A Comparative Gender Analysis of Quality of Life in Students Exempted From Practical Works on Physical Culture

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ABSTRACT
In the present research, the results of studying the quality of life of students in elementary courses exempted from practical exercises of physical culture for health reasons are presented. For boys and girls, most of the studied indicators are at a good level; however, gender differences in individual subspheres of all studied areas of quality of life, requiring the use of preventive measures and changes in students’ lifestyle, have been revealed.

Introduction
Quality of life (QOL) is a multidimensional, complex structure including an individual’s perception of his physical, psychological, economic, socio-cultural state, as well as “spatiality” of freedom and independence in relationships with other people within personal convictions [6]. As a social group, young people aged 17-20 are characterized by a variety of indicators related to professional and personal self-determination, accelerated adaptation process, value guides, large geographical mobility, faster learning of modern education knowledge and skills, development of creative potential and self-development [5, 8, 10], as well as overcoming crisis of authorities in the family [1] and solving sexual problems [5].
There, as the driving force of social progress, students are especially important, on which the development of the most important social spheres depends on education, culture, management, economics, politics, etc. Hence, the future of our country depends on the quality of life of the young [14]. This problem arises based on which criteria are prioritized for the quality of life of elementary school students; and whether priorities of quality of life criteria depend on gender and health status [13]. In addition, the published data indicate that the students’ quality of life, especially first-year students, is reduced [9]. According to literary sources, the quality of life of students engaged in physical culture and belonged to a special medical group has significantly differed based on their gender: girls have significantly higher quality of life indicators than those in boys, which is consistent with results of previous studies [8]. Most of the studied indicators in girls are at good and very good levels, whereas among boys they are at the average level. In the physical sphere of the quality of life, there were no differences based on genders, which may be because both girls and boys have a deviation in their health status [14]. Data on the quality of life of students exempted from physical education for health reasons is practically not found in the literature, especially given their gender differences.

Organization of classes with students exempted from physical culture is reduced to the creation of theoretical courses on fundamentals of the physical culture theory, including features of organization of classes for people with diseases of different nosologies. This is because in accordance with the existing legislation, except medical universities, no universities have the right to engage in medical physical culture with students; therefore, the practical course of physical culture has been substituted by a theoretical one. This approach makes it possible to certify students in discipline of physical culture; however, it does not improve their physical health, as students do not engage in physical activity in physical education classes. This aspect probably affects their quality of life [11], and this research is devoted to this.

Quality of life is a set of indicators characterizing the level of human life, determining degree of dignity and freedom, degree of a person’s comfort both within himself and within society [2]. QOL in different areas of activity has a different interpretation. In the socio-economic area, it means satisfaction of a person with his life, considering various needs and interests, and covers security and guarantees of individual rights, availability of free time, as well as a sense of peace and stability. In medicine, this multidimensional concept covers physical and psychological states and somatic sensations, the degree of adaptation of a person to the disease as well as the formation of psycho-emotional health [12]. The quality of life is based on subjective self-esteem, the degree of satisfaction formed based on the specific living conditions, emotional state, etc. [7]. The student’s body is united by certain age limits, intensive mental work, and the process of vocational training, lifestyle and mentality [13]. In this regard, we consider investigating the quality of life of students to be relevant and extremely important; since this social group of students, by virtue of certain regularity, determines the future of society and by many factors is quite vulnerable.

**Research Objective**

This study is aimed at conducting a comparative description of quality of life of elementary students, exempted from practical exercises in physical culture due to their health and belonged to different gender groups.

**Research Materials and Methods**

We examined students of the primary courses of the Peoples’ Friendship University of Russia (Moscow) exempted from practical classes in physical culture for health reasons. The survey included 113 students aged from 17 to 19 years old, formed into two comparison groups based on their gender: group 1 (n = 75) girls (average age, 18.4 ± 0.3 years), group 2 (n = 35) boys (average age, 18.6 ± 0.4 years).
In the present survey, Russian version of the questionnaire (100 questions) of the World Health Organization (WHO ASCW-100) was used in order to assess the students’ quality of life by studying the assessment of the QOL of adult population of Russia and other countries (WHOQOL Group, 1993) [4]. Considering the six areas of quality of life, the questionnaire is designed for self-completion and concerns the individual’s perception of various aspects of his life: physical functions, psychological functions, level of independence, social relations, environment and spiritual sphere generally determining the quality of life and health. Additionally, for information about the students’ state of health, their biological age was determined and questionnaires were formed in the form of a block questionnaire: physical activity, daily routine, bad habits, etc.

Mathematical-statistical processing of the survey results was carried out by means of Microsoft Excel 2010 and SPSS software (version 19.0 for Windows). The level of significance of differences in the studied parameters was determined by Student’s criterion. The results were considered statistically significant at \( p \leq 0.05 \).

**Results**

In research participants, the passport age was 18.4 ± 0.3 years. In assessing the biological age, an excess of the passport age was found in 94% of students exempted from practical exercises of physical culture for health reasons, on average their biological age was 27.6 ± 0.4 years. The excess of biological age compared to the passport age was 50% (\( p < 0.01 \)). Analysis of the monitoring of students for health assessment revealed how students were related to their health. To the question “How would you rate your health?”, The girls answered: “excellent” - 1.33%; 38.67% for “good”; on “satisfactory” - 45.33%; as “bad” - 14.67%; as “very bad” - 1.33%. The boys answered the same question: “excellent” - 5.56%, “good” - 33.33%;“satisfactory” - 47.22%, as “bad” - 13.89%. None of the boy students rated their health as “very bad”.

Quality of life is considered as a complex structure of indicators characterizing the individual’s perception of his physical condition. As part of physical functioning, an individual’s life may deteriorate due to health problems. Subspheres are distinguished within the physical sphere, represented by narrower and more specific concepts: physical pain and discomfort and fatigue, sleep difficulties and problems with it [4]. Therefore, these QOL subsystems were analyzed in more detail. Evaluation of QOL indicators for individual areas revealed a feature related to the physical field. In both of the studied groups, its values are at a good level; nevertheless, the boys report their physical condition significantly better than that of the girls (\( p < 0.05 \)), while all the studied students have significant impairments in their health status (Table 1).

<table>
<thead>
<tr>
<th>Indicators</th>
<th>Group 1 girls (n = 75)</th>
<th>Group 2 юноши (n=35)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical sphere</td>
<td>14.0±0.3</td>
<td>14.8±0.38*</td>
</tr>
<tr>
<td>F1 Physical pain and discomfort</td>
<td>14.60±0.39</td>
<td>14.5±0.45</td>
</tr>
<tr>
<td>F2 Vital activity, energy, fatigue</td>
<td>12.81±0.37</td>
<td>14.1±0.53*</td>
</tr>
<tr>
<td>F3 Sleep</td>
<td>14.47±0.5</td>
<td>15.7±0.55**</td>
</tr>
</tbody>
</table>

Note:* \( p < 0.05 \); ** \( p < 0.01 \)

The survey showed that students exempted from physical education classes experience unpleasant physical sensations disturbing and hindering them, since pain affects the quality of life, even if it is periodic in nature. To
the question “how often do you get sick”, 20.35% of students exempted from physical education answered that they practically do not get sick. More than 56% of students during the school year miss classes from 10 to 30 days, 20% of them are periodically hospitalized in medical centers. The main causes of morbidity are seasonal acute viral infections, from which more than 50% of students suffer. The exacerbation of chronic diseases occurs in 26.55% of respondents.

We analyzed various types of pain in the comparison groups. 34.67% of girls and 50% of boys are experiencing nausea, aching pain, and abdominal pain. 37.33% and 55.56% of respondents, respectively, have trouble in breathing, asthma, and shortness of breath. Joint pain, feeling of heaviness, worse by the end of the day - 26.67% and 47.22% of respondents; periodic double vision, pain in the eye area due to high visual loads are experienced by 42.67% of girls and 22.22% of boys. The pathology of two or more systems of the body are respectively 20.2% and 17.8% of respondents.

Assessing the quality of life for the WHO 100 in the F1 subsphere “Physical pain and discomfort”, we observe that the indicator is at a good level in the boys group and there is not any significant differences between the groups (p> 0.05). These data are not entirely consistent with the data obtained from our survey and research data, where the students of a special medical group (boys and girls) had a medium level of physical quality of life, while their health level is higher and they are not exempt from physical culture [14, 15]. Considering the survey data in the presence of a variety of complaints of pain and discomfort, as well as indicators of the quality of life of the subsphere F1, it can be concluded that students with significant deviations in their health state and exemption from physical culture are compensated to their health state in the form of “adaptation to the disease”.

Speaking of compensation in its relation to the disease, it is natural to turn first of all to the ideas of L.C. Vygotsky. In his works, in particular in the paper “Defect and Compensation”, where he postulates the continuity and interconnectedness of painful and compensatory processes, disintegration and development of the psyche, considering the disease not as a defect, degradation, reverse development, but as a specific neoplasm formed of the new level of mental functioning (using compensatory mechanisms) [3]. Compensation is an adaptation using external to the damaged element or to the entire structure, beyond the limits of the adaptation system resources (that is, not belonging to the organism). Thus, adaptation and compensation can be considered as inseparably connected components of the adaptation process, aimed at maintaining optimal interaction between the individual and the environment. “With the functional difference between adaptive and compensatory mechanisms, both processes are aimed at maintaining optimal dynamic equilibrium between the organism and the environment ... adaptation and compensation, we understand as permanently existing processes constituting the essence of the vital activity of any organism and are integral elements of a single process, adaptation.” In this connection, it becomes possible to dynamically consider not only a violation of adaptation, but also “adaptation to disorders”, in other words, a complex of adaptation-regulatory and compensatory reactions occurring during the damage to the system, i.e. development of disadaptosis [3]. The feature of quality of life we identified among students exempted from physical education for health reasons requires additional research, especially from the psychological aspects of satisfaction with their condition, since there are no data in the literature of the study of these features among students.

The subsphere “Energy and Fatigue” performs the necessary tasks of everyday life. Fatigue may be due to any cause, whether it is malaise, depression due to mental illness, somatic or physical overstrain. The analysis of this subsphere revealed the main reason for low physical activity: lack of time for physical activity and fast fatigue, and not health. In the studied groups, it was observed that the indicator of the quality of life of F2 in girls was vital activity, energy and fatigue were at an average level; and among boys, this indicator was significantly higher and at a good level (p <0.05). Despite this, only 31.17% of girls and 28.21% of boys considered their way
of life to be inactive. 14.29% of girls and 20.51% of boys are independently engaged in physical culture. Weakness, fatigue, irritability and tearfulness are experienced closer to the test weeks (mid-term and intermediate certification) of 80% of girls and 69.44% of boys during the school year. F3, which is the subsphere of “Sleep”, investigates sleep problems: nighttime awakenings, difficulty in falling asleep, and lack of a feeling of rest from sleep, as well as how much sleep and sleep-related problems affect the quality of life. This subsphere focuses on the causes of disorders associated with both the individual and his environment. Both groups rate their sleep at a good level; however, among boys this indicator of quality of life is significantly higher than that of girls (p <0.01). According to the survey, more than 90% of the respondents in the comparison groups suffer from lack of sleep. 29.87% of girls and 56.41% of boys answered to the question “Is the duration of your sleep sufficient?” At the same time, 49.35% of girls and 41.03% of boys are sleeping less than the prescribed norm, since they go to bed after midnight. Students have a more pronounced lack of sleep due to high academic workload and low physical activity (Table 1).

Thus, within the framework of physical functioning, it is necessary to consider many factors negatively affecting students in modern societies, causing physical pain, discomfort, fatigue, lack of energy, as well as energy and sleep in the presence of the already existing somatic pathology. It is necessary to create conditions for the restoration of the vital forces of the body in good sleep and regular adequate physical exertion.

The indicator of the psychological sphere of quality of life among respondents is at a good level. Analyzing the indicators of the QOL psychological sphere’s subspheres revealed a number of significant gender differences (Table 2). In the subsphere F4 (positive emotions), boys indicators are higher by 7.74% (p <0.05). Students are more optimistic about their life positions, experience more positive feelings and enjoy their life. In the subsphere F7 (body image and appearance), the indicators of boys are also higher than that of the girls by 7.24% (p <0.01).

Table 2.

<table>
<thead>
<tr>
<th>Indicators</th>
<th>Group1 girls (n = 75)</th>
<th>Group2 boys (n = 35)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Psychological sphere</td>
<td>14.31±0.4</td>
<td>14.76±0.5</td>
</tr>
<tr>
<td>F4 Positive emotions</td>
<td>14.3±0.4</td>
<td>15.5±0.6*</td>
</tr>
<tr>
<td>F5 Cognitive functions</td>
<td>14.4±0.4</td>
<td>14.9±0.6</td>
</tr>
<tr>
<td>F6 Self esteem</td>
<td>14.8±0.4</td>
<td>14.5±0.5</td>
</tr>
<tr>
<td>F7 Body image and appearance</td>
<td>14.1±0.4</td>
<td>15.2±0.5**</td>
</tr>
<tr>
<td>F8 Negative emotions</td>
<td>13.1±0.4</td>
<td>13.8±0.4</td>
</tr>
</tbody>
</table>

Note: * p <0.05 ** p <0.01

Students have more discomfort due to their appearance, and they are ready to follow any changes to be modified to fill the missing. Despite the desire to have a beautiful and athletic body, only 37% of girls consider their lifestyle to be inactive, although they belong to the group exempted from practical exercises in physical culture. Morning starts with daily morning gymnastics for only 3.9%, despite the fact that 66.23% of female students consider physical training necessary.

Thus, for effective correction of the psychological sphere of QOL, it is necessary to use studies of the connection between fashion and a healthy lifestyle in the process of informatization, making it possible to disseminate and popularize certain standards of behavior that helps preserve and maintain the health of female students and
improve their self-esteem. It is also necessary to recommend walking in the fresh air and classes of aerobic types of physical activity to reduce emotional stress among respondents in a dosage corresponding to their nosology. In both groups, the indicators of the level of independence in students exempt from practical classes in physical culture for health reasons is at a good level. An analysis of the scope of the independent QOL level revealed significant gender differences (Table 3) in terms of drug dependence and treatment.

Table 3:
Indicators of subspheres of QOL level of independence of students, depending on their gender

<table>
<thead>
<tr>
<th>Indicators</th>
<th>Group1 girls (n = 75)</th>
<th>Group2 boys (n = 35)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Level of independence</td>
<td>16.0±0.4</td>
<td>16.1±0.4</td>
</tr>
<tr>
<td>F9 Mobility</td>
<td>17.1±0.4</td>
<td>16.6±0.4</td>
</tr>
<tr>
<td>F10 Ability to carry out daily activities</td>
<td>15.1±0.5</td>
<td>15.0±0.4</td>
</tr>
<tr>
<td>F11 Dependence on drugs and treatment</td>
<td>16.0±0.4</td>
<td>17.1±0.4**</td>
</tr>
<tr>
<td>F12 Ability to work</td>
<td>15.8±0.4</td>
<td>15.6±0.5</td>
</tr>
</tbody>
</table>

Note: ** p <0.01

Girls need more medical treatment than boys do, showing itself in significant differences between the groups (p <0.01), since 59.48% of respondents get sick once every two months and 5.17% more than once a month. To maintain mental and physical well-being at the desired level, 29.7% of girls and 9.9% of boys are taking medication. As a concern for their health, vitamin preparations are constantly consumed by 15.58% of girls and 17.95% of boys.

Subsphere F9 “Mobility” explores the ability to move from place to place, walk to the place of study or work to and from the places where transport stops. Respondents in both groups rate their mobility at a good level. Analysis of the questionnaire revealed that 15.58% of girls and 7.65% of boys walk for 30 minutes mostly from home to school over an hour (22.08% and 33.33%), respectively, and do not experience movements.

Subsphere F10 is concerning the “ability to perform everyday tasks”, usually needing to be done day after day. In this subsphere, indicators are at a good level: 70.27% of girls and 78.78% of boys.

Subsphere F12 “Efficiency” explores the respondents use of their own energy for study and work, voluntary or social work, but not using the feeling in its performance and the quality of their working environment. This indicator is at a good level in 79.72% of girls and 78.78% of boys.

Thus, in order to increase the independence level, it is necessary to increase the duration of physical activity at a slow and medium pace, indicated for persons with weak health, recommending to consider the number of steps taken per day by using gadgets and individual trackers, bringing individual indicators to the hygienic norm (15-20 thousands of steps a day). Using regular aerobic loads of medium and low intensity in the hygienic norm volume, it is possible to reduce drug intake and improve physical and mental tolerance.

Indicators of the sphere of “social interrelations” among students exempted from practical classes in physical culture for health reasons correspond to a good level in both groups (Table 4). The analysis of the subsphere “Personal Relationships” including issues of loneliness, relationships and satisfaction with relationships in different circles of communication is at a good level. 79.7% of girls and 72.7% of boys are friendly, and they experience love and emotional support. The feeling of loneliness in life is only experienced by 4.05% of girls.
Table 4.
Indicators of subspaces of the QOL of social relationships among students, depending on their gender

<table>
<thead>
<tr>
<th>Indicators</th>
<th>Group 1 girls (n = 75)</th>
<th>Group 2 boys (n = 35)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social relationships</td>
<td>15.3±0.3</td>
<td>15.4±0.5</td>
</tr>
<tr>
<td>F13 Personal Relationship</td>
<td>15.8±0.3</td>
<td>15.6±0.4</td>
</tr>
<tr>
<td>F14 Practical social support</td>
<td>16.1±0.3</td>
<td>15.9±0.5</td>
</tr>
<tr>
<td>F15 Sexual activity</td>
<td>13.9±0.4*</td>
<td>14.9±0.6*</td>
</tr>
</tbody>
</table>

Note: * p <0.05

Subsphere indicators F14 “Practical social support” explores the extent to which the respondent receives support and has the opportunity to receive help from family and friends in solving family and personal problems [3]. Indicators of this subsphere are at a good level in girls and boys (77.02% and 75.75%, respectively).

The analysis revealed significant gender differences in the subsphere of F15 “Sexual Activity” (Table 4). This subsphere explores the impulse towards sex, desire, pleasure, and how it affects the QOL. The indicators of this sphere in girls are at an average level - 13.9 ± 0.4, among boys –and at a good level (14.9 ± 0.6) among girls (p <0.05). Probably, the presence of significant differences between groups in this subsphere is influenced by the different attitudes towards sexual relationships between girls and boys. To the questions “are you concerned about the difficulties in sexual life and how satisfied are you with the sexual life?” 55.4% of girls answered that they allowed sexual relations; however, it connected them with feelings of love and affection; 66.6% of boys considered sex as a desire for mutual pleasure.

Thus, for the correction of this sphere, it is necessary to form the young’s sexual behavior based on loyalty and purity of relationships. Explanatory work with young people in order to correct their sexual behavior should be started at school level, so that in their student years they already have a clear idea of responsible sexual behavior.

The quality of life of “Environment” in both studied groups is at a good level and has no gender differences (p> 0.05) (Table 5).

Subsphere F16 “Freedom, physical security and safety” explores a sense of calm, clarity, perception of a stable and secure life. Overall, the indicators are at a good level; nevertheless, 5.4% of girls and 3.3% of boys do not feel a sense of security.

Subsphere F17 “Environment at home” assesses to what extent the place of residence is comfortable. The indicators of respondents are at a good level. 6.75% of girls and 15.15% of boys are dissatisfied with the comfort of their homes and their immediate surroundings.

Subsphere F18 Financial Resources explores the payment potential of respondents in satisfying and ensuring QOL. A significantly higher indicator is observed in girls; and compared to that in boys, it is at a good level (p <0.01). In boys, the indicator corresponds to the average level and, in all likelihood, this is due to the level of satisfaction with the finances administered by the students. It is also necessary to consider that unlike girls, boys spend their finances on the purchase of cigarettes and alcohol. According to the survey, 13.79% of boys smoke, of which 5.17% smoke more than 10 cigarettes a day. One-third of boys consume alcoholic beverages: 16.38% of boys consume strong alcoholic beverages and 18.10% use different types of wines. Analysis of the obtained data reveals that it is necessary to include the promotion of a healthy lifestyle and outreach work with young people on quitting smoking and drinking alcohol.

Table 5.
Indicators of subspheres of QOL environment of students depending on their gender
<table>
<thead>
<tr>
<th>Indicators</th>
<th>Group 1 girls (n = 75)</th>
<th>Group 2 boys (n = 35)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Environment</td>
<td>14.83±0.38</td>
<td>14.67±0.54</td>
</tr>
<tr>
<td>F16 Freedom, physical security and safety</td>
<td>14.32±0.35</td>
<td>14.15±0.5</td>
</tr>
<tr>
<td>F17 Home Environment</td>
<td>15.34±0.4</td>
<td>15.3±0.6</td>
</tr>
<tr>
<td>F18 Financial Resources</td>
<td>14.0±0.38</td>
<td>12.76±0.57**</td>
</tr>
<tr>
<td>F19 Medical and social assistance</td>
<td>13.97±0.37</td>
<td>13.21±0.64</td>
</tr>
<tr>
<td>F20 Ability to acquire new information and skills</td>
<td>16.24±0.34</td>
<td>16.7±0.47</td>
</tr>
<tr>
<td>F21 Possibility for recreation and entertainment and their use</td>
<td>15.16±0.39</td>
<td>15.61±0.5</td>
</tr>
<tr>
<td>F22 Environment around (pollution, noise, etc.)</td>
<td>14.28±0.32</td>
<td>14.55±0.4</td>
</tr>
<tr>
<td>F23 Transportation</td>
<td>15.3±0.4</td>
<td>15.1±0.57</td>
</tr>
</tbody>
</table>

Note: ** p <0.01

Subsphere F20 that is the “ability of acquiring new information and skills”, F21 “The possibility for recreation and entertainment and their use” and F23 “Transport”, are at a good level among all respondents. However, 55.48% of girls and 56.41% of boys sit at the computer for more than 1 hour to receive new information on educational programs, 10.34% of girls and 12.08% of boys watch television in the evenings, and only 16 for rest and recuperation. 38% of girls and 17.13% of boys attend recreation parks and forest parks. 28.05% of girls and 25.86% of boys spending more than 1 hour on the road per day, especially during peak hours, are not satisfied with the provision of transport system. If students live on campus, they also have to travel to some educational buildings for more than an hour.

Subsphere F19 that is “Medical and social assistance is at an average level in both groups and it shows the lowest results compared to other subspheres representing the Environment sphere. This indicates that students exempted from physical culture classes are dependent upon the organization providing them with timely and qualified medical assistance. At the same time, according to the survey, it is known that the majority of students live on campus, where there is a medical center and medical care available to all students.

Subsphere F22 “Environment” (pollution, noise, etc.) in both groups corresponds to a good level and there are no significant differences between the groups (p> 0.05).

**Conclusions**

After a detailed analysis of QOL spheres and subspheres, questioning and evaluation of the biological age of first-year students at the university exempted from physical education for health reasons, the following conclusions can be made:

- When assessing the biological age, we found an excess of the passport age among 94% of students on average by 50% (p <0.01).
- With a good level of physical quality of life for students of both sexes who have significant deviations in their health status and exemption from physical education classes for health reasons, there are many complaints of pain and discomfort, indicating the presence of compensation to their health condition in the form of “adaptation to the disease”.

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In girls, indicators of vitality, energy and fatigue are significantly lower than those existing among boys, and they are at an average level. Students have a more pronounced lack of sleep due to high academic workload and less physical activity.

Boys are more optimistic about their attitudes and experience more positive emotions and enjoyment of life. Students have more discomfort because of their appearance, and they are ready to follow any changes to make changes to fill the missing.

Girls need more medical treatment than boys do, manifested in significant differences between groups of this indicator.

In girls, the indicator of sexual activity is significantly lower than that in boys, which is associated with different attitudes to sexual relationships in girls and boys. Girls allow sexual relationships, but they are associated with feelings of love and affection, boys see sex as a desire for mutual pleasure.

In boys, the indicator of the financial sphere of the QOL is significantly lower than that of girls, indicating the level of satisfaction with the finances students show.

According to the survey data, one third of boys consume alcoholic beverages, 14% of boys smoke, in spite of already having somatic pathology, and the presence of bad habits only makes it worse;

The satisfaction rates with medical and social assistance for both groups are at an average level, and compared to other subspheres representing QOL, the Environment shows the lowest results. This indicates that the QOL of students exempted from physical education depends upon the quality of timely medical care and social support. Thus, within the framework of physical functioning, it is necessary to consider that many factors negatively affecting students in modern society, cause physical pain, discomfort, fatigue, lack of energy, strength and sleep.

It is necessary to create conditions for the restoration of the vital forces of the body, good sleep and regular adequate physical exertion. It is recommend increasing the duration of physical activity for students during the day, considering the number of steps performed per day using gadgets or individual trekkers, bringing individual indicators to the hygienic rate (15-20 thousand steps per day). Using regular aerobic loads of medium and low intensity in the open air in the amount of hygienic norms, shown to people with poor health, it is possible to decline drug intake and increase tolerance of physical as well as mental stress.

In order to effectively correct the psychological sphere of QOL for girls, it is necessary to use the study of the association between fashion and a healthy lifestyle, allowing disseminating and promoting certain standards of behavior that help preserve and maintain the health of female students and improve their self-esteem. It is necessary to promote healthy lifestyles and explanatory work with young people, in particular with boys, on quitting smoking and drinking alcohol.

It is necessary to form youth sexual behavior based on loyalty and purity of relationships. Explanatory work with young people in order to correct their sexual behavior should be started at school level, so that in their student years they already have a clear idea of responsible sexual behavior.

References
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