PERCEPTIONS OF SECURITY, LIFE SATISFACTION AND EXPECTATIONS AMONG ADOLESCENTS IN UKRAINE BASED ON THE RESULTS OF RESEARCH STUDY «CHARACTERISTICS OF ALCOHOL AND OTHER DRUG USE AMONG YOUTH IN UKRAINE»

Voloshyna Diana
PhD
Research center “DNIPRO USA”
USA

Sukachova Olga
PhD
Center of Medical Research “Iplus”, CMRI

Linskiy Igor
PhD
Institute of neurology, psychiatry and narcology, National Academy of Medical Sciences of Ukraine
UKRAINE

The study results shown in this paper have been the part of the study “Characteristics of alcohol and other drug use among youth in Ukraine” funded by the University of Michigan, Addiction Center.

Conducted a cross-sectional study assessed 664 adolescents in Ukraine and showed a significant percentage of teens faced with war consequences, such as family income loss, personal income loss and even with family members wounded or killed.

Objective. The study aims to evaluate adolescents’ perceptions of psychological and social aspects of life.

Background.
Psychological, psychiatric, and social studies show the important role of timely psychosocial evaluation to recognize, predict and prevent psychopathological disorders among adolescents [1 - 5].

Previous investigations of the psychopathological state of adolescents in Ukraine found correlation between socioeconomic and psychological characteristics [6, 7]. Teens of Ukraine are predisposed to increased risk of anxiety disorders development due to the difficult period of economic and political instability, and military actions in Ukraine since 2013.

This study explores psychological, social aspects of adolescents to assess psychopathological disorders, their development and relationships with social and economic (including living under the stress due to unstable military circumstances) characteristics of teens in Ukraine.

Study design and methods
The study results shown in this paper have been the part of the Study of “Characteristics of alcohol and other drug use among youth in Ukraine” supported by University of Michigan, Addiction Center.
Study has been conducted in the city of Kharkiv, Ukraine. Kharkiv is located in the Eastern part of Ukraine; it has numerous universities and colleges and is known in Ukraine as a city of students and researchers.

**Participants**

Inclusion criteria for participation have been the age 16-25, speaking and writing Ukrainian or Russian and providing informed consent to participate.

One thousand two hundred adolescents were invited to participate in electronic survey during local celebrations and public activities by invitation cards distributed by trained volunteers who were students, psychologists, and sociologists. Shared cards have had a link to a web site containing e-consent documents and e-survey. The research team has had 300 cards for each strata to hand out based on the youth’s age and sex: 300 younger females (ages 16-20); 300 younger males; 300 older females (ages 21-25); and 300 older males. The study did not have contact information for any students who did not start the screening survey; however, we have been able to ascertain the response rate based on the number of responses as compared to the number of cards distributed.

The last page of the survey has contained information about health wellness and alcohol usage, signs of potential harm, and local community services for substance use disorders as well as mental health emergency hotline.

**Measures**

1. Socio-demographics have been used from the U.S.A. national survey, and included items assessing: age, gender, education, living with, current occupation status, typical grades [5].
2. Conflict/War Experiences questions measuring household experience, losses of income, injury, or death due to conflict/war developed for this study.
3. Perceptions of security, life satisfaction and expectations included questions regarding level of satisfaction with life, security, household income, personal income, education, health, dwelling have been used from Conflict and Violence Micro-Level Surveys [8].
4. The Patient Health Questionnaire (PHQ-2), 2-item self-administered depression screen was used to evaluate self-assessment of Depression level [9].
5. Generalized Anxiety Disorder 7 (abbreviated as GAD-7), self-reported seven items questionnaire was hired for screening and severity measuring of generalized anxiety disorder (GAD) [10].
6. Service Use Questionnaire contained assessment of desired best methods for psychological and narcological support, best channels for contacting and support receiving as well as feedback for current study provided (questionnaire quantity and quality, design, study conducting, recommendations for improvement next studies leading among youth (developed for this study).

**Data Analyses**

SPSS software version 18 has been used for data analyses. Descriptive statistics have been used to describe the characteristics of the sample (percentage, means, standard deviations). Then, bi-variate analyses (chi-square, t-tests) and conduct multivariate analysis (logistic regression models) have been used to examine differences, characteristics and correlations among items investigated.

**The results:**

Self-assessment was conducted among 664 adolescents, 45.77% males, and 54.23% females with the age range of 16 – 25 years (see Table 1).
The number, gender, average age and education of participants
Psychometric Properties of the Major Study Variables (N = 664)

| Variable                                | %   | M    | SD   | Range Possible | Actual |
|-----------------------------------------|-----|------|------|----------------|--------|
| Education, years                        | 13.82 | 2.41 | 9-16 | 9-16           |        |
| Age                                     | 20.08 | 2.43 | 16-25| 16-25          |        |
| Gender, male                            | 45.77 |      |      |                |        |

Note. M – mean; SD – standard deviation.

The results of psychological and social parameters assessment among adolescents are listed in the table below (see Table 2).

Table 2
Psychometric Properties of the Major Study Variables (N = 664)

| Variable                                | %   | M    | SD   | Range Possible | Actual |
|-----------------------------------------|-----|------|------|----------------|--------|
| Family income loss during the war       | 27.58 |      |      |                |        |
| Personal income loss during the war     | 20.30 |      |      |                |        |
| Family member wounded or killed         | 4.61  |      |      |                |        |
| Life satisfaction                       | 6.74  | 2.10 | 0-10 | 0-10           |        |
| Safety satisfaction                     | 6.19  | 2.47 | 0-10 | 0-10           |        |
| Family income satisfaction              | 5.66  | 2.36 | 0-10 | 0-10           |        |
| Personal income satisfaction            | 4.38  | 2.86 | 0-10 | 0-10           |        |
| Child education satisfaction            | 6.63  | 2.53 | 0-10 | 0-10           |        |
| Personal health satisfaction            | 6.80  | 1.99 | 0-10 | 0-10           |        |
| Housing satisfaction                    | 6.55  | 2.44 | 0-10 | 0-10           |        |

Note. M – mean; SD – standard deviation

Intended sample size was 800 based on expected response rate of approximately 2/3. Achieved sample size was 664. Although participants showed a pretty high level of education, there was a significant percentage of adolescents faced with war consequences, such as family income loss, personal income loss and even with family members wounded or killed. Among not so high overall life and housing satisfaction scales, family income and personal income satisfaction had the lowest level.

Conclusions and discussion.

A decreased sample size of 664 in comparison with an estimated 800 may reflect a level of possible fright, distrust, apathy, dismay, and/or lack of safety perception among adolescents averting them from participation in the research and sharing personal thoughts and emotions.

In future research we are planning to proceed with a more comprehensive analyses of the perceived psychosocial factors associated with development of substance abuse problems among adolescents in Ukraine.
References:

[1] Dadds, M., Kimonis, E., Schollar-Root, O., Moul, C., & Hawes, D. (2018). Are impairments in emotion recognition a core feature of callous–unemotional traits? Testing the primary versus secondary variants model in children. Development and Psychopathology, 30(1), 67-77. doi:10.1017/S0954579417000475

[2] Elder, Glen H., Jr. (2018). Children of the great depression: social change in life experience. Glen H. Elder, Jr. (ed.). 25th ed. New York, NY 10017, USA: Routledge 711 Third Avenue. ISBN 13: 978-0-8133-3342-7. doi: https://doi.org/10.1051/shsconf/20197002001

[3] Burlaka V.V., Voloshyna D.M., Gryga I. (2015). Research of etiology, prevention, and treatment of chemical dependencies: abstracts of main articles: Manual. O.O. Serdyuk, V.V. Burlaka (ed.). Kharkiv: Disa plus. ISBN 978-617-7064-52-6

[4] Mihai-Bogdan Iovu, Paul-Teodor Hărăguş & Maria Roth (2018) Constructing future expectations in adolescence: relation to individual characteristics and ecological assets in family and friends. International Journal of Adolescence and Youth, 23:1, 1-10. doi:10.1080/02673843.2016.1247007

[5] Harris, K. M., Florey, F., Tabor, J., Bearman, P. S., Jones, J., & Udry, J. R. The National Longitudinal Study of Adolescent Health: Research Design. 2008. http://www.cpc.unc.edu/projects/addhealth/design

[6] Polshkova S., Voloshyna D., Cunningham R. M., Zucker R., Walton M. (2016). Prevention of alcohol and other drug use using motivational interviewing among Young Adults in Ukraine. Psychosomatics: Science and Practice, v. 1(1), 11.

[7] Viktor Burlaka, Jun Sung Hong, Oleksii Serdiuk, Liudmyla Krupelnytska, Svitlana Paschenko, Nariman Darvishov, Iuliia Churakova. (2020). Suicidal Behaviors among Ukrainian College Students: The Role of Substance Use, Religion, and Depression. International Journal of Mental Health and Addiction.

[8] doi: 10.1007/s11469-020-00333-w.

[9] Brück, T., Justino, P., Verwimp, P. and Avdeenko, A. (2010). “Identifying Conflict and Violence in Micro-Level Surveys”. Economics of Security Working Paper 38. Berlin: Economics of Security.

[10] Kroenke K, Spitzer RL, Williams JB. (2001) The PHQ-9. Validity of a Brief Depression Severity Measure. J Gen Intern Med, 16(9): 606–613.

[11] Swinson RR. (2006) The GAD-7 scale was accurate for diagnosing generalized anxiety disorder. Evid Based Med, 11(6):184.