

DOI: 10.12731/2658-6649-2021-13-4-75-98

UDC 316.64; 61; 574.2

SELF-PRESERVATION ATTITUDES OF YOUTH AND ADOLESCENTS DURING THE COVID-19 PANDEMIC

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Purpose. *The study is aimed at the analysis of the fundamental structure, functions and self-preservation attitudes and manifestations in the behavior of youth and adolescents in human ecology-aware contexts during the COVID-19 pandemic.*

Background. *Against the backdrop of the COVID-19 pandemic, there has come up an insufficient psychological readiness of young people of many countries, including the Russian Federation, for self-preserving behavior under the threat of an infectious disease with high virulence. The results of the study make it possible to assess the possible risks and develop preventive measures for correcting the social orientation of youth and adolescents towards maintaining health among individuals and social groups of young people.*

Study Design. *The article presents the results of an empirical study of the cognitive, conative (stimulating) and emotional components of the self-preservation attitudes of adolescents and youth. It is shown how the latent dysfunction of the attitude towards maintaining health and impaired self-preservation behavior in the relatively safe period, manifests itself as a predisposition to the behavior that poses a threat to human health and survival during the COVID-19 pandemic. A comparative analysis of the structure, functions and phenomena of self-preservation attitudes of young people before and during the pandemic has been made based on empirical studies of the authors conducted in the Kaliningrad region of the Russian Federation within the period of 2010–2019.*

Participants. *600 respondents in the city of Kaliningrad and the Kaliningrad region were examined during the period of 10 years (2010–2019). They comprised secondary school children aged 12–16 (20%), and men (34%) and women (46%) being university and college students majoring in humanitarian and technical fields of study aged 18–24.*

Methods. *The authorial methodology “The Readiness for Self-Preservation Behavior” in comparison with the data analysis within the contexts of the COVID-19 pandemic which were available to access from the Internet, open global media sources, public records, and the official sources.*

Results. *The dysfunction and weakness of the self-preserving attitude is caused by the low level and inconsistency of the cognitive, conative (behavioral), emotional and evaluative components in the structure of the self-preserving attitude settings for different spheres of life in adolescents and students in the Kaliningrad region, as well as a lack of behavioral experience that strengthens the psychological dis-orientation of young people in the field of health preservation.*

Findings. *The low psychological readiness of young people to maintain health and display human the self-preserving behavior during the COVID-19 pandemic was manifested by irrelevant behavioral phenomena: the neglect of protective equipment and hygiene measures, as well as the open and veiled resistance to the self-isolation regime.*

Keywords: *attitudes; social attitude; self-preserving behavior; COVID-19 pandemic*

For citation. *Simaeva I.N., Budarina A.O. Self-Preservation Attitudes of Youth and Adolescents during the COVID-19 Pandemic. Siberian Journal of Life Sciences and Agriculture, 2021, vol. 13, no. 4, pp. 75-98. DOI: 10.12731/2658-6649-2021-13-4-75-98*

САМОСОХРАНИТЕЛЬНЫЙ АТТИТЮД ПОДРОСТКОВ И МОЛОДЕЖИ В ПЕРИОД ПАНДЕМИИ

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Цель исследования: *анализ фундаментальной структуры, функций и установок и проявлений самосохранения в поведении молодежи и подростков в контексте экологии человека во время пандемии COVID-19. На фоне пандемии COVID-19 обозначилась недостаточная психологическая готовность молодых людей в многих странах, в том числе Российской Федерации, к самосохранительному поведению при угрозе инфекционного заболевания с высокой вирулентностью. Результаты исследования позволяют оценить возможные риски и разработать профилактические меры по коррекции социальной ориентации молодежи и подростков на сохранение здоровья среди отдельных лиц и социальных групп молодежи.*

Дизайн исследования: *представлены результаты эмпирического исследования когнитивного, эмоционально-оценочного и конативно-побудительного компонентов установок самосохранения подростков и молодежи. Показано, как латентная дисфункция аттитюда к сохранению здоровья и самосохранительного поведения в относительно безопасный период проявляется предрас-*

положенностью к поведению, представляющему угрозу здоровью и выживанию человека во время COVID-19 пандемии. На основе эмпирических исследований авторов, проведенных в Калининградской области Российской Федерации в период 2010–2019 гг., проведен сравнительный анализ структуры, функций и явлений самосохранительных установок молодежи до и во время пандемии.

База и выборка исследования. За 10 лет (2010–2019 гг.) было обследовано 600 респондентов в г. Калининграде и Калининградской области. В их число вошли подростки – учащиеся средней школы в возрасте 12–16 лет (20%), а также мужчины (34%) и женщины (46%), являющиеся студентами университетов и колледжей гуманитарных и технических специальностей в возрасте от 18 до 24 лет.

Методы. Авторская методика (опросник) «Готовность к самосохраняющему поведению» в сравнении с анализом открытых данных в контексте пандемии COVID-19 в сети Интернет, открытых глобальных источников СМИ, публичных записей и других официальных источников.

Результаты. Дисфункция и слабость самосохраняющей установки обусловлены низким уровнем и несогласованностью когнитивного, эмоционально-оценочного и конативного (побудительного) компонентов в структуре самосохранительного аттитюда в разных сферах жизнедеятельности подростков и студентов в Калининградской области, а также недостатком поведенческого опыта, усиливающего психологическую дезориентацию молодежи в области сохранения здоровья.

Выводы. Низкая психологическая готовность молодежи сохранять здоровье и проявлять самосохранительное поведение человека во время пандемии COVID-19 проявлялась неактуальными поведенческими явлениями: пренебрежением средствами защиты и гигиеническими мерами, а также открытым и завалурованным сопротивлением режиму самоизоляции.

Ключевые слова: аттитюд, социальная установка, самосохранительное поведение, эпидемия.

Для цитирования. Симаева И.Н., Бударина А.О. Самосохранительный аттитюд подростков и молодежи в период пандемии // Siberian Journal of Life Sciences and Agriculture. 2021. Т. 13, № 4. С. 75-98. DOI: 10.12731/2658-6649-2021-13-4-75-98

Introduction

The problem of human ecology for ensuring human life, safety and health during the “attack” of an aggressive viral infection today is especially acute both on the population and the global scales. Meanwhile, humanity regularly faces

similar threats. Without delving far into the history of the Middle Ages and the ancient world, it is enough to recall an outbreak of the Spanish influenza in 1918, that killed more than 40 million people in a year, and to study the statistics of the subsequent strains being the Asian flu pandemics in 1957 and 1968, the swine influenza (H1N1) in 2009–2010, outbreaks of the Avian influenza (1997, 2003–2004, 2011–2013, etc.), the Ebola virus outbreaks in 1976, 2014–2016, as it becomes obvious that viral pandemics occur every 10–60 years [21]. Obvious questions arise: why, at the current level of development of sciences (virology, genetics, medicine, etc.), have not yet been found and developed preventive measures to forestall such serious threats? Why, with the powerful propaganda of restrictive measures and open operational information in the media and on the Internet about the conditions and risks, the severity of the disease and the high mortality rate during COVID-19 pandemic, do youth and adolescents neglect self-defense measures and commit acts that threaten their health and life itself?

In search of an answer to the first question, we studied the annual reports of the World Health Organization (WHO) and the main statistics on the state of health in the world over the past century [5; 9; 21]. They made it possible to identify some general systemic characteristics of pandemics, in which the ecological and psychological content is traced, and thereby to indicate the contribution of the human factor, in particular self-protective and health-risk behavior of young people, towards the spread of viral pandemics.

The first and most obvious characteristic is the global scale of distribution. Pandemics pose a threat to all individuals in the *Homo sapiens* population, who are vulnerable to disease regardless of race, socioeconomic status or other demographic characteristics. This circumstance is capable of both rallying the humanity in the face of danger, and destroying the balance of interaction between social groups, communities, states and international structures. A prime example of the latter is the attempts to attribute responsibility for the COVID-19 pandemic to the Chinese government and the World Health Organization. And, conversely, mutual assistance of different countries testifies the tendency to pool efforts, focus on universal human values and strive to support the ecological socio-psychological unity of people in a global crisis situation, regardless of political and economic relations.

The next distinguishing characteristics of pandemics are unpredictability and speed. Today, scientific methods of countering the transformation of zoonotic viruses into pathogenic strains for humans are not known for sure, therefore, modern virology cannot predict the onset and place of a pandemic. As a result, the sources are identified at a stage when a viral infection affects a large number of peo-

ple, and the spread of viruses is extremely high. If in past centuries they traveled from continent to continent by sea in 6-8 months, and during the year pandemics swept across the planet, affecting about a quarter of the total population, then in the 21st century international air traffic reduced this period to several hours, and the probability of predicting the direction of the next leap of the outbreak remains rather uncertain [9; 21]. The high rate of spread of the virus, combined with the uncertainty of the dynamics and direction of mobility of its carriers, is ahead of the inertial institutional mechanisms of medical and biological prevention of pandemics, which take time (according to various sources, from 2-3 months to 1.5–2 years) to develop treatment methods and vaccination.

Without diminishing the importance of national and international health care institutions, we believe that this circumstance brings to the fore the ecological role of the person themselves as a carrier of the virus, the specifics of their communication, sociocultural characteristics and socio-psychological characteristics, in particular, social attitudes and stereotypical behavioral patterns that determine behavior in a situation of high threat to yourself and other people. They can act as a barrier or contribute to the escalation of a viral infection. A very indicative confirmation is the paradoxical behavior of the chief infectious disease specialist, who brought the COVID-19 pandemic to the city of Stavropol in the Russian Federation and contacted a thousand people within three days [7].

The high rate of international and interregional spread of the virus indirectly entails a high psychological burden due to the high mortality rate, since the intense rise in incidence quickly depletes the institutional resources necessary for protection, and generates an additional number of deaths from various causes [9]. Moreover, in the context of a shortage of medical care and protective equipment, a recession in the economy and a decline in the quality of life, threats of default and ruin, the high mortality rate from the infection makes the negative psychological attitude of the population dominant for assessing the pandemic situation and creates conditions for panic. The triggers of panic behavior are primarily mentally unstable individuals with a labile psyche, neurotic disorders and phobias of various origins. On the eve of catastrophes or at the initial stage of crises, they provoke others to specific consumer behavior: a sharp increase in demand for any products or goods, which sometimes defies rational explanation. For example, the information about the shortage of food and hygiene items in all countries, which was repeatedly disseminated by the media and on the Internet, involved a fairly significant part of the population in panic irrational purchases [33; 34]. Such behavior serves as a psychological defense, since sublimation for a certain time creates the illusion of security.

However, the subsequent dynamics of the pandemic in European countries and Russia and the resulting restrictive measures exacerbate the contribution of the negative manifestations to the psychological state of individuals and entire social groups and communities, because there is a narrowing of the field and frequency of interpersonal, religious and professional contacts. The feeling of social isolation or, conversely, an excess of intimate communication in the family, activates another form of psychological protection being the unconscious repression of the threat of infection during external contacts. And no powerful propaganda of self-isolation on TV and in the media, on the Internet, keeps people at home. Thus, an analysis of statistics on Russians' compliance with the rules of self-isolation during the COVID 19 pandemic, according to the VTB Bank Press Service, showed that in the second week of self-isolation, Russians increased their spending on transport costs and beauty salons by more than 200% compared to the first week of the pandemic [22]. This was followed by an exponential increase in the number of the COVID 19 cases almost 5-7 days later, in particular in Moscow and other large cities [17].

Thus, the search for an answer to the second question clearly indicates that the mechanism of the spread of a viral pandemic has a distinct psychological component, which can become dominant in the development of ecological mechanisms of anti-epidemic measures and requires urgent research.

Methodology

The study of the psychological aspects of human behavior during a pandemic is quite difficult, publications on this topic are rare and are of an indicative character [9]. At the same time, a large number of multidirectional publications of national and international studies of health-related behavior are known. Most of them are devoted to particular phenomena of health preservation or self-preserving behavior: attitude to the health of individuals with different personal characteristics [24]; health culture of different social groups [20]; behavioral factors of health disorders in children and youth [12]; the relationship of health characteristics with socio-economic and demographic factors [4; 14], etc. These studies are predominantly interdisciplinary in nature [26; 29]. On the one hand, interdisciplinary is their advantage, since it allows expanding the subject field of both health psychology and human ecology as a whole. On the other hand, it creates methodological difficulties, since it blurs ideas about the initial principles and logic of research, provokes ambiguity and insufficient definition of the conceptual apparatus of health psychology and self-preservation behavior.

In our research, we rely on an adaptive model of healthy behavior, also in line with an interdisciplinary approach to human ecology. From the point of view of adaptation, the main criterion of health and self-preserving behavior awareness is the expedience of behavior for the survival of a person as a representative of the community and the entire population. We interpret self-preserving behavior, in the logic of I.V. Zhuravleva [24] and international scientists K. Glanz, B.K. Rimer, K. Viswanath [29], as well as R.J. DiClemente, R.A. Crosby, M.C. Kegler [26] as a system of actions (individual behavioral acts and/or behavioral patterns) that mediate the health and life expectancy of an individual. Behavioral patterns in this context are understood as stable patterns of behavior in relation to health or stereotypes of choice from the options that are available to a person, based on their socio-economic conditions and socio-cultural context of life.

However, we consider self-preserving attitudes differently as we take them outside the framework of a behavioral act, and present them as predictors and regulators of the system of self-preserving actions, a predisposition to act in a certain way. In a generalized form, the functions of the named attitude during a pandemic can be classified as follows. The *utilitarian (adaptive) function* lies in the fact that the self-preserving attitude serves as a tool for achieving the goals of maintaining health in conditions of the total risk of infection. In particular, it contributes to maintaining self-esteem of the adequacy of self-preserving behavior through social comparison with authoritative members of society or significant people. The *function of "knowledge efficiency"* consists of shaping a simplified view and a clear practical guide to self-preserving behavior in relation to objective circumstances (risks, restrictive measures, economic losses, etc.) and subjective inconveniences (psychological fatigue, anxiety, lack of interpersonal communication, etc.) during the period of the risks of infection. This function of attitude is important, since the situation of the pandemic has generated quite a lot of complex and not entirely clear phenomena, the specifics of which the average citizen is unable to understand. In such cases, people usually group them into broad categories and generalize the relationships within these indicative categories.

Self-preserving attitude is an adaptive simplification that allows an individual to "automatically" respond to health threats without thinking, or detailed analysis of the relevance and effectiveness of socially approved behaviors (e.g., the compliance with sanitary and hygienic provisions). Performing *expressive* and *ego-protective* functions, attitude links behavior with emotional satisfaction and self-affirmation, thereby supporting self-preserving

or justifying health-risk behavior and helping a person to cope with internal conflict arising from latent personality needs, possibly not related to health. The functions of utilitarianism and “knowledge efficiency” can be enhanced with the help of the media, television and the Internet. However, the latter two functions are not altered by the standard provision of the individual with additional information about the subject to which the attitude is directed. For example, hostility towards patients and carriers of the COVID 19 may arise, which grows for a self-protective reason and can become the basis for bullying [19]. The structure of the self-preserving attitude is presented in a classic composition of three components. The cognitive component includes the perception of health as an object of attitude, its conceptual connotation, cognitive schemas-perceptions about generally accepted norms of behavior in relation to health. The emotional-evaluative component of the attitude includes affective reactions (emotions, feelings, experiences) associated with the object of the attitude. This component deals with the feeling of pleasant or unpleasant behavior inherent in health care, and is responsible for the shaping of a prejudice to the object, or, on the contrary, its attractiveness. This component can be called the core of the attitude, since it determines the selection of modes of behavior practically without the participation of consciousness; cognitive and conative components are formed around it. The conative (potentially motivating) component of the self-preserving attitude contains motives, values, beliefs and other incentives for self-preserving behavior.

Despite the fact that in human ecology and even in psychological science the issue of the degree of influence of attitudes on human behavior is still debatable [12; 30], it seems to us that it is the study of attitudes that is productive in terms of developing mechanisms of self-preserving behavior during a period of massive threat to health and life. The fact is that social attitudes, including self-preserving ones, are usually assimilated by a person ready-made from the culture, which means they are sensitive to social instruments of influence [27; 28; 30]. According to the results of numerous studies, health behavior is more a consequence of the impact of culture, education and social structure of society, rather than personal motives and needs [1; 18; 31]. Our research in previous years also confirms that the internalized patterns of such behavior (the result of the impact of social values, norms and traditions) are much more stable than those generated by conscientious motives [15, p. 90, 191–228].

In critical circumstances, however, such a predisposition manifests itself most clearly and seems to be a sufficiently relevant subject for studying the origin of the phenomena of self-preservation or behavior risky to health. So, at

each stage of the pandemic, the influence of the socio-psychological characteristics of the population and the socio-cultural context on the effectiveness of anti-epidemic measures becomes more and more noticeable, such as assessment of the degree of threat, the level of trust in the country's leaders and specialists, ideas about the norms and rules of quarantine protocol and the desire to comply with them, the level of individual and collective responsibility, consistency of traditional and restrictive norms of contacts, etc.

As a result, restrictive measures in some countries led to a sharp decrease in incidence and mortality, while in others the situation in the first months practically got out of control, the statistics indicated an almost unhindered infection of a significant part of the population by the virus [9].

At the same time in Russia there was a relatively slow spread of the COVID-19 pandemic and a lower mortality rate [17]. Nevertheless, the restrictive measures imposed in Russia for the incubation period before the clinical evidence of the COVID-19 pandemic have to be constantly extended. In our opinion, this is due not only to the insufficient efficiency of the institutional mechanisms for combating the pandemic, although their role, of course, is decisive. It is due to a large extent by the peculiarities of the structure, functions and the corresponding phenomena of the psychological attitude of Russians to self-defense (self-preservation) of health, which had developed in the pre-pandemic period. Having at our disposal multi-year research on the structure and level of shaping self-preserving attitudes, which were carried out by scientists of Immanuel Kant Baltic Federal University (Kaliningrad, Russia) from 2010 to 2019, we show how dysfunction of attitudes towards health being latent in a relatively safe period manifested itself in the COVID 19 pandemic.

Study Design

An empirical study of the cognitive, conative (stimulating) and emotional components of the self-preservation attitude of adolescents and youth was carried out on the basis of educational institutions in Kaliningrad and the Kaliningrad region within the relatively safe period of 2010-2019, as well as during the pandemic in 2020-2021. 650 respondents were included in the sample, being males (44%) and females (56%) aged 12-24, including adolescents aged 12-16 (20%). All of them were students of humanitarian and technical fields of university training areas and college students in the city of Kaliningrad and the Kaliningrad region of the Russian Federation surveyed within the period of 2010-2021.

Research Methods

Self-preserving attitudes were diagnosed according to the original authorial technique “Readiness for self-preserving behavior” [15; p. 181–226]. The full version of the methodology is a set of 268 judgments characterizing: a) the phenomena of self-preserving behavior in different spheres of life (sanitation and hygiene in everyday life; mode of activity and rest; safety, self-regulation and responsibility for one’s health; self-help in case of a threat to health; self-preservation activity ; self-destructive activity; nutrition; sphere of sexual relations); b) attitude (attitude) to health and self-preservation behavior as a part of the cognitive, emotional-evaluative and conative (potentially motivating) components; c) some systemic dispositions regarding health (‘I regularly undergo preventive medical examinations’; ‘I go to doctors in case of emergency’). Statements are mainly focused on the diagnosis of the utilitarian function of attachment and its behavioral manifestations, including the observance of social norms regarding the preservation of health. Some of them seemed primitive and even caused bewilderment among the respondents in the pre-pandemic period, but today their significance in the structure of self-preservation has been revealed, for example: ‘After walk, after going to the bathroom and before meals you need to wash your hands’; ‘I wash my hands by soaping them twice’; ‘While sneezing, I cover my mouth with my hand’; ‘When visiting public places, a person with a cold must wear a mask’; ‘I try to avoid personal contacts with a person with a cold’; ‘If I feel bad, I don’t tell anyone about it’; ‘Self-medication is dangerous to health’, and others.

The behavioral component of the attitude is represented both directly by the phenomena of behavior (real, already performed actions), and by behavioral intentions – various expectations, aspirations, ambitions, action plans – everything that a person only intends to do in connection with health. Since the technique has the form of self-report, the assessment of the phenomena of the studied behavior is rather arbitrary, since intentions can not always be embodied in the real actions of a person, in their behavior. Some of the judgments characterize positively the components of the attitude and the phenomena of self-preserving behavior, that is, the linkages are forward. Others characterize the risk factors and the phenomena of self-destructive behavior, that is, the linkages are backward. The options for genders are different in wording for a number of statements. The respondents rated the degree of their agreements with each judgment on a 10-point scale (from -5 to +5). The levels of indicators are determined by expert assessments (from -5 to +1.5 being low; from +1.6 to +2.5 as medium and further on as high). The group of experts consisted of 27 specialists, including doctors and medical personnel of various specialist profiles, physical education teachers, psychologists and educators.

Results

Investigated comparison of diagnostic results during the entire study period did not reveal any significant differences in the structure of indicators in any age group.

Table 1.

Average indicators of shaping self-preserving attitudes and phenomena of self-preserving behavior in adolescents in points (the 2010–2019 period)

Scale	Males			Females		
	Assessment of *SPA Components					
	Average Score	Standard Deviation	Level	Average Score	Standard Deviation	*SPA Level
Cognitive Component	2,6	1,0	Medium	1,9	1,0	Medium
Emotional Component	1,1	1,2	Low	2,2	1,4	Medium
Conative Component	0,3	2,0	Low	0,1	0,9	Low
Phenomena of Self-Preserving Behaviour						
Skills and Abilities	1,8	1,2	Medium	1,8	1,0	Medium
Automatisms and Habits	0,5	1,0	Low	0,7	0,8	Low
Behavioral Experience	0,6	1,2	Low	-1,4	2,0	**Tendency to SDB
Systemic Dispositions	1,2	1,3	Low	1,6	1,8	Medium

*SPA – Self-Preserving Attitude

**SDB – Self-Destructive Behavior with regard to the threat to health

As we can see from Table 1, adolescents (male and female secondary and high school students) demonstrated a predominantly low level of shaping self-preservation attitude components and the corresponding behavioral phenomena. In the self-preserving attitude of males, the cognitive component is more strongly developed (middle level), while females possess more strongly developed cognitive and emotional components (middle level); the conative component of the attitude is less developed (in girls, the indicator is close to the border of motives for self-destructive behavior). Among the behavioral phenomena in adolescents, skills and abilities are the most developed (average level). The rest of the phenomena of self-preserving behavior are poorly shaped. The least developed component of behavior in males is automatisms and habits. The females showed an average level of development of systemic dispositions, but they did not possess positive behavioral experience in the health sector (the indicator had a negative value).

Table 2.

Assessment of self-preserving attitudes and phenomena of self-preserving behavior in adolescents in different spheres of life

Sphere	Males			Females		
	Average Score	Standard Deviation	SPA Level	Average Score	Standard Deviation	SPA Level
Mode of activity and rest	1,05	0,6	Low	1,3	0,8	Low
Sanitation and hygiene in the household	1,6	1,4	Medium	2,2	1,0	Medium
Food	1,2	0,8	Low	1,5	0,8	Low
Safety, self-regulation and health responsibility	1,8	0,6	Medium	2	0,8	Medium
Self help	1,4	1,0	Low	1,6	1,0	Medium
Self-preserving activity	0,2	0,9	Low	0,8	0,8	Low
Self-destructive activity	0,2	1,2	Low	0,1	1,2	Low
Sexual relationship	0,1	1,0	Low	0,8	1,4	Low

The analysis of shaping self-preserving attitudes and behavioral phenomena in adolescents in different spheres of life showed the medium level of shaping their attitudes in the field of sanitation and hygiene in everyday life, safety, self-regulation and responsibility for health, self-help (in boys, the last indicator is at a low level). The most problematic spheres were the indicators of attitudes and behavior in the sphere of self-preserving and self-destructive activity, as well as in the sphere of sexual relations (Table 2). The differences between males and females are not significant.

Table 3.

Average indicators of shaping self-preserving attitudes and phenomena of self-preserving behavior of university students in points (the 2010-2019 period)

Scale	Males			Females		
	Average Score	Standard Deviation	Level	Average Score	Standard Deviation	Level
Assessment of SPA Components						
Cognitive Component	1,7	1,0	Medium	1,8	1,4	Medium
Emotional Component	1,4	1,5	Low	2,0	1,4	Medium

End of a Table 3.

Conative Component	0,9	1,9	Low	0,9	1,6	Low
Phenomena of Self-Preserving Behaviour						
Skills and Abilities	2,2	0,3	Medium	2,1	1,6	Medium
Automatisms and Habits	0,7	1,0	Low	1,1	2	Low
Behavioral Experience	0,6	1,2	Low	-0,9	2	Tendency to SDB
Systemic Dispositions	0,6	0,8	Low	1,2	1,8	Low

Table 4.

Assessment of self-preserving attitudes and phenomena of self-preserving behavior in students in different spheres of life

Sphere	Males			Females		
	Average Score	Standard Deviation	Level	Average Score	Standard Deviation	Level
Mode of activity and rest	1,4	0,4	Low	1,6	1,3	Medium
Sanitation and hygiene in the household	1,6	0,2	Low	2,5	0,4	Medium
Food	0,8	1,0	Low	1,4	1,0	Low
Safety, self-regulation and health responsibility	1,8	0,7	Medium	2,1	0,9	Medium
Self help	2,3	1,2	Medium	1,6	1,2	Medium
Self-preserving activity	0,4	1,0	Low	0,5	1,0	Low
Self-destructive activity	0,5	1,4	Low	0,5	2,0	Low
Sexual relationship	0,8	1,0	Low	1,6	1,4	Medium

A relatively small sample of university students (N = 50) studying the Humanities were surveyed during the pandemic within the period of 2020-2021 (Fig. 1).

Calculations using the G-criterion rates did not reveal statistically significant shifts in indicators both in the structure of self-preservation attitudes and in the spheres of activities.

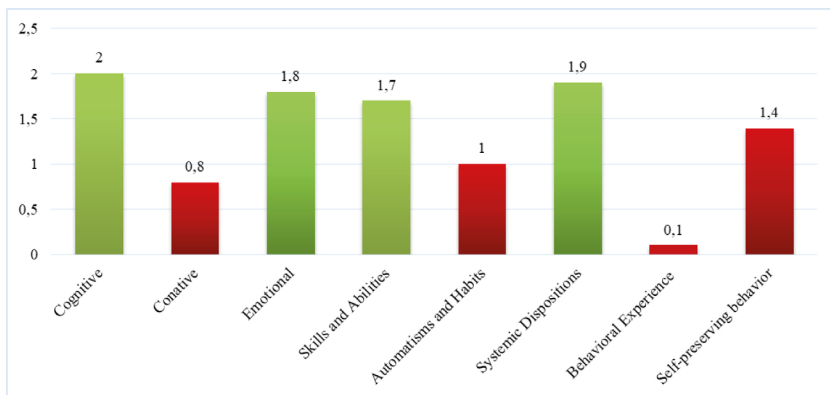


Fig. 1. Average indicators of components of self-preserving attitudes and phenomena of self-preserving behavior of university students in points during the pandemic in 2020-2021 (N = 50)

Discussions

Diagnostics of the structure and behavioral phenomena of self-preserving attitudes among students showed that they are poorly shaped, contain many contradictions, both within its individual components and between them. Relative to other components, the cognitive component looks more shaped, which indicates that adolescents and young people have certain (although often contradictory and incorrect) ideas in the field of health, awareness of ways to maintain it. At the same time, the motivation to stay healthy (the conative component of the attitude) is the weakest element. The imbalance in the relationship between the cognitive and emotional, and cognitive and conative components of the attitude creates contradictions within the attitude and makes it unstable.

As for the phenomena of self-preserving behavior in all age groups, the amount of positive behavioral experience is extremely insufficient, in the process of which habits, automatisms and skills, systemic dispositions in relation to health are shaped. At the same time, the input of self-destructive experience is very significant (Tables 1, 3). The most problematic from this point of view of development can be called the spheres of self-preserving and self-destructive activity, nutrition and the sphere of sexual relations. It should be noted that the average indicators in males in terms of sanitation and hygiene, sexual relations, sleep and rest regime are low, while among females they are at the average level. Against their background, the average level of indicators in the field of sanitation and hygiene at home, safety,

self-regulation and responsibility for health look less unfavorable (Tables 2, 4), but their level is not high.

Thus, our diagnostics in the 2010-2019 period a structural and meaningful disharmony of self-preserving attitudes found in adolescents and young people, which allows us to speak of a weak attitude towards maintaining health. It should be borne in mind that university students were surveyed, and degree holders, according to national and international data, have higher than the average population, indicators of life expectancy and, accordingly, the quality of health [13]. The absence or lack of personal experience and systemic dispositions in the field of healthy behavior in the presence of many other multidirectional factors (other dominant values of motives and needs, a low level of responsibility for one's own health, etc.) also do not contribute to a sustainable predisposition to act in the interests of health.

An empirical study within the period of 2020-2021, unfortunately, confirmed that even health threats did not cause significant changes in self-preservation attitudes in various spheres of activities among university students during the pandemic.

The consequences of a weak self-preserving attitude during a pandemic. Remaining latent in the pre-pandemic period, dysfunction of the self-preserving attitude did not cause much concern, despite the alarming tendencies in the ill-health of children and young people (the incidence of diabetes, “rejuvenation” of cardiovascular diseases, etc.) [23]. The validity of the diagnostic technique and the reliability of the data obtained were confirmed during the COVID-19 pandemic, when the dysfunction of self-preserving attitudes in young people and adults manifested itself in full and influenced the nature of self-preserving and health-risk behaviour. So, according to the Rospotrebnadzor (Federal Service for Supervision of Consumers Protection) data on the spread of infection, about 80% of cases were people aged 27–59, among whom there are more males than females (which is comparable with the results of our study and international statistics of the World Health Organization) [10; 16]. At the same time, according to Yandex, the self-isolation index constantly indicates the movement of a fairly large number of people in large cities during the period of restrictions [6]. We do not pretend to extrapolate our empirical data to the all-Russian sampling, since the Kaliningrad region is a relatively safe exclave region of the Russian Federation in terms of epidemic indicators, however, the emergence in some regions of mass phenomena of protest and health-risk behavior of hundreds of adults, after which an increase in the number of people infected with coronavirus in the region doubled, also indicates a low psychological readiness to maintain their own health and be responsible for it [3; 11].

Conclusion

The data on the incidence of the COVID-19 pandemic clearly highlight the problem of human ecology. In particular, the insufficient level of psychological readiness for self-preserving behavior of those who ten years ago were adolescents and young people, and today are young people and adults. The above average results of our long-term research of self-preserving attitude in general and in certain areas of life show that modern youth and adults are not ready for rational ecological behavior in terms of health. They have a weak self-preserving attitude. As a result, in the context of the COVID-19 pandemic, this attitude does not determine self-preservation behavior, i.e. does not fulfill its functions, as it does not participate in the selection and assessment of the reliability and significance of information related to risks to physical and mental health; it does not indicate the actual needs of the way of their safe satisfaction; it tolerates health-risk behavior. In our opinion, it was the low psychological readiness for self-preservation that led to behavioral phenomena that were irrelevant to the social situation, such as neglect of protective equipment and hygienic measures, open resistance to the self-isolation regime and other anti-epidemic measures in the form of protests, organization of mass events, entertainment parties; spreading rumors, gossip and other fake information on the Internet, which undermines trust in official sources of information and can (depending on the content) provoke both panic and underestimation of risks to public health, etc.

Massive propaganda of anti-epidemic measures in the media, on television and on the Internet increases awareness (part of the cognitive component), but in order to fully form a self-preserving attitude, such information must be associated with emotional satisfaction from following the rules and self-affirmation in order to justify economic losses or psychological discomfort that can be caused by a state of uncertainty, psychological fatigue, anxiety, lack or excess of interpersonal communication in a confined space. This will strengthen the emotional-evaluative component being the core of the social attitude. This is not to say that institutional mechanisms of influence on self-preserving behavior are powerless. However, the sociocultural and socio-psychological processes of shaping attitudes are very inert and must be fixed in personal experience in order to be integrated into the expressive and ego-protective functions of the attitude of an individual. Currently, they have given rise to two opposite phenomena: the active participation of young people in volunteering care for patients in medical institutions and at home [2] and, on the contrary, cases of hostility towards patients with COVID-19, their family members and violators of the self-isolation regime [8]. Since (according to virologists' estimates), about 45% of those infected will suffer from the disease

in a mild or asymptomatic form, the lack of personal experience and individual emotional-evaluative reactions of a large number of young people and adults will not allow the self-preserving attitude to become stronger and more influential than before the pandemic. Consequently, there is a need to revise and correct the practices of environmental education – shaping self-preserving behaviour of children, adolescents and youth for the purposeful interiorization of a full-fledged self-preserving attitude in the context of socialization. Today, by mid 2021, the COVID-19 pandemic has not been defeated. Institutional mechanisms are mobilized and work at the limit of their human and material and technical resources, containing the explosive nature of the spread of infection. The crisis situation has clearly shown that modern science is not yet able to predict the sources and location of epidemics, the scale of infection and the rate of spread of viruses on a global scale. This means developing preventive measures to forestall such serious threats. However, it is quite possible to set up barriers and localize the infection in a short period of time. The decisive factor in this situation is human ecology – the contribution of the human factor, in particular self-protective and health-risk behavior of people, to the spread of viruses. Unfortunately, the dynamics of the pandemic fully exposed the psychological unpreparedness of a significant part of the Russian population for life in a situation of real threat to health and survival. The appeal of the government and specialists to public awareness, regular information about the risks of the COVID-19 and even the introduction of sanctions could not fully ensure self-isolation, self-control and self-regulation of the behavior of both young and old. This is quite understandable given the structure and dysfunction of a weak self-preserving attitude analyzed above. It seems that the problem of developing more effective institutional and individual mechanisms of influence on shaping self-preservation attitudes in the process of socialization of children and youth acquires a new meaning and special relevance for social psychology and society as a whole.

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