

CHARACTERISTIC FEATURES OF ETHNIC DISTINCTIONS OF YOUNG FAMILIES NEEDS IN TYPES OF THE MEDICAL AND SOCIAL AID

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In the article the authors analyze deferent variants of characteristic features of young families needs in types of the medical and social aid. A young family is an object of the scientific research and practical activities of healthcare because today it is necessary to protect it and to maintain its health. Due to the necessity to plan various forms of the support and the help to a young family in territories with various ethnic families, it is important for government bodies and the health system to know in what concrete services and the type of the help an ethnic family needs. The received results note that in the structure of the requirements of a young family primarily the needs in the medical and social help are increasing according to the period and the duration of a marriage. Ethnic distinctions of needs of a young family are revealed in all studied cohorts, they are found in the structure of less significant types of the help – the help of parental families which are temporary in an initial stage of development of a young family. The development prospect of activity of the medical and social services should be taken into account in practical activities of healthcare institutions working by the family principle in territories with ethnic heterogeneity of the population as studying of various characteristics of the health of young families in ethnic populations will allow to use them as starting base for complex development of programs on maintenance and development of health of the ethnic population.

Keywords: a young family, ethnic, medical and social aid

Research objective: to define the characteristic features of young families needs in types of the aid.

Materials and methods of research

For the detection of the ethnic distinctions of the medical and social characteristic of the young families prospective cohort research was carried out in the Republic of Khakassia (1997–2006). In total 395 young families were studied: 220 city (55,7%) and 175 rural (44,3%). A mononational or a mixed marriage was the criterion of the division of the families on cohorts, thus, the young families were divided by us into the following cohorts: Russians; Russian-speaking (Belarusians, Ukrainians); Khakases; mixed with Khakases (Khakases with Russians, Belarusians, Germans); mixed with Russians (Russians with Ukrainians, Germans, Tatars); other (Germans, Armenians, Azerbaijanians, Georgians). Research of the ethnic distinctions of the needs in the medical and social help of young families was conducted separately in the ethnic cohort for the periods: 1 years, 2–4 years, 5–7 years and 8–10 years of marriage. The statistical processing of the data was carried out by means of the method of analysis of variance.

In modern researches in the field of public health and health care which has been executed in recent years, the features of formation of modern public health requirements of the population are revealed and priorities of the rendering of the medical aid to various groups of the population are defined [5, 9, 10]. A young family is an object of a scientific research and practical activities of the healthcare institutions and so the young family represents developing system not only concepts of incidence and prevalence of diseases of youth, but also the protection of its health, taking into account medical and social requirements of a young family [4, 6] and its ethnic origin [3].

The need of a family in the medical and social aid is estimated by the complex of indicators characterizing the health of a family, its structure, age and education of family members, level of economic security, sanitary and hygienic behavior, ratio of the family and out of the family forms of activity, a way of life of the family as a whole

and its certain members [1]. In connection with these characteristics, various families demand specific differentiated forms and methods of the medical and social help. Modern requirements of a young family, undoubtedly, define an individual approach when forming a complex of the interconnected actions for medical and social, social and psychological and legal aid to a young family. [2, 5]. Such approach creates favorable preconditions for prevention of somatic and psychological health disorders and also manifestations of social deviations. In this case the state economic and social policy has a defining value. The population employment in spheres of social activities, welfare and family income depends on the state policy. More and more young families seek to build a career, relying on their own forces and, as a result there is a need of every second family for crediting for the solving not momentary, but perspective tasks: vocational training, qualifications, acquisitions of housing, receiving credits for business activity, etc. As a rule, some of the young families need in the state support owing to the developed circumstances such as: a family foundation, the birth of children in student's years at the lowest income; single-parent family (one mother, wife of the serviceman); presence in a family of the disabled child that demands care from one of the parents and limits the family income; unemployment of one or both young partners; employment of one or both partners in the budgetary sphere with low level of a salary. Planning various forms of support and the help to a young family, it is important to the government bodies and public organizations to know, in what concrete services and in what type of the help the family needs. In this regard for the poll of respondents the appropriate question was put: «What types of the help does your family need in?»

Results of research and their discussion

In our research types of needs of a young family in the help were divided into 3 groups and defined as: *need for the help of parents* (including both financial support, and moral, including the help in education of grandsons); *help of the state* (granting social housing, social

benefits, monetary compensations, financing of programs on compensation of expenses for housing acquisition on a mortgage) and *medical and social* (medical control of the health state, psychological assistance and social consultation).

The analysis of the data of the research of requirements of a young family in types of the help showed that in their structure needs in the medical and social help initially prevail (47,8%) and *parents help* (44,2%). Distinctions in the structure of the requirements of a young family taking into account the location showed, that the share of the requirement in the medical and social help increases in dynamics during the period from 1–10 years of marriage by 1,6 times from 39,1% up to 61,9% with the prevalence in the urban area [(the city – from 43,2% up to 68% and the village—from 34,9% up to 55,9% respectively; $p < 0,05$), and the share of the requirement in the help of *parental families* decreases during the period from 1–10 years of marriage by 1,9 times with prevalence in an urban area [(the city – from 48,9% up to 24,8% and the village—from 39,4% up to 20,4% respectively; $p < 0,05$).

In the structure of the state help to a young family the insignificant need for granting social housing initially prevails – 5%, and on a result of the supervision over families – other monetary compensations (4,4%). The share of the requirement in a housing mortgage increased only during 5–7 years of marriage of a young family from 0,3 up to 0,8% and again decreased to the initial level of 0,3%. Distinctions in structure of the requirements of a young family taking into account the location showed that the share of requirement in the *help of the state* doesn't exceed 11% in the general structure of all requirements of a young family and also it is characterized by the increase in the dynamics during 2–7 years of marriage by 1,2 times from 16,8 up to 19,7% with prevalence in the rural territory [(the city – from 8 up to 10,9% and the village—from 25,7 up to 28,5% respectively; $p < 0,05$). According to the result of the supervision over families in the structure of the help the need for monetary compensations prevails: in the cities – 4,4%, and in villages – 3,6%.

In the structure of the medical and social requirement for the help to a young family the need for granting a psychological assistance initially prevails – 5%, and according to the result of the supervision over families – medical control (7,9%) and a psychological assistance (7,3%) initially prevails. The share of requirement in social consultation keeps the level ranging from 2 up to 2,7% from 1 up to 7 years of marriage and decreases to 1,8% at the end of the supervision over families. The analysis

of the territorial distinctions in the structure of the requirements of a young family in an urban area showed that in an urban area the need for a psychological assistance dominates (7,9%), and for the rural area medical control dominates (6%). The research of the ethnic distinctions of the needs of young families in types of the help taking into account distinctions on residing territory has shown following results:

1. In the all living territory: in all ethnic cohorts the need for *the medical and social help* dominates (from 50,8 up to 95%), among all ethnic cohorts the big requirement with «Russians» (78,9%), «Russian-speaking» (73,7%) and «other» is shown (76,7%); the great requirement is distinguished among all ethnic cohorts with «Russians» (78,9%), «Russian-speaking» (73,7%) and «other» (76,7%); young families of cohorts mainly need the help of *parental families* «ref. with Russians» (38,7%) and «ref. with Khakases» (32,7%); young families of cohorts mainly need the help of *parental families* «ref. with Russians» (38,7%) and «ref. with Khakases» (32,7%); young families of cohorts Khakases mainly need the *help of the state* (17,2%), «ref. with Russians» (10,9%) and «other» (10,8%)

2. In an urban territory of living: in all ethnic cohorts the need for the *medico-social help* (from 50,4% to 78,9%) dominates, among all ethnic cohorts a great requirement is shown at «Russian-speaking» (95%), and «other» (74,7%); young families of cohorts «ref. with Russians» (49,2%) and «ref. with Khakases» (40,8%) mainly need the help of *parental families*; young families of a cohort «other» mainly need the *help of the state* (7,2%).

3. In a rural territory of living: in all ethnic cohorts the requirement for the *medical and social help* (from 62,1 up to 72%) dominates; from all ethnic cohorts the greatest requirement is shown at «other» (72%); young families of cohorts «Russian-speaking» (27%), «Khakases» (27,6%) and «ref. with Khakases» (29,4%) mainly need the *help of parental families*; young families of cohorts «Khakases» (10,1%), «ref. with Khakases» (16,6%) and «other» (14%) mainly need the *help of the state*.

So we can state, in the structure of the requirements of a young family the needs in the medical and social help prevail initially. The needs are increasing according to the period and duration of a marriage. The structure of medical and social requirements has considerable distinctions in ethnic families, living both in urban territories and in rural territories. The help of parents and the state is temporary in an initial stage of development of a young family and, undoubtedly, is caused by distinctions in reproductive activity of a young ethnic family.

Acknowledgments

We consider development prospect of activity of the medico-social services working by the family principle in the territories with ethnic heterogeneity of the population, in practical activities of healthcare institutions. Studying of various characteristics of young families' health in ethnic populations will allow to use these characteristics as starting base of healthcare institutions for complex development of programs on maintenance and development of health of the ethnic population. Detection of young families' ethnic features in the medical and social help allows to determine significant for the health care organization questions concerning optimization of the medical and social help in ethnic population.

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