

Gender-Based Differences in health attitudes among students as a psychological and pedagogical issue

Diferencias de género en las actitudes de salud entre los estudiantes como un problema psicológico y pedagógico

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Abstract

Our attitude to health, its protection and maintenance, is not only a personal issue, but a social one as well. The university years are a time when young people are actively shaping their personal values and views of the world. Examining how students view their health, and what efforts they make to preserve it, is of relevance not only for medical and social studies, but also for psychological and educational ones, as we need to understand what can be done during the university years to shape the right health behaviors, and how to do it. In psychological and educational studies, gender plays a crucial role in shaping the issues in question.

Keywords: health, healthy lifestyle, gender, health attitude, student environment, health pedagogy.

Resumen

Nuestra actitud hacia la salud, su protección y mantenimiento, no es solo un problema personal, sino



también social. Los años universitarios son una época en la que los jóvenes están moldeando activamente sus valores personales y su visión del mundo. Examinar cómo los estudiantes ven su salud, y qué esfuerzos hacen para preservarla, es relevante no solo para los estudios médicos y sociales, sino también para los psicológicos y educativos, ya que necesitamos entender qué se puede hacer durante los años universitarios para dar forma los comportamientos de salud correctos y cómo hacerlo. En los estudios psicológicos y educativos, el género juega un papel crucial en la configuración de los problemas en cuestión.

Palabras clave: salud, estilo de vida saludable, género, actitud de salud, ambiente estudiantil, pedagogía en salud.



Introduction

The urgency of the topic is driven by a global trend toward the blurring of gender boundaries and a unification of sexes, which presents humanity with the very real threat of physically dying out as a species (Kralik, Lenovsky & Pavlikova, 2018). The sustainable development of humanity requires a stable level of health and a natural gender-based orientation toward sexual differences, male and female health, and sexual reproduction (Kondrla & Kralik, 2016; Valco, 2018). In this regard, health is not simply a personal issue, but a valuable asset to the nation as a whole. A university graduate must be not merely a highly educated individual (Ishmuradova et al., 2018), but one embracing a healthy lifestyle as well, and realizing the importance and value of health both from a personal and social point of view (Davoudi, 2018). N.P. Abaskalova and other researchers have shown that 80-85 percent of students experience health related issues of varying degrees. Researchers note that students have an understanding of health and healthy lifestyles, yet they fail to make sufficient efforts to keep it in a good state due to various objective and subjective reasons (Abaskalova & Zverkova, 2012).

The purpose of this study is to identify the attitudes toward health and healthy lifestyles among students today, provide their assessment from the perspective of gender, and determine the ways the educational establishment can encourage young people to actively value and maintain their health. The object of the research: pedagogical aspects of the development of an attitude among university students that values health.

The subject of the research: gender-based differences in health attitudes among students as a psychological and pedagogical issue.

The current hypothesis is that students, depending on gender and gender attitudes, have varying ideas about health, which must be taken into account when developing a health-preserving educational environment and appropriate gender education.

Research methods: to identify the attitude of students to health and healthy lifestyles, we used a designated questionnaire and processed the results based on a theoretical analysis of the issue.

Empirical basis: MSUPE, MAI (Moscow).

METHODOLOGICAL FRAMEWORK AND METHODS

According to the World Health Organization, "health is a state of complete physical, mental and social well-being, and not merely the absence of disease or infirmity." It is a complex phenomenon,

which has its own specifics on the physical, psychological, and social planes (New York, 1946).

The concept of a healthy lifestyle reflects a certain orientation of an individual to reinforcing his/her health, as well as improving and preventing health issues (Berger & Luckmann, 1995). Yu.P. Lisitsyn (2010) suggested the following formula for health factors: *environment - behavior-individual*. An individual's behavior and lifestyle are the key factors in both risks and the protection of health (Lisitsyn, 2010). The WHO has found that an individual's health is 50 percent dependent on his/her personality and lifestyle, and, hence, on his/her behavior. One interpretation of healthy lifestyle views it as a specific way of life, based on ideas about health as the greatest good, an essential terminal value (Orekhovskaya et al., 2019). This interpretation also implies the attitudes and motives of self-preserving behavior. Such an interpretation of a healthy lifestyle is closely connected with the concepts of morality and ethics, and is social by nature, thus, making it a quality that can be cultivated (Nikolaeva et al., 2018). From this perspective, a healthy lifestyle is seen as a *psychological and educational issue*, and not merely as a medical or social one. Therefore, it is possible to develop risk-free health behaviors through education (Irkhin, 2009; Meleshkova, 2005; Mishina, 2017; Sorokina & Sorokin, 2009; Khomutov, 2005).

A healthy lifestyle combines everything that contributes to the performance of an individual's professional, social and household functions in the optimal conditions, and expresses the orientation of the individual toward the formation, preservation and strengthening of personal and public health. A healthy lifestyle is essential for primary prevention measures in public health promotion through changes in lifestyle patterns, and its improvement through hygiene awareness in combating bad habits and overcoming adverse life situations.

Thus, a healthy lifestyle should be understood as a set of typical forms and methods of an individual's day-to-day life, which reinforce and improve the body's reserve capabilities, thereby ensuring the successful performance of the individual's social and professional functions, regardless of political, economic and socio-psychological factors. Hence, it is essential that, from a very early age, children are educated to have active health attitudes, and an understanding that health is the greatest value that humans receive from nature (Kardis et al., 2019). It is also clear that the motivation for a healthy lifestyle among students and the improvement of their health behaviors is highly relevant. (Meleshkova, 2005; Deryabo, 2000; Chesnokova, 2015).

The health of men and women, their attitudes to it, and their understanding of a healthy lifestyle and ways to achieve it are determined not only by personal characteristics, but also by their gender and gender-based perceptions. As a cultural product, the term 'gender' (or social sex role) is relatively new. It appeared in 1975 and was intended to emphasize the socio-cultural causes of gender differences, rather than biological ones. Gender is a specific set of cultural characteristics that determine the social behaviors of women and men and their relationships with each other. Gender determines sexual relationships and social roles (Repina, 1997; Kalabikhina, 2006).

Over the past decade, the World Health Organization has been developing and promoting a gender-based approach to health. Therefore, to address the health issues of both men and women, many physicians and psychologists today apply gender-based approach in their work. The gender approach has thrown the spotlight on issues of gender socialization among men and women. *A gender approach to mental health takes into account the status of women and men, their roles and positions in society.* When we analyze the status of women, it becomes clear that, in today's social environment, there are significant reasons that explain the prevalence of depression, neuroses and anxiety, more frequently experienced by women (Klichko, 2018; Kodzhaspirova, 2008; Savina, 2009).

The key theory underlying modern gender studies is the theory of the social construction of gender by P. Berger and T. Luckman (Bayer & Sheinberg, 1997). The theory of the social construction of gender proceeds from the assumption that gender is constructed in the process of socialization and differentiation of labour by the system of gender roles, stereotypes, family, mass media. This theory also assumes that gender is created by individuals themselves at the level of their consciousness (i.e. gender identity), embracing social conventions and adjusting to them (in clothing, appearance, behaviour, etc.).

Gender "roles are always associated with a certain system of norms and rules, which is internalised by an individual and interpreted in his/her mind and behaviour" (Kon, 1975). It is, therefore, evident that the student body may have specific perceptions of health and healthy lifestyles different from other youth groups. S.D. Deryabo views attitude as an individual's psychological reflection of how his/her needs relate to the objects and phenomena of the world. In this case, attitude is a factor that determines behaviour (Deryabo, 2000).

The concept of 'health attitude' is still relatively new to science. Health attitude represents a system of individual, selective communications of an individual with various surrounding phenomena, which may enhance or jeopardise the health of that

individual. It is also a certain assessment by the individual of his/her physical and mental state (Petrova, 2014; Kletsina, 2008). Attitudes characterise the degree of interest, emotions, desires or needs, and act as a driver for personality development. Foreign researchers believe that 'attitude' is an acquired tendency to respond in a consistent manner and relate to other people or situations. This concept has personal and social aspects.

The formation of a value attitude to human health is an educational issue of critical importance. To put health knowledge at the core of his/her daily activities and behaviour, one must wake up to this knowledge. And this awakening occurs in the process of 'living through' and emotionally 'experiencing' this knowledge, it is reinforced in the course of performing special health-preserving exercises, which ensures the personal significance and understanding of this knowledge and forms the subjective value-based attitude to health. Health attitude represents a system of individual, selective communications of an individual with various surrounding phenomena, which may enhance or jeopardise the health of the individual. It is also a certain assessment by the individual of his/her physical and mental state. Health attitude is manifested in actions, judgments and experiences of people regarding the factors affecting their physical and mental well-being (Anisimova, 2014; Kodzhaspirova & Kodzhaspirov, 2010; Nikonova, 2018; Reznichenko et al., 2018).

The empirically fixed criteria of the degree of appropriateness/inappropriateness of health attitudes include:

- *at the cognitive level:* the degree of awareness or competence of an individual in the field of health care, knowledge of the key risk and anti-risk factors, understanding of the role of health in ensuring an active and long life;
- *at the emotional level:* an optimal level of anxiety in relation to health, the ability to enjoy the current state of health and be happy with it;
- *at the value-motivational and behavioural level:* a high importance of health in the individual hierarchy of values, the degree of motivation to maintain and promote health, the degree of conformity of an individual's actions with the requirements of a healthy lifestyle, as well as medical, sanitary and hygiene regulations (Stepanov & Izutkin, 1981).

A student's attitude toward something is determined by his/her student status, living environment and age (Anisimova, 2014; Nekhorosheva et al., 2016; Nikonova, 2018; Pchelkina, 2012; Rummyantseva, 2003; Erofeeva et al., 2018; Mitin, 2016).

Results and Discussion



The issues of healthy lifestyles, gender aspects of their interpretation and implementation, as well as the identification of these aspects among students have been, and continue to be, studied rigorously. Today, a healthy lifestyle is a trendy phenomenon among young people, especially among students. To identify the perceptions of healthy lifestyles, we have surveyed the students of MAI and MSUPE (Moscow). The survey involved 411 participants: 189 young male and 222 young female 1-3-year students ages 17 to 25. The survey revealed no significant differences in the responses depending on the course. There were also no significant differences in the understanding, evaluation and implementation of healthy lifestyles depending on the place of residence of the students: with parents, separately or in the student dormitory. The participants were mainly from Moscow or the Moscow region, with 13 percent from other cities. The first question on the questionnaire concerned the students' priorities in life, to identify where health is positioned in their hierarchy of values. The largest portion of young males, 78.3 percent, cited 'family'. The second-highest answer, named by 51.8 percent, was 'friends (friendship)'. Health ranked third (34.3 percent of respondents). The respondents also cited love (19.2 percent), self-development (self-fulfilment, self-improvement) (18.9 percent), material welfare (15.2 percent), sports (15.1 percent) and career (14.7 percent). Other values that were named include: honour, honesty, kindness, books, freedom, study (education), recognition, devotion, independence,

happiness, and a sense of humour. There were also answers like: "money, family, love", "honesty, love, kindness", "rock, sex, God", "achieving goals, gaining intelligence, building a career" and "gnostic, human life, improving the world". Thus, the top values of male students in our survey are family, friendship and health. These values are interconnected. Good health is largely dependent on whether an individual has a stable family and reliable friends, which ensures psychological and social health in the first place. Female students gave the following answers: family (92.1 percent), love (79.4 percent), health (53.2 percent), self-development (self-fulfilment, self-improvement) (42.3 percent), friends (friendship) (35.3 percent), happiness (19.7 percent), career (17.2 percent), kindness (13.4 percent), money (material, financial welfare) (12.2 percent). Other values given include travel, peace, morality, communication, honesty, mutual understanding with relatives, fidelity, freedom, principles, etc. There were also answers like "self-development and self-education, the ability to set and achieve goals, resistance to difficulties, flexibility of thinking." Food as a value was named by 7 percent of female students, and by only three young males. None of the female respondents cited sports as a value in their hierarchy. A comparison of the top values among male and female respondents is presented in the table and diagram. The rest of the listed values were cited quite rarely (Tabl.1, Fig.1).

Tabl.1 A hierarchy of values among students

	Males	Females
Family	78.3	92.1
Friends	51.8	35.3
Health	34.3	53.2
Love	19.2	79.4
Self-Development	18.9	42.3
Material Welfare	15.2	12.2
Sport	15.1	-
Work/Career	14.7	17.2
Happiness	5.1	19.7
Kindness	4.2	13.4
Food	-	7



A HIERARCHY OF VALUES AMONG STUDENTS

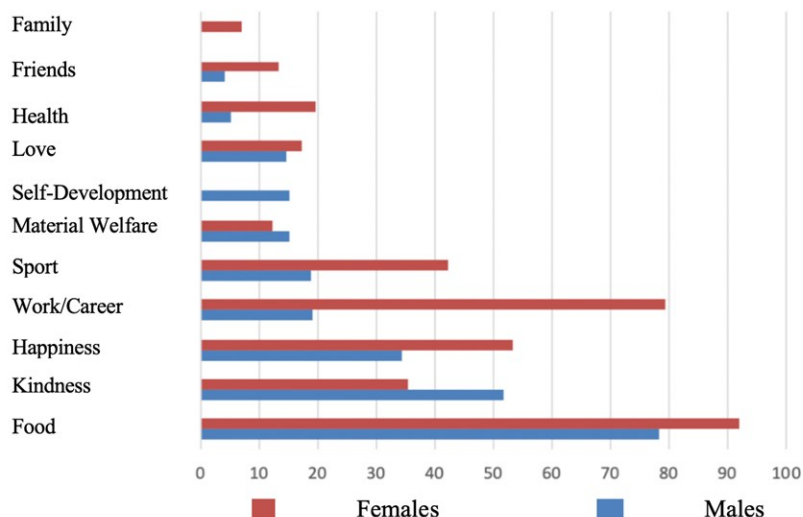


Fig.1 The hierarchy of life values among students

The presented system of values, their composition and rank, reveal certain gender differences; however, they are either expected (a significantly higher percentage of females citing family, love and health) or immaterial. Despite the prevailing stereotypes, food is not present in the hierarchy of values among male students. Female respondents were slightly more likely to mention career, and slightly less likely to mention money and material welfare than male respondents, yet neither group cited money and material welfare as a top priority. The main questions were related to the identification and understanding of healthy lifestyles and health (Lisitsyn, 2010; Meleshkova, 2005; Mishina, 2017; Pchelkina, 2012; Nikonova, 2018; Rummyantseva, 2003; Erofeeva & Khrantsova, 2015; Kalenik et.al., 2018; Kodzhaspirov et.al., 2018; Erofeeva, 2015; Kalenik, et.al., 2018).

All of the respondents have a proper understanding of a healthy lifestyle. "A lifestyle that excludes unhealthy factors, while including a set of exercises to improve health" (m). "Maintaining the body at a high level of physical and mental efficiency" (m), "Abstaining from bad habits, maintaining the body in good shape, abstaining from poisoning yourself with harmful substances, observing a regimen and proper nutrition" (f), "Enjoying life without drugs and being proud of yourself" (m). However, less than 13.2 percent of respondents consider a healthy lifestyle as a way of life, and only 7.3 percent associate health and a healthy lifestyle with the spiritual growth of an individual. There were also no significant gender-based differences in answers about the understanding of what health is: "An individual's spiritual state, supported by physical factors" (m). "The body's safety buffer" (m). "Well-being and an opportunity to fulfil yourself". (f) "A person's inner state. Only hard-headed people with moral values are truly healthy"(f). "Feeling

comfortable with your body, and the ability to perform various actions without getting tired"(f). In their attitude to healthy lifestyles, 63.3 percent of male respondents and 66.7 percent of female respondents gave positive answers; 15.1 percent males and 19.4 percent females found healthy lifestyles difficult to follow; and the remaining 21.6 percent of males and 13.9 percent of females did not respond or could not determine their attitude.

Question 13 was as follows: "How do healthy lifestyles correlate with success in various spheres of human activity (study, work, career, personal life, etc.)?" Three groups of answers were identified: correlated directly; a healthy lifestyle does not guarantee success; however, it creates the prerequisites for success; there is no correlation. The answers of males and female students turned out to be fairly similar. A direct correlation is cited by 53.6 percent of male students and 60.3 percent of female students; 22.1 percent of males and 17.3 percent of females mentioned a conditioned correlation; 24.3 male respondents and 22.4 percent of female believe that there is no correlation. Examples of answers in *the first group*. "Directly linked to success, as it boosts attention, concentration, memory, adaptation and other factors."(m) "A healthy person with a proper lifestyle has more strength and energy and is therefore more successful." (m) "When you look good, you radiate an aura of success."(m). "A healthy lifestyle implies the absence of self-destructive habits; therefore, a person leading such a lifestyle will be developing at a higher level, and hence will be more successful" (f); "Only well-organised people lead healthy lifestyles, and this quality helps them in other areas" (f).

The second group of answers. "Leading a healthy lifestyle has a positive impact on all spheres of life, but is not a magic pill."(m) "Everything is highly individual."(m) "It does not have a direct impact



on a person's success, yet good health can help to cope with frequent stress and lack of sleep."(f) "A healthy lifestyle may affect various areas of life, but it is not a determining factor of success/failure"(f).

Answers rejecting the correlation. "There's no correlation. You can be a health nut and a loser."(f)

"In my personal experience, a healthy lifestyle does not contribute to success"(m) "The more effort and time spent on healthy lifestyles, the less time will remain for studies and personal life" (m). (Tabl.2, Fig.2)

Tabl.2 Correlation of a healthy lifestyle with success

Gender/degree	Correlated	Partially, conditionally	Not correlated
Males	53.6	22.1	24.3
Females	60.3	17.3	22.4

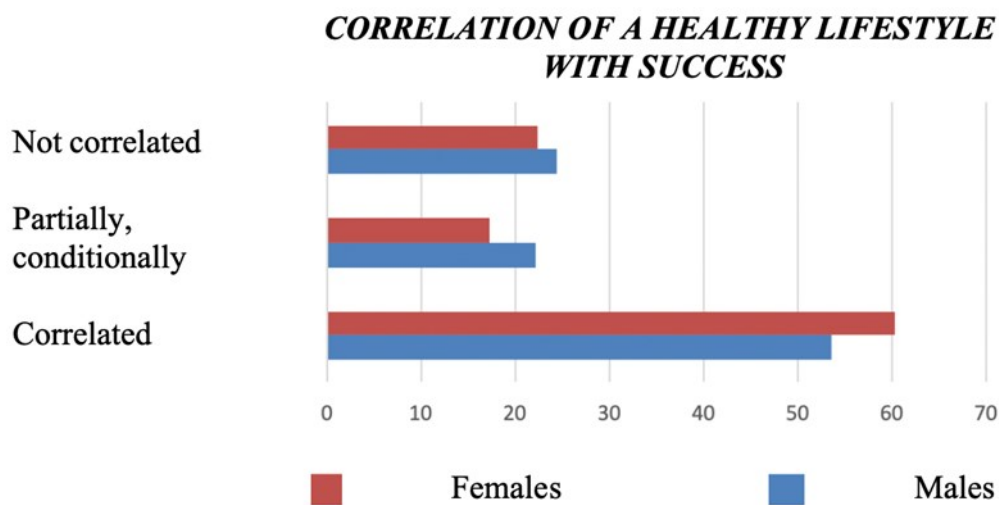


Fig.2 Correlation of a healthy lifestyle with success

Males and females were surprisingly in tune when assessing fitness and diets: almost all respondents have a positive perception of fitness, yet they noted that it should be done moderately and under the supervision of a specialist. Diets were generally perceived negatively by survey participants, with 11.7 percent of respondents accepting them, but under the same conditions as fitness: moderately and under doctor supervision.

Male respondents cited the following factors as positively affecting health: sports, proper nutrition, the absence of bad habits, active lifestyles, walking, timely health treatment, good sleeping habits, maintaining a balance of vitamins, positive emotions, unpolluted living area, and sexual activity, yet the latter was cited by only a few. Compared to males, females mentioned the same things, but they were more likely to mention sexual activity (adding that it should be protected) and mental health.

When answering questions about how they maintain health and whether they observe healthy lifestyle practices, males (73.2 percent) and females (62.6 percent) cite a lack of time for healthy lifestyles, saying that they "do not observe healthy lifestyle practices, rather than otherwise", although they would very much like to adhere to a

healthy lifestyle to a greater extent. They are hindered by a large study workload, lack of sleep, and difficulty of resisting temptations. "I can drink alcohol the day before I go in for sports." (m). The rest of the respondents jog, take vitamins, go to the gym, observe proper hygiene, try to eat healthy food, visit a doctor, and give up bad habits. The most frequent answers: "I reluctantly try to eat less and go to gym" (f) "I do my best to stay healthy" (m).

The students were invited to answer the following questions: How often do you do morning exercises? Do you go to the gym or sport clubs? Which ones? Do you go in for sports? Which sports?

11.8 percent of male respondents do morning exercises daily; 23.2 percent exercise 1-2 times a week; 30.7 percent exercise from time to time, and 34.3 percent never do morning exercises. Female students: 8.6 percent do morning exercises daily; 24.1 percent exercise 1-2 times a week; 43.2 percent exercise from time to time, and 24.1 percent never do morning exercises. As we can see, this sample revealed few gender-based differences: females are more likely than males to exercise more, as a greater number of them answered "from time to time".

For both genders, the question of visiting the gym was not quite correct, since during their studies at the university, the students have regular physical education classes, and at a university such as the Moscow Aviation Institute, there are a very large number of various sports groups. Thus, students prefer their physical education classes, and almost all of the students surveyed at the aviation university are members of sports groups. Only 13.3 percent of females (and 53.4 percent of males) surveyed are engaged in sports groups outside the university. In this case, the difference between male and female students was significant.

Questions 4, 5, and 10 concerned extreme sports, selfies, and attitudes toward women in such sports as boxing, bodybuilding, weightlifting and mixed martial arts.

The vast majority of respondents are not fond of extreme sports. However, the survey included a group of female students who attend the rock-climbing group at the university. 18.3% of male and 7.6% of female respondents go in for one or two or three extreme sports outside the university and demonstrate a positive attitude towards healthy

lifestyle when answering other questions on the questionnaire. Unexpectedly, both genders were quite tolerant of selfies and women's activities in male sports. 59.2 percent of male and 62.4 percent of female respondents believe that everyone has the right to do whatever they want, while 25.3 percent of males and 23.3 percent of females expressed certain conditions: as long as it is aesthetically beautiful and does no harm to health. 7.6 percent of female respondents go in for such sports themselves, and 7.8 percent of all respondents take selfies and enjoy it. Other respondents (15.5% of males and 14.3 percent of females) responded negatively. It should be noted that female students were more likely to respond negatively to women engaging in sports unnatural for them, citing that they need to protect the reproductive organs for birth. Answers to these questions reveal a tendency to tone down gender-based stereotypes among students and unify the rights and opportunities of both sexes. "A woman is a person too. They do a great job!"(f) "It's fine. Cooking can be a much more dangerous activity" (m) (Tabl. 3, Fig.3).

Tabl. 3 Student attitudes towards women doing male sports

Gender / degree	Positive	Neutral	Negative
Males	59.2	25.3	15.5
Females	62.4	23.3	14.3

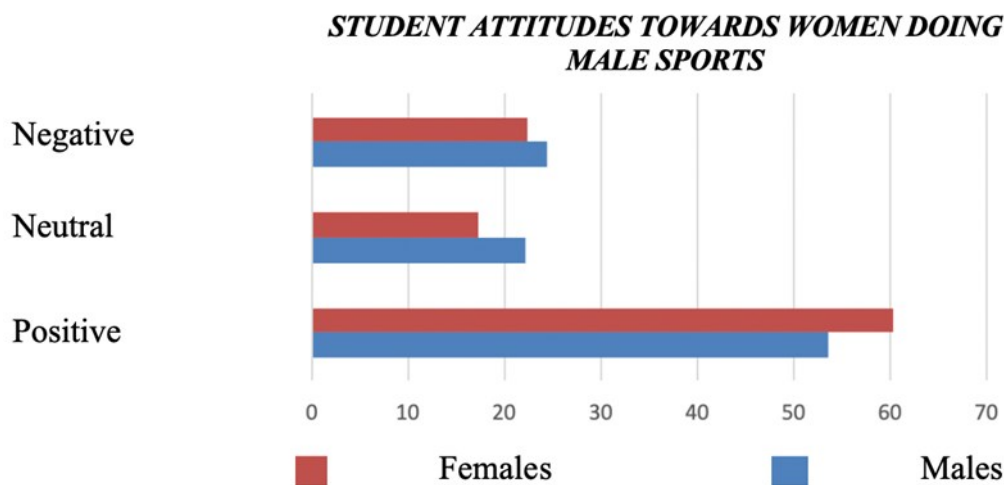


Fig.3 Student attitudes towards women doing male sports

Questions 6 and 21 were aimed at identifying which of their own habit's students consider to be bad, and what factors they consider to be negatively affecting their health.

The answers to these questions showed that students are well aware of the degree of harmfulness of a number of habits, and clearly say what is harmful to health.

Females named the following bad habits (65.9 percent of respondents): spending a lot of time in social media and on the phone, being quick to take offense, overeating, eating at night, being nervous about nothing, eating sweets, going to bed late,

being rude to people and poor posture. The following habits were cited less frequently: smoking, alcohol and swearing. 34.1 percent of female respondents believe that they are free from bad habits.

Male respondents who admit to having bad habits (76.8 percent) cited the following: alcohol, smoking, laziness, tardiness, swearing and spending too much time on the computer. They also cited such habits as "biting nails" and "a desire to fight". 23.2 percent of male respondents believe that they are free from bad habits.

In general, there were no significant gender-based



differences in the responses received. The statements regarding the absence of bad habits apparently require additional research. The assertions made solely on the questionnaire responses might not be very well-founded. For example, computer addiction, which has already been recognized as a disease, was cited among the harmful causes by no more than 12.1 percent of respondents.

Female students primarily cite the following harmful factors: alcohol, drugs, smoking and poor diet (91.3 percent); sleep and daily regimen disorders (14.9 percent); stress and poor environment (27.6 percent); lack of physical activity (21.3 percent); genes and personal indifference (7.2 percent and 3.9 percent); lack of sleep, random sex, fast food and self-medication.

Male students provided mostly the same answers, with 93.8 percent of them citing alcohol, smoking, drugs and laziness as the most harmful habits. They also cited erratic lifestyles, stress, social environment, economic conditions, failures in life, a sedentary lifestyle, psychological stress and random sex. There were also answers like: "all studies and no rest". Lack of sleep, stress, heavy loads are the expected factors that have a negative effect on the health of students.

Question 9 concerns leisure activities. 81.6 percent of respondents, both male and female, believing that they have free time, said that they spend it sleeping. During their free time, female respondents read (15.3 percent), go out and watch films (13.4 percent each), spend time with family (13.9 percent), chat with friends (17.4 percent), knit (6.5 percent), develop themselves (8.9 percent), volunteer (3.2 percent) and play computer games (9.6 percent).

Apart from sleeping, male respondents do sports (beyond university classes) (13.3 percent), meet friends (29.2 percent), read (14.8 percent), go to cinema and do hobbies.

When assessing their health, both males and females adhere to the following answers: good, average and poor.

28 percent of female respondents believe that they have good or excellent health, 39 percent rate their health as "not disabled, but far from satisfactory", and 33 percent say that their health is not very good.

37 percent of male respondents consider themselves fairly healthy, 44 percent rate their health as "average, many aches and pains", or "quite good for life, but bad for the army", and 19 percent say that their health is terrible or critical. When answering this question, females have a slightly lower estimate of their health than males, which is traditionally revealed in such studies. It should be noted that that the majority of young

males fairly objectively assess their health. This is explained by the fact that, since adolescence, they are regularly checked during medical screenings at military enlistment offices.

The answers to the question about the correlation between a person's general culture and their level of health were in line with the answers to the question about the correlation between a healthy lifestyle and a person's success in various areas of life. The answers do not have gender-based differences in general. 84.6 percent of male and female respondents believe that this correlation is direct. "An educated intelligent person is usually less prone to bad habits and more inclined to develop his/her body" (m). "Culture is a part of society, if the culture promotes healthy lifestyle, then the majority will maintain their health." (m). Females believe that health makes you strong, high-spirited and spurs new desires. Healthy lifestyles are trendy today; thus, many people visit fitness centres and focus on proper nutrition. There is a kind of cult of healthy lifestyle. There are a lot of healthy restaurants opening up. The remaining 15.4 percent of respondent do not see any correlation. Among both males and females there were several references to S. Hawking, whose example, in their opinion, completely refutes the thesis about the correlation between culture and health. This clearly shows that many students associate health only with a biological state, and do not realize that, despite his disease, he was able to retain clarity of mind and extraordinary willpower; that he was an educated person with a high level of mental health and spirituality, and that he made an invaluable contribution to science and world culture in general. There is another argument: "There is no correlation in the 21st century due to medical developments." (f)

The two questions: "In your opinion, how does the understanding of health and its maintenance differ among women and men?" and "Who pays more attention to the health and healthy lifestyle, men or women? Explain your position", which were aimed at identifying gender-based differences regarding the understanding and implementation of healthy lifestyles and health, received almost identical answers both from males and females. The answers came down to four options: "equal", "unequal", "depending on individual characteristics, rather than gender", "no answer".

Both male and female students (67.2 percent of the sample), cited the same argument that there were no particular differences. One of the students was harsh and categorical: "there are no differences, and stop your patriarchal attacks." Other arguments: "Health is important to everyone, regardless of gender." (m). This also includes answers (there were only a few) covering the

semantic value of health as understood by men and women: "Equal, but if there is a difference, it is because men see health and strength as synonymous, while the key for women is self-confidence and inner self-satisfaction, which is supported by health."(f). Those who believe that men and women have different attitudes to health (21.1 percent) give preference to women, especially female respondents. They often emphasise that a woman should always remember that she has to give birth: "Women, because they are more responsible and think long-term. By keeping their health in check, they contribute to their future"(f). Male respondents also support these arguments: "Men think health is when nothing hurts, and women approach the issue more globally" (m). Some of the respondents in this group gave preference in this matter to men, saying "there is a current trend for women to drink alcohol and smoke, but not to take care of their health." (m). 3.2 percent of respondents believe that "it depends on personal characteristics, rather than on gender specificities" (m). 8.5 percent of male and female respondents (mostly males) did not answer or said that they found it difficult to answer.

As regarding the fact that women pay more attention to health than men, it is necessary to take into account what a woman focuses on in taking care of her health: on how the body functions or how it looks. If the latter is the focus, then such an attitude toward health is fatal for a woman, leading to anorexia, endless plastic surgeries and other, often lethal, procedures.

Conclusions

Students included in the research demonstrated a positive attitude toward healthy lifestyles, regardless of their gender. In general, there is a desire to follow healthy lifestyles and maintain health, but in reality, less than half of the respondents do this purposefully and consistently. On a number of questions, responses do not contradict the results of other similar studies.

The initial assumption that, depending on their gender and gender-based attitudes, the students' perceptions of health and healthy lifestyles will not be aligned in many respects, has not been fully confirmed. The answers to most of the question

reveal a transformation of gender stereotypes toward the alignment of men's and women's positions and rights in matters of attitude to their health and healthy lifestyles.

As it follows from the research, the specificity of student attitude to health and healthy lifestyles lies precisely in gender tolerance in this matter and the alignment of views on many issues, since they share the same environment which is characterized by a more intellectual content and cultural formation of young people in the course of education and communication. To support / refute such a conclusion, it is necessary to conduct similar research in other social youth groups, which would allow for a clearer identification / non-identification of specific manifestations of attitudes towards health and its preservation among students.

The research findings indicate the need to develop, first of all, moral aspects in the formation of healthy lifestyles among the young generation. The most significant reasons why students fail to lead healthy lifestyles are motivational reasons associated with the inadequacy of the motivational-need sphere of the personality. Therefore, from the pedagogical perspective, the educational process at the university must reinforce the value of health among students, form effective motivation aimed at protecting and maintaining health, create conditions for physical education and sports and promote healthy lifestyles. In addition, the preservation and promotion of health is associated with the formation of professional consciousness and professional duty to the future profession, which requires one to be healthy to fulfil him/herself. Hence, the formation of student attitudes to healthy lifestyles at universities must be covered by professional education. None of the students surveyed linked the need to take responsibility for their health to the need to be healthy in the profession they were trained for, even those who mentioned work or career in a number of responses.

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