Health is defined as the dynamic status of the human body characterized by high energy potential, optimal adaptive responses to environmental changes. This condition provides a person's harmonious physical, psycho-emotional and social development, his / her active longevity, productive life, effective resistance to disease.

Attitude to the health is a system of individual elective person's connections with various objective phenomena that promote or, on the contrary, threaten people's health. Additionally, it is a certain assessment of the individual's physical and mental conditions. This is one of the elements of self-preservation behavior.

Special researches conducted at the last decades of the last century have shown that the main men's health determiners are individual behavior, his/her lifestyle combined with human biology, medical care and environmental factors.

Summing up the mentioned above, the individual health is characterized by the fullness of life, sense of life, comprehensive and long-term social activity as well as the harmonious personal development. The ability to promote healthy lifestyles and the peculiarities of professional and pedagogical activity of the modern physical education teacher are the main determining factors in the formation of readiness for professional self-improvement.

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THE BEHAVIORAL RISK FACTORS OF MAJOR NON-COMMUNICABLE DISEASES AMONG ECONOMICALLY ACTIVE POPULATION

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One of the goals for achieving the objectives of sustainable development is to reduce the mortality rate from non-communicable diseases (NCDs) at the age of 30-69 by one third by 2030. The WHO Global Conference on Issues related to NCDs in Montevideo (2017) highlighted the dependence of premature mortality on economic, environmental and social determinants. The influence on the risks of NCDs is necessary at all stages of life. The economically active population (15-69 years), which is most at risk, requires special attention.

Eight risk factors (alcohol use, tobacco use, high blood pressure, high body mass index, high cholesterol, high blood glucose, low fruit and vegetable intake, and physical inactivity) account for 61% of cardiovascular deaths. Combined, these same risk factors account for over three-quarters of ischemic heart disease: the leading cause of death worldwide. Reducing exposure to these eight risk factors would increase global life expectancy by almost 5 years.

The aim of our study was to determine the peculiarities of behavioral risk factors in certain groups of the economically active population (EAP), which can be taken into account for implementing preventive information and motivational technologies at the primary health care (PHC).

A stepwise study of the peculiarities of behavioral risk factors prevalence of major NCDs among EAP was conducted, 1252 questionnaires were selected for analysis. The sociological (survey, interviewing, observation) and statistical methods were used.

Each risk has its causes and many have their roots in a complex chain of events over time, consisting of socioeconomic factors, environmental and community conditions, and individual behaviour. The causal chain offers many entry points for intervention. Nevertheless, for each intervention, we should examine carefully regional factors and specifically define their target groups. To counteract a complex set of factors (tobacco use, inadequate physical activity, alcohol abuse, unhealthy eating) and the use of appropriate measures (taking into account gender peculiarities and the level of medical literacy), it is necessary to monitor their prevalence.

The prevalence of smoking in the EAP was 27.88%, among men - 35.99%, among women - 20.06%. It is shown that smoking increases the risk of female alcohol abuse. 35.34% men and 16.77% women ($p<0.001$) reported drinking alcohol with a frequency ranging from "daily" to "1-2 times a week". The respondents found insufficient physical activity: only $42.17 \pm 1.40\%$ were

engaged in certain physical exercises, among the employed in the market it was one in three (32.70 ± 1.86%), the least - women (29.69 ± 2.55%), among other categories - every second (51.86 ± 2.01%). The physical activity likelihood increased under the control of the nutrition. In order to increase patients' adherence to the doctor's recommendations, one should use an individual approach based on the principles of selecting useful products from the available (nutrition) and adding possible types of motor activity to the current (physical activity).

Prevention and early detection of diseases are one of the main strategies in the fight against NCDs. In order to control the global NCD epidemic, which is mainly related to four behavioral risk factors, it is recommended that primary care practitioners use preventive technologies to correct them as part of routine practice, paying attention to regional peculiarities in certain target groups.

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**THE EFFECT OF STRESS ON THE OCCURRENCE OR EXACERBATION OF
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Coronary heart disease (CHD) takes a leading place in the structure of general morbidity, disability and mortality. Psychological factors play a large role in the occurrence of the cardiological risk. The existence of a "coronary personality type", which includes behavioral type A and personality type D, is proved.

A special place in the structure of psychogenic factors of coronary heart disease is stress. The negative impact of mental stress on the functioning of the cardiovascular system has been proven in a number of studies. However, the issue of stress tolerance and stress management remains insufficiently studied; it prevents the development of preventive measures in the system of cardioprophylaxis and cardiorehabilitation.

The purpose of our study was to determine the effect of stress on the occurrence or exacerbation of IHD in women.

During the study, the following tasks were solved: behavioral patterns of patients after decompensation or acute manifestation of coronary heart disease have been analyzed; the role of behavior in the formation of the risk of an unfavorable course of the disease has been studied; their relationship with behavioral risk factors and the degree of the pathogenic effect of stress on the somatic health of women were revealed.

The study was conducted on the basis of a heart attack department of the Regional Cardiology Dispensary of the city of Chernivtsi. The study materials were 50 patients - women aged 39 to 65 years who were hospitalized due to the onset or exacerbation of coronary heart disease; 34 patients (68%) were hospitalized due to myocardial infarction; 8 patients (16%) were diagnosed with unstable angina pectoris; 8 patients (16%) were hospitalized for the first time. The control group consisted of 50 conditionally healthy women aged 39 to 65 years.

The study used the following methods: a questionnaire aimed at obtaining anamnestic information on the lifestyle of the women studied; questionnaire "Behavioral Strategies" (BS); the method for diagnosing the level of subjective control by J. Rotter; hospital scale of anxiety and depression. Mathematical and statistical analysis of the obtained data was carried out using descriptive statistics methods: χ-square test and Spearman's rank correlation criterion. According to the results of the study, 28 patients (56%) report stress as one of the reasons for the deterioration of their well-being. These patients more often characterize their life over the past year as stressful (95% versus 62%; $p < 0.01$), they have significantly higher indicators on anxiety scales (average ranks 22.7 versus 16; $U = 104$; $p < 0, 05$) and depression (average grades 23.2 versus 15.7; $U = 117.5$; $p < 0.05$) than those who did not associate the state of decompensation with stressful events. For patients who associate their health deterioration with stress, a tendency toward the use of an evasion strategy is typical (average ranks 22.7 versus 16.5; $U = 114.5$; $p < 0.05$), while, however,