

**МІНІСТЕРСТВО ОХОРОНИ ЗДОРОВ'Я УКРАЇНИ  
БУКОВИНСЬКИЙ ДЕРЖАВНИЙ МЕДИЧНИЙ УНІВЕРСИТЕТ»**



## **МАТЕРІАЛИ**

**104-ї підсумкової науково-практичної конференції  
з міжнародною участю  
професорсько-викладацького персоналу  
БУКОВИНСЬКОГО ДЕРЖАВНОГО МЕДИЧНОГО УНІВЕРСИТЕТУ  
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exclusively in the Himalayan mountains. Only doctors did the preparation of medicines. The Indians were actively exporting their healing herbs and seasonings far beyond India. Among them, the most demand was the backdrop, musk, sandal, cinnamon, aloe. Many achievements of ancient Indian medicine were borrowed by Tibetan healers and were reflected in the treatise of the VIII-IX centuries. Zjud-Ty. A separate branch of ancient Indian medicine was assistance with childbirth. "Sushruta-Samhita" contains descriptions of sanitary and hygienic requirements for assistance, advice to pregnant women and women in childbirth, mention deviations from the normal course of childbirth, fetal injury. It is noted that the caesarean section was carried out only in the event of the death of a woman to save the baby.

**Conclusions.** The canon "Sushruta-Samhita" describes more than 70 types of diseases that occur as a result of homeostasis disorders caused by external climatic factors, blood diseases, harmful effects of sunlight, and sleep disorders.

**Vlasyk L.Y.**

## **THE IMPACT OF EDUCATION ON LIFESTYLE AND HEALTH ACTIVITIES AMONG THE ECONOMICALLY ACTIVE POPULATION**

*Department of Social Medicine and Health Organization*

*Bukovinian State Medical University*

**Introduction.** The World Health Organization (WHO) has recognized noncommunicable diseases (NCDs) as the basis of the global disease burden. Europe has the highest rates of premature mortality from NCDs compared to the other continents. The WHO experts recommend paying more attention to social justice issues, the level of education, increasing health literacy, and respect for the patient's status. Some well-known studies have shown that positive changes in health status were observed primarily in persons with higher education and increased access to medical information.

**The aim of the study.** The study of the influence of the level of education on the prevalence of NCD risk factors, self-assessment of health, and activity concerning it among the representatives of the economically active population of the Chernivtsi region was our goal.

**Material and methods.** The materials of an epidemiological study, which was conducted by surveying business entities in the market, visitors, and civil servants during a preventive medical examination (N1252), were used. More than half of all respondents (55.0%) had higher education. Sociological and statistical methods (PIVOT,  $\chi$ -Square) were used.

**Results.** In our study it was recognized that men with a low literacy level were less committed to participating in the survey, so there was an equal proportion of men with higher education among the respondents of all study groups. Fewer women with higher education were employed in the market (41.9%) than among other categories (67.0%). Regarding the characteristics of nutrition and alcohol consumption by respondents, no differences were found depending on the level of education; these characteristics were more associated with the place of employment. However, those who exercised regularly were more likely to have higher education than those who did not ( $p = 0.007$ ). Women with secondary and secondary specialized education were more likely to smoke (24%) than women with higher education (17%) ( $p < 0.05$ ). Differences among men concerned the intensity of smoking: 50% of men without higher education smoked 20 or more cigarettes per day versus 42% with higher education ( $p < 0.001$ ). A statistically significant difference in education level was found when studying all four major NCD risk factors (unhealthy diet, lack of physical activity, smoking, and alcohol abuse). Thus, 2.0% of respondents reported the presence of all the studied factors among people with higher education, and 3.9% among people without higher education ( $p = 0.05$ ); 17.3% of people with higher education were without risk factors compared to 13.1% among people without higher education ( $p = 0.042$ ).

Persons with higher education more often assessed their health as "good" and "satisfactory" (88.9%) than the others (78.0%) ( $p < 0.001$ ). Persons with higher education (mainly men) were less often served at the primary level (22.0%) than those without higher education (28%) ( $p < 0.05$ ). 32.7% of women with secondary and secondary-specialized education were informed about

examining blood cholesterol levels, compared to women with higher education – 15.7% ( $p=0.014$ ). Interestingly, among the examined persons with higher education, more people visited a family doctor during the year – 89.5% against 60.8%. Respondents with a higher education considered examination in private institutions available in 57.4% of cases against 39.3% of answers of persons without higher education ( $p<0.001$ ). However, among those who recognized themselves as inactive about their health, there were more respondents with higher education (66.7%) than among the rest of the respondents (49.3%) ( $p=0.035$ ), which may indicate a more critical self-assessment of their lifestyle.

**Conclusions.** The influence of level of education of representatives of the economically active population had the most significant impact on indicators of a healthy (physical activity) and an unhealthy lifestyle (smoking). The level of education, along with other determinants (gender, marital status, income level, employment), should be considered when developing health programs.

**Yasynska E.Ts.**

## **STUDYING INDIVIDUAL RISK FACTORS OF CARDIOVASCULAR DISEASES AMONG PHYSICIANS OF DIFFERENT SPECIALTIES**

*Department of Social Medicine and Health Organization  
Bukovinian State Medical University*

**Introduction.** Cardiovascular diseases rank first among the causes of mortality in Ukraine, which make up 66% in the statistics of mortality among the population of Ukraine. Among the adult population of Ukraine, 26.4 million people have diseases of the circulatory system, which make up 57.5% of the population, among which 9.6 million people are of working age. In this regard, epidemiological studies of risk and anti-risk factors, elucidation of patterns of their influence in different sex-age, professional and social groups are of particular importance.

**The aim of the study.** To study the level of attitude of doctors of various specialties to health problems and to analyze their own risk factors for cardiovascular diseases.

During the study, the following tasks were solved: analysis of cardiovascular risk factors among doctors of various specialties and assessment of their own health indicators.

**Material and methods.** To study the risk factors of cardiovascular diseases among doctors of various specialties (family doctors, pediatricians, surgeons, neurologists), a sociological study was conducted using a special questionnaire, which included data on lifestyle, risk factors, and anti-risk factors. 110 respondents (50 men and 60 women aged 40 and older) took part in the study. Mathematical and statistical analysis of the obtained data was performed using methods of descriptive statistics: Spearman's rank correlation criterion ( $r_s$ ) with a critical value of 0.82, at  $p < 0.05$ .

**Results.** In the course of the research the following data was obtained: among the identified risk factors, a significant place is occupied by risk factors of a social and cultural nature: unhealthy lifestyle, hypodynamia, stress, constant conflict relationships in the family and team, physical and mental overstrain, smoking, alcohol abuse. Among the examined men 14 people (28%) are overweight, among women - 20 people (33%), 76% of the respondents are afflicted by high blood pressure, 58% of them have sedentary lifestyle, and 60% suffer from stress. Among the respondents, 48.2% drink alcohol, 10.2% of them drink alcohol once a week, 38% only on holidays ( $r_s=0.86$ ). 75% of respondents expressed a negative attitude towards smoking. 60.0% of the respondents lead an active lifestyle ( $r_s=1.0$ ), 25% of the respondents actively engage in sports (15% - men, 10% - women).

**Conclusions.** According to the results of the study, the following conclusions were made: 75% of respondents consider a healthy lifestyle and moderate physical activity to be the leading factors of the population's health. Among the doctor respondents, 18% of respondents maintain a healthy lifestyle and are interested in their health, 65% of respondents have risk factors for cardiovascular diseases. Most respondents do not know their own health indicators.