Our research demonstrated that young people have contradictory and not necessarily adequate ideas about the main factors affecting their health, the means of maintaining it, and the importance of a healthy lifestyle. Their self-rated general health is inflated, and the highlighted significant reasons behind declining health are the state of the environment and genetics.

Thus, our results demonstrate a gap between the obtained information, the level of awareness, and the healthy lifestyle skills developed by young people. Furthermore, young people do not have the right perception of healthy eating. Overall, modern Russian youth does not lead a lifestyle consistent with modern ideas about a healthy lifestyle, instead demonstrating both negative phenomena and risky behaviour.

In this connection, it appears to be crucial to more actively incorporate healthy lifestyle practices into educational programs. Youth is objectively the most fertile ground for the introduction of such an approach, since they are at the age when their personality is still developing, and the ability to correctly motivate young people to develop healthy lifestyles comes to the fore.

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