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УСЛОВИЯ И ПУТИ ФОРМИРОВАНИЯ ЗДОРОВОГО ОБРАЗА ЖИЗНИ СРЕДИ СТУДЕНТОВ МЕДИЦИНСКИХ ВУЗОВ

CONDITIONS AND WAYS OF FORMATION OF HEALTHY IMAGE LIFE AMONG STUDENTS OF MEDICAL UNIVERSITIES

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Abstract. The article deals with the problem of the formation of a healthy lifestyle among medical students. The author analyzed the activities aimed at identifying harmful habits and promoting a healthy lifestyle based on the Bukovinian State Medical University. The article presents the results of a sociological study conducted by the method of questioning among students of 4-5 courses.

Key words: healthy lifestyle, bad habits, student youth.

Анотация. В статье рассматривается проблема формирования здорового образа жизни у студентов-медиков. Автором проведен анализ мероприятий, направленных на выявление вредных привычек и пропаганду здорового образа жизни на базе Буковинского государственного медицинского университета. В статье приводятся результаты социологического исследования, проведенного методом анкетирования среди студентов 4-5 курсов.

Ключевые слова: здоровый образ жизни, вредные привычки, студенческая молодежь.

Introduction. The most important factors in the formation of a healthy lifestyle (HLS) are education and enlightenment in their specific expression, i.e. in the system of hygienic knowledge, skills and abilities aimed at preserving and promoting health. Formation of a sustainable installation among students of medical universities (internal need) for a healthy life-style is the most important task of the state, health authorities, social protection, education, as lifestyle is a determining factor in health [1].

Source analysis and literature analysis. The analysis of the scientific literature suggests that a large number of multi-faceted works are devoted to the problems of healthy lifestyles of medical students. This is because the solution to this problem is inherent in the disciplinary approach. Preserving the health of student youth is important and requires resource support for medical care for students [1,3].

The purpose and methods of research. For developed a questionnaire with the help of which it was possible to ascertain the presence of bad habits and to analyze the observance of healthy medical students of the Chernivtsi region.

Results. In total, 656 respondents aged from 18 years to 35 years took part in the survey: among them: men 50.7% and 49.3% women.

Answers to the question «What do you think is the cause of the diseases?» distributed as follows: unhealthy diet 62,3±1,3% of men versus 55,5±1,4% of women, bad habits – 61,6±1,6% men versus 79,12±1,2% women, sedentary lifestyle – 54,45±1,8% men against 75,42±2,0% women, hereditary factor – 46,0±1,5% men against 42,1±1,3% of women.

These data indicate that most of the respondents, regardless of age group, are quite knowledgeable and understand the «harmfulness of self-destructive behavior».

When asked about the presence of a bad habit – smoking – the distribution of respondents' answers is as follows: the percentage of male smokers, according to responses, was 59,6±1,3% versus 40,4±1,6% of women, do not smoke 46,3±1,5% of men against 43,7±1,3% of women.

So, the bad habit of «smoking» covers the majority of the male population and a significant part of the female, despite their age. Comprehensive government measures to counter smoking have not yet become effective on refusing a large part of the population from this harmful habit.

The question «How often do you drink alcohol?» respondents answered the following: men who drink alcohol less than once a month were (according to the answers) 20,0±1,2% of men versus 12,8±0,3% women, once a month – 14,2±0,5% of men versus 44,1±1,4% of women, 1 time a week – 37,7±1,6% of men versus 27,3±1,1% of women, and almost daily – 12,1±0,2% of men versus 5,7±0,2% of women. They answered that they do not consume alcohol at all, 16,0±0,1% of men and 10,1±1,6% of women in this age category.

The results allowed us to state that with age the number of men who consume alcohol almost daily is increasing. So, the problem of alcoholization of the population, according to the study, remains unresolved.

Answers to the question «Do you need knowledge of healthy lifestyle, prevention of various diseases?»: among men, the total number of positive answers is 85,40±1,2%, the answers «no» – 14,6±0,32%; among the women surveyed, respectively, 61,6±2,01% and 38,4±1,4%.

The majority of respondents expressed a desire to receive information about healthy lifestyles, means of preserving and strengthening them from doctors, who, according to the survey, do not sufficiently use contact and patient communication resources for detailed and full preventive counseling.

The following question was formed in the following way: «From which sources do you receive information on preserving and improving health?»: as sources of information on the media (television, radio, press) indicated 39,14±1,2% of men and 39,73±2,3% of women; individual conversations with the doctor – 4,63±0,13% of men and 31,31±1,3% of women; lectures – 13,52±0,6% of men and 58,92±1,4% of women, the Internet – 61,92±1,2% of men and 68,01±1,4% of women, to other sources – 39,14±1,5% of men and 22,56±2,1% of women.

The data obtained indicate a much smaller role for doctors in personal (individual conversations) and group (lecture) levels in comparison with the mass media and Internet resources as sources of information influence on the formation of healthy behavior of respondents.

Medical students constitute the main personnel reserve of domestic health care, and therefore the main task of medical universities is to prepare physically healthy specialists who are able to maintain their working capacity and active life position for a long time.

For the formation of the value attitude of student youth to health and the factors of healthy lifestyles, it is necessary to intensify social and preventive work at the university, which can be represented by a system of the following types of work of specialists: targeted organization of mass fitness and recreation activities, providing social and medical assistance to students at risk, encouraging all participants educational process to the management of healthy lifestyles. Only in coordinating events and manifesting the activity of all participants in the educational process of a university can the problem of introducing students to a healthy lifestyle and forming a responsible attitude to health be solved [2,4].

Currently, work on the orientation of student youth towards a healthy lifestyle can be carried out in four areas:

- regulatory and legal direction. It is about meeting the requirements of legislation, departmental orders and regulations aimed at protecting, protecting and maintaining the health of students. It is necessary to fulfill the requirements related to the study load, organization of health-saving learning conditions (comfortable furniture, lighting, heat, sanitary conditions of the classrooms), catering, student living conditions, etc.;
- organizational and pedagogical direction. Associated with the coordination of efforts to ensure education and education of students in the field of health preservation. Many topics in various academic disciplines contain opportunities for informing and developing health-saving skills;
- scientific and methodical direction. In the valeological literature, educational programs have been diversified, the implementation of which allows the students to change their attitudes towards their health. Informing about the psychology of health and healthy lifestyles, factors that increase the duration of active life, about health-improving physical culture and sports systems, gives the concept of stress tolerance, stress factors, determines the ways to optimize the physical activity and physical activity of a person in daily activities, etc. All these and many other valeological issues require their coverage in the process of



professional education, taking into account its specifics and features of the future professional education student activities;

- physical culture and sports. Physical culture and sports have unlimited educational opportunities for the orientation of students on a healthy lifestyle. In physical culture and sports activities, characterized by high emotionality, competitive spirit, strict regulation of behavior of students, rich interpersonal contacts, mutual aid and partnership, a variety of positive motives, etc., a powerful social and psychological potential is concluded.

Consequently, preserving the health of the young generation is one of the most important tasks facing the modern education system. In this regard, the activities of educational institutions should be aimed at encouraging students to preserve and promote health, promote and develop a culture of healthy lifestyle. The educational process introduces knowledge aimed at the formation of healthy lifestyles, starting with self-education of the individual. Organized at the university and beyond, propaganda of physical culture and health activities will help to reduce the level of diseases, helping to educate a healthy young generation.

Practical application of the results. The use of new forms of work with students on health conservation will improve the basic indicators of student health, reduce morbidity, lead to an increase in the university's sporting achievements, and successfully adapt graduates to society.

Conclusion. With regard to the conditions and lifestyle of students, it is necessary to highlight such important problems as: insufficient formation of positive social stereotypes in the university environment, relating to such concepts as health value, healthy person, healthy lifestyles, health and life risks; the very high prevalence of false stereotypes in relation to socially determined harmful habits, the main feature of which is individual and mass loyalty to them; poor personal awareness of the state of health, uncritical perception of negative symptoms and situations of risk to health, dangerously widespread and further expansion of bad habits and socially caused diseases; insufficient general activity to use the possibilities of creative, developing and collective forms of leisure time created at the university and in the local community; manifestations of social maladjustment manifested in the student environment, weakening of the value attitude to health, involvement in negative, asocial relations and types of life activity.

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SOME STATISTICAL ASPECTS OF NON-INFECTIOUS DISEASES OF THE GHANA POPULATION

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Summary. The general structure of morbidity and mortality in Ghana has been studied. It has been established that an increase in the level of globalization leads to an increase in the number of economically developed countries diseases, such as cardiovascular and endocrinological, in particular diabetes mellitus. However, statistics on diseases of the Gants at the moment does not reflect the real situation in the country, since it is based not on national data, but rather on separate statistical information of individual hospitals.

Key words: Ghana, morbidity, mortality, cardiovascular diseases, diabetes mellitus.

Ghana is a West African country that has become one of the five best performing middle class countries with a global index of human development that is better than gross national income (UNDP 2013).

Taking into account the current population growth trends, by the year 2050, the country will add another 21 million people (UN 2013a). However, the life expectancy of the population remains rather low and is about 61.5 years [1].

In 2008, about 53% of total deaths in Ghana were due to infectious diseases, maternal, perinatal, and nutrition conditions (WHO, 2010). The main problem remains HIV-AIDS, affecting about 1.47% of the population at the reproductive age of 15-49 years [2]. The most common infectious diseases are diarrhea, hepatitis A, typhoid fever, malaria, dengue fever, yellow fever, schistosomiasis, meningococcal meningitis, rabies.

Equally important is the high severity of non-infectious diseases, which account for about 40% of the overall burden of mortality in Ghana, including cardiovascular disease (about 20%) and diabetes mellitus (10%) [3].

Objective of the article is to study the statistical indicators of cardiovascular and endocrinological morbidity as the most common causes of non-infectious origin mortality of Ghana population.

Materials of research and their discussion.

When analyzing statistical data, it is important to emphasize that data on general morbidity and mortality in Ghana was hampered by the lack of representative data on the causes of death. Thus, many studies on mortality rates are usually based on records of medical institutions due to poor coverage of civil registration and life support systems [4].

Cardiovascular diseases. WHO has recognized cardiovascular disease as one of the two main causes of death in Ghana following