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EUROPEAN ASSOCIATION OF PEDAGOGUES AND PSYCHOLOGISTS "SCIENCE"

# "THE UNITY OF SCIENCE"

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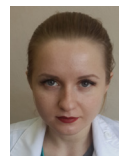
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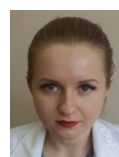


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## EPIDEMIC OF BAD HABITS AMONG THE POPULATION IS A PROBLEM OF THE FUTURE GENERATION

## ЭПИДЕМИЯ ВРЕДНЫХ ПРИВЫЧЕК СРЕДИ НАСЕЛЕНИЯ – ПРОБЛЕМА БУДУЩЕГО ПОКОЛЕНИЯ

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**Abstract.** It was studied and analyzed among the adult population of the Chernivtsi region the presence of bad habits and hobbies during their free time. It is established that the majority of the population has bad habits, as well as the predominance of passive rest over active. The algorithm of elimination of bad habits among patients is developed.

**Key words:** bad habits, population, passive rest, prevention.

**Резюме.** Изучено и проанализировано среди взрослого населения Черновицкой области наличие вредных привычек и увлечений в свободное от работы время. Установлено, что у большинства населения имеют место вредные привычки, а также преобладание пассивного отдыха над активным. Разработан алгоритм устранения вредных привычек среди пациентов.

**Ключевые слова:** вредные привычки, население, пассивный отдых, профилактика.

### Introduction.

From chronic non-infectious diseases in Ukraine, work capacities is lost and prematurely die 5-10 times more people than in the countries of the European Union. Critical is the state of affairs among the younger generation. In Ukraine, only 6-10% of secondary school graduates are healthy, and 52.6% of them have morpho-functional abnormalities of a different nature, and 36-40% has chronic non-infectious diseases [2, 4].

According to the World Health Organization, the economic effect of implementing healthy lifestyle programs achieves a cost-benefit ratio of 1:8. Numerous scientific studies have convincingly shown that the prevention of chronic non-infectious diseases in Ukraine is progressing; all the possibilities of curative medicine are five to six times inferior on the effectiveness of compliance with a healthy lifestyle [1, 3].

### Objective.

Find out the presence of bad habits and hobbies in the free time of work in the adult population of the Chernivtsi region.

### Material and methods.

To achieve the research goal, we developed an original questionnaire, which contained a question about bad habits and hobbies in time off work. The questionnaire included questions – «menu», closed questions – «yes» or «no» and open questions where the respondent will write what he considers necessary.

The survey was conducted from 2016 to 2017 inclusive, among residents of the Chernivtsi region. 1656 questionnaires were analyzed (840 men and 816 women). The questionnaire was anonymous and was filled by respondents on their own.

### Results.

A total of 1656 respondents aged 18 and over were interviewed: men – 50,7% and women – 49,3%.

To the question «What do you think is the cause of the disease?»: 55,1% of the men surveyed and 56,5% of the women indicated

incorrect nutrition; harmful habits responded – 62,0% of men and 67,4% of women; sedentary lifestyle – 51,0% of men and 62,4% of women; hereditary factor – 44,0% of men and 47,9% of women.

The data presented indicate that respondents are aware of the «harmfulness of behavior» and are ready for changes in lifestyle. Therefore, a medical worker (family doctor or nurse) among the assigned population should carry out work on the prevention of risk factors for the development of chronic diseases.

It is clear that in practical health care it is necessary to develop a model of the work of a health worker on the prevention of chronic diseases, as well as algorithms for action to eliminate a particular risk factor (smoking, alcohol consumption, inappropriate nutrition, excess body weight, low physical activity).

On the question «Do you smoke?»: «Yes», 52,0% of men and 38,2% of women answered; «No» – 48,0% of men and 61,8% of women.

So the bad habit of «smoking» covers most of the male population, but women are also used to it, which in the future can lead to the development of chronic diseases.

To the question «How often do you drink alcohol?»: less than once a month – 15,2% of men compared to 22,1% of women; once a month – 20,4% of men, 36,6% of women; once a week – 36,8% of men, 19,0% of women; almost every day – 15,0% of men, 3,7% of women; do not use at all – 12,6% of men, 18,6% of women.

It can be argued that the population did not learn correctly, without harm to their own health, to consume alcoholic beverages [1]. This situation can be improved by applying a new approach to the formation of a healthy lifestyle, involving young people and children in the process. The point is that adults initiate such work, and children and young people themselves support it. It is from their activity and will depend on the success of the spread formula: «healthy be fashionable,



stylish and beautiful».

To the question «Your hobbies in your free time from work?»: sport – 29,4% of men, 15,0% of women; literature – 26,0% of men, 45,7% of women; music – 18,7% of men, 29,8% of women; technique – 43,0% of men, women do not get involved in technology; computer – 42,7% of men, 42,2% of women; the other – 22,4% of men, 28,8% of women.

As we can see, the population now prefers the computer, and this is a sedentary and sedentary lifestyle, which can lead to excess body weight, which in turn will lead to the development of chronic diseases (cardiovascular diseases, etc.). It is well known that active rest on weekends, moderate classes and regular walks for 40 min or more per day significantly reduce the overall mortality.

So, the most important aspects of preventive activities are its support at the community level, collectives, family and each individual. Therefore, health policy should be directed to the formation and development of solidarity communities, systematic work with all their sectors in order to reduce the negative impact of bad habits on health, as well as on the development of health-improving potential in specific

living conditions (schools, hospitals, workplaces) for all community members to realize their full potential.

The results of the research conducted, as well as the state of the state programs in operation, industry standards, have become the basis for the scientific alignment of the action of the medical worker to eliminate the bad habits of the patient (Fig.).

The proposed algorithm is aimed primarily at the medical worker (general practitioner of family medicine, a nurse and narrow specialists). This is real because it ensures widespread introduction of preventive technologies, first of all for primary health care, and the main role belongs to the medical worker.

The medico-prophylactic direction of the algorithm is based on the influence on the mechanisms of the emergence and development of behavioral risk factors, their individual manifestations. It is implemented through medical observation, psycho-correction, psychotherapy, family counseling, participation in medical, professional and social rehabilitation activities.

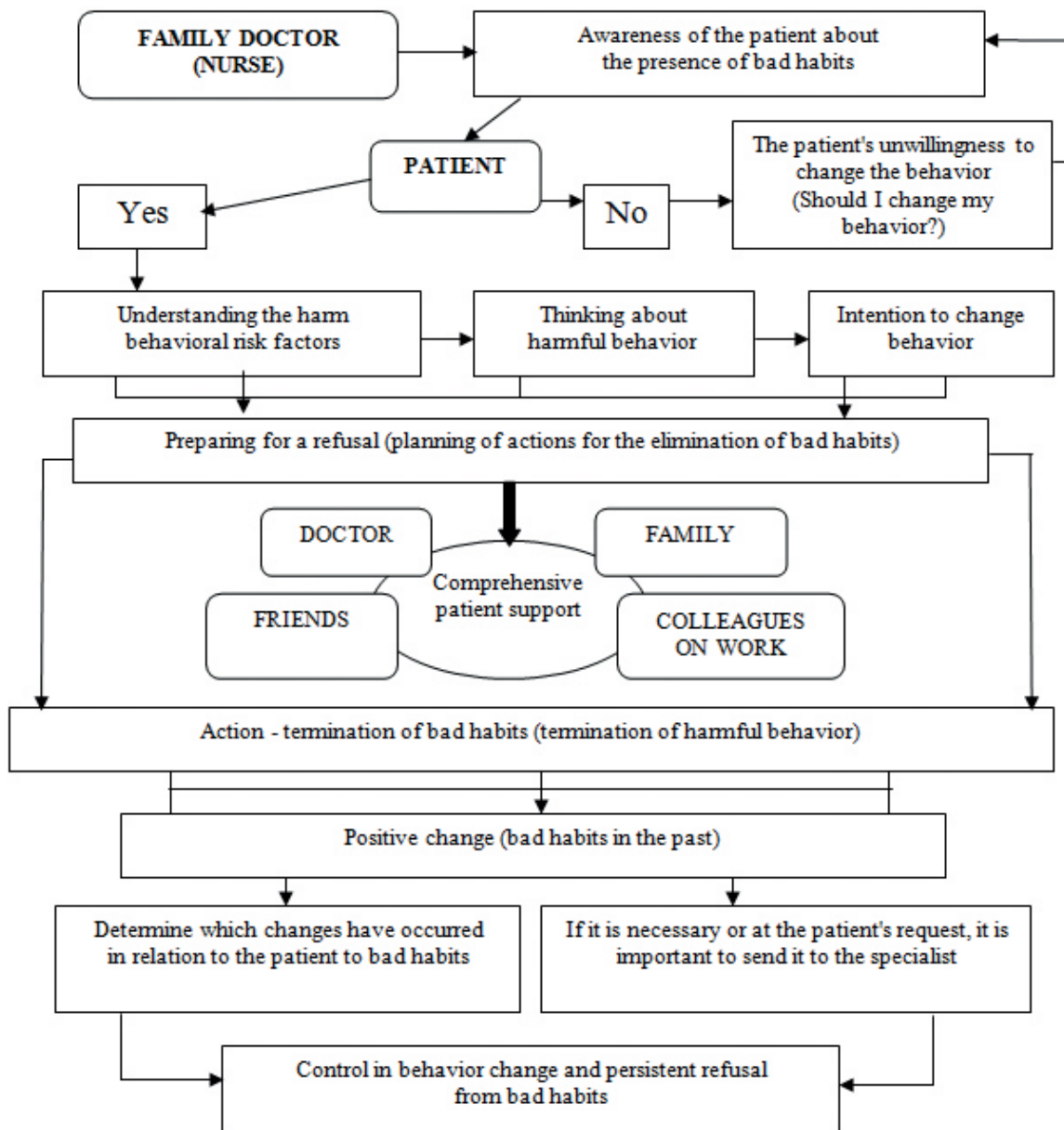


Fig. Algorithm of actions of the medical worker on elimination of bad habits of the patient

Actions of the medical worker on elimination of the harmful habits of the patient:

**Stage I** – At this stage, the health worker uses an effective and publicly available method: polling and examining the patient (the presence of harmful behavior). It is necessary to determine whether the patient is interested in moving to a healthy lifestyle and willingness to give up bad habits if the answer is positive and the patient agrees to eliminate the harmful habit he has identified, and then proceed to the next stage. When clarifying the history of the data, it is important to prove to the patient that harmful behavior leads to the development of chronic diseases. For example: "Harmful habits → the way to the emergence of chronic noncommunicable diseases".

**Stage II** – If the patient relates with an understanding of the harmful habit he has found, after considering the situation created and intending to change the behavior, the medical officer determines the further tactics of medical and preventive care.

**Stage III** – This stage involves planning and implementing a behavioral change action plan taking into account the health consequences of the patient. It is very important at this stage to take into account the fact that the patient may have a temporary return to the first stage. Therefore, the medical worker should provide him with his constant support and involve him (his family, friends and colleagues) in support of his environment.

**IV stage** – organization of support and appointment of the next consultation. The appointment of follow-up counseling is very important to maintain the patient. Assessment by the medical officer of the effectiveness of the consultation on re-admission. It is important to assess the impact of counseling on harmful behavior. Therefore, on re-admission, it is necessary to clarify which changes have occurred in relation to the patient to the harmful habits or without changes (possibly returning to the second stage). If it is necessary or at the patient's request, it is important to send it to the specialist. This can be offered to the patient at the first or second consultation, which will be organized by a healthcare professional.

**Stage V** – is a constant control of behavior change and a steady refusal of bad habits.

Thus, the use of the developed algorithm will allow more effective

preventive work among patients to minimize behavioral risk factors.

The advantages of the developed algorithm include:

- ensuring systemality and complexity in solving the problems of preventing the emergence and correction of behavioral risk factors;
- improvement of the method of comprehensive monitoring of the health status of groups of risk, provides for the provision of preventive care to this contingent population;
- minimization of additional economic costs, since the algorithm does not provide for the creation of new divisions in its structure, except existing in the modern system of health care and medical care.

This approach reflects current trends in healthcare and allows health care professionals to predict the risk of chronic noncommunicable diseases, their negative consequences and to choose the appropriate set of targeted preventive measures. On the other hand, such prognostic information stimulates the activity of the population, first of all from the risk group, to the timely passing of medical examinations, to follow changes in health, to promote compliance with the recommendations of the doctor.

Preventive measures determine the socioeconomic and ethical significance of all preventive work, and this is only a matter of real implementation, the activation of reserves of the services of practical health care. Therefore, it is necessary to create social conditions in which it is profitable for a person (both materially and morally) to be healthy.

#### Conclusion.

1. It was found that 42,7% of men and 42,2% of women in their free time prefer passive rest, indicating the need for active intervention by a health worker (family doctor, nurse) in the process of identifying and continuous monitoring and correction of harmful habits among the population.

2. The elaborated algorithm for the actions of the health worker to eliminate the patient's harmful habits allows him to consider him as the basis of preventive policies without significant economic costs in the professional activities of the doctor and nurse, and will help the health worker to predict the risk of chronic noncommunicable diseases, and prognostic information for the patient to stimulate his activity in a healthy lifestyle.

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