

The main criteria for a healthy lifestyle among the population.**Musayeva Oltinoy Tuychievna***Samarkand State Medical University***Khalilova Barchinoy Rasulovna***Fergana Medical Institute of Public Health*

Annotation. *The life expectancy of the population is one of the main indicators of the socio-economic development of the country, including its individual regions. Studies by scientists around the world have shown that a person lives less than the time allotted to him. One of the reasons for this is the merciless wear and tear of the body, its improper and irrational use.*

Key words: *Healthy lifestyle, healthy lifestyle formation, life expectancy (at birth), healthy life expectancy, smoking, alcoholism, obesity.*

A healthy lifestyle is a prerequisite for the development of various aspects of human life, the achievement of active longevity and the full performance of social functions, for active participation in labor, social, family, household, leisure forms of life. A healthy lifestyle appears as a specific form of expedient human activity - an activity aimed at preserving, strengthening and improving his health.

In modern society, the tendency to lead a healthy lifestyle is increasing more and more. A lifestyle that promotes public and individual health is the basis of prevention, and its formation is the most important task of the state's social policy in protecting and strengthening the health of the people. Thus, the formation of a healthy lifestyle is the most important task of the state, since lifestyle is a determining factor in health. The formation of a healthy lifestyle is also the task of health, social protection and education authorities [5]. The level of health of the population is currently commonly measured by life expectancy (at birth) (LE). According to data published by WHO, in December 2020, life expectancy in Japan, Switzerland, the Republic of Korea, Singapore, Cyprus, Italy and Australia is 83-84.3 years (2019), and healthy life expectancy (HALE) is 71-74, 1 years old While in the Russian Federation (RF), Kazakhstan and Kyrgyzstan, it is equal to an average of 73.2-74.2 years, and HLE is equal to 64.2-65.8. By 2019, in the Russian Federation and Kazakhstan, the average life expectancy averages 73.3-73.2 years, and in Kyrgyzstan 71.7 years. In some countries, like Angola 63.1 years, Afghanistan 63.2 years, Nigeria 62.6 years (2019) and Somalia 56.5 years, life expectancy is lower than the world average (68.35), and the HLE of Angola is 54.8 years, Afghanistan is 53 .9 years, Nigeria 54.4 years and Somalia 49.7 years, and this is due to the low level of lifestyle and healthcare [4,8,14]. On average, the population of Uzbekistan has a relatively high life expectancy compared to many CIS countries. In 1990 life expectancy averaged 69.7 years (men 66.1, women 72.4), and in 2004 72.5 (men 70.0, women 74.7). By 2014, this figure was 73.1 years (men 70.7, women 75.5) [7.12]. According to WHO data published in 2020, life expectancy in Uzbekistan is: men 70.8, women 75.2, and total life expectancy is 73.0, giving Uzbekistan a ranking of 100 in world life. And HLE in Uzbekistan is 64.7 years. As we know, the possibility of increasing life expectancy lies in the reduction of general morbidity and infant mortality. When analyzing the statistical data of the Russian Federation in 2013, 231.1 million cases of diseases were registered, including 114.7 million cases with a diagnosis established for the first time in their lives. This is slightly more than in the previous year: the number of all reported cases increased by 0.6% (229.7 million in 2012), and the number of newly diagnosed cases increased by 0.9% (113.7 million cases). At the same time, this is significantly more than was registered in 1990 (by 46% in the total number of registered cases of diseases and by 19% in the number of diseases with a first diagnosis) or in 2000 (by 21% and 8%, respectively).) [fifteen]. In Uzbekistan in 1995, the general incidence of the population with a first

diagnosis was 49365.5 cases per 100 thousand people, and in 2004 this level decreased to 47583.6. In 2013, the overall incidence increased by 80826.7 cases.[1] But this is due to an increase in the relative attendance rate of the population of outpatient clinics (APU) (in 2005, 228.1 million, and in 2013, 271 million visits), which directly affects the timely detection of diseases. It should be noted that infant mortality in the republic has clearly decreased by 3.5 times, in 1990 it was 34.6 per 1000 births, by 2013 it decreased by 9.8 cases [5,12]. By 2021, infant mortality has decreased by 9.2 per 1,000 births. The highest rates are in the Khorezm and Andijan regions 12.5 - 12.6, and the lowest rate is in the Ferghana region 5.9 and Samarkand region 6.5 [3]. Among the many environmental factors, socio-hygienic, labor nature, etc., a special place is occupied by the so-called "behavioral factor" in 50% of cases that determines the incidence and mortality from diseases caused by bad habits - smoking, drinking alcohol, too fat and high-calorie food [9]. According to the WHO, 6.8 million people die from smoking every year in the world [5,13]. In the Russian Federation, smoking leads to the premature death of every fourth inhabitant, and smokers with experience live 20 years less. WHO data show that in other countries like Belarus, Kyrgyzstan and Georgia, more than 50% of the population smokes. And also among smokers, the male population occupies a higher level than the female population. But it is important to note that today women smoke much more than their ancestors. In Sweden, Great Britain and Austria, women smoke on a par with men [1]. Among bad habits, alcohol abuse plays an equally important role. Every year, alcohol consumption is increasing in many countries of the world, especially in Europe. This is due to the wide variety of alcoholic beverages produced and their availability on the market. Every year the number of drinking minors also increases. It is Europe that takes the lead in the growth of alcoholism. Many European countries are trying in every way to fight this addiction.

Alcoholism is one of the three global health problems of mankind. It is the excessive consumption of alcohol that leads to more than 200 different types of diseases, and can also cause death of a person. According to WHO (World Health Organization) in 2012, more than 3 million people died from excessive addiction to alcoholic beverages.

Despite the fact that information is constantly spreading about the dangers of alcohol, dependence on it and the risk of developing serious diseases, including liver cancer, the level of alcoholism does not decrease. Among European countries, Hungary and Romania lead in the number of deaths from alcohol. Central America (El Salvador, Nicaragua and Guatemala) has the highest mortality rate. In general, in all of America, about 80 thousand people die in a year. Mostly in America, as in Canada, they drink beer, and in Argentina they prefer to drink wine. It is important that the largest proportion of deaths occur in those countries where strong alcoholic beverages are abused. In Russia, 500 thousand people die every year. If we consider mortality by gender, then in 80% of cases men die from alcohol. If we consider the mortality rate by age groups, then the peak mainly falls on 40-60 years. So, in Brazil, Venezuela and Ecuador, people start dying from alcohol abuse at the age of 40 to 50, while in the USA, Canada, Argentina and Paraguay, mortality mainly occurs from the age of 50. The percentage of deaths after 70 years of age drops sharply.

In 2014, a study of alcohol dependence was conducted, which resulted in a list of 188 countries. The main criterion for compiling the list was the level of alcohol (in liters) per capita (indigenous people over 15 years old were taken into account). Moldova tops the list. Alcohol is consumed here in the amount of 18.2 liters per person. People in this country drink a lot. The Czech Republic is in second place and is in the top 3 rankings. Alcohol consumption is 16.4 liters per person. In the following countries, as in the Russian Federation, Great Britain and the Czech Republic, the indicator has been increasing for 10 years (the Russian Federation by 7.2–9.5, the UK 9.3–11 and the Czech Republic 11–12) [4, 18].

Also, less than 0.5 liters per capita is in countries such as the UAE, Pakistan, Egypt, Niger, Iraq, Kuwait, Libya, Mauritania and Bangladesh. First of all, such statistics are related to the cultural and

religious characteristics of these countries. If we look at the world map, we can understand that almost the entire population of these countries is Muslim, and Islam forbids alcohol in large doses.

Alcohol consumption, according to WHO, is 15.7 liters per capita. Therefore, Russia is in fourth place. When compiling the rating, only the population over the age of 15 was taken into account. The predominant use of alcohol by men makes a certain contribution to the differences between the mortality of men and women and, accordingly, the life expectancy of the male part of the population (72% of those who abuse alcohol die in Russia before the age of 50) [6].

The official statistics of obesity in the world has about 1.9 billion overweight people. Of these, more than 640 million are overweight. According to the WHO (World Health Organization), the highest percentage of obesity is observed among citizens of the following countries: South Africa, Qatar, Mexico, Bahrain, USA, Syria, Libya, Venezuela, Trinidad and Tobago, Slovenia, New Zealand.

In these states, obesity statistics range from 27 to 33.5% of the country's population. Among the countries where a relatively small number of people diagnosed with obesity, world statistics highlights: Japan - 3.7%, Korea - 5.3%, Italy - 9.8%.

Recently, the situation with overweight in the minor population has become negative. As of 2016, more than 42 million children under the age of 15 were overweight. Child obesity statistics by country (including overweight adolescents) of the total number of children under 15 years of age: USA - 31%, Canada - 24.5%, Greece - 21.5%, Iceland - 18.0%, Slovenia - 17.0%, Israel - 17.0%, Finland - 17.0%, China - 17.0%

According to statistics, such a high percentage of childhood obesity is explained by the low mobility of adolescents due to their passion for computer games, frequent snacks on high-calorie fast food. In America, in primary and secondary schools, the number of overweight and obese children reaches 25%, and in China, every 6 boys and 11 girls are painfully overweight.

The problem of obese people has long been a very serious threat to the gene pool of future generations. According to statistics, more than 68 million people live with a diagnosis of obesity in the United States. Of these, 32 million are men and 36 million are women. 65 million are overweight. Of these, 36 million are men and 29 million are women. This situation is associated with the calorie-rich food consumed by Americans, sedentary, sedentary work, and a genetic predisposition to be overweight.

The number of overweight and morbidly overweight Americans is increasing by 1.1 million to 2 million each year. At this rate of growth, the number of people diagnosed with obesity in America by 2030 will be more than 80 million. The largest number of overweight and obese people is observed in the state of Mississippi, the smallest - in Colorado.

Recently, the problem of overweight among Russians has become on a par with many serious diseases. Official statistics already account for 24.9% of the country's total population. The statistics of people suffering from obesity in the Russian Federation is progressing due to the lack of physical activity, unbalanced high-calorie nutrition

Along with the increase in the number of obese people among the adult population, the statistics of obesity in children in Russia is also beginning to grow. About 12% of children and adolescents are overweight, and 5% already suffer from painful fullness. The main reasons are improper and high-calorie nutrition, violation of the rest regimen, artificial overfeeding by parents.

Due to the negative effect of excess weight on the cardiovascular system, the statistics of the incidence of atherosclerosis and obesity in Russia are related to each other. The growth in the number of overweight people has affected the more frequent occurrence of both atherosclerosis and other diseases of the heart and other organs.

In the post-Soviet space, the situation with the fullness of adults and children is gradually becoming threatening. Obesity statistics in different countries are sometimes frightening. For

example, in Tajikistan the mark reaches 9.2%, and in Lithuania 23.7%. Judging by the countries, the unfavorable situation is also observed in Ukraine. An analysis of the statistics of obese people shows that 20.1% of the country's population suffers from overweight.

Of the countries of the Caucasus region, the largest number of obese people was noted in Kazakhstan. According to official data, about 4.23 million people, or 23.5% of the country's population, are diagnosed with obesity in Kazakhstan. The ranking of countries in the world with the highest levels of obesity is presented in the table:

According to WHO experts, obesity statistics will continue to grow rapidly in the future. In the near future, the number of overweight people on the planet is expected to increase to 2.4 billion, and with obesity syndrome to 800 million people

It is important to note that excess body weight is not only an indicator of malnutrition and low physical activity, this in itself increases the risk of developing many diseases: type II diabetes, hypertension, arthritis, and certain types of neoplasms. It is not surprising that the concept of a healthy lifestyle has for many years been identified only with propaganda against smoking, alcohol, overweight, etc. Today, in addition to giving up bad habits, one should pay attention to newer problems in the formation of a healthy lifestyle, such as increasing physical activity, prevention of non-communicable diseases, proper nutrition, bringing qualified medicine closer to the population and achieving a physical and mental healthy climate in the family to educate the younger generation, etc. An increase in the number of sports facilities in the Russian Federation by 45,645 buildings from 1995 to 2009, as well as promoting a healthy lifestyle, contributed to an increase in the number of young people visiting these facilities by almost one and a half times from 10528.8 people to 26262.3 people in the period from 1995 to 2009, which is a significant indicator of success in the formation of a healthy lifestyle [10]. An analysis of previous studies showed that the vast majority - 85.7% of students were or are involved in sports (87.8% of boys and 82.6% of girls); 95.7% of respondents have a positive attitude towards sports (96.8% of boys and 93.6% of girls). Moreover, 35.3% (27.2% of boys and 48.3% of girls) would like to go swimming. It should be noted that the relevance of the problem of healthy lifestyle promotion is determined by the trend towards “rejuvenation of diseases”. According to WHO, over 10 years in 23 countries of the world, mortality from heart disease has increased in young men by 5-10%. Among patients with peptic ulcer of the stomach and duodenum, 10.7% were men aged 20–30 years [9]. One of the most important indicators of the balance of health and the success of professional activity is the formation of the value and culture of health and the dependence of their formation on such psychological and acmeological characteristics as gender, age, socio-economic status, level of education, profession. It is shown that the older age group values health more than the youth. Pensioners who have acquired their own individual experience of the destruction of health and its restoration perceive it as the greatest value in life, which is typical for representatives of the older generation, regardless of social origin [2]. It is important to note that today, young people are more or less interested in healthy lifestyles. The majority of young people (74.5%) prefer to “take care of their health”. The second place is occupied by taking care of one's appearance and figure (62.9%). However, if among boys only 20.6% of the respondents prefer the answer “taking care of their health”, then among girls it is already 53.9% of the respondents. That is, for many young people, health is a tool to maintain their attractiveness. When analyzing the factors hindering the maintenance of a healthy lifestyle, it can be seen that the most common response in boys and girls is laziness: 14.5% and 31.6%, respectively. It is followed in frequency by the answer “lack of time” — 11.9% for boys and 25.5% for girls [10]. It should be noted that the approach of high-quality medicine to the population contributes to the formation of a healthy lifestyle and medical awareness of the population. In the context of the ongoing reform in the healthcare system in the Republic of Uzbekistan, a system of medical and preventive care for the population is being introduced, which led to a phased transition to family medicine, which is the standard in developed

countries. To date, the number of hospital institutions in the republic is 1281, the number of outpatient clinics is 6676 (at the end of 2021). According to the analysis of statistical data, today the total number of doctors is more than 95.6 thousand. There are 27.1 doctors per 10,000 population. the population per doctor is 369. The total number of paramedical personnel is more than 372.5 thousand, per 10,000 population - 105.6 paramedical personnel. The population per one paramedical worker is 95 [5]. As we know, the main actors providing primary contact with the patient are the family doctor and the family nurse. Previous research among family nurses shows that in order to improve the efficiency of work on the implementation of healthy lifestyles in families, most of 81% noted that it is necessary to create conditions for patronage among the population, 65% note that it is necessary to conduct classes with nurses on promoting healthy lifestyles, 32% note that it is necessary to improve the equipment of health facilities for the introduction of a healthy lifestyle, 29% believe that it is necessary to attract as many nurses with higher education as possible, to promote a healthy lifestyle 21% believe that it is necessary to attract as many specialists as possible for this work and 19% believe that for effective results, promotion of healthy lifestyles should be carried out in kindergartens, schools and lyceums [3]. For the formation of a healthy lifestyle, the medical activity of the population. According to studies, 72.1% of women and 49.9% of men undergo regular medical examinations [3,9]. Based on the foregoing, we can conclude that a healthy lifestyle is an activity that is the most characteristic, typical for specific socio-economic, political, environmental and other conditions, aimed at preserving, improving and strengthening people's health. In addition, it is necessary to take into account individuality in the formation of a healthy lifestyle among the population. The development of individual criteria will allow not only to determine the reserves of the body of each, but will help to make a choice of rehabilitation measures individually and to conduct self-monitoring of the effectiveness of a healthy lifestyle.

According to this, it is very important to form an understanding among the population of the importance of a healthy lifestyle, designed to improve life not only through material well-being, but also through an increase in the educational and cultural level, as well as the formation of responsible behavior in relation to one's health.

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