Психологическая наука и образование
2022. Т. 27. № 6. С. 116—129
DOI: https://doi.org/10.17759/pse.2022270609
ISSN: 1814-2052
ISSN: 2311-7273 (online)

Psychological Science and Education
2022. Vol. 27, no. 6, pp. 116—129
DOI: https://doi.org/10.17759/pse.2022270609
ISSN: 1814-2052
ISSN: 2311-7273 (online)

Relationship of Lifestyle Activity, Subjective Health and Subjective Well-Being of Adolescent Children in the Russia

Veronika N. Oslon
Moscow State University of Psychology & Education, Moscow, Russia
ORCID: https://orcid.org/0000-0002-9625-7307, e-mail: oslonvn@mgppu.ru
Luybov M. Prokopeva
Moscow State University of Psychology & Education, Moscow, Russia
ORCID: https://orcid.org/0000-0003-4404-9159, e-mail: prokopevalm@mgppu.ru
Uliana V. Kolesnikova
Moscow State University of Psychology & Education, Moscow, Russia
ORCID: https://orcid.org/0000-0002-5328-8621, e-mail: kolesnikovauv@mgppu.ru

The article presents the results obtained within the framework of the All-Russian empirical study "Subjective well-being of older adolescent and adolescent children in the Russian Federation" (2021), in which 10626 respondents (13—17 years old) from 22 regions of the Russian Federation participated. Interest in the topic is due to anxiety for the physical and psychological health of the younger generation entering adulthood. The obtained results made it possible to prove the existence of a positive close relationship between satisfaction with one's own activity in the social and physical spheres, subjective health, comfort of the educational environment and the summary score of subjective well-being (hereinafter SB) among the study participants. The identified age and gender patterns of changes in the level of closeness of the scales with the SB, a comparative analysis of satisfaction ratings with them in dynamics indicated their dependence on puberty and adolescent crises. It is shown that girls rate their "activity" and "comfort of the educational environment" lower than boys and are less vulnerable to stress associated with leaving school. It was revealed that in informants with disabilities, the assessments of their activity and subjective health have a negative age dynamic, in contrast to conditionally healthy ones. Living in ecologically unfavorable (polluted) and hard-to-reach territories has a negative impact on respondents' assessments of activity and subjective health.

Keywords: subjective well-being, health, activity, age and gender dynamics, conditionally healthy and respondents with disabilities, difficult-to-live territories.

Funding. The study was carried out within the framework of the state task of the Ministry of Education of the Russian Federation No. 073-00110-22-01 dated 21.01.2022 "Scientific and methodological support for experimental testing of psychodiagnostic procedures for examining candidates for substitute parents, pupils and employees of organizations for orphans and children left without parental care".

For citation: Oslon V.N., Prokopeva L.M., Kolesnikova U.V. Relationship of Lifestyle Activity, Subjective Health and Subjective Well-Being of Adolescent Children in the Russia. *Psikhologicheskaya nauka i obrazovanie = Psychological Science and Education*, 2022. Vol. 27, no. 6, pp. 116—129. DOI: https://doi.org/10.17759/pse.2022270609 (In Russ.).

Активность образа жизни, субъективное здоровье и субъективное благополучие детей старшего подросткового и юношеского возраста в Российской Федерации

Ослон В.Н.
ФГБОУ ВО «Московский государственный психолого-педагогический университет» (ФГБОУ ВО МГППУ), г. Москва, Российская Федерация
ORCID: https://orcid.org/0000-0002-9625-7307, e-mail: oslonvn@mgppu.ru

Прокопьева Л.М.
ФГБОУ ВО «Московский государственный психолого-педагогический университет» (ФГБОУ ВО МГППУ), г. Москва, Российская Федерация
ORCID: https://orcid.org/0000-0003-4404-9159, e-mail: prokopevalm@mgppu.ru

Колесникова У.В.
ФГБОУ ВО «Московский государственный психолого-педагогический университет» (ФГБОУ ВО МГППУ), г. Москва, Российская Федерация
ORCID: https://orcid.org/0000-0002-5328-8621, e-mail: kolesnikovauv@mgppu.ru

В статье представлены результаты исследования «Активность образа жизни, субъективное здоровье и субъективное благополучие детей старшего подросткового и юношеского возраста», выполненного в рамках более широкого всероссийского исследования субъективного благополучия детей в Российской Федерации в первой половине 2022 г. В исследовании участвовали 10626 информантов (13—17 лет) из 22 регионов. Актуальность выбора узкой темы обусловлена особым состоянием российского общества, переживающего «постковидный синдром», следствием которого стало общее снижение социальной и физической активности. Наиболее уязвимой категорией являются дети, чье взросление проходит в условиях пандемии и ее последствий. В связи с этим основной акцент в статье делается на самооценках информантов своей активности в социальной и физической сферах, а также субъективного здоровья. В качестве основного социального контекста информантов рассматривались образовательная среда и их удовлетворенность ее комфортностью. Установлено наличие положительной тесной связи между данными показателями и субъективным благополучием (СБ). Прослежены особенности данных оценок у девушек и юношей в зависимости от возраста, наличия ОВЗ, территории проживания. Показано, что наиболее высокие и низкие самооценки связаны с началом и (или) завершением пубертатного и юношеского кризисов. Установлено, что девушки ниже оценивают себя по всем показателям, чем юноши. При этом они менее уязвимы в отношении экзаменационного стресса. Если у юношей СБ снижается в ситуации сдачи ОГЭ и ЕГЭ, то у девушек оно повышается. У информантов с ОВЗ оценки удовлетворенности своей активностью и субъективным здоровьем снижаются с возрастом. Установлено, что респонденты, проживающие на затрудненных для жизни территориях (экологически загрязненных, труднодоступных территориях, Арктической зоне), в значительно меньшей степени по сравнению с «нормотипичными» территориями удовлетворены своей активностью и субъективным здоровьем. В целом информанты выше оценивают удовлетворенность комфортностью образовательной среды, чем активностью и субъективным здоровьем.

Ключевые слова: субъективное благополучие, активность, субъективное здоровье, комфортность, образовательная среда, девушки, юноши, ОВЗ, территории.

Финансирование. Исследование выполнено в рамках государственного задания Министерства просвещения Российской Федерации от 21.01.2022 № 073-00110-22-01 «Научно-методическое обеспечение проведения и анализа оценки благополучия ребенка в Российской Федерации». Научный руководитель — Семья Г.В., доктор психологических наук.

Для цитаты: *Ослон В.Н., Прокопьева Л.М., Колесникова У.В.* Активность образа жизни, субъективное здоровье и субъективное благополучие детей старшего подросткового и юношеского возраста в Российской Федерации // Психологическая наука и образование. 2022. Том 27. № 6. С. 116—129. DOI: https://doi.org/10.17759/pse.2022270609

Introduction

The quality of life in society is largely determined by the level of psychological and physical health of the younger generation [1; 4; 5; 6]. According to the Russian Ministry of Health, from 35 to 40% of high school graduates have chronic diseases and functional abnormalities [7; 12], a low percentage of children aged 5—17, only 7.5% comply with WHO recommendations on physical activity; according to the Ministry of Sport (2022), 1 in 3 students in different grades cannot meet the TRP norms for their age group. All this diminishes to a certain extent the life potential of both the children themselves and society as a whole.

Health is largely determined by lifestyle activity and subjective assessments. Researchers emphasize the link between lifestyle activity (physical activity) and positive health-related constructs such as SW [15]. This is reflected in the WHO definition, which defines 'health' as 'a state of complete physical, mental and social well-being and not the absence of disease or infirmity.' At the level of empirical research, higher overall levels of subjective well-being have been shown to lead to better health [18], reduce the risk of obesity and stroke, mental health strain, and reduce symptoms of depression and anxiety [16; 19; 22; 23; 24; 26].

A worldwide trend is the lack of healthy behaviour among adolescents and young people, as well as a decline in the assessment of their physical activity and subjective health. According to WHO, in children aged 11—15 years, self-assessed health declines in all countries and regions [22]. Lower rates of physical activity and subjective health in girls than in boys have become common [13; 14; 16; 22; 25; 27].

'Lifestyle activity' traditionally refers to physical activity, which 'is an important factor in well-being.' The international HBSC report notes that 'physical activity is an important factor in well-being,' 'includes physical and mental health and can improve school performance, cognitive function' and somatic and mental well-being, as well as 'enhancing social interaction and community engagement' [13; 20].

'Subjective health' refers to 'the perception of symptoms and the extent to which one is in a healthy or sick state'; subjective health 'enables a person to function, feel well, be productive, and lead an active life. It is a determinant of future health outcomes' [14], which in turn are closely related to self-assessed health, health satisfaction, and life satisfaction [9].

SW is seen as: 'an umbrella term for various assessments regarding one's life, events,' 'an umbrella concept encompass-

ing relevant aspects of global well-being' [17; 21].

The author's definition of subjective well-being is based on V. N. Myasishchev's theory, which characterizes personality as a system of relations [10; 11]. The construct of subjective well-being assesses the satisfaction of informants with their system of relationships: to themselves, to others, to their environment, to their chronotope [11].

The period between the ages of 13 and 17 is heterogeneous and burdened by a rather painful sociobiological crisis [2; 3]. In the Russian tradition, it includes adolescence and young adulthood, within which the current developmental situation, leading activities, adolescent and young adult crises take place, new formations appear, 'gender differences in social relations and a number of aspects of mental and physical health begin to emerge' [20].

The aim of the study was to identify the existence and nature of the relationship between subjective well-being and lifestyle activities and subjective health, as well as the characteristics of their satisfaction scores among adolescent and young adult children, depending on age, gender, presence of disabilities, and territory of residence.

The findings are essential for the development of psychological support programmes for adolescents and young people of different ages to cope with the effects of the pandemic and to mobilize social and physical activity.

Study Organization, Methods and Procedure

The sample consisted of 1,626 adolescents and young people from 22 regions of the Russian Federation aged 13 to 17. Of these, 5,515 are girls, 1,081 have disabilities and 6,354 children live in hard-to-live territories (Table 1).

All of the informants were educated in institutions of general secondary education.

The study was conducted in accordance with the ethical standards of the 1964 Helsinki Declaration.

The author's questionnaire [10], which included 78 questions, was modified to meet the needs of the study. A five-point Likert scale (from 'Strongly disagree' to 'Strongly agree') was used to assess the

Table 1

Description of the sample

Age	Gender	Quantity (N)	Disease occurrence (N)	Territories difficult for life		
				Arctic zone (N)	Hard-to-reach territories (N)	Environmentally polluted territories (N)
13	boy	1,070	109	156	86	154
	girl	1,167	125	172	96	168
14	boy	1,335	136	186	85	203
	girl	1,453	126	210	101	249
15	boy	1,347	150	246	134	232
	girl	1,384	111	212	92	277
16	boy	835	103	167	55	167
	girl	897	88	168	65	175
17	boy	522	77	95	31	131
	girl	616	56	165	51	158

SW indicators. A test of the internal validity of the questionnaire showed a high level of internal consistency (αk = 0.937). The distribution did not differ from normal (one-sample Kolmogorov-Smirnov test). The distribution of SAT, the scales of the questionnaire "Activity and subjective health", "Comfort of the educational environment" did not differ from normal (Kolmogorov-Smirnov single-sample criterion $p < 0.05$ and $p < 0.01$).

The results of the study were processed using the software products such as SPSS Statistics 17.0. and Jamovi 2.3.21.0.

Results

The conducted correlation analysis using the Pearson coefficient revealed a significant relationship between the combined SAT score and the scales of the questionnaire "Activity and subjective health"(r=0.382**), "Comfort of the educational environment" (r=0.422**) at the level of significance p <0.01.

Differences in group averages by age are confirmed by the results of a one-factor analysis of variance. The value of the Fisher criterion statistics on the scale of Comfort of the educational environment ($F_{4,\ 4470}$=3.94, p=0.003, η^2=0.06), on the scale of Activity and subjective health ($F_{4,\ 4448}$=2.60, p=0.034, η^2=0.02).

According to the Comfort scale, satisfaction ratings are wave-like: they decrease at the beginning of the puberty crisis at 13 years old and at the end of the youth crisis at 17 years old.

The results of pairwise comparisons of the average values on the Comfort of the educational environment scale (according to the Tukey criterion) showed that the average difference in the subsample of 13 years significantly differs from all other subsamples ($p < 0.05$).

On the scale of activity and subjective health, another trend is found: the maximum value is at 13 years old, and the minimum — at 17 years old. Between the ages of 13 and 17, the curve is undulating. The results of pairwise comparisons of the average values on the activity and subjective health scale showed that the average

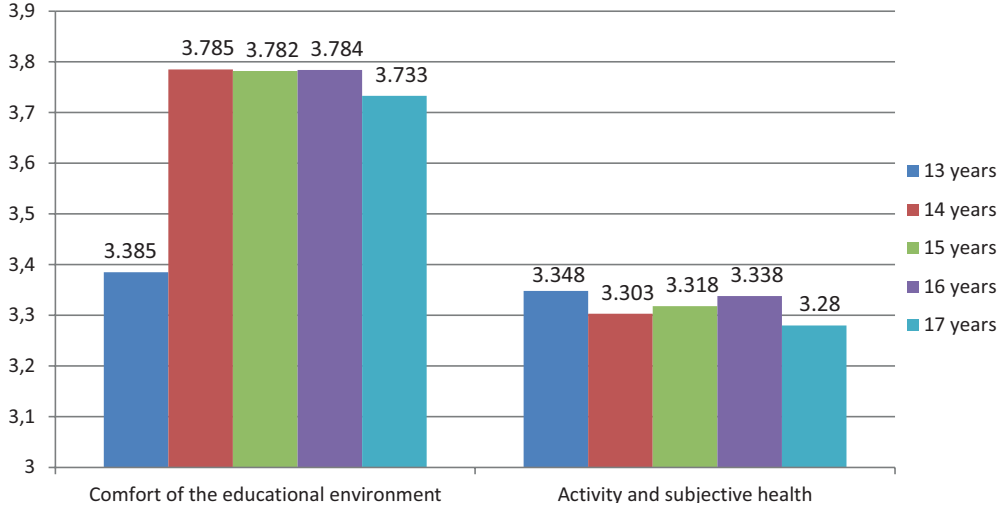

Fig. 1. Ratio of average values on the "Comfort of the educational environment" and "Activity and subjective health" among informants in age dynamics

difference in the subgroups does not differ significantly.

Comparison of indicators of the scales "Activity and subjective health", and "Comfort of the educational environment" by gender showed that boys, unlike girls, have higher scores on both scales.

It draws attention to the fact that young men have a higher average score of satisfaction with "Comfort of the educational environment" at 16, and a lower one at 17 (before graduating from high school). This is observed at the age of 14 and 15 for a year and before the end of the 9th grade. For girls, the peak of satisfaction with "Comfort of the educational environment" takes place at 13 years old, and the peak of dissatisfaction is at 17 years old (Table 2).

Differences in indicators on the scale of "Comfort of the educational environment" among boys and girls are significant in all age groups. However, in the subgroup of 13-year-olds, the smallest effect of the difference is observed, and in the subgroup of 16-year-olds the greatest.

According to the "Activity" scale, the trends are repeated, i.e., exam stress reduces satisfaction with the comfort of the educational environment, as well as activity and subjective health. Age trends do not differ by factor. The rise in the value of the factor takes place at 16 years old, i.e., girls, unlike boys, have increased activity in a situation of exam stress (Table 3).

According to the "Activity and subjective health" scale, there are significant differences by gender in the subgroup of 14, 15, 16-year-olds. However, boys have higher scores on both scales than girls (Table 4).

Estimates of informants with disabilities of different ages on the "Comfort of the educational environment" scale did not show significant differences with the same indicator in conditionally healthy (Table 5).

Significant differences were achieved on the "Activity" scale in all age groups of conditionally healthy and informants with disabilities, while the effect size is low (Table 6).

If instability in the assessments of their "Activity and subjective health" is observed in the group of conditionally healthy adolescents of different ages, then in adolescents with disabilities these estimates decrease every year (Table 6). In the group of conditionally healthy, the maximum scores on the scale are reached at 13 years old, and the minimum at 17. Adolescents with dis-

Table 2

Comparison of average values on the scale of "Comfort of the educational environment" by gender

Age	Gender	Mean	t-Student	df	p	Effect Size Kaen d
13	boy	3.886 (0.69)	3.20[a]	2235	0.001	0.1356
	girl	3.789 (0.74)				
14	boy	3.905 (0.66)	8.33[a]	2786	<0.001	0.316
	girl	3.675 (0.78)				
15	boy	3.882 (0.68)	7.08[a]	2729	<0.001	0.271
	girl	2.686 (0.75)				
16	boy	3.923 (0.72)	7.47[a]	1730	<0.001	0.359
	girl	3.655 (0.76)				
17	boy	3.856 (0.71)	5.10[a]	1136	<0.001	0.3036
	girl	0.369 (0.77)				

* The Levene criterion is significant ($p < 0.05$), which indicates a violation of the assumption of equal variances.

Table 3

Comparison of average values on the "Activity and subjective health" scale by gender

Age	Gender	Mean	t-Student	df	p	Effect Size Kaen d
13	boy	3,.67 (0.66)	1.36	2235	0.174	0.0575
	girl	3.328 (0.68)				
14	boy	3.357 (0.67)	4.17	2786	<0.001	0.158
	girl	3.248 (0.69)				
15	boy	3.363 (0.67)	3.50	2729	<0.001	0.134
	girl	3.273 (0.68)				
16	boy	3.405 (0.68)	3.95	1730	<0.001	0.190
	girl	3.271 (0.72)				
17	boy	3.367 (0.75)	1.57	1136	0.117	0.0934
	girl	3328 (0.72)				

Table 4

Comparison of average values by factors of "Comfort of the educational environment", and "Activity and subjective health"

Age	Gender	Comfort of the learning environment		Activity and subjective health	
		Average score	Standard deviation	Average score	Standard deviation
13	boy	3.886	0.69	3.367	0.66
	girl	3.789	0.74	3.328	0.68
14	boy	3.905	0.66	3.357	0.67
	girl	3.675	0.78	3.248	0.69
15	boy	3.882	0.68	3.363	0.67
	girl	3.686	0.75	3.273	0.68
16	boy	3.923	0.72	3.405	0.68
	girl	3.655	0.76	3.271	0.72
17	boy	3.856	0.71	3.367	0.75
	girl	3.629	0.77	3.328	0.72

abilities rate their activity significantly lower regardless of age.

A comparative analysis between the groups living in 'normotypical' and 'difficult to live in' territories revealed significant differences between the age groups on the 'Comfort' scale ($F_{3, 1322}$=77.2 p<0.001). On the 'Activity' scale, significant differences were achieved between the individual age groups ($F_{3, 1322}$=21.8 p<0.001). Results of pairwise comparisons of average values as on the scale of "Comfort of the educational environment" (according to the Tukey criterion). Similarly, on the scale of Activity and subjective health, it was shown that the difference in the groups significantly differs (p < 0.001).

On the **"**Comfort**"** scale (Figure 2), scores are higher for informants living in 'normotypical' areas, regardless of age. Informants living in the Arctic zone and hard-to-reach territories were the least satisfied ($F_{3, 114}$=2.92 p=0.024, η^2=0.034). Satisfaction with 'Comfort' (excluding hard-to-reach territories) peaks at the age of 13 and has the lowest scores at the age of 17. Estimates of 13-year-olds living in hard-to-reach territories have mul-

Table 5

Comparison of average values on the scale of "Comfort of the educational environment" by the presence of HIA

Age	Availability of HIA	Mean	t-Student	df	p	Effect Size Kaen d
13	Yes	3.768 (0.79)	1.60	21.63	0.109	0.111
	No	3,.849 (0.71)				
14	Yes	3.758 (0.77)	0.614	2673	0.539	0.0400
	No	3.788 (0.73)				
15	Yes	3.752 (0.83)	0.752[a]	26.12	0.452	0.0491
	No	3.787 (0.71)				
16	Yes	3.705 (0.79)	1.52	1650	0.128	0.117
	No	3.794 (0.75)				
17	Yes	3.620 (0.86)	1.77[a]	1077	0.076	0.164
	No	3.746 (0.74)				

* The Levene criterion is significant ($p < 0.05$), which indicates a violation of the assumption of equal variances.

Table 6

Comparison of average values on the scale of "Activity and subjective health" by the presence of HIA

Age	Availability of HIA	Mean	t-Student	df	p	Effect Size Kaen d
13	Yes	3.243 (0.61)	2.58[a]	2163	0.010	0.179
	No	3.363 (0.68)				
14	Yes	3.206 (0.66)	2.371	2673	0.018	0.1542
	No	3.312 (0.69)				
15	Yes	3.198 (0.68)	3.069	2612	0.002	0.2002
	No	3.333 (0.67)				
16	Yes	3.189 (0.70)	3.13	1650	0.002	0.241
	No	3.359 (0.71)				
17	Yes	3.135 (0.75)	2.37	1077	0.018	0219
	No	3296 (069)				

tidirectional trends compared to normotypical ones. On the 'hard-to-reach' ones, they are the lowest, on the rest they are the highest. In general, informants living in 'hard-to-live' territories, regardless of their age, rated their activity and subjective health lower (Figure 2). The lowest scores are in environmentally polluted territories, and the highest scores are in 'hard-to-reach' ones.

Scores on the 'Activity' scale within the Arctic zone itself differ significantly between respondents of different ages.

In environmentally polluted territories, the differences in the estimates are also significant ($F_{3, 114}=2.72$ $p=0.033$, $\eta^2=0.03$). The lowest scores were given by 14- and 17-year-old informants from the Arctic zone and polluted territories. Scores of informants of different ages from hard-to-reach territories do not differ ($F_{3, 766}=4.78$, $p<0.001$, $\eta^2=0.06$) (Figure 3).

Girls rate their satisfaction with the educational environment's comfort lower than boys (Figure 4). The Arctic zone stands out, where girls' scores are the lowest and

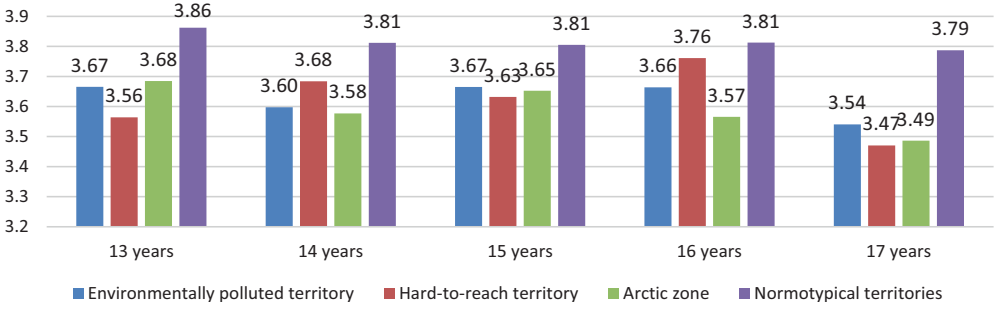

Fig. 2. Ratio of mean values of the 'Comfort' scale in age dynamics among informants living in different territories

boys' scores are higher than in other territories (t_{1104}=4.39 p<0.001 d=0.264). There is also a significant difference in the assessment of satisfaction with the comfort of the educational environment among boys and girls living in ecologically disadvantaged areas (t_{1692}=4.39 p<0.001 d=0,.289).

A comparative analysis of boys' and girls' scores on the 'Activity' scale confirmed the general tendency for girls to have lower average values. Environmentally disadvantaged territories in particular stand out (t_{1692}=3.82 p<0.001 d=0.187). In hard-to-reach territories, both boys and girls consider themselves to be more active and healthier (Figure 5).

In general, girls living in hard-to-live territories scored lower than boys on the 'Activity' and 'Comfort' scales. The Arctic zone and environmentally disadvantaged

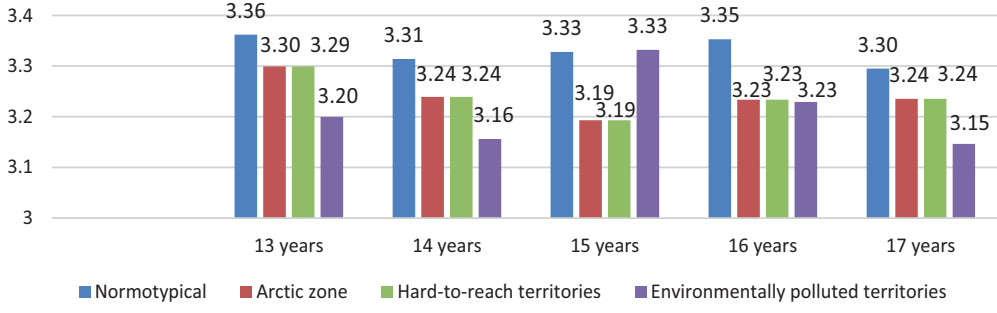

Fig. 3. Scores of informants of different age groups on the 'Activity' scale according to the territory of residence

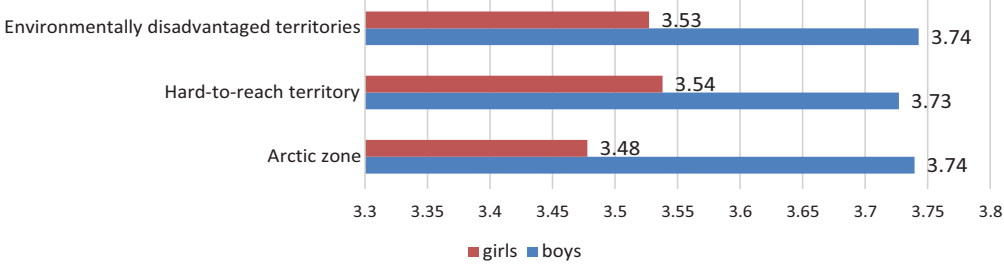

Fig. 4. Satisfaction scores of boys and girls with 'Comfort' according to the territory

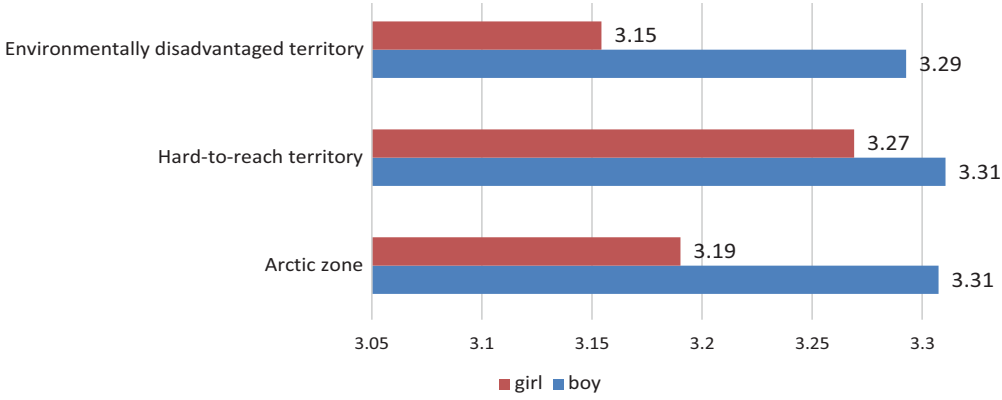

Fig. 5. Informants' scores on the 'Activity' satisfaction scale for different genders by territory

territories stand out, where the values on the scales are the lowest for girls.

Results Discussion

The study presents new empirical data on lifestyle activities, subjective health, and subjective well-being of older adolescents and young adults in the Russian Federation according to age, gender, disability, and territory of residence.

It is shown that informants are aware of their lifestyle activity and assess subjective health as a psychological condition of general activity and success in the social and physical spheres, as well as of the educational environment's comfort. They are more satisfied with the educational environment's comfort than with their own activity and subjective health. The identified assessments of activity, subjective health, and the educational environment's comfort are correlated with age, gender, disability or impairment, and the territory of residence.

It is noteworthy that satisfaction scores on these indicators correlate with the beginning and/or end of the adolescent and youthful crises. At the end of the crisis periods, the need for general activation increases to achieve SW, and at the end of adolescence and the beginning of the youthful crisis, the need to resolve relationships in the educational environment increases.

At the end of puberty, young boys still feel active and healthy, but by the end of the adolescent crisis, they are exhausted. In boys, the decline correlates with exam stress during the BSE and USE periods. Girls are less vulnerable to this stress (their activity self-assessment and subjective health increases). And regardless of their age, and territory of residence, they rate their activity and comfort level significantly lower.

Informants with disabilities have lower assessments of their activity and subjective health with age: awareness of their limitations increases with age.

In hard-to-live territories, assessments of activity and health as well as the educational environment's comfort are considerably lower. The most problematic areas are the Arctic zone and environmentally polluted territories.

Conclusion

The study describes new empirical data on the subjective well-being of adolescents and young adults aged 13—17 (a sample of over 10,000 respondents from 22 regions of the Russian Federation). Particular

emphasis is placed on the components of SW: lifestyle activity, subjective health, and the educational environment's comfort. According to statistics from the Ministry of Health and the Ministry of Sport, the activity of children of various ages has been negatively affected by the pandemic and has not recovered at present. Activity appeared to be closely related to satisfaction with the educational environment's comfort.

The analysis of subjective assessments of the identified SW components led to the following conclusions:

1. The Informants have significantly reduced satisfaction with lifestyle activity and subjective health;

2. The main fluctuations in estimates of satisfaction with their activity, subjective health, and comfort relate to the initial and/or final stages of the age crises;

3. Girls, as compared to boys, regardless of age, territory of residence, and presence of disabilities, rate their satisfaction lower on all indicators. In doing so, they show greater psychological resilience in relation to exam stress and graduation;

4. Informants with disabilities feel just as comfortable in an educational organization as conditionally healthy children. At the same time, they are becoming more aware of their activity and health limitations with each passing year;

5. In the hard-to-live territories, all satisfaction scores for the analyzed components are lower than for the normotypical ones.

References

1. Archakova T.O., Garifulina E.Sh. Izmerenie sub"ektivnogo blagopoluchiya detei v Rossii: ot lokal'nykh sotsial'nykh praktik do federal'noi strategii [Measuring Children's Subjective Well-Being in Russia: Local Practices and Federal Strategies]. *Monitoring obshchestvennogo mneniya: ekonomicheskie i sotsial'nye peremeny [Monitoring of Public Opinion: Economic and Social Changes Journal (Public Opinion Monitoring)]*, 2020, no. 1(155), pp. 276—295. DOI:10.14515/monitoring.2020.1.11 (In Russ., abstr. in Engl.).

2. Bazarnyi V.F. Ditya chelovecheskoe. Psikhofiziologiya razvitiya i regressa [The human child. Psychophysiology of development and regression]. Moscow: *pabl. Soveta Federatsii i Parlamentskoi Assambleei Evropy* [Federation Council and the Parliamentary Assembly of Europe], 2009. 328 p. (In Russ.).

3. Bazarnyi V.F. Zdorov'e i razvitie rebenka: ekspress-kontrol' v shkole i doma: Prakticheskoe posobie [Child health and development: express control at school and at home: A practical guide]. Moscow: *ARKTI*, 2005. 176 p. (In Russ.).

4. Bruk Zh.Yu., Ignatzheva S.V. Sub"ektivnoe blagopoluchie detei 10-i i 12-i let v prostranstve udovletvorennosti sem'ei, shkoloi i druz'yami [Subjective Well-Being of 10- and 12-year-old Children in the Space of Satisfaction with Family, School and Friends]. *Psikhologicheskaya nauka i obrazovanie = Psychological Science and Education*, 2021. Vol. 26, no. 6, pp. 164—175. DOI:10.17759/pse.2021260613 (In Russ., abstr. in Engl.).

5. Bystrova N.V., Urakova E.A., Koroteeva O.D. Psikhologicheskoe blagopoluchie shkol'nikov v sisteme sovremennogo obrazovaniya [Psychological well-being of schoolchildren in the system of modern education]. *Problemy sovremennogo pedagogicheskogo obrazovaniya [Problems of modern pedagogical education]*, 2019, no. 63—1, pp. 47—50. (In Russ.).

6. Golovei L.A., Danilova M.V. Struktura sub"ektivnogo blagopoluchiya i udovletvorennosti zhizn'yu v podrostkovom vozraste [The structure of subjective well-being and life satisfaction in adolescence]. *Izvestiya Saratovskogo universiteta. Novaya seriya. Seriya: Akmeologiya obrazovaniya. Psikhologiya razvitiya [Izvestiya Saratov University. A new series. Series: Acmeology of Education. Psychology of development]*, 2019. Vol. 8, no. 1, pp. 38—45. DOI:10.18500/2304-9790-2019-8-1-38-45 (In Russ.).

7. Gosudarstvennyi doklad "O sostoyanii i ob okhrane okruzhayushchei sredy Rossiiskoi Federatsii v 2019 godu" [State report "On the state and environmental protection of the Russian Federation in 2019"] [Electronic resource]. *Ministerstvo prirodnykh resursov i ekologii Rossiiskoi Federatsii [Ministry of Natural Resources and Ecology of the Russian Federation]*, 2019. Available at: https://2019.ecology-gosdoklad.ru/report/ (Accessed 7.09.2022). (In Russ.).

8. Grinina E.S. Sub"ektivnoe blagopoluchie starshikh podrostkov s intellektual'noi nedostatochnost'yu [Subjective well-being of older adolescents with intellectual disability]. *Institut psikhologii Rossiiskoi akademii nauk. Sotsial'naya i ekonomicheskaya psikhologiya [Institute of Psychology of the Russian Academy of Sciences. Social and economic psychology]*, 2022. Vol. 7, no. 2(26), pp. 56—82. DOI:10.38098/ipran.sep_2022_26_2_03 (In Russ.).

9. Kudashov V.I. Kognitivnoe upravlenie formirovaniem zdorovogo obraza zhizni [Cognitive management of healthy lifestyle formation] [Electronic resource]. *Sibirskoe meditsinskoe obozrenie [Siberian Medical Review]*, 2011, no. 1, pp. 1—6. Available at: https://cyberleninka.ru/article/n/kognitivnoe-upravlenie-formirovaniem-zdorovogo-obraza-zhizni (Accessed 02.08.2022). (In Russ.).
10. Myasishchev V.N. Psikhologiya otnoshenii: Izbrannye psikhologicheskie trudy [Psychology of relationships: Selected psychological works]. 4th edition by Bodaleva A.A. Voronezh. *Modek MPSI [Moscow University of psychology and social Sciences*], 2011, pp. 398. (In Russ.).
11. Oslon V.N., Semya G.V., Prokopeva L.M., Kolesnikova U.V. Operatsional'naya model' iinstrumentarii dlya izucheniya sub"ektivnogo blagopoluchiya detei-sirotidetei, ostavshikhsya bez popecheniya roditelei [Operational Model and Tools for Studying Subjective Well-Being of Orphans and Children Without Parental Care]. *Psikhologicheskaya nauka I obrazovanie = Psychological Science and Education*, 2020. Vol. 25(6), pp. 41—50. DOI:10.17759/pse.2020250604 (In Russ., abstr. in Engl.).
12. Sukhinin A.A., Gorbov L.V., Bogrova M.I., Fomina Ya.V. Sub"ektivnaya otsenka sostoyaniya zdorov'ya studentami [Subjective assessment of the state of health by students] [Electronic resource]. *Mezhdunarodnyi zhurnal prikladnykh i fundamental'nykh issledovanii [International Journal of Applied and Fundamental Research]*, 2017, no. 9, pp. 79—82. Available at: https://applied-research.ru/ru/article/view?id=11830 (Accessed 12.09.2022). (In Russ.).
13. Fizicheskaya aktivnost' podrostkov: informatsionnyi byulleten', 15 marta 2016 [Physical activity of adolescents: newsletter, March 15, 2016] [Electronic resource]. *Vsemirnaya organizatsiya zdravookhraneniya. Evropeiskoe regional'noe byuro. Kopengagen: Evropeiskoe regional'noe byuro VOZ [World Health Organization. Regional Office for Europe. Copenhagen: WHO Regional Office for Europe.]*, 2016. 4 p. Available at: https://www.euro.who.int/__data/assets/pdf_file/0019/303481/HBSC-No.7_factsheet_Physical_RU.pdf. (Accessed 12.09.2022). (In Russ.).
14. Almgren G., Magarati M., Mogford L. Examining the influences of gender, race, ethnicity, and social capital on the subjective health of adolescents. *Journal of Adolescence,* 2009. Vol. 32, no. 1, pp. 109—133. DOI:10.1016/j.adolescence.2007.11.003
15. Buecker S., Simacek T., Ingwersen B., Terwiel S., Simonsmeier B.A. Physical activity and subjective well-being in healthy individuals: a meta-analytic review. *Health Psychology Review*, 2021. Vol. 15, no. 4, pp. 574—592. DOI:10.1080/17437199.2020.1760728
16. Chekroud A., Ward E., Rosenberg M., Holmes A. Patterns in the human brain mosaic discriminate males from females. *Proceedings of the National Academy of Sciences*, 2016. Vol. 113, no. 14, pp. 1. DOI:10.1073/pnas.1523888113
17. Diener E. Guidelines for national indicators of subjective well-being and ill-being. *Journal of Happiness Studies*, 2006. Vol. 7, pp. 397—404. DOI:10.1007/s10902-006-9000-y
18. Diener E., Chan M.Y. Happy people live longer: Spbjective well-being contribptes to health and longevity. *Applied Psychology: Health and Well-Being*, 2011, no. 3(1), pp. 1—43. DOI:10.1111/j.1758-0854.2010.01045.x
19. Forlivesi S., Cappellari M., Bonetti B. Obesity paradox and stroke: a narrative review. *Eat Weight Disord*, 2021. Vol. 26, pp. 417—423. DOI:10.1007/s40519-020-00876-w
20. Inchley J., Currie D., Budisavljevic S., Torsheim T., Jåstad A., Cosma A., Kelly C., Már Arnarsson A. Spotlight on adolescent health and well-being [Electronic resource]. *2017/2018 Health Behaviour in School-aged Children (HBSC) survey in Europe and Canada. International report. Copenhagen: World Health Organization*, 2020. Vol. 1, 72 p. Available at: https://apps.who.int/iris/bitstream/handle/10665/332100/9789289055024-rus.pdf. (Accessed 15.09.2022).
21. Kashdan T.B., Biswas-Diener R., King L.A. Reconsidering happiness: the costs of distinguishing between hedonics and eudaimonia. *Journal of Positive Psychology*, 2008. Vol. 3, no. 4, pp. 219—233. DOI:10.1080/17439760802303044
22. Knoester C., Allison R. U.S. family cultures of sport and physical activity and 15 year olds' physical activity, sports participation, and subjective health. *Leisure Studies*, 2022. Vol. 41, no. 4, pp. 517—530. DOI:10.1080/02614367.2021.2014940
23. Kvam S., Kleppe C.L., Nordhus I.H., Hovland A. Exercise as a treatment for depression: A meta-analysis. *Journal of Affective Disorders*, 2016. Vol. 202, pp. 67—86. DOI:10.1016/j.jad.2016.03.063
24. Moshe I., Terhorst Y., Philippi P., Domhardt M., Cuijpers P., Cristea I., Pulkki-Råback L., Baumeister H., Sander L.B. Digital interventions for the treatment of depression: A meta-analytic review. *Psychological bulletin*, 2021. Vol. 147(8), pp. 749—786. DOI:10.1037/bul0000334
25. Russell L.T., Coleman M., Ganong L. Conceptualizing Family Structure in a Social Determinants of Health Framework. *Journal of family theory and review*, 2018. Vol. 10, no. 4, pp. 735—748. DOI:10.1111/jftr.12296
26. Schuch F., Vasconcelos-Moreno M., Borowsky C., Zimmermann A.B., Rocha N., Fleck M.P. Exercise and severe major depression: Effect on symptom severity and quality of life at discharge in an inpatient cohort. *Journal of Psychiatric Research*. 2014. Vol. 61, pp. 25—32. DOI:10.1016/j.jpsychires.2014.11.005
27. The women's sports foundation report brief: her life depends on it iii & girls and women of color [Electronic resource]. In Staurowsky E.J., DeSousa M.J.,

Miller K.E., Sabo D., Shakib S., Theberge N., Veliz P., Weaver A., Williams N. (eds.). *East Meadow, NY*: *Women's Sports Foundation*, 2015, 4 p. Available at: https://www.womenssportsfoundation.org/wp-content/uploads/2016/08/her-life-depends-on-it-women-of-color-brief-full-citations-final.pdf (Accessed 15.09.2022).

Литература

1. *Арчакова Т.О., Гарифулина Э.Ш.* Измерение субъективного благополучия детей в России: от локальных социальных практик до федеральной стратегии // Мониторинг общественного мнения: экономические и социальные перемены. 2020. № 1(155). С. 276—295. DOI:10.14515/monitoring.2020.1.11

2. *Базарный В.Ф.* Дитя человеческое. Психофизиология развития и регресса. М.: изд. Совета Федерации и Парламентской Ассамблеи Совета Европы, 2009. 328 с.

3. *Базарный В.Ф.* Здоровье и развитие ребенка: экспресс-контроль в школе и дома: Практическое пособие. М.: АРКТИ, 2005. 176 с.

4. *Брук Ж.Ю., Игнатжева С.В.* Субъективное благополучие детей 10-и и 12-и лет в пространстве удовлетворенности семьей, школой и друзьями // Психологическая наука и образование. 2021. Том 26. № 6. С. 164—175. DOI:10.17759/pse.2021260613

5. *Быстрова Н.В., Уракова Е.А., Коротеева О.Д.* Психологическое благополучие школьников в системе современного образования // Проблемы современного педагогического образования. 2019. № 63—1. С. 47—50.

6. *Головей Л.А., Данилова М.В.* Структура субъективного благополучия и удовлетворенности жизнью в подростковом возрасте // Известия Саратовского университета. Новая серия. Серия: Акмеология образования. Психология развития. 2019. Том 8. № 1. С. 38—45. DOI:10.18500/2304-9790-2019-8-1-38-45

7. Государственный доклад «О состоянии и об охране окружающей среды Российской Федерации в 2019 году» [Электронный ресурс] // Министерство природных ресурсов и экологии Российской Федерации. 2019. URL: https://2019.ecology-gosdoklad.ru/report/ (дата обращения: 7.09.2022).

8. *Гринина Е.С.* Субъективное благополучие старших подростков с интеллектуальной недостаточностью // Институт психологии Российской академии наук. Социальная и экономическая психология. 2022. Том 7. № 2(26). С. 56—82. DOI:10.38098/ipran.sep_2022_26_2_03

9. *Кудашов В.И.* Когнитивное управление формированием здорового образа жизни [Электронный ресурс] // Сибирское медицинское обозрение. 2011. № 1. С. 1—6. URL: https://cyberleninka.ru/article/n/kognitivnoe-upravlenie-formirovaniem-zdorovogo-obraza-zhizni (дата обращения: 02.08.2022).

10. *Мясищев В.Н.* Психология отношений: Избранные психологические труды: 4-е издание / Под ред. Бодалева А.А. Воронеж: Модэк МПСИ, 2011. 398 с.

11. *Ослон В.Н., Семья Г.В., Прокопьева Л.М., Колесникова У.В.* Операциональная модель и инструментарий для изучения субъективного благополучия детей-сирот и детей, оставшихся без попечения родителей // Психологическая наука и образование. 2020. Том 25. № 6. С. 41—50. DOI:10.17759/pse.2020250604

12. *Сухинин А.А., Горбов Л.В., Богрова М.И., Фомина Я.В.* Субъективная оценка состояния здоровья студентами [Электронный ресурс] // Международный журнал прикладных и фундаментальных исследований. 2017. № 9. С. 79—82. URL: https://applied-research.ru/ru/article/view?id=11830 (дата обращения: 12.09.2022).

13. Физическая активность подростков: информационный бюллетень, 15 марта 2016 г. [Электронный ресурс] / Всемирная организация здравоохранения. Европейское региональное бюро. Копенгаген: Европейское региональное бюро ВОЗ. 2016. 4 с. URL: https://www.euro.who.int/__data/assets/pdf_file/0019/303481/HBSC-No.7_factsheet_Physical_RU.pdf (дата обращения: 12.09.2022).

14. *Almgren G., Magarati M., Mogford L.* Examining the influences of gender, race, ethnicity, and social capital on the subjective health of adolescents // Journal of Adolescence. 2009. Vol. 32. № 1. P. 109—133. DOI:10.1016/j.adolescence.2007.11.003

15. *Buecker S., Simacek T., Ingwersen B., Terwiel S., Simonsmeier B.A.* Physical activity and subjective well-being in healthy individuals: a meta-analytic review // Health Psychology Review. 2021. Vol. 15. № 4. P. 574—592. DOI:10.1080/17437199.2020.1760728

16. *Chekroud A., Ward E., Rosenberg M., Holmes A.* Patterns in the human brain mosaic discriminate males from females // Proceedings of the National Academy of Sciences. 2016. Vol. 113. № 14. P. 1. DOI:10.1073/pnas.1523888113

17. *Diener E.* Guidelines for national indicators of subjective well-being and ill-being // Journal of Happiness Studies. 2006. Vol. 7. P. 397—404. DOI:10.1007/s10902-006-9000-y

18. *Diener E., Chan M.Y.* Happy people live longer: Spbjective well-being contribptes to health and longevity // Applied Psychology: Health and Well-Being. 2011. No. 3(1). P. 1—43. DOI:10.1111/j.1758-0854.2010.01045.x

19. *Forlivesi S., Cappellari M., Bonetti B.* Obesity paradox and stroke: a narrative review // Eat Weight Disord. 2021. Vol. 26. P. 417—423. DOI:10.1007/s40519-020-00876-w

20. *Inchley J., Currie D., Budisavljevic S., Torsheim T., Jåstad A., Cosma A., Kelly C., Mår Arnarsson A.* Spotlight on adolescent health and well-being [Электронный ресурс] // 2017/2018 Health Behaviour in School-aged Children (HBSC) survey in Europe and Canada. International report. Copenhagen: World Health Organization. 2020. Vol. 1. 72 p. URL: https://apps.who.int/iris/bitstream/handle/10665/332100/9789289055024-rus.pdf (дата обращения: 15.09.2022).
21. *Kashdan T.B., Biswas-Diener R., King L.A.* Reconsidering happiness: the costs of distinguishing between hedonics and eudaimonia // Journal of Positive Psychology. 2008. Vol. 3. No. 4. P. 219—233. DOI:10.1080/17439760802303044
22. *Knoester C., Allison R.* U.S. family cultures of sport and physical activity and 15 year olds' physical activity, sports participation, and subjective health // Leisure Studies. 2022. Vol. 41. No. 4. P. 517—530. DOI:10.1080/02614367.2021.2014940
23. *Kvam S., Kleppe C.L., Nordhus I.H., Hovland A.* Exercise as a treatment for depression: A meta-analysis // Journal of Affective Disorders. 2016. Vol. 202. P. 67—86. DOI:10.1016/j.jad.2016.03.063
24. *Moshe I., Terhorst Y., Philippi P., Domhardt M., Cuijpers P., Cristea I., Pulkki-Råback L., Baumeister H., Sander L.B.* Digital interventions for the treatment of depression: A meta-analytic review // Psychological bulletin. 2021. Vol. 147(8). P. 749—786. DOI:10.1037/bul0000334
25. *Russell L.T., Coleman M., Ganong L.* Conceptualizing Family Structure in a Social Determinants of Health Framework // Journal of family theory and review. 2018. Vol. 10. No. 4. P. 735—748. DOI:10.1111/jftr.12296
26. *Schuch F., Vasconcelos-Moreno M., Borowsky C., Zimmermann A.B., Rocha N., Fleck M.P.* Exercise and severe major depression: Effect on symptom severity and quality of life at discharge in an inpatient cohort // Journal of Psychiatric Research. 2014. Vol. 61. P. 25—32. DOI:10.1016/j.jpsychires.2014.11.005
27. The women's sports foundation report brief: her life depends on it iii & girls and women of color [Электронный ресурс] / Staurowsky E.J., DeSousa M.J., Miller K.E., Sabo D., Shakib S., Theberge N., Veliz P., Weaver A., Williams N. East Meadow, NY: Women's Sports Foundation, 2015. 4 p. URL: https://www.womenssportsfoundation.org/wp-content/uploads/2016/08/her-life-depends-on-it-women-of-color-brief-full-citations-final.pdf (дата обращения: 15.09.2022).

Information about the authors

Veronika N. Oslon, PhD of Psychological Sciences, Professor, Department Psychology of Education, Chair of Age Psychology Named after L.F. Obukhovoya, Moscow State University of Psychology & Education, Moscow, Russia, ORCID: https://orcid.org/0000-0002-9625-7307, e-mail: oslonvn@mgppu.ru

Liubov M. Prokopeva, Head of the Professional Education Quality Monitoring Department, Moscow State University of Psychology & Education, Moscow, Russia, ORCID: https://orcid.org/0000-0003-4404-9159, e-mail: prokopevalm@mgppu.ru

Uliana V. Kolesnikova, Research Associate, Center of Applied Psychological and Pedagogical Studies, Moscow State University of Psychology & Education, Moscow, Russia, ORCID: https://orcid.org/0000-0002-5328-8621, e-mail: kolesnikovauv@mgppu.ru

Информация об авторах

Ослон Вероника Нисоновна, кандидат психологических наук, профессор кафедры «Возрастная психология им. профессора Л.Ф. Обуховой», ФГБОУ ВО «Московский государственный психолого-педагогический университет» (ФГБОУ ВО МГППУ), г. Москва, Российская Федерация, ORCID: https://orcid.org/0000-0002-9625-7307, e-mail: oslonvn@mgppu.ru

Прокопьева Любовь Михайловна, начальник отдела мониторинга качества профессионального образования, ФГБОУ ВО «Московский государственный психолого-педагогический университет» (ФГБОУ ВО МГППУ), г. Москва, Российская Федерация, ORCID: https://orcid.org/0000-0003-4404-9159, e-mail: prokopevalm@mgppu.ru

Колесникова Ульяна Владимировна, научный сотрудник Центра прикладных психолого-педагогических исследований, ФГБОУ ВО «Московский государственный психолого-педагогический университет» (ФГБОУ ВО МГППУ), г. Москва, Российская Федерация, ORCID: https://orcid.org/0000-0002-5328-8621, e-mail: kolesnikovauv@mgppu.ru

Получена 26.08.2022 Received 26.08.2022
Принята в печать 26.10.2022 Accepted 26.10.2022