

## WAYS TO FORM A HEALTHY LIFESTYLE

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### Annotation

In the formation of a healthy lifestyle, the problem remains the weak motivation of its need among the population. Since the concept of “activity” is very broad and each type of activity can affect health, a healthy lifestyle includes all elements of such activities aimed at protecting, improving, and reproducing health. In this article, it is written ways to form a healthy lifestyle

**Keywords:** healthy lifestyle, youth, physical education, physical culture, comprehensive training.

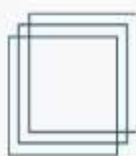
### Introduction

The term "healthy lifestyle" is used more and more, but remains controversial. The simplest definition of a healthy lifestyle can be reduced to the formula: "This is everything that in the behavior and activities of people has a beneficial effect on their health." However, all positive aspects for health should be included here, i.e. aspects, types of activity - labor, social, intellectual, educational, physical, etc. and, of course, medical, acting for the benefit of individual and public health. Since the concept of “activity” is very broad and each type of activity can affect health, a healthy lifestyle includes all elements of such activities aimed at protecting, improving, and reproducing health.

Thus, a healthy lifestyle is an activity that is the most characteristic, typical for specific socio-economic, political, environmental and other conditions, aimed at maintaining and improving, strengthening people's health. Such a definition may seem similar to the concept of "health care", which is most often qualified as a system of public and state measures to protect and promote the health of the population (prevention, treatment, rehabilitation).

Indeed, there are grounds for such a conclusion, since health care is the activity of state, public institutions, bodies and organizations to provide conditions for the protection and promotion of public health (including the material and technical base, personnel, scientific research), as well as the activity itself. institution, health services to protect and improve the health of the population. Health care is important, but not the only factor in a healthy lifestyle.

A healthy lifestyle forms a lifestyle - all its aspects and manifestations that positively affect health. This means that there is no such type, method of activity, activity that, in its positive manifestations, would not form a healthy lifestyle. This means that in



activities to protect and improve the health of the population, in hygienic education, it is necessary to take into account the variety of influences, conditions and factors that determine the nature and level of health of a person, a group of people and the population.

Ways to form a healthy lifestyle stem from an understanding of its functional structure. The key to them can be considered medical activity, i.e. people's activities related to their own and public health and aimed at protecting, strengthening, reproducing health, i.e. positive medical activity. So, in practical terms, you can define a healthy lifestyle. The concept of "healthy lifestyle" includes overcoming health risk factors and creating a favorable environment, conditions for improving health, i.e. the development of those individual and social factors that are involved in the formation of health. Medical activity is an important lever in this process. Therefore, there are two directions for the formation of a healthy lifestyle:

- Creation, development, strengthening, activation of positive health conditions, factors, circumstances, in essence, the formation of the potential of public health;
- Overcoming, reducing risk factors.

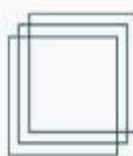
### **Priority Norms of a Healthy Lifestyle**

According to some authors, a healthy lifestyle can be defined as a person's life activity that meets medical and hygienic standards, those. The ability of a person to follow established standards of behavior for the purposes of health protection or a model model of health and hygiene behavior. There are 10 priority norms of a healthy lifestyle (essentially, hygienic behavior). Among them, compliance with the rules of occupational health and safety, methods of psychohygienic and psychotherapeutic self-help, quitting smoking and alcohol abuse, sufficient physical activity, balanced nutrition, timely seeking medical help, the ability to provide first aid.

In fact, these norms are a manifestation of positive medical activity.

The recommendations of the WHO on overcoming risk factors and the formation of a healthy lifestyle are quite specific. For example, for the prevention of coronary artery disease and other chronic diseases, WHO recommends "proper nutrition (low in animal fats, high in fruits and vegetables) to lower blood cholesterol and prevent obesity, smoking cessation, reduction of salt and alcoholic beverages, and early detection and control of high blood pressure, maintenance of normal body weight and regular exercise as an integral part of daily life, reduction of social and professional stress"

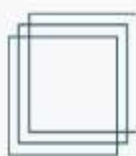
If we add to this recommendations on the observance of the hygienic regime of work, rest, study, specific wishes regarding the most difficult item for the implementation of "reducing social and professional stress", the need for strict adherence to individual medical, medical and psychological requirements and others related to favorable



conditions for health manifestations of medical activity, the above can be defined as a medical program for the formation of a healthy lifestyle.

However, even limited measures to overcome some risk factors (or negative aspects of lifestyle) give an impressive result. For example, according to the reports of cardiologists participating in the so-called WHO cooperative program in just 5 - 8 years among the surveyed population groups for 20 years of observation, where the cooperative program is being implemented. So, in 1972-1992. reduction in mortality from cardiovascular disease among the population of experimental areas in Japan reached 36.4% in men and 41.8% in women, respectively in the USA - 32.1 and 39.2%, in France - 22.7 and 35.1 %, in England and Wales - 16.7 and 19.6%, in Germany - 11.2 and 21.9% In subsequent years, there was a further noticeable decrease in these indicators. It should be emphasized that such favorable changes in the state of health could only be caused by the use of measures against certain primary and secondary major risk factors (reducing smoking, salt intake, limiting animal fats, alcoholic beverages, regulating blood pressure with commonly available drugs and increasing physical activity). Naturally, such measures are cheaper than special modern methods of treatment and prevention, and do not exclude the use of all other means and methods of health programs. When determining measures to promote a healthy lifestyle and prevention, data on the same risk factors for various diseases are especially important. For example, unbalanced, irregular nutrition was among the risk factors for coronary heart disease, diabetes, peptic ulcer of the stomach and duodenum, the same diseases are significantly affected by smoking, alcohol consumption, work experience, psycho-emotional situations, etc. These observations are of fundamental importance, since they allow us to develop a common tactic for combating the most common non-epidemic, chronic diseases and their prevention.

The formation of a healthy lifestyle should be the main direction of social policy in the field of health, including prevention, especially primary. Consequently, both federal, nationwide (the state comprehensive program of health promotion and prevention), republican, regional, city district and other territories, as well as programs of individual institutions and enterprises, should be based on this direction. They should not be limited to separate, albeit important, measures for the organization of medical care, include measures for hygiene education, the fight against alcoholism, drug addiction, smoking and other risk factors, the activation of physical culture and examples of the formation of a healthy lifestyle, health programs. Such programs cannot only fall within the competence of health authorities and institutions. The Ministry of Health alone is not able to provide the whole range of moral, psychological, socio-economic, medical, pedagogical, law enforcement and other measures to promote a healthy lifestyle. The Ministry is not able to fully and effectively coordinate and control all aspects of health protection and promotion - to promote a healthy lifestyle, including a sober lifestyle. It is enough if health authorities and institutions



clearly and effectively carry out diagnostics, treatment, disease prevention and medical rehabilitation, if all medical workers become active participants and initiators of measures to promote a healthy lifestyle, show themselves how to do it, become its propagandists and agitators, conductors of hygienic education.

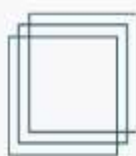
### **Healthy Lifestyle Promotion**

As soon as the formation of a healthy lifestyle becomes the basis, a universal means of primary prevention and, consequently, the basis of a strategy for protecting and promoting health, it should become the core of all health programs, all preventive territorial and sectoral programs. They should provide for the joint actions of public health authorities and institutions, education, culture, etc. The implementation of primary prevention measures should be the most important responsibility of the entire network of medical institutions and especially primary health care services. Health care institutions should be considered as outposts for the formation of a healthy lifestyle, and this applies, first of all, to health centers and prevention centers. The most important function and task of all bodies and institutions, all organizations that should be engaged in the formation of a healthy lifestyle and, above all, institutions of primary medical and social care, is the effective promotion of a healthy lifestyle.

Propaganda should be based not so much on health education as on the means of hygienic education, i.e. not on the passive perception of medical and hygienic knowledge, but on teaching hygiene skills, observing the rules of conduct and actively implementing them in specific conditions.

During the introduction of market relations, health care reform, the creation of a health insurance system, the development of private institutions and practices, attention to prevention, to programs for the formation of a healthy lifestyle, has been weakened. At the same time, they are called upon to become the basis of state social policy, including the activities of bodies and institutions of social health insurance, and to find an appropriate place in the work of municipal, private, public and other organizations and institutions. Healthy lifestyle and prevention programs, as the experience of other countries shows, especially with the so-called insurance medicine (Germany, France, etc.), have taken a priority place and received appropriate financial support. This, as noted, had a positive impact on the health indicators of the population.

This indicates a low general culture, since hygienic literacy and culture are part of the general culture and education of people. There are reasonable assumptions to include in the curricula and plans of all educational institutions the teaching of the basics of hygienic education, the formation of a healthy lifestyle. This primarily applies to medical schools, as has been repeatedly stated in official documents. Since 1987, at some institutes for the improvement of doctors, departments and courses for the



formation of a healthy lifestyle - valeology, sanology - began to be created. They train doctors to form a healthy lifestyle.

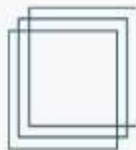
When examining several thousand respondents, 64% did not turn to doctors in a timely manner in case of illness, did not clearly follow preventive recommendations. The importance of physical education for health is recognized by all the respondents, and no more than 8-10% do it; 60% of preschool teachers do not consider it necessary to develop self-care hygiene skills in children; 60% of school teachers do not consider it their duty to tell children about alcohol and its dangers, and 90% do not know about alcoholism among schoolchildren at all. Recent studies indicate that 40% of respondents do not know that they have hypertension, and 15-20% who know about it do not take any measures to prevent and treat it. Up to 40% of workers and employees do not attend preventive examinations at enterprises, although at least a third of them have chronic diseases. Low medical activity is not uncommon among parents, who sometimes exaggerate their hygiene knowledge. Thus, according to one of the surveys, it was found that 95% of parents believed that they had sufficient knowledge on the prevention of childhood diseases, but no more than 40% of parents had the necessary information. The WHO also recognizes the importance of a healthy lifestyle and its formation. "By the end of the 1970s, it became clear that the fight for health needed to be fought in a new way. The health of the population should be the concern of all sectors. The public needed to be informed about what a healthy lifestyle is...".

### **Conclusion**

In the formation of a healthy lifestyle, the problem remains the weak motivation of its need among the population. According to a number of studies, it turns out that respondents pay much more attention to its individual factors, such as nutrition, and not to the whole range of measures for its implementation, starting with hygienic gymnastics, observing the daily routine, etc. So far, calls to lead a healthy lifestyle without proof sound very unconvincing. Its decisive influence on the improvement of health indicators on specific examples. It is in this matter that the primary role should belong to practical doctors and, first of all, to the most massive medical organization.

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