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FEATURES OF HEALTH-SAVING BEHAVIOR AND SELF-ASSESSMENT OF HEALTH OF STUDENT YOUTH

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Purpose: to show the features of health-saving behavior and self-assessment of health on the example of medical students.

Materials and Methods. An assessment of the health-saving behavior of student youth was made on the basis of an analysis of 242 anonymous responses of students of the 5-6 courses on the specialty of Medicine. Statistical-mathematical, responses to the questionnaires analysis and analytical-logical methods were used.

Results. The obtained data indicate the presence of violations in the health of student youth, despite the high self-esteem regarding the state of their health. These deviations develop as a result of a number of factors, such as academic load, individual attitude to their health characteristics, self-treatment, behavioral risks (smoking, alcohol), inappropriate nutrition.

Conclusions. The study showed that there is a need in improvement of existing medical and social measures to preserve the health of student youth – the potential of our society.

KEY WORDS: **students; health; health self-esteem; behavioral risks.**

Actuality. Today, on the background of the growing significance of higher education, a proportional increase in the number of its problems is noted. And one of the most acute of them is the health of young people. Trends in this area over the past decade show not only a decline in some indicators, but a systemic deterioration associated with both the organization of health care for students and changes in their lifestyle, which adversely affects professional orientation issues, as well as professional suitability [1, 2, 3]. Numerous studies show that the lowest health indicators are revealed in medical universities students as a result of the peculiarities of the organization of training in medical institutions of education, a significant auditory and non-auditory load, which worsen the health of future physicians, which also reduces their professional ability [2, 6].

Purpose: to show the features of health-saving behavior and self-assessment of health on the example of medical students.

Materials and Methods. The research was carried out within the research work of V. N. Karazin Kharkiv National University "Development of Medical and Social Measures for the Prevention of Study-caused Diseases and Professional Incapacity of Student Youth". A questionnaire survey, which included both alternative and ranked on the degree

of manifestations questions regarding harmful habits, nutrition, self-assessment of their own health, etc, was conducted. The survey was attended by 242 students of 5–6 courses, studying in the specialty of Medicine. The respondents were divided by gender (girls 39.6 %, boys 60.4 %), as well as a dedicated group of domestic students (41.7 %) and foreign (58.3 %). Statistical processing of data was carried out with the deduction of the relative value (P) and its errors, the reliability of the obtained values was calculated according to Fisher's criterion.

Results. It was shown that 60.5 % consider themselves completely healthy, 35.0 % are more likely to be healthy, and 4.5 % are more likely to be ill. At the same time, 66.7 % of students noted a satisfactory state of health, 30.0 % noted fatigue, and 3.3 % indicated complaints of a diverse nature. The presence of fatigue 34.8 % of respondents associated with academic load, lack of leisure time and rest. Students are well aware of certain social norms regarding health care, it was shown by the fact that the vast majority of medical students (50.9 %) believe that they are worried about their own health at an adequate level; 39.3 % of respondents came up with this question more critically and noted that their level of care is mediocre. The sincerity of health disturbance is manifested in the frequency of bad

habits. Thus, 22.9 % of medical students regularly smoke, albeit in different amounts, and 7.9 % smoke "from time to time". It has also been shown that with a certain periodicity, students use alcoholic beverages with varying degrees of strength. So, at least once a week – beer (11.8 %), wine (10.4 %), vodka, cognac – (6.4 %). During the analysis of the students' eating behavior, it was found that only one-third of the respondents have fish and fish products in the diet every week, half of them have cheese, 1/6 part of students consumes meat less than once a week, and one third of students occasionally have milk and dairy products, fresh vegetables and fruits in their ration.

A significant number of students noted that they often had a deterioration in their state of health, and in half of the cases (46.1 %) – noted that this was associated with the presence of a pathological condition. Quite often (33.5 %) respondents noted the impact of the educational process on the state of health (unsatisfactory assessments – 18.2 %, implementation of control tasks – 17.1 %, etc.). A certain proportion of respondents (24.9 %) feel worse as a result of family conflicts. To the question "How does your behavior change when you are feeling ill?", half of respondents (48.3 %) answered that they did not consider it necessary to demonstrate their condition, almost a third (37.6 %) need care and attention from relatives, and in 16.9 % have emotional bursts with elements of aggression.

The next step of our study was to identify the most common complaints that occur in medical students [6]. It was determined that 62.7 % of students did not note the presence of significant violations in their health at the beginning of studies at a higher medical school, 17.9 % periodically complained about headache, back and neck pain (10.9 %), vision decrease (9.6 %), heart pain (3.3 %). During higher education there were significant changes in the frequency of certain symptoms. Thus, a significant decrease in the proportion of students who did not have any complaints (28.6 %, $p < 0.05$) was noted, as well as the increase of the frequency of students who periodically experienced headache (42.9 %, $p < 0.05$); weakness, breakdown (28.6 %, $p < 0.05$), anxiety (23.9 %, $p < 0.05$), visual disturbance (19.3 %, $p < 0.05$), back pain and neck (21.0 %, $p < 0.05$). It is necessary to note certain gender specifics of the complaints progression. Thus, 52.1 % of girls complain of headaches, 33.3 % feel a sense of fear, anxiety, 41.7 % feel weakness, breakdown, a quarter of girls notice vision decrease and neck and back pain, and these symptoms are much more common, than in boys ($p < 0.05$). During higher education in boys, the frequency of headache has increased significantly ($p < 0.05$), 38 % of senior students outline this symptom. Among foreign students, over the years of education, there is a rather stable dynamic with regard to somatic

manifestations. Thus, the most frequent complaint is headache (56.5 %) both among girls and boys. Other complaints were diagnosed in rare cases. Obviously, this indicator is significantly influenced by cultural peculiarities with different principles of organization of nutrition, rest, low frequency of harmful habits, etc. Unfortunately, only 46.5 % of students in the case of deterioration of well-being access to medical institutions, almost half of the respondents (43.5 %) prefer self-treatment, 16 % use the advice of pharmacists. This tendency among medical students can be related to the profile of education, and in some cases, "deceptive" confidence in their ability to overcome certain health problems, both somatic and psychological. Among foreign citizens, qualified medical care is used by 39.7 %. And in general, a significant number of medical students indicates that they will access a doctor only in case of extreme need (55.8 %). However, if students are already seeking medical care, most of them will clearly follow all the recommendations (69.5 %). However, a certain percentage of respondents noted that they would follow the recommendations only during a bad state of health (15.1 %). Why do medical students, who are constantly communicating with patients with different pathological conditions, quite superficially relate to their own health? Khimion L. V. and co-authors (2013) have shown that doctors and other medical professionals have a high risk of developing a number of psychiatric / psychologically predisposed pathological conditions: behavioral disorders, depression, occupational burnout syndrome, besides, among doctors and among students, the problem of self-treatment is widespread [5]. According to some researchers, the reason for this situation is the competitiveness and the focus on high life achievements, which makes it impossible to recognize their own weaknesses and seek out for help. However, among the students, the low level of education in health matters (only 22.3 % noted that this component is the leading one in caring for oneself), which is associated with a significant academic load, a rigorous workout system, lack of time for themselves, which contribute to self-healing or even neglect of health problems may play a role in the formation of this problem. So, vast majority of medical students (59.3 %) regardless of illness or deterioration of health go to classes, and a fifth part (20.3 %), even if they do not go, continue their studies at home. Only 22.4 % of students will follow the principles of rational organization of treatment with rest, proper nutrition and so on.

What, in the first place, can make a medical student take care of their own health? Researchers have already tried to find the answer to this question [4, 5]. As our survey showed (the gender difference was not revealed), the desire for physical health is the most frequent stimulus (35.2 %). 24.3 % of students say that nevertheless medical education has its own imprint

on self-assessment of health, due to the constant receipt of professional medical information. However, only 16.9 % of the respondents indicated that it is the presence of deviations in health that is an incentive to introduce a set of measures to improve it.

Thus, a conducted study showed that in the vast majority of medical students consider themselves healthy. In addition, a detailed analysis of behavioral risks has shown that they are sufficiently concerned about their health according to students' thoughts, but this concern is rather illusory, because factors that do not have a health-saving purpose, such as bad habits are common among the students, numerical number of respondents has a violation in the diet, which certainly contributes to the formation of

conditions for ill-feeling. The fact that young people access a doctor only in case of extreme need and forget that "it is better to carry out prevention than to treat the disease" should be considered as negative trend. Precisely for this purpose, there is a need for regular preventive examinations aimed at early detection of health abnormalities, or an assessment of the current state with relevant recommendations. Particular attention during the higher education should be paid to the increase in the frequency of complaints of vision decrease, headache, back and neck pain, these problems may in the future lead to certain occupational constraints and such students are at risk of professional incapacity and that is promising subject for further research.

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ОСОБЛИВОСТІ ЗДОРОВ'ЯЗБЕРІГАЮЧОЇ ПОВЕДІНКИ ТА САМООЦІНКИ ЗДОРОВ'Я СТУДЕНТСЬКОЇ МОЛОДІ

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Мета: на прикладі студентів-медиків оцінити особливості здоров'язберігаючої поведінки та самооцінки їх здоров'я.

Матеріали і методи. Проведено оцінку здоров'язберігаючої поведінки студентської молоді на основі аналізу 242 анкетних відповідей студентів V–VI курсів, які навчаються за спеціальністю «Медицина». Використано методики: статистично-математичний, аналіз анкетних даних, аналітико-логічний.

Результати. Отримані дані вказують на наявність порушень у здоров'ї студентської молоді, незважаючи на високу самооцінку щодо стану свого здоров'я. Дані відхилення розвиваються в результаті низки таких факторів, як академічне навантаження, індивідуальні особливості ставлення до власного здоров'я, самолікування, поведінкові ризики (куріння, алкоголь), нерациональне харчування.

Висновки. Проведене дослідження показало, що існує потреба у вдосконаленні існуючих медико-соціальних заходів щодо збереження здоров'я студентської молоді – потенціалу нашого суспільства.

КЛЮЧОВІ СЛОВА: студенти; здоров'я; самооцінка здоров'я; поведінкові ризики.

ОСОБЕННОСТИ ЗДОРОВЬЕСБЕРЕГАЮЩЕГО ПОВЕДЕНИЯ И САМООЦЕНКА ЗДОРОВЬЯ СТУДЕНЧЕСКОЙ МОЛОДЕЖИ

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Цель: на примере студентов-медиков показать особенности здоровьесберегающего поведения и самооценки их здоровья.

Материалы и методы. Проведена оценка здоровьесберегающего поведения студенческой молодежи на основе анализа 242 анонимных ответа студентов V–VI курсов, обучающихся по специальности «Медицина». Использованы методики: статистически-математический, анализ анкетных данных, аналитико-логический.

Результаты. Полученные данные указывают на наличие нарушений в здоровье студенческой молодежи, несмотря на высокую самооценку о состоянии своего здоровья. Данные отклонения развиваются в результате ряда таких факторов, как академическая нагрузка, индивидуальные особенности отношения к своему здоровью, самолечение, поведенческие риски (курение, алкоголь), нерациональное питание.

Выводы. Проведенное исследование показало, что существует потребность в совершенствовании существующих медико-социальных мероприятий по сохранению здоровья студенческой молодежи – потенциала нашего общества.

КЛЮЧЕВЫЕ СЛОВА: студенты; здоровье; самооценка здоровья; поведенческие риски.

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