



colloquium-journal

ISSN 2520-6990

Międzynarodowe czasopismo naukowe



Art

Medical sciences

Technical sciences

Biological sciences

Philological sciences

Pedagogical sciences

Agricultural sciences

№23(216) 2024



ISSN 2520-6990

ISSN 2520-2480

Colloquium-journal №23 (216), 2024

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(Warszawa, Polska)

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Wydawca «Interdruk» Poland, Warszawa

Annopol 4, 03-236

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ESSENTIAL CHARACTERISTICS AND FEATURES OF THE APPLICATION OF PEDAGOGICAL TECHNOLOGIES IN THE TRAINING OF FUTURE DENTISTS.....51

Yasynska Elvira Tsezarivna*Candidate of Medical Sciences, Associate Professor of the Department of Social Medicine and Public Health. Bukovinian State Medical University, 58002. str. Teatralna 2, Chernivtsi, phone: 380956748935**<https://orcid.org/0000-0002-3768-7278>**<https://doi.org/10.5281/zenodo.13354318>***THE MAIN ASPECTS OF FORMING OF THE HEALTHY LIFESTYLE****Abstract.**

The article analyzes the peculiarities of the formation of a healthy lifestyle and defines the main measures that must be applied by medical workers in their activities for the prevention of diseases among the subordinate population. The author used an individual assessment of the respondents' own health with the help of the sociological survey based on indicators of quality of life (SF-36 v2 Health survey) and a modernized and simplified questionnaire "Your health and well-being", which included 8 blocks with special questions. According to the results of the conducted research, the results of the individual health assessment of the respondents were obtained and the comparative characteristics of the health assessment of men and women of different age groups were given. The paper proved the main differences in the parameters of the quality of life of the respondents depending on the age according to the following parameters: Physical Functioning; Role-Physical Functioning; Bodily pain; General Health; Vitality; Social Functioning; Role-Emotional; Mental Health. The most significant decrease in health indicators was noted in patients of both sexes, who had a history of cardiovascular diseases, oncological diseases, diabetes, etc. Role emotional functioning in men 60 years and older decreased by 68% ($p < 0.05$), in women - by 60% ($p < 0.05$); pain sensations increased by 65% in men ($p < 0.05$) and 54% in women ($p < 0.05$); mental health in men decreased by 68% ($p < 0.05$), in women by 54% ($p < 0.05$).

Keywords: healthy lifestyle, individual assessment of one's own health, health indicators, health scale, formation of a healthy lifestyle.

Introduction. Healthy lifestyle is a wide complex of biologically and socially based methods and means that meet the needs and capabilities of a person. The health of citizens significantly affects the processes and results of economic, social and cultural development of the country, the demographic situation and the state of national security, is an important social criterion for the degree of development and well-being of society [2].

A person adheres to them in order to form, preserve and strengthen his health, maintain the ability to procreate and achieve active longevity. Methods and means of a healthy lifestyle include various subjective and objective conditions and factors on which the health of both an individual and society as a whole depends. A healthy lifestyle is based on such principles as physical activity and hardening of the body, individual biorhythms, increasing psycho-emotional stability, character and nutrition. Preserving the health of the young generation is a priority task for society and state structures, including the medical, social, economic, educational spheres, as well as mass media. The problem of forming a conscious and caring attitude to one's own health should be solved with the help of educational measures. It is noted that there is a low level of awareness and competence in health issues in society, which leads to an individual's reluctance to take responsibility for his health and the inability to effectively counteract even minor ailments [5].

The activities of medical workers include a complex of specialized measures aimed at improving health. Among which the most important are the following:

- improving the sanitary culture of the population;

- prevention of diseases and their consequences;
- early screening and prevention of diseases;
- rehabilitation of patients.

The work of doctors is based on the analysis of working and living conditions of patients, constant monitoring of their health and risk factors, sanitary and educational work. In addition, an important aspect is the provision of physical development and preservation of health through the implementation of medical and preventive and sanitary and hygienic measures [2].

Presenting main material.

Health care in all countries without exception is a priority direction of the social policy of each state and in many cases – a component of national security [6].

The purpose of the article: to analyze the main aspects of forming a healthy lifestyle with the help of assessment of quality of life indicators (SF-36 v2 Health survey) using a specially simplified questionnaire "Your health and well-being".

Materials and methods: The study was conducted by interviewing 225 people (130 men and 95 women), who during the year applied to Chernivtsi medical institutions for any disease. The sociological survey was based on the assessment of quality of life indicators (SF-36 v2 Health survey) [1] using a specially simplified questionnaire "Your health and well-being". The average age of the examined patients was 52.5 years.

The formation of a healthy lifestyle of the population is carried out through health measures, the creation of psychological, social and sanitary-hygienic conditions favorable to health, as well as the creation of a positive person's motivation to maintain their own health. Health care in all countries without exception is

a priority direction of the social policy of each state and in many cases – a component of national security [6].

Population health assessment includes the following groups of diagnostic methods: medical diagnosis (medical examination and diagnosis); functional diagnostics (electrocardiography, echocardiography, pulse oximetry, electroencephalography, spirometry, spirometry, dynamometry, etc.); rating capacity to perform various household and professional operations using the latest technologies; psychodiagnostics (use of various psychological methods to determine the degree of detection of psycho-emotional disorders; health monitoring using screening-diagnostics of the body's functional state and its adaptive capabilities, taking into account lifestyle and heredity; self-diagnosis, which is based on subjective indicators of one's own health (quality of life as an integral assessment of individual health).

In our study, we used an individual assessment of the respondents' own health with the help of sociological survey based on quality of life indicators (SF-36 v2 Health survey). The modernized and simplified questionnaire "Your health and well-being" included 8 blocks with the most important questions:

1. Physical Functioning - PF;
2. Role-Physical Functioning - RP;
3. Bodily pain - BP;
4. General Health - GH;
5. Vitality - VT;
6. Social Functioning - SF;
7. Role-Emotional - RE;
8. Mental Health - MH.

2 components were used to construct health scales: Physical health - PH (physical and role functioning, intensity of pain sensation, general state of health) and Mental Health - MH (mental health, emotional state, social functioning, vital activity).

Respondents aged 20-39 gave the following answers to the question "In your opinion, your health is good at all":

- Excellent -0% of men and 2% of women.
- Very good - 5% of men and 6% of women.
- Good - 51% of men and 60% of women.
- Satisfactory - 38% of men and 32% of women.
- Bad – 6% of men and 2% of women.

Respondents aged 40-59 gave the following answers to the question "In your opinion, your health is good at all":

- Excellent -0% of men and 0% of women.
- Very good - 0% of men and 1% of women.
- Good – 25% of men and 30% of women.
- Satisfactory - 59% of men and 67% of women.

women.

- Bad – 26% of men and 2% of women.

Respondents aged 20-39 gave the following answers to the question "In your opinion, your health is good at all":

- Excellent -0% of men and 0% of women.
- Very good - 0% of men and 0% of women.
- Good – 4% of men and 6% of women.
- Satisfactory – 56% of men and 60% of women.

women.

- Bad – 40% of men and 34% of women.

Table No. 1.

Respondents' health results according to the "health scales"

Age of respondents		20-39 years old		40-59 years old		60 years and older	
Gender of respondents		males	females	males	females	males	females
Scale indicators of quality of life	Physical Functioning	71.2±3.2 p<0.05	71.6±3.5 p<0.05	70.2±3.1 p<0.05	73.4±3.2 p<0.05	71.3±3.0 p<0.05	72.4±3.2 p<0.05
	Role-Physical Functioning	62.1±2.6 p<0.05	63.8±2.3 p<0.05	64.1±2.5 p<0.05	65.7±2.5 p<0.05	66.3±2.5 p<0.05	65.8±2.5 p<0.05
	Bodily pain	67.6±2.4 p<0.05	67.9±2.8 p<0.05	69.4±2.5 p<0.05	70.9±2.4 p<0.05	69.3±2.7 p<0.05	67.8±2.6 p<0.05
	General Health	56±3.2 p<0.05	60±3.0 p<0.05	56±3.2 p<0.05	62±3.1 p<0.05	60±3.1 p<0.05	59±3.0 p<0.05
	Vitality	62.1±2.2 p<0.05	66.2±2.05 p<0.05	66.1±2.2 p<0.05	66.3±2.6 p<0.05	63.2±2.5 p<0.05	67.3±2.5 p<0.05
	Social Functioning	71.2±1.4 p<0.05	72.2±1.7 p<0.05	73.2±1.5 p<0.05	73.1±1.9 p<0.05	71.2±1.8 p<0.05	72.4±1.8 p<0.05
	Role-Emotional	67.8±1.6 p<0.05	72.2±1.6 p<0.05	69.8±1.8 p<0.05	74.1±1.8 p<0.05	69.8±1.6 p<0.05	73.2±1.9 p<0.05
	Mental Health	57.8±2.2 p<0.05	59.4±2.5 p<0.05	59.9±2.5 p<0.05	58.4±2.6 p<0.05	59.9±2.1 p<0.05	58.4±2.5 p<0.05

Based on the results of the conducted research, the results of the individual health assessment of the respondents and the comparative characteristics of the health assessment of men and women of different age groups were obtained. All identified differences were evaluated using the SF-36 questionnaire, with the determination of a statistically significant difference (P) compared to the health standards of practically healthy people. In addition, differences in parameters of respondents' quality of life depending on age were demonstrated. The most significant decrease in health indicators was noted in patients of both sexes, who had a history of cardiovascular diseases, oncological diseases, diabetes, etc. The following changes were found in such patients: role-emotional functioning in men decreased by 42% ($p<0.05$), in women by 40% ($p<0.05$); pain sensations increased by 60% in men ($p<0.05$) and 54% in women ($p<0.05$); mental health in men decreased by 58% ($p<0.05$), in women by 46% ($p<0.05$). In patients of older age groups (60 years and older), both among men and among women, a decrease in health indicators was noted in many parameters. In patients of both sexes, a significant increase in these indicators was noted, in comparison with the indicators of younger age groups. Role emotional functioning in men of this age group decreased by 68% ($p<0.05$), in women by 60% ($p<0.05$); pain sensations increased by 65% in men ($p<0.05$) and 54% in women ($p<0.05$); mental health in men decreased by 68% ($p<0.05$), in women by 54% ($p<0.05$). In addition, in patients of the older age groups of 60 years and older, changes in the indicators of emotional functioning, vital activities and social well-being in the negative direction were noted. These changes are especially pronounced in men. Thus, indicators of emotional functioning decreased by 30%, indicators of social well-being - by 25%, indicators of vital activity - by 35% ($p<0.05$).

It is appropriate to note that the formation of a healthy lifestyle should start from childhood and be implemented in all educational programs. It is necessary to use the most effective teaching methods (trainings, mini-lectures, discussions, business game methods, etc.). These methods form among the participants a positive attitude towards a healthy lifestyle, the for-

mation of healthy lifestyle skills, the search for effective ways to solve problems of overcoming bad habits, and obtaining new information on issues of maintaining one's own health.

Conclusion.

The formation of a healthy lifestyle is carried out on the basis of an integral assessment of various methods, including individual indicators of one's own health, which are necessary in the future to solve the problems of breaking bad habits and obtaining useful information about preserving one's health.

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Colloquium-journal №23 (216), 2024

Część 1

(Warszawa, Polska)

ISSN 2520-6990

ISSN 2520-2480

Czasopismo jest zarejestrowany i wydany w Polsce. Czasopismo publikuje artykuły ze wszystkich dziedzin naukowych. Magazyn jest wydawany w języku angielskim, polskim i rosyjskim.

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Umowa z RSCI nr 118-03 / 2017 z dnia 14.03.2017.

Redaktor naczelny - **Paweł Nowak, Ewa Kowalczyk**

«Colloquium-journal»

Wydawca «Interdruk» Poland, Warszawa

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Format 60 × 90/8. Nakład 500 egzemplarzy.

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