

## **The Evolution of the Concept of Public Health in Modern Youth Discourse**

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### **ABSTRACT**

Health serves as an objective prerequisite for social activity in any efficient social structure. The position of people in an unequal system influences their behaviour and society's resources through socio-cultural and socio-economic factors in the health sphere. The concept "health" and its opposite term, "illness", are subjective phenomena of culture, and not only the characteristics of a body's physiological state. However, semantically, in modern Russian consciousness, "illness" has far-reaching associations. The sociological context of public health is extremely important. From the social point of view, health is presented as an objective factor for the self-actualisation of individuals in society;

consequently, it is one of the parameters of the quality of life for individuals and social groups. The results of this research can serve as a basis for a comparative analysis of health and disease in various cultures, the importance of which is emphasised in the literature.

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## INTRODUCTION

Public health has been researched since the beginning of the 1990s. Health is defined as a key social problem in the works of Medik (2003), Venediktov, Matros (1992), Lisitsyn, Yuriev (Yuryev & Kutsenko, 2000). Social inequality and lifestyle limit access of some groups to healthcare service and resources. These important parameters have been the subject of much research as out new methods and approaches to solving them are worked out (Eliseeva, 1997).

While the literature defines the problem of social differentiation in health, but it does not explore it in much depth or provide answers that are adequate. Population samples have not been studied with the objective of discovering the reasons for this differentiation. This may be seen in articles written by Medik and Osipov (2005), Tapilina (2004), Panova, and Rusinova (2005) and Shilova (2007). Social differentiation analysis in health, which has led to the development of theory and social practice, should be carried out at population and representative level. However, this has not been implemented as yet.

Doctors have paid much attention to defining the concept 'health' since the advent of scientific medicine. Defining health and its parameters remains a vital subject of discussion in the medical field. One may say that health is disease clearance. Health may also be understood as a day-by-day condition and state of the individual (*Today, you are not ill; therefore, you are healthy*). In the second century, the famous doctor Galen from Pergamum wrote, "Health is

that state in which we do not suffer from any pain and are not limited in our life activity." Absence of the symptoms of illness is not a guarantee that the pathological process does not begin or end in the human body (Moscovici, 1961). The World Health Organisation (WHO) considers health as a positive state that characterises a person in general and defines him as being in a state of full physical, spiritual (psychological) and social well-being, and not just as disease clearance and disability (Sim & Mackie, 2016). This confirms the need for a topical study of social differentiation in health using a representative sample that considers the complexity of the key parameters that define health such as the social, economic, demographic and cultural parameters.

The modern socio-economic, techno-industrial and political development of society is the result of the global strategy of progress of human civilisation, intensifying and raising in an uncommon way the value of human resources. However, it also reveals a conserved tendency to 'traumatise' the population; assault from the industrial, politico-military, terroristic and other social elements can often lead to physical injury and damage to people, causing them to suffer poor health. In modern society, we see many with physical disorders today and the segment of society that seems to be most affected by this is the young, active population of the country. When the youth of a nation are in ill health, it becomes severely handicapped in its socio-economic, socio-politic, cultural and moral life. Public health, then, is a concept of modern life that

needs immediate investigation.

## METHODS

The operational scheme of public health used in various studies, as a rule, has been based on the position of people in society depending on their adaptation to modern living conditions and medical statistics. In our opinion, this scheme does not reflect the concept of public health in a poly-cultural society as the character of such a society imposes specific tendencies on public health and therefore, studying public health in the context of such as society requires another approach. In such a context, it would be more important to diagnose the sociological context of public health for the purpose of finding out how obvious realities of a poly-cultural society are manifested in the health of the people as well as to find out the ensuing results of such manifestation.

The aim of this research, conducted in the period 2015-2016, was to study the peculiarities of the social images of health and illness among youth and to learn the dynamics of these images (Eidson, Clancy, & Birkhead, 2016). The analysis of these images, we believed, would indicate what young people think and feel about health and illness and to discover whether their image of health is strong and firm. The object of the research was the youth. Two hundred and ten students of different specialties, including students who were working and studying, took part in the research; of the total, 170 were women and 40 were men. They were aged 18 to 35 ( $M_{\text{age}}=20.9$  years old,  $SD=3.4$ ). Seven questionnaire were

rejected because they were only partially completed. Social images of health and illness and the peculiarities of image dynamics were the subject of the research.

We made an assumption that there was a change in social images of health and illness in society today. However, we believe that the polarity of 'strength'-'weakness' that is true of health remains unchanged. A change in images of health deals with the elements that attend healthcare activities. A change in images of illness deals with the elements that indicate how it is being cured.

The main method of research was the questionnaire. The questionnaire consisted of three parts. The technique of associations was used for finding out the structure of ideas about health and disease in the first part. The second part contained questions about health support measures, health risks and the groups in which these problems are usually discussed. The third part included demographic questions. The received data were analysed. The prototype and content analyses were used.

One point of view describes the health of an individual as the process of preserving and developing biological, physiological and mental functions in order to perform at optimum level at work and in social activities. Modern researchers suggest modifying this concept: In medicobiological aspect, health is the state of an organism in it is capable of self-improving, developing its bio-physiological functions and being active in changing environmental conditions without stable changes in the internal environment. In terms of psychology and

hygiene, health is the person's capability for integral behaviour that is focussed on satisfying his own needs, including the need for self-development and meeting the requirements of the social environment, state and society.

The health of a person is largely a causal phenomenon. It can be mainly determined by internal causes and depends on many causal internal processes and factors. Health parameters cannot serve as a reason for making decisions that are directed on optimising the living conditions of large groups of the population. The average health level of the population always serves as an indicator of the environment's favourable or negative influence on people. The concept of public health is used to solve social, economic and political problems that affect the health of the people.

Public health is the main feature or property of a human community. It is the natural reflection of the adaptive reactions of each member of the community as well as the whole community's ability to fulfil its social and biological functions under specific conditions. Public health parameters can be significantly different from one another under various different social and economic, eco-hygienic and natural conditions. This allows us to talk about different qualities of public health. The specificity of regional living conditions determines the probability degree for achieving the best level of health and creative work in the individual's lifetime.

Public health also characterises the viability of all society as a social

organism and its possibility of continuous harmonious growth and social and economic development. The level of public health serves as the best and most comprehensive indicator of living conditions on which it depends. Public health is not something static and locked; it is in constant flux depending on external and internal situations. Characterising a certain level of any community's health captures a 'photograph' of its medico-demographic status. The dynamics of vital potential losses, nosological profile transformation and changes in length of life are a series of such photographs. It is these that allow us to understand the essence of the medico-demographic phenomenon that is happening. They also allow us to find ways of predicting public health status objectively and of working out the ensuing life-saving measures.

The problems of defining the quality of public health are inseparable from the population's living standards. It is well-known that health status is determined not only by the health system, but also by living conditions in the country. Modern living standards are measured by indicators that include employment and social protection of the population, individual status and personal liberty, ethics and legal, social and medical norms, education and culture and provision of citizens with the main material and spiritual benefits, including a sanitary and natural protection. The self-protective behaviour of the population i.e. people's attitude towards their health and that of their relatives also has great significance.

## RESULTS

Our research showed that the health of the nation depended on the health system state only by 15%, on genetic factors by 20%, on ecology by 25% and on social and economic conditions and a person's way of life by 55%. Autonomous nonprofit organization Levada Center conducted a research project called Kuryer-2008-11 in 2008, which showed that nearly 93% of the respondents defined health as a special important purpose in life ("The All-Russian Archive of Sociological Data", 2016).

Conditions, circumstances and special reasons that are all risk factors for contracting and developing diseases are more responsible for the quality of public health than others. The projection of risk factors on the reasons for premature mortality, developed by experts from WHO, confirmed that there are enough accurate correlations between risk factors and the change in public health level.

Science, facilities, architecture, transport means and sanitary infrastructure promote

the creation of 'civilisation armour' that can protect people from negative environmental impacts. The biological properties of each person and environmental conditions influence public health (Figure 1).

Based on the model developed by the experts from WHO, Lisitsyn, in 1987, suggested grouping risk factors by health value.

Table 1 shows socio-economic factors such as way of life, environmental conditions and genetic background affect health greatly, while natural conditions also define many features of the population's health. Socio-economic factors have the greatest influence on health. They include:

- living conditions, including housing size and quality, district heat supply, water supply and sewerage available;
- redevelopment of the area;
- degree of urbanisation of the area;
- quality of recreation resources;

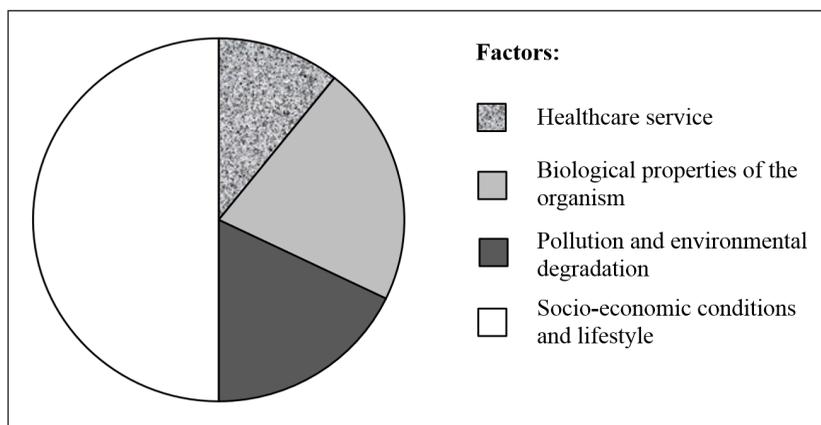


Figure 1. Model of the role of external and internal factors influencing public health by experts from WHO

Table 1  
*Risk factor grouping*

Sphere	Health value by volume weight, %	Groups of risk factors based on lifestyle and socio-economic conditions
Lifestyle and socio-economic conditions	49-53	Smoking, tobacco consumption, unbalanced improper feeding, alcohol consumption; harmful labour conditions, stress situations; adynamia, hypodynamia; bad living circumstances and conditions, drug usage, drug abuse; unstable families, loneliness; low educational and cultural levels; excessive urbanisation
Genetics, anthroposomatology	18-22	An underlying risk for hereditary and degenerative diseases; cancer
Quality of external medium, natural environment	17-20	Air pollution, water and soil pollution; housing pollution and food contamination; health hazards; a sharp change in weather; increased radiation, increased magnetic and heliospace radiations etc.
Healthcare service	8-10	Inefficient preventive treatment; low quality of medical care

- addictions (alcoholism, smoking, drug addiction);
- quantity and balance of dietary intake;
- the population's revenue position;
- development of social assistance to needy groups of the population;
- availability or lack of good jobs;
- availability and quality of education;
- influence of information to change people's mentality;
- family dynamics and issues of morality: divorce, abortion, suicide, crime, including murder;
- migration mobility (for instance, moving from rural areas to the city);
- specificity of lifestyle in regions with various natural, social, ethnic and religious features.

The next biggest influence comes from the environment and the degree to which it is polluted:

- the air;
- natural open and subsurface waters;
- the soil;
- geological structure of the area;
- plants and wild animals.

Clearly, the elements of public health always have a certain regional specificity. For instance, there are diseases that are mainly determined by physical factors such as low air temperature, high humidity, strong winds, a sharp drop in atmospheric pressure, very active geomagnetic phenomena etc. in polar areas. During geomagnetic storms, they can cause ailments such as flu and flu-like illnesses, meteosensitivity, catarrhal diseases and cardiovascular system disorder. Biological element hazards include viruses and vectors that transmit disease like

mosquitoes, ticks, poisonous plants and animals. Different diseases are located in different geographical conditions.

The quality of public health can be estimated using many indicators, but the most important and reliable are as follows: life expectancy (LE), standardised mortality rates (as co-factors and main factors), infant mortality, general diseases and social diseases such as venereal diseases, alcoholism and HIV infection. The analysis of these indicators allows us to estimate the health of the population rather precisely and to compare different regions with one another. The health status of a region provides information about its social and economic situation.

The most objective assessment of the health status of rather small human communities is done from special medical examination of children and adults using the definition technique of 'groups of health'. Based on objective medical data related to physical state, people who have passed a medical examination are divided into five groups: healthy; healthy with functional and some morphological changes (no chronic diseases, but having different functional diseases); sick, with chronic diseases (compensated state); sick with chronic diseases (sub-compensated state); and seriously sick needing bed rest, disabled groups I-II (decompensated state).

WHO has suggested estimating the health of people at the ages of 1, 15, 45 and 65 when they have a medical examination. This would provide an objective opportunity to reveal changes in public health within

each regional group of the population and to compare different regions with each other. The results of this assessment will indicate the health level of different regions in the country such as optimum level of health and poor level of health.

Health assessments play various roles in the life of societies and groups; they are extremely difficult to make and are sometimes quite contradictory. It should be noted that there are at least two interconnected historically determined tendencies in health assessments. The first supposes that good health and physical development raise one's social status i.e. they allow for career progress through promotions, enhance selection as spouse and enhance biological survival in physical competition between groups and individuals. The second tendency shows that the true and false symptoms of health could and can serve as reasons for persons and groups that have economic, legal and cultural advantages, among others. Furthermore, these reasons are united by humanitarian values, welcomed by certain groups of people and often take the form of ethical standards, being fixed in the socio-legal and socio-economic spheres of society and separate social groups.

The spiritual orientation of some Christians sometimes causes them to neglect health or to impose behaviour on others that could harm their health. For their religious beliefs, some people are known to even mutilate themselves or refuse medical treatment when ill. There are also those who display their physical defects in public to

receive social advantages in Russia. These tendencies emphasise the ambiguity of public health problems as they may present themselves visually in society. There are also conceptual problems to do with the categories as they exist.

The respondents proposed 1066 associates with the object 'health' and 1089 associations with the object 'illness'. A conceptual dictionary was compiled for each object. It included 280 different concepts as to health and 311 concepts as to illness. The analysis of associations for each object is summarised below.

### Health Images

Table 1 shows the core zone of images about health, which were: sport, strength, good mood, pleasure, healthy eating, happiness, good health, beauty and vivacity. The peripheral system constituted a potential zone of change: absence of diseases, doctor, activity, illness, walks, drugs, well-being, smile, healthy lifestyle, life and vitamins. The proper peripheral system of images included: activity, freedom, dream, self-confidence, fresh air and rest. "Sport" and "strength" were the most quoted elements. On the one hand, the element "sport" indicates the activity of an individual; on the other hand, it includes health support. There were also other elements in the structure of images, indicating ways and conditions of health support: healthy eating (core zone), walks, healthy lifestyle, vitamins (potential zone of change), fresh air, rest and dreams (proper peripheral system). Four elements of the core zone concerned

the physical aspects of an individual's health i.e. "strength", "good health", "beauty" and "vivacity". At the level of health image was a "visible" phenomenon that had positive estimated physical lines i.e. beauty. The specification of the physical part of health in the peripheral system is realised through the elements "disease clearance", "well-being" and "activity". The element of the peripheral system "disease clearance" indicated that health is defined not as a positive condition, but as disease clearance for the respondents. There were three elements i.e. "good mood", "pleasure" and "happiness" in the core zone of images. "Smile" as a positive emotional expression was contained in the potential zone of change in images. These made up 53.47% of all the uttered associations (Table 2).

The following analysis of all the offered associations based on the elements of the core zone (Cohen's Kappa=0.69) allowed distinguishing the main categories of images such as 'ways and conditions of health support' (sport, healthy eating, walk, healthy lifestyle, activity etc.) – 29.55%; the physical well-being of a healthy person (strength, vivacity, beauty, good health etc.) – 22.51%; and positive emotional expressions (pleasure, good mood, happiness etc.) – 13.7%. The additional categories connected with the elements of the peripheral system such as disease and treatment of a patient: influence agent, ways and means (disease, doctor, drugs, hospital etc.) – 5.91%; and the social and psychological 'characteristics attributed to a healthy person' (self-confidence, carelessness, vivacity etc.)

Table 2  
*Elements that formed the core and peripheral images of health*

Frequency of Associations	Average Rank of Associations	
	< 3.08	≥ 3.08
≥14.5	Sport (68; 2.54)	Healthy lifestyle (23; 3.13)
	Strength (48; 2.31)	Life (17; 3.65)
	Good mood (44; 2,64)	Vitamins (15; 4.47)
	Pleasure (41; 2.63)	
	Healthy eating (35; 3.03)	
	Happiness (34; 2.82)	
	Good mood (31; 2.23)	
	Beauty (24; 2.88)	
	Vivacity (23; 2.52)	
<14.5	Disease clearance (14; 3.00)	Activity (14; 3.14)
	Doctor (13; 3.08)	Freedom (14; 4.21)
	Activity (13; 3.08)	Dream (13; 3.69)
	Disease (12; 2.92)	Self-confidence (12; 4.08)
	Walks (11; 2.64)	Fresh air (10; 3,20)
	Medical drugs (10; 2.60)	Rest (10; 3,80)
	Well-being (10; 2.8)	
	Smile (10; 3.00)	

– 3.53%. About 75.2% of the respondents explained the categories of all the offered associations in the restructured type. So, the key components of images about health were as follows: ways and conditions of health support, physical well-being, activity and the appearance of a healthy person and positive emotional expressions.

**Illness Images**

The core zone elements of images about illness were as follows (Table 3): pain, temperature, hospital, weakness and paracenesesthesia. The peripheral system (potential zone of change) included such elements as death, fear, cacesesthesia (lack of strength in patient), bad mood, tablets,

medical drugs, doctor, bed and fatigue. The proper peripheral system of images was formed by such concepts as cough-nasal catarrh, drowsiness, pricks and boredom. These concepts made up 48.5% of all the associations.

It turned out that illness was mostly associated with physical symptoms such as “pain” and “temperature”. Other physical components of the core zone of the images were “weakness” and “paracenesesthesia”. The potential zone of change included “cacesesthesia” and “fatigue”. The element “weakness” was supplemented by the element “cacesesthesia”. The element “bed” can be doubly interpreted as weakness, lack of strength, or as torpidity, physical inactivation. Finally, the physical part of

Table 3  
*Elements that formed the core and peripheral images about illness*

Frequency of Associations	Average Rank of Associations	
	< 3.15	≥ 3.15
≥24.5	Pain (80; 2.95)	Medical drug (46; 3.20)
	Temperature (45; 2.86)	Doctor (41; 3.49)
	Hospital (44; 2.91)	Bed (30; 4.13)
	Weakness (38; 2.11)	Fatigue (26; 3.31)
	Paracenesesthesia (31; 2.55)	
<24.5	Death (23; 3.09)	Cough-nasal catarrh (19; 3.16)
	Fear (22; 2.73)	Drowsiness (12; 4.33)
	Cacesthesia (16; 2.56)	Pricks (10; 3.60)
	Bad mood (16; 2.75)	Boredom (10; 4.20)
	Tablets (15; 2.67)	

illness was presented by such elements as “cough-nasal catarrh” and “drowsiness” in the proper peripheral system.

The element “hospital” indicates medical treatment conditions. It is concretised by means of such elements as “tablets”, “medicine”, “doctor” (potential zone of changes) and “pricks” (proper peripheral system). The presence of this element in the core zone can be explained as a certain social context in which there is the treatment of a patient and the doctor’s interaction with the patient. The prototype illness is followed by the serious state of the patient that requires his being admitted in hospital. Practically all the elements in the core zone are physical symptoms of illness. The emotional expressions connected with illness can be the elements of the core zone in a group of minorities (element location). The illness image by the group of minorities was negative because it contained elements like “death” and “fear”.

Analysis of the empirical material was

reconstructed using the components of the core zone for the main categories. The following results were obtained (Cohen’s Kappa=0.74): physical symptoms of illness and the state of a patient (pain, weakness, temperature, paracenesesthesia, cacesthesia, fatigue, “cough-nasal catarrh” etc.) – 32.14%; patient treatment: influence agent, means and ways (hospital, tablets, medical drugs, doctor, pricks etc.) – 20.2%; negative emotional expressions (fear, bad mood, boredom, grief etc.) – 14.8%; and torpidity (bed, bed rest, physical inactivation etc.) – 6.98%. About 74.1% of the respondents’ answers were considered in the analysis. Other categories included aetiology, social and psychological characteristics of patients, specific diseases, appearance of the patient, lost time, internals and apparatus and social relationship. The key components of images about illness were physical symptoms and the reaction of the patient to treatment. Also included were negative emotional pains and torpidity of the patient. However, these

categories concerned individual images of illness.

As was seen in research done in 2002 (Bovina, 2005), images of health and illness were formed around the elements “strength and weakness”. It should be noted that “strength” is one of the key components of health images in the research conducted using a methodical tool different from what the representatives of other age groups use in other Russian regions (Vasilyeva & Filatov, 2001).

Compared with the results obtained 2002, the comparison of images of health and diseases in this research showed that health was a more difficult phenomenon to conceptualise for the participants of the research than was illness. When it came to health the core and periphery contained a larger number of elements than in the case of illness at the level of images. The statistical analysis of element frequency in the core and periphery of images showed that illness image was a little more coordinated than health images ( $p=0.056$ ). The physical aspect was more expressed in the case of illness images ( $\phi^*=-5.04$ ; hereinafter  $\phi$ -criteria \* was at a level not exceeding  $p<0.05$ ).

According to the results of the two studies, in 2002 and then in 2006-2007, the comparison of the same images showed that methods and conditions of health support, physical well-being of a healthy person and positive emotional expressions were the key components of health images. However, the detailed analysis of the core zones of ideas indicated partial coincidence of the elements

in these parts of health images (sport, beauty, strength, pleasure, vivacity). The stability of the element “strength” that is mostly rooted in Russian culture was of great interest to us (Bovina, 2005). Other elements of images did not coincide. In the research conducted in 2015-2016 such elements as “good health”, “good mood”, “healthy eating” and “happiness” that were pointed out were also in the structure of ideas in the research of 2002, but they had become part of the core in the later study. These elements had been part of the peripheral system before (Bovina, 2005). It was curious to see the element “health eating” among the core images i.e. there were two elements “sport” and “health eating” that indicated means of health support. The element “life” that was part of the core zone in the research conducted in 2002 was now part of the potential zone of a change in images (the research of 2015-2016). With relation to the structural approach of the social images theory, these non-coincidences in the structure of the core indicate changes in the health image (Abric, 2001).

We found an interesting fact at the level of the peripheral system. In 2002 there had been elements that indicated various actions and conditions necessary for health support. However, the concept “healthy lifestyle” was used rather seldom (mentioned only six times) in the core zone of images, while in 2015-2016, 11.3% of the respondents made the association. Now this element was in the potential zone of a change in images. This concept has been rather widely used in communication and also in public

discourse in mass media. This concept in images probably assumes a number of measures for health support implementation and behaviour system, which are regularly carried out. The 2015-2016 results indicated that there was an indication of an unhealthy lifestyle among the factors that were menacing to the health of a person. The comparison of the categories of health image in the two research studies showed that the imaged was formed by such categories as physical well-being, means of health support, positive emotional expressions, disease and its treatment, and positive social and psychological characteristics attributed to a person.

The volume of comparison showed an increase in the category “means of health support” in health image ( $\varphi^*=-5.73$ ). “Sport” and “healthy eating” were the most coordinated elements of this category. Other elements reflected a variety of the individual means of health support.

The comparison of illness image in the two studies showed similar results for the categories physical symptoms of illness, ways and means of treatment, negative emotional expressions and inactivity. In both cases, the most important category was the physical well-being of the patient. However, “patient treatment: influence agent, means and ways” remained the key category in the later research. The elements in the core zone of images in both studies were as follows: “pain”, “weakness” and “temperature”. Location of other elements was different. Elements that were non-coincident in the core zone indicate the distinction of illness

images i.e. their change.

The comparison of the volume of categories for illness images indicated an increase in the volume of this category ( $\varphi^*=1.85$ ). The important result in the both studies was stability of the element “weakness”, as the analysis of “illness” etymology indicated that this element was largely rooted in Russian culture.

At the level of images, health was not a simple opposite of illness. Health was a more difficult, various and less coordinated phenomenon formed by a large number of mixed elements and categories in comparison with illness that was represented through physical illness in many respects. Health was represented not as an initial reality or something that required making an effort or the performance of certain behaviour.

## DISCUSSION

Public health can be considered as an integral component of society’s (and that of certain communities) social potential that is in functional interrelation with other subsystems of society such as social production, system of benefit distribution, social inequality, authorities, culture and information.

A range of problems caused by social differentiation of the population in healthcare has been the subject research area of social structure, social institutes and processes. It is now being actively studied by a number of the fields of modern sociology such as medical sociology and sociology of public health; and the allied sciences: medical

demography, healthcare economy, social statistics of health and healthcare, social hygiene, theory and methods of social work etc. Despite a rise in the interest of local sociologists' and in the volume of research, this range of problems is at the initial stage of development in Russia. The problem of the social differentiation of the population in healthcare is one of the most developed directions in foreign sociology. It is based on the centenary history of special studies related to social contradictions concerning access to medical care. Literature on this matter is voluminous. The classical works in this area belong to Weber, Durkheim, Hedvik, Frank and Chadwik. The interrelation between length of life and situation in the professional hierarchy was designated by Hedvik in 1842 as the central indicator of public inequality in his report "The Sanitary Conditions of the Working Population in Great Britain". Durkheim researched behaviour motivation depending on health status (Durkheim, 1995, p. 71). The concept "social representation", which he introduced in reference to the health of the population, was subsequently developed by Ertlish, Dutard and William. Weber created a foundation for studying the relationship between lifestyle and health that was developed by Kokerem and Rutten later.

The first attempt to measure the "subjective well-being" of the population was made within the framework of researching the psychological health of the population of the USA. Afterwards, foreign studies on subjective well-being were mainly concentrated on measuring

"quality of life", and were established in the field of sociological studies. One of the first fundamental research studies in this sphere was a series of nationwide studies conducted by Andrews and Campbell in the 70s. "Global well-being" was used as the technique that was specially developed for this investigation.

## CONCLUSION

Russian society's transformation into a market economy has caused essential shifts in valuable images, orientations and behaviour of various groups of the population. People are required to master new standards of behaviour, which are not always coordinated with their internal state of being. Their adaptive capabilities, defined by the social, demographic, psychological and cultural assumptions make for interesting research topics.

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