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Modern medical and social portrait of adolescents and youth of Saint Petersburg in the context of receiving primary health care (according to sociological research)

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ABSTRACT. Adolescents and young people are the potential for socio-economic development of the country in the nearest years. Therefore, caring for the health of these age groups is one of the state's priorities. The purpose of our study was to present a medical and social portrait of modern adolescents 15–17 years old and young people 18–24 years old, as well as to study the status and problems of providing primary health care to adolescents and young people. To achieve this goal, we conducted a sociological survey among this contingent. The results of the survey showed that in the scale of life values among modern adolescents and young people, health is far from taking the first place, and therefore they do not pay due attention to caring for their health. There is insufficient medical literacy in matters of reproductive health, and the majority of respondents place the birth of children on the last place on the scale of life values. As people grow older, there is a notable increase in the spread of bad habits among young people, and low medical activity is observed. A negative attitude towards vaccination was revealed in all age groups. The vast majority of adolescents do not have information about the process of transitioning to supervision from a medical organization that provides primary health care for children to an adult network.

KEYWORDS: teenagers 15–17 years old, youth 18–24 years old, primary health care, scale of life values

Современный медико-социальный портрет подростков и молодежи Санкт-Петербурга в контексте получения первичной медико-санитарной помощи (по данным социологического исследования)

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РЕЗЮМЕ. Подростки и молодежь являются основным потенциалом социально-экономического развития страны. Именно поэтому забота о состоянии здоровья данных возрастных групп является одной из приоритетных задач государства. Цель нашего исследования заключается в представлении медико-социального портрета современных подростков 15–17 лет и молодежи 18–24 лет, а также в представлении состояния и проблем оказания первичной медико-санитарной помощи подросткам и молодежи. Для достижения поставленной цели проведен социологический опрос среди данного контингента. Результаты анкетирования показали, что в шкале жизненных ценностей у современных подростков и молодежи собственное здоровье стоит далеко не на первом месте, поэтому они не уделяют должного внимания заботе о нем. Отмечается недостаточная медицинская грамотность в вопросах репродуктивного здоровья, а рождение детей большинство респондентов ставят на последнее место в шкале жизненных ценностей. По мере взросления отмечается рост распространения вредных привычек среди молодежи, низкая медицинская активность. Во всех возрастных группах выявлено негативное отношение к вакцинации. Подавляющее большинство подростков не имеют информации о процессе перехода под наблюдение из медицинской организации, оказывающей первичную медико-санитарную помощь детям, во взрослую сеть.

КЛЮЧЕВЫЕ СЛОВА: подростки 15–17 лет, молодежь 18–24 лет, первичная медико-санитарная помощь, шкала жизненных ценностей

INTRODUCTION

Health of adolescents and young people is one of the main priorities of the state policy of the Russian Federation. It is the most important factor of national security, determining the national gene pool and its future [1, 2]. It is known that public health status of adolescents and young people is largely determined by socioeconomic well-being of society, living conditions, type of upbringing and education, environment, as well as the level and availability of medical care [3–5]. At the same time, providing medical care to such a vulnerable age category, it is necessary to take into account individual neuropsychological development and types of psychosomatic constitution [5]. A questionnaire survey of adolescents and young people was conducted. The data obtained included respondents' attitude to their health and its place in their life values. The survey examined opinions on the quality of primary health care. Organization of transition to adult medical care network after 18 years was also studied. It has been established that organization of primary health care for adolescents and young people as one of the most important social groups of the population does not meet the requirements in current realities. As the process of transition from the children's network to the adult one is not regulated by current normative and legal documents, there is a need to improve the system of primary health care for adolescents and young people.

AIM

To study a medical and social portrait of modern adolescents aged 15–17 years and young people aged 18–24 years who applied for primary health care.

MATERIALS AND METHODS

A sociological survey was conducted in 2024. Adolescents aged 15–17 years, as well as young people aged 18–20 and 21–24 years took part in the survey. The study was conducted in children's and adult outpatient clinics of the Central, Moskovsky and Primorsky districts of St. Petersburg. Questionnaires of adolescents (15–17 years old) included 206 respondents. 134 questionnaires of 18–20-year-old and 157 questionnaires of 21–24-year-old (497 respondents in total)

were reviewed as well. The questionnaire contained 36 questions divided into three blocks. The first block contained a 15 social question, such as “Social Portrait: You and Your Family”. It contained both general questions and life priorities of respondents (“Life Values Scale”). The second block consisted of 8 questions and contained questions about respondents' health status; the third block (13 questions) contained questions about respondents' assessment of primary health care received in medical organizations. The questionnaires were processed using the “Summary Tables” option of Microsoft Office Excel.

RESULTS AND DISCUSSION

Girls predominated in all three age groups: 50.5% in the 15–17-year-old group; 61.9% in the 18–20-year-old group; 59.2% in the 21–24-year-old group. On average, one-third of the respondents (32.4%) were from single-parent families. More than a third of respondents (33.6%) from all age groups were an only child in a family, 41.8% had a brother or sister. Adolescents and young people from large families (more than three children) accounted for 7.7%. At the same time, 94.7% of 15–17-year-old rated their living conditions as “good” or “satisfactory”, 88.1% in the 18–20-year-old group, and 84.7% in the 21–24-year-old group. 5.3% of 15–17-year-old, 11.9% of 18–20-year-old and 15.3% of 21–24-year-old described their living conditions as “poor”, which is probably explained by the beginning of separate accommodation, including dormitories for incoming students.

Table 1 shows that 97.1% of 15–17-year-old live with their parents, while only half of 18–20-year-old live with their parents. Among them, 19.4% live with a partner and 26.9% live on their own. Less than a third of 21–24-year-old live with their parents, while a quarter of respondents live either with a partner (24.2%) or on their own (25.5%). As young people grow older, there is a decline in their income level (87.4% of 15–17-year-old and 70.7% of 21–24-year-old reported living conditions as “good” or “satisfactory”), which is probably due to separation from their parents and beginning of independent financial activities that do not always meet the needs of young people.

Social status and hobbies of the interviewed adolescents and young people were also

Table 1

Respondents' assessment of living conditions and family income (%)

Таблица 1

Оценка респондентами условий проживания и доходов семьи (%)

Возрастная группа/ Age group	Вы проживаете вместе с / You share the room with:						У вас отдельная комната? / Do you have a separate room?		Оценка доходов семьи / Family income estimate			
	с родителями/одним из родителей / live with parents / one of parents	с опекунами / приемными / родителями / adoptive parents	живу с девушкой / парнем / live with a girl / boyfriend	живу один / live alone	женат / замужем, живу отдельно своей семьей / married, I live separately with my family		да / yes	нет / no	хорошие / good	удовлетворительные / satisfactory	средств мало / not enough funds	затрудняюсь ответить / I find it difficult to answer
15–17 лет / years	97,1	1,0	1,5	0,5	0,0		75,7	24,3	58,3	29,1	9,2	3,4
18–20 лет / years	50,7	1,5	19,4	26,9	1,5		67,9	32,1	44,0	34,3	19,4	2,2
21–24 года / years	28,0	2,5	24,2	25,5	19,7		77,1	22,9	35,7	35,0	28,0	1,3

Table 2

Respondents' assessment of their status and hobbies (%)

Таблица 2

Оценка респондентами своего статуса и увлечений (%)

Возрастная группа / Age group	Обозначьте ваш статус / Indicate your status						Если обучаетесь, то где? / If you are studying, where?			Как Вы проводите свободное время? / How do you spend your free time?				
	учусь / study	работаю / work	и учусь, и работаю / and study and work	ни то ни другое / neither one nor the other	школа / school	университет / university	колледж / college	встречи с друзьями / meeting with friends	спорт / sport	в соц. сетях / on social networks	хобби / hobby			
15–17 лет	90,8	0,0	8,7	0,5	89,8	2,4	7,8	57,8	35,9	39,8	38,8			
18–20 лет	55,2	8,2	35,8	0,7	11,9	51,5	27,6	46,3	18,7	49,3	43,3			
21–24 года	21,0	37,6	33,1	8,3	0,0	42,7	11,5	59,9	18,5	35,7	45,2			

analyzed (Table 2). 90.8% of respondents aged 15–17 are students. Respondents from this group spend their free time as follows: 57.8% meet with friends, almost 40.0% spend time in social networks, 38.8% have hobbies. More than half of respondents aged 18–20 (55.2%) study, in addition, 35.8% combine work and study. Respondents in this group meet with friends in their free time (46.3%), communicate in social networks (49.3%), have hobbies and devote time to these hobbies (43.3%).

Young people aged 21–24 are more likely to study (37.6%) or combine work and study (33.1%), while 8.3% neither study nor work. Almost 60.0% of 21–24-year-old meet with friends in their free time, 35.7% spend time on social networks, and 45.2% of respondents have a hobby and devote time to this hobby. A significant problem of modern young people is Internet addiction [6]. At the same time, according to a number of authors, some ado-

lescents and young people use social networks not only for entertainment, but also for education [7]. Sports activities are popular among adolescents 15–17 years old (35.9%), young people 18–20 years old and 21–24 years old pay attention to sports only in 18.7 and 18.5% of cases, respectively (Table 2). The obtained data correlate with the data of sociological studies carried out by other authors [8, 9].

The first “social” block asked respondents to prioritize following topics: study/education; career; love/happiness; money; health; family; housing; friends; good life; children.

Most valuable aspects for 15–17-year-old are love, money and friends (15.0, 15.0 and 10.7% respectively). The least valuable for the interviewed adolescents are: children, education and health (49.0, 12.2, 11.2%) (Fig. 1).

The distribution of priorities in the scale of life values of young people aged 18–20 is presented in Figure 2. The most valuable for

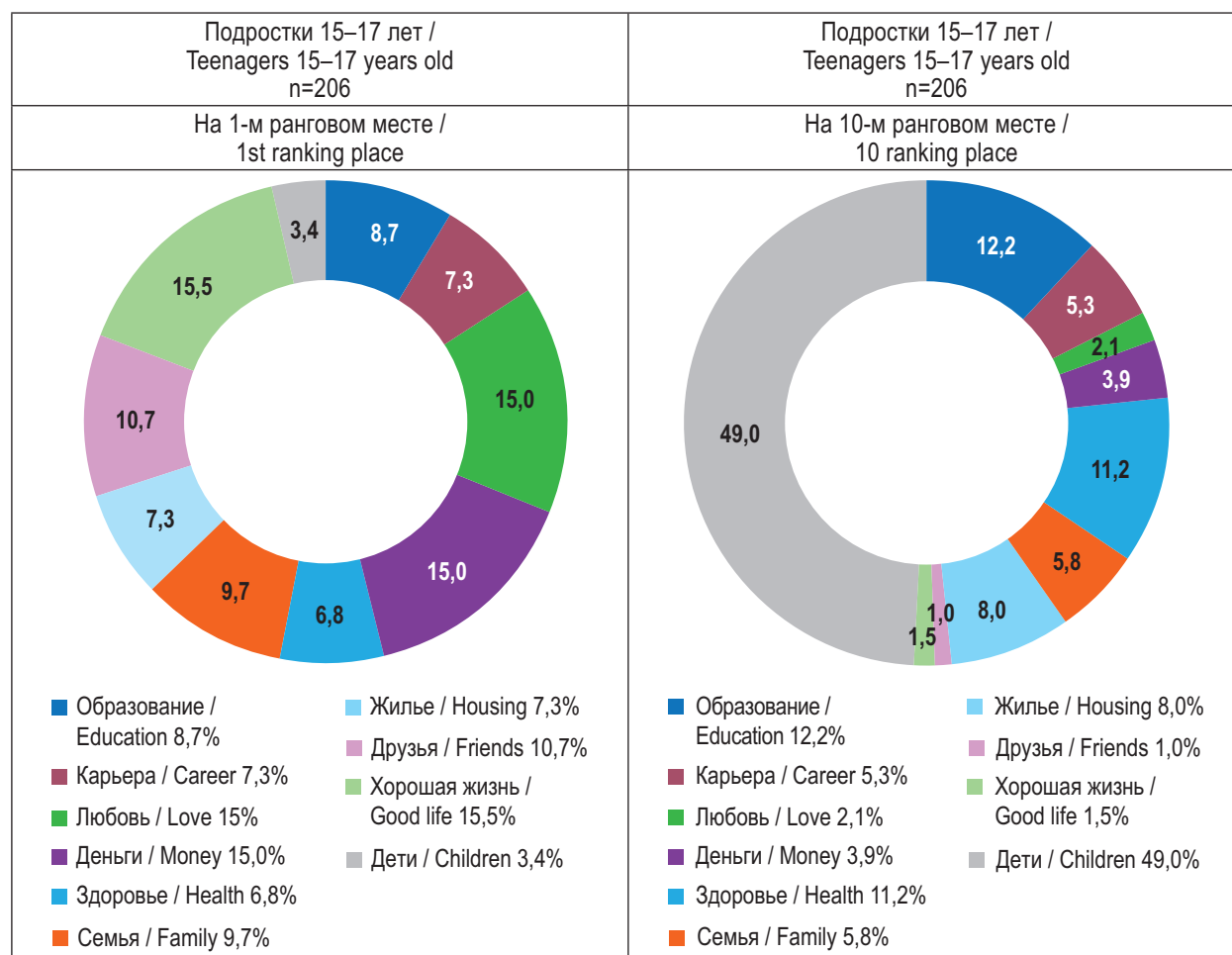


Fig. 1. Life values scale for adolescents aged 15–17 years (%)

Рис. 1. Шкала жизненных ценностей подростков 15–17 лет (%)

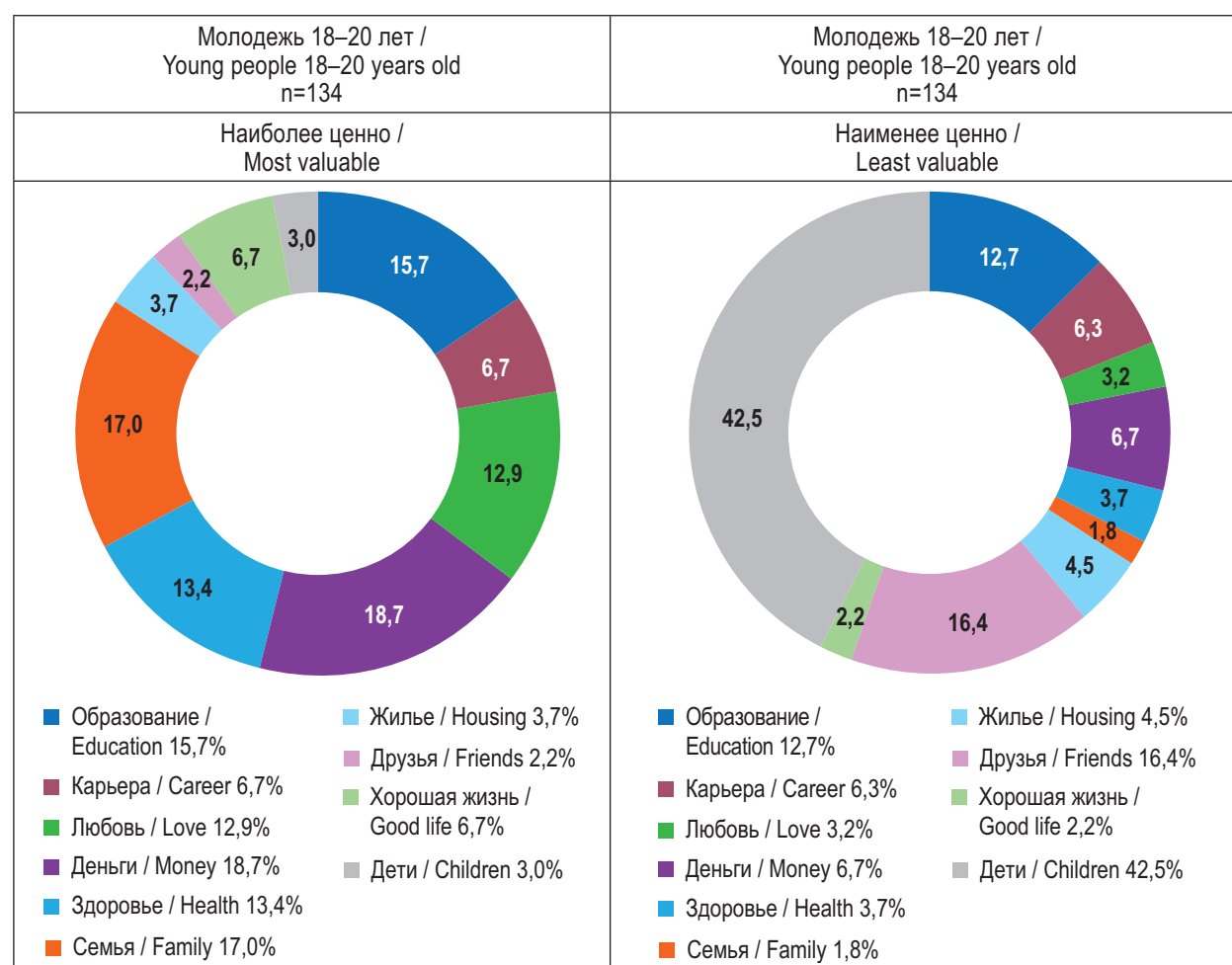


Fig. 2. Scale of life values of youth 18–20 years old (%)

Рис. 2. Шкала жизненных ценностей молодежи 18–20 лет (%)

this age category are money (18.7%), family (17.0%), education (15.7%), health (13.4%), love and happiness (12.9%). The least valuable are children (42.5%), friends (16.4%), education (12.7%).

Priority distribution of life values among young people aged 21–24 is presented in Figure 3. The most valuable for this age category are love (18.7%), money (17.4%), health (15.9%). The least valuable are children (36.9%), friends (16.6%), and education (16.6%).

Questions in the second block are devoted to the state of health, commitment to a healthy lifestyle. Respondents noted such bad habits as smoking and alcohol consumption (often in combination): 27.7% of 15–17-year-old smoke regularly, 14.6% drink alcohol, and 3.4% have used narcotic substances at least once. In the group of 18–20 years old, the share of smokers is one third of respondents, and 18.7% drink alcohol.

Among 21–24-year-old, the share of smokers is 46.5%, one third of respondents drink alcohol, and 7.0% have used narcotic substances at least once. It was noted that the period of adolescents' growing up is accompanied by the growth of bad habits: the increase in smoking youth amounted to 67.9% by the age of 21–24; alcohol consumption — 104.8%. The obtained data confirm the results of other studies [10–12].

A number of questions regarding diet and sleep patterns were proposed to the respondents. One third (29.9%) of the respondents in all age groups sleep 5–7 hours, 21.7% of adolescents and young people aged 21–24 years sleep 8 hours or more; among young people aged 18–20 years, this number is even less — 15.7%. The most common answer is “it depends”. 42.2% of adolescents, 39.6% of 18–20-year-old, and 36.3% of 21–24-year-old answered this way.

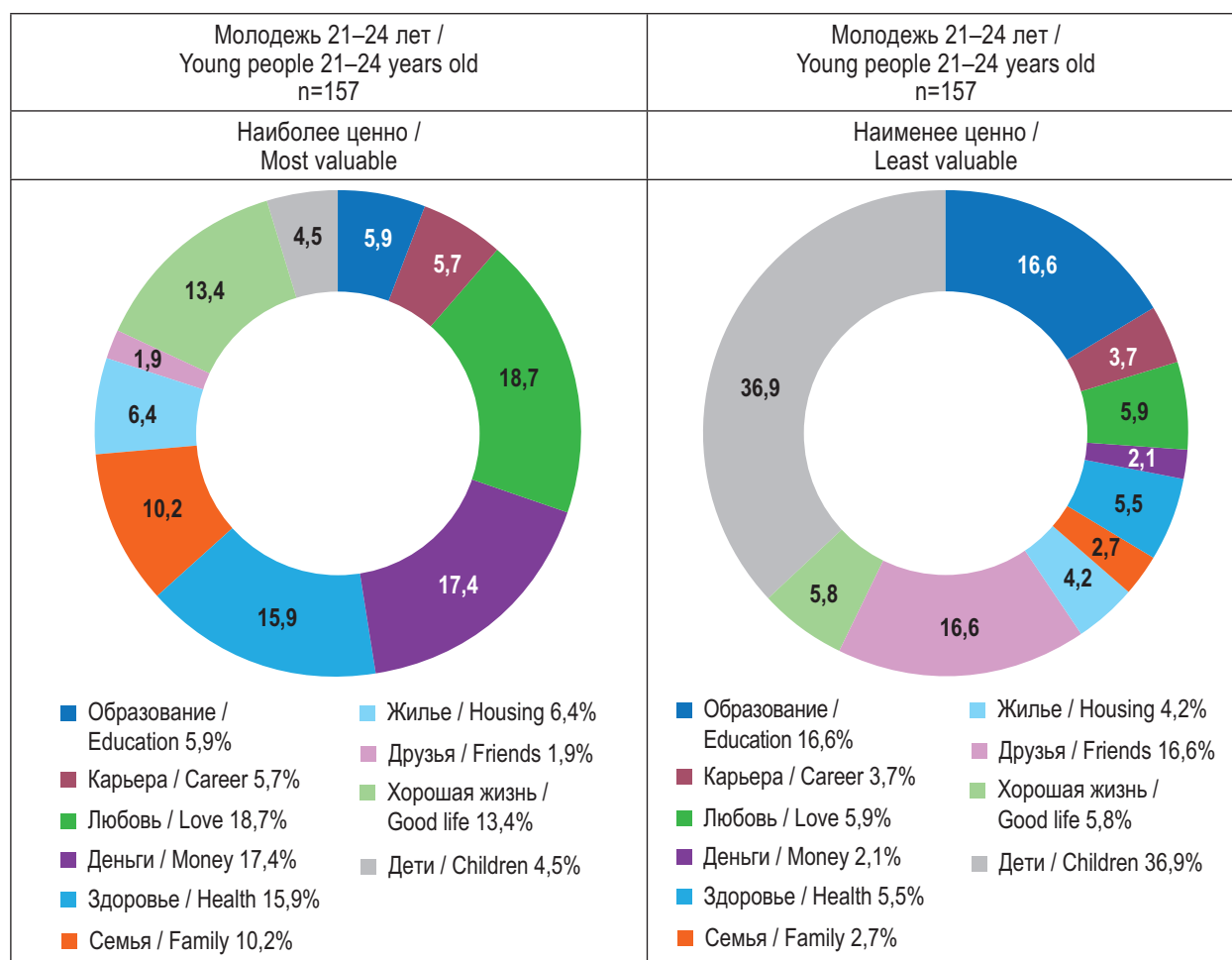


Fig. 3. Life values scale for young people aged 21–24 (%)

Рис. 3. Шкала жизненных ценностей молодежи 21–24 лет (%)

Rational nutrition is one of the fundamental criteria of a healthy lifestyle. Respondents were asked questions characterizing their diet and food preferences (Table 3).

More than half of adolescents aged 15–17 mainly eat 3–5 times a day, 43.3% of young people eat this way on average. At the same time, 37.4% of adolescents, 39.6 and 43.3% of young people aged 18–20 and 21–24 eat 1–2 times a day, respectively. 27.2% of adolescents and 20.5% of young people eat regular and balanced meals; 34.0% of adolescents, 41.8% of 18–20-year-old and 29.9% of 21–24-year-old eat natural products with occasional use of fast food. 35.9% of adolescents, 36.6% of young people 18–20 years old and 43.9% of young people 21–24 years old do not care about their nutrition and choose fast food as their principal type of food.

Thus, the nutrition of modern adolescents and young people do not meet their physiological needs, which is confirmed by the results

of many other authors [13–15]. Excess carbohydrates, salt, and fats in diet can lead to early onset of such socially significant diseases such as arterial hypertension and diabetes mellitus. Lack of dietary fiber entails a deficiency of vitamins and essential nutrients, which ultimately leads to a decrease in immunity, viral and bacterial infections, increased risk of allergic, autoimmune and cancer diseases. The lack of protein in adolescents and young people's diet leads to a decrease in hormone production, including sex hormones, which can affect reproductive function [15–17].

35.4% of 15–17 years old and 27.6 and 22.3% of young people aged 18–20 years old and 21–24 years old, respectively, consider their current state of health as “excellent”. 36.4% of 15–17-year-old, more than half of 18–20-year-old and 21–24-year-old rated their health as “good”. 9.7% of 15–17-year-old, 9.0% of 18–20-year-old, and 12.1% of 21–24-year-

Table 3

Assessment of dietary patterns and food preferences (%)

Таблица 3

Оценка характера питания и пищевых предпочтений (%)

Возрастные группы / Age groups	Сколько раз в день питаетесь / How many times a day do you eat		Завтракаете ли вы ежедневно / Do you have breakfast daily			Дайте оценку характеру Вашего питания / Describe your diet			
	1–2 раза / 1–2 times	3–5 раз / 3–5 times	частые перекусы / frequent snacking	да / yes	нет / no	не всегда / not always	регулярное сбалансированное питание / качественными продуктами / regular balanced meals with quality foods	преимущественно натуральными продуктами, фастфуд / и сладости редко / mainly eat natural products, fast food and sweets rarely	что хочу, то и ем, люблю картошку фри и гамбургеры / I eat what I want, I like french fries and hamburgers
15–17 лет / years	37,4	53,9	8,7	55,3	20,9	23,8	27,2	34,0	35,9
18–20 лет / years	39,6	44,0	16,4	44,0	25,4	30,6	20,1	41,8	36,6
21–24 года / years	43,3	42,7	14,0	45,2	26,1	28,7	21,0	29,9	43,9

Table 4

Assessment of the current health status of respondents (%)

Таблица 4

Оценка текущего состояния здоровья респондентов (%)

Возрастные группы / Age groups	Имеются ли хронические заболевания / Do you have any chronic diseases?											
	Болезни органов дыхания / Respiratory diseases	Болезни системы кровообращения / Diseases of the circulatory system	Болезни органов пищеварения / Digestive diseases	Болезни костно-мышечной системы / Diseases of the musculoskeletal system	Болезни эндокринной системы / Endocrine diseases	Болезни уха и сосцевидного отростка / Diseases of the ear and mastoid process	Болезни нервной системы / Nervous diseases	Болезни глаза и его придаточного аппарата / Diseases of the eye and its adnexa	Болезни мочеполовой системы / Diseases of the genitourinary system	Болезни кожи и подкожной клетчатки / Diseases of the skin and subcutaneous tissue	Травмы и их последствия / Injuries and their consequences	Я здоров / I am healthy
15–17 лет / years	7,8	5,3	18,4	20,4	5,8	11,7	11,2	24,3	2,4	8,7	4,4	45,1
18–20 лет / years	10,4	6,7	26,1	19,4	12,7	13,4	14,9	22,4	3,7	9,7	6,7	38,8
21–24 года / years	8,3	8,9	25,5	18,5	8,9	11,5	16,6	29,3	7,6	15,3	5,7	36,9

old rated their health as “poor”. 18.4% of 15–17-year-old, 10.4% of 18–20-year-old, and 14.0% of 21–24-year-old categorized their health as “nothing special”.

Responses regarding chronic diseases known to respondents are presented in Table 4.

Respondents in all age groups reported that they had digestive diseases: 18.4% of 15–17-year-old, 26.1 and 25.5% of 18–20-year-old and 21–24-year-old, respectively. Diseases of the eyes and eye apparatus are comparable in prevalence: 24.3%, 22.4% and 29.3% in the relevant age groups. Diseases of the musculoskeletal system were mentioned by 1/5 of the respondents. At the same time, 45.1% of adolescents, 38.8% of 18–20-year-old and 36.9% of 21–24-year-old believe that they are healthy (Table 4).

Respondents of all age groups answered the question: “What do you know about reproductive health?”. They believe that reproductive health is “the ability to give birth to children”. Namely, 40.5% of 15–17-year-old (20.4% of girls and 20.1% of boys); 27.3% of 18–21-year-old (16.9% of girls and 10.4% of boys) and 32.2% of 21–24-year-old (19.1% of girls and 13.1% of boys) answered the question affirmatively. The option stating that “reproductive health is a state of complete physical, mental and social well-being” was chosen by a quarter of 15–17-year-old (12.6% of girls and 12.4% of boys); 16.4% of 18–20-year-old (10.2% of girls and 6.2% of boys) and 17.8% of 21–24-year-old (10.5% of girls and 7.3% of boys). 23.8% of adolescents (12.0% of girls and 11.8% of boys), 27.6% of 18–20-year-old (17.1% of girls and 10.5% of boys), and 31.9% of 21–24-year-old (18.9% of girls and 13.0% of boys) believe that reproductive health is “pleasure and a safe sexual life”.

The third block characterized respondents’ relations with medical organization and outpatient clinic doctors. Thus, adolescents aged 15–17 most often visit a doctor 2–4 times a year (52.4%), as well as young people aged 18–20 (47.8%), and young people aged 21–24 most often visit a doctor once a year (61.8%). About a third of respondents of all age categories have cold once a year (from 27.7 to 36.9%), about half suffer from cold 2–3 times a year. 22.8% of adolescents, 15.0% and 16.6% of young people 18–20 years old and 21–24 years old, respectively, get cold more than four times a year.

Adolescents and young people undergo compulsory preventive medical examinations in edu-

cational organizations, which is reflected in their answers to questions about reasons for visiting a doctor. Thus, 58.6% of adolescents visit a doctor for a physical examination; as they grow older, finish their studies and there is no need for a compulsory physical examination, the proportion of young people visiting a doctor for preventive purposes progressively decreases to 34.3% at the age of 18–20 and 28.7% at the age of 21–24.

Young people are most often motivated to visit a doctor by a need to obtain a medical note — 58.3% of adolescents, 59.0% and 48.4% of 18–20 and 21–24-year-old, respectively. 47.1% of adolescents, 62.7% of 18–20-year-old and 58.6% of 21–24-year-old visited a doctor because of a worsening of their health. 11.2% of adolescents, 17.9% and 14.0% of 18–20 and 21–24-year-old respectively, sought medical attention for exacerbation of chronic diseases.

Almost 20% of adolescents, 33.6% of 18–20-year-old and only 14.6% of 21–24-year-old are under medical monitoring in outpatient clinics. More than one third (33.8 to 35.9%) of young people do not possess any information about their medical monitoring.

Preserving the reproductive health of population is an important task confronting the Russian health care system. Respondents of all age categories do not pay due attention to preserving their reproductive health: only 25.2% of adolescents, 47.0% of 18–20-year-old and 38.9% of 21–24-year-old visit a gynecologist and andrologist annually (Table 5).

The data in Table 5 shows that girls of all age groups follow their reproductive health more closely, especially as they get older. Young men visited an andrologist most often only during school or secondary education, and the older they get, the less frequent these visits are.

A part of respondents (6.4–10.7%) do not know who are gynecologists and andrologists. As evidence of lack of literacy in reproductive health issues, 2/3 of young people misinterpret this concept. At the same time, social, economic, political and cultural transformations that have occurred in our country in recent decades have led to changes in sexual behavior of modern adolescents and young people. They have liberated their views and removed moral and ethical prohibitions, which, together with insufficient literacy, entails a high risk of abortion and sexually transmitted infections [16]. It is indisputable that the reproductive health of today’s youth will

Table 5

Attendance to a gynecologist/andrologist by representatives of various age groups, by gender (%)

Таблица 5

Посещаемость врача гинеколога/андролога представителями различных возрастных групп с разбивкой по полу (%)

Как часто Вы посещаете врача-гинеколога/андролога? / How often do you visit a gynecologist/andrologist?						
Ответы респондентов / Respondents' answers	15–17 лет / years		18–20 лет / years		21–24 лет / years	
	М/М	Ж/Ф	М/М	Ж/Ф	М/М	Ж/Ф
Несколько раз в год / Several times a year	5,8	5,9	3,4	5,6	7,0	10,2
Один раз в год / Once a year	12,5	12,7	17,9	29,1	15,9	22,9
Один раз в несколько лет / Once every few years	7,9	8,1	5,7	9,2	6,0	8,6
Никогда не был / Never been	18,0	18,4	7,1	11,6	9,4	13,6
Не знаю такого врача / I don't know this doctor	3,1	7,6	4,0	6,4	2,6	3,8

determine demographic indicators for 10–15 years ahead. Therefore, active educational work should be carried out to draw attention to the problems of reproductive health [17, 18].

Accessibility of medical care is one of the most important criteria for the activity of medical organizations. According to respondents' answers, 53.9% of adolescents and 41.6% of young people can always receive medical care in a timely manner; 26.7 to 45.5% of respondents received care within 14 days. More than half of the respondents do not know the name of a district physician. 16.4% of young people answered that the last time they had a physical examination was during their school years. From 11.9 to 19.7% of the respondents prefer treatment and examination in private medical centers.

One question of the poll was “What is your attitude to vaccination?”. 20.9% of adolescents, 26.9% of 18–20-year-old, and 18.5% of 21–24-year-old consider vaccinations useless. At the same time, 54.4% of adolescents; 56.7% of 18–20-year-old; and 65.6% of 21–24-year-old have an unequivocal positive attitude toward vaccination. 20.9% of adolescents, 16.4% of 18–20-year-old and 15.9% of 21–24-year-old believe that vaccinations do more harm than good.

Young people of all surveyed ages most often consult Internet (49.5%), address the question to a doctor at an outpatient clinic (46.0%), and consult with their parents (31.6%) to obtain information about their health.

Assessing the quality of medical care at outpatient clinics, from 47.6% to 56.7% of respondents said they were satisfied with it; from 9.2% to 15.7% expressed dissatisfaction; one third of respondents found it difficult to give an answer.

When asked “Do you have information about health care when you transition to an adult polyclinic at age 18?”, the teenagers answered as follows: 20.9% replied that there was a memo provided at a children's outpatient clinic where everything was explained; 37.9% of adolescents have no information about further medical care; 21.8% will simply turn to their district physician.

CONCLUSION

This study found that health, as one of the main basic values, is prioritized by only 6.8% of adolescents aged 15–17 and 13.0% of young people aged 18–24. Adolescents and youth consider childbirth as the least valuable priority. The prevalence of bad habits increases significantly among 18–24 year-old. These respondents do not pay due attention to preserve their reproductive health. Only one third of young people visit a physician for preventive purposes. Less than a quarter of surveyed adolescents aged 15–17 are informed about the process of transition from child to adult network.

In the conditions of demographic crisis in our country, special attention of the state and its institutions should be paid to reform the system of medical care for adolescents and young people to combine preventive and therapeutic-diagnostic activities of children's and adult outpatient clinics. It is necessary to ensure a preventive continuum aimed at early detection of risk factors for chronic non-communicable diseases for timely correction, as well as to shape the physical and mental health of young people, and to improve their medical literacy, including reproductive

health literacy and commitment to healthy lifestyles.

ADDITIONAL INFORMATION

The contribution of the authors. All the authors made a significant contribution to the development of the concept, research, and preparation of the article, read and approved the final version before publication.

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ДОПОЛНИТЕЛЬНАЯ ИНФОРМАЦИЯ

Вклад авторов. Все авторы внесли существенный вклад в разработку концепции, проведение исследования, и подготовку статьи, прочли и одобрили финальную версию перед публикацией.

Конфликт интересов. Авторы декларируют отсутствие явных и потенциальных конфликтов интересов, связанных с публикацией настоящей статьи.

Источник финансирования. Авторы заявляют об отсутствии внешнего финансирования при проведении исследования.

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