

## **Medical Students' Attitude towards Healthcare Technologies and Healthy Lifestyle**

**Eshmurotov S. G., Khaydarov N. K., Rustamova Kh. E.**

Tahkent State Dental Institute, Tashkent, Uzbekistan

**Abstract:** The article presents the results of a sociological survey of students of medical institutes in the example of Bukhara State Medical Institute (BSMI) and Tashkent State Dental Institute (TSDI). The analysis of the students' responses allowed to conclude that not all the students have an idea of healthcare technologies, there is no particular interest in issues of a healthy lifestyle (HLS). A certain pattern was revealed in the respondents' answers, the motivation to lead a healthy lifestyle increases dynamically with the transition to subsequent courses of study. Apparently, this is due to the acquisition of relevant knowledge on valeology, hygiene and healthcare factors in clinical disciplines that students take in older courses of study.

**Keywords:** students, health, lifestyle, risk factors.

A healthy lifestyle (HLS) is a way of rational life-behavior, protecting against unfavorable factors of macro and micro environment, based on the principle of morality and active approach, allowing throughout the life of an individual to maintain health in its physical, psychological and sexual aspects. To form a HLS, it is necessary to raise awareness about it by starting from the family, kindergarten, school and up to the club of interests and health schools for pensioners, technologies aimed at disseminating knowledge, skills and developing skills for maintaining and strengthening health, the so-called healthcare technologies [1,5,8,9,13]. In the narrow sense of the word, the field of these technologies is understood as a set of measures to protect the health of students in an educational institution. Knowledge of these technologies allows not only to preserve one's own health, but also, which is especially important for future doctors, to implement the studied technologies in the lives of their future patients [1,3,4,12,14].

The interest of students and their ability to lead a healthy lifestyle depends on many factors, including not only the system of cultural and moral values formed in a young person under the influence of family and society, but also the system of social state measures that contribute to the creation of conditions for sports, the maintenance of a favorable ecological and hygienic environment, the possibility of rational nutrition, etc. [2,6,7,9,10,11,12].

In order to study on the awareness and desire of students to lead a healthy lifestyle and their knowledge of the basics of healthcare technologies and their implementation in the life of society, an anonymous survey of 840 students of the 1st, 3rd and final years of medical institutions (BSMI and TGSI) was conducted.

Starting the analysis of students' awareness of risk factors for disease development and methods of their prevention, it should be noted that students receive basic information about their health and methods of maintaining it from various sources, the main one being the institute, which was noted by 75.0% of students, in second place there are the media and the Internet, from which 30.8% of students get knowledge, some information was received by survey participants at

school, which was indicated by 24.0% of respondents, 18.0% of respondents discussed health problems in their families, and 12.1% of respondents received this information from medical workers of different ranks (excluding university teachers). This indicates a low level of participation in preventive and propaganda activities of health care institutions and educational institutions, the official work plan of which includes the formation of a healthy lifestyle in students.

The majority of respondents named drug and psychotropic drug use as risk factors for developing health problems in young people (87.4% of responses), followed by bad habits - alcohol abuse - 83.1%, cigarette smoking 77.3% and NAS use (which is common in Central Asia) - 47.0% of responses. Young students associate the high level of information received and academic workload with one of the most significant factors that affect their health (68.2%). This is followed by poor nutrition (69.5% of responses), insufficient physical activity (65.5%); stress and psychological distress (65.0% of responses). More than half of the students named poor ecology (57.5%) and violation of work and rest schedule (52.5% of responses) as risk factors. It is encouraging that almost every second student realizes that prolonged use of social networks and a computer can be harmful to health (48.0% of respondents). 44.4% of students know about problems with excess body weight. A negative attitude towards preventive examinations, a negative attitude towards vaccinations and rare visits to doctors were described as risk factors by the smallest number of students of the surveyed courses: 31.8%; 35.8% and 39.4% of respondents, respectively.

Negative attitudes towards risk factors for developing diseases and deteriorating health indicators are a guideline and often a motivation for implementing a healthy lifestyle in one's own life. This circumstance can be traced by the change in the rating gradation of healthy lifestyle factors among students of different courses, which are probably formed in the course of acquiring knowledge and skills of a valeological orientation over the years of study.

Another most popular and familiar healthy lifestyle element with the students of all degrees is physical activity (walking, physical education and sports) in the 1st and 3rd degrees (71.4% and 65.7%, respectively) and in the 6th degree - 72.9%.

It should be noted that senior students are more knowledgeable about risk factors that contribute to deterioration of health and control over their own health and the formation of a healthy lifestyle.

Considering the answers of students of all courses as a whole, it should be noted that medical students consider avoiding bad habits (smoking, alcohol, drugs) as the most significant factor of a healthy lifestyle - 87.1% of responses, followed by rational nutrition 73.5% of responses, in the third place physical activity 70.0% of responses, in the fourth place compliance with personal hygiene rules 59.6%, in the fifth place a balanced approach to the work and rest regime 59.6%, in the sixth place hygiene of sexual relations 45.8%. From 37 to 35% of students attribute personal participation in environmental protection, adequate sleep, rational measures to combat stress, hardening and medical activity to the elements of a healthy lifestyle. The growth of knowledge on the elements of a healthy lifestyle during the period of study at the university is evidenced by the fact that the first-year students named 4.8 elements per 1 student, in the third year 5.5 and in the sixth year 6.8 elements per 1 student.

The answers of medical students to the question about their personal attitude to healthy lifestyle are indicative: 41.8% of students try to fully comply with the basic principles of healthy lifestyle, at least the basic methods of healthy lifestyle, since, in their opinion, it is impossible to comply with everything - 38.8% of all respondents. Every fifth student almost does not comply with the rules of healthy lifestyle, citing the fact that it is impossible to follow them and they consider their health to be good without these rules.

Speaking about the motivation for following a healthy lifestyle among medical students, it should be noted that 67.1% of students fully agree with the motive: "A healthy lifestyle is the

key to longevity and maintaining health”, 13.9% of students partially agree with this position, 11.2% did not think about this issue, and 7.7% of students do not agree with this definition.

In response to the question "What do you think prevents you from leading a healthy lifestyle?", a third of students complained about the high academic workload at the university. And as noted above, the number of students indicating academic workload as the main reason for preventing a healthy lifestyle increases from the 1st to the 3rd year and decreases by the last year. The students listed the following reasons for not following a healthy lifestyle in descending order: poor living conditions and problems in personal life, lack of financial resources, and ordinary laziness.  $14.6 \pm 1.2\%$  indicated a lack of motivation to switch to a healthy lifestyle, however, by the last year, motivation increases, probably with an increase in the level of knowledge in the field of medicine and prevention. Another obstacle to leading a healthy lifestyle, especially sports and physical education, according to students is the presence of any disease.

It should be noted that in recent years, almost all areas, not only in the healthcare system, have been talking about the need to implement healthcare technologies that are aimed at maintaining and strengthening the health of young people at five levels (models): medical and health-improving, hygienic, physical education, environmental and educational. Consequently, in all courses of study, during the teaching of various disciplines, it is necessary to address the issues of prevention, hygiene and valeology, which form the basis of the so-called healthcare technologies that contribute not only to the student's decision to lead a healthy lifestyle, but also to the involvement of others in this lifestyle - relatives, friends, and subsequently patients and target groups of the population, if we are talking about a future doctor.

#### References:

1. Бардина М. Ю. Составляющие здорового образа жизни современного студента // Научные исследования: от теории к практике. 2016. № 2–1 (8). С. 76–77
2. Васильева В.Б. Здоровое молодое поколение в Узбекистане//Проблемы науки. -2021.- С. 56-57
3. Глыбочко П.В, Есауленко И.Э., Попов В.И., Петрова Т.Н. Здоровье студентов медицинских вузов России: проблемы и пути их решения// Сеченовский вестник. 2017. № 2(28). С. 4–11.
4. Гурьев СВ. Формирование культуры здорового образа жизни студенческой молодежи. В сб: Современные проблемы формирования здорового образа жизни у студенческой молодежи. Минск, РБ: БГУ; 2018. 159-62
5. Камилов А. А., Рустамова Х. Е., Турахонова Ф. М. О роли здорового образа жизни в формировании здоровья учащихся спортивно-оздоровительных учреждений //sustainability of education, socio-economic science theory. – 2022. – Т. 1. – №. 4. – С. 52-55.
6. Молодежь Узбекистана: вызовы и перспективы/Отчет Представительства Детского Фонда ООН (ЮНИСЕФ) в Узбекистане. - 2020.-151 с.
7. Постановление Президента Республики Узбекистан от 18.12.18г. №4063 «О мерах по профилактике неинфекционных заболеваний, поддержке здорового образа жизни и повышения уровня физической активности населения»
8. Рустамова Х. Е., Турсункулова М. Э. Роль семьи в формировании здорового образа жизни у детей дошкольного возраста //Вестник науки и творчества. – 2016. – №. 3 (3). – С. 198-200.
9. Рустамова Х. Е., Мирхамидова С. М. Уровень осведомленности некоторых контингентов населения по вопросам ВИЧ инфекции. – 2020.

10. Указ Президента Республики Узбекистан от 24.01.2020 г. № 5924 «О мерах по дальнейшему совершенствованию и популяризации физической культуры и спорта в Республике Узбекистан.
11. Указ Президента Республики Узбекистан от 30.10.2020 г. «О мерах по широкому внедрению здорового образа жизни и дальнейшему развитию массового спорта»
12. Akhtar, M., Shatat, A.S.A., Al-Hashimi, M. *et al.* MapReduce with Deep Learning Framework for Student Health Monitoring System using IoT Technology for Big Data. *J Grid Computing* 21, 67 (2023). <https://doi.org/10.1007/s10723-023-09690-x>
13. Benden, M., Mehta, R., Pickens, A. *et al.* Health-related consequences of the type and utilization rates of electronic devices by college students. *BMC Public Health* 21, 1970 (2021). <https://doi.org/10.1186/s12889-021-11975-3>
14. M. Y., Kagathara N., Ram R., Misra S., Kagathara J. Exploring Behavioral Risk Factors for Non-communicable Diseases Among Undergraduate Medical Students in Western Gujarat: A Cross-Sectional Study. *Cureus*. 2023 Nov 21;15(11): e49188. doi: 10.7759/cureus.49188. PMID: 38130566; PMCID: PMC10734890.