Жаксыбергенов А.М.

АНАЛИЗ И ПОКАЗАТЕЛИ МЕДИЦИНСКОЙ ПОМОЩИ СЕЛЬСКОМУ НАСЕЛЕНИЮ В УСЛОВИЯХ САМООЦЕНКИ И АПЕЛЛЯЦИОННЫЙ СПОСОБНОСТИ ЛИЧНОЙ ГИГИЕНЫ

Zhaksybergenov A.M.

ANALYSIS OF THE RATE OF MEDICAL AID APPEAL ABILITIES BY A RURAL POPULATION IN TERMS OF SELF- ASSESSMENT OR PERSONAL HEALTH

УДК: 614.2:338.432

В научной статье обсуждаются данные обращаемости сельского населения за медицинской помощью в лечебно-профилактические учреждения. Исследования показали, что сельские жители не всегда своевременно обращаются в медицинские учреждения.

У лиц, считавших себя «больными» уровень заболеваемости неспецифическими заболеваниями достоверно и значительно выше чем у людей считавших себя здоровыми. Однако вербальное поведение сельских жителей не соответствует фактическому и для формирования адекватного поведения необходимо првильно организовывать гигиеническое обучение и воспитание среди сельского населения.

In this scientific article we deal with the data of access by the rural population to medical aid provided by medical and preventative treatment facilities. Investigations have shown that the rural inhabitants don't always seek seeding to seeding medical advice in proper time.

In people who consider themselves "sick" a level of illness with not-specific diseases is authentic and much higher than in people who consider themselves healthy. However the verbal behaviour of the rural inhabitants is not reflected in practice. It is necessary to organize hygienic training and education among the rural population in order to develop more appropriate lifestyles.

I ntensification of agricultural production, including the production of cotton, is one of the major agricultural tasks of our republic.

Nowadays more than 40 agricultural complexes dealing with the growing of cotton operate within the state agricultural facilities of the republic [1,2].

Modern production of cotton is organized on a progressively new material and technical basis. However, as experience shows, any mechanization of work, or the introduction of the most high-efficiency machines and equipment, or industrial "know-how" of cotton can not supply desirable intensification and efficiency in this major area without perfecting the work organization of cotton gatherers and instituting a complex adjustment of modern medical and sanitary services for the agricultural workers.

In modern cotton growing in the republic 4 main problems have been generated:

1. insufficient mechanization and automation of labour-intensive processes, low technological level of operation of machinery and engineering because of lack and turnover of preparatory staff;

2. violation of the requirements of environment protection because of serious and difficult problems of recycling of cotton rubbish in the form of mineral fertilizers and pesticides used for protection of cotton;

3. the tendencies to increase the constitutional and professional illnesses in workers;

4. discrepancy between the existing organizational forms and methods of working of public health services establishments in the countryside and modern tasks facing agricultural, economic and cultural enterprises, and the presence of cotton growing small farms and the occurrence of a private property on agricultural area.

In these conditions it is necessary to emphasize that world improvement of primary preventive measures of nonspecific diseases of the rural population can be achieved by increasing the quality of training in hygiene and education of the people as well as improving their lifestyle.

An analysis of appeal ability of the rural inhabitants for medical aid in terms of self- assessment or health has shown that 56.4 % of the men and 64.9 % of the women consider themselves as sick people, annually consulted a doctor, while among "healthy" ones these parameters are respectively 31.2 % and 29.7 %. However, among the "patients" there were people attending medical establishments once in some years (41.7 and 33.4 %) or did not attend at all (3.9 and 2.4 %). As a whole, only 46.2 % of the rural inhabitants annually seek seeding to seeding medical advice in due time i.e. at the occurrence of first signs of an illness, being only a small portion - 11.4 %, including 14.7 % of the men and 9.5 % of the women. Others prefer to seek seeding to seeding medical advice only in that case, when, in their opinion, they sick seriously sick. The self-estimation of health essentially did not influence the timeliness of the appeal ability, though it is necessary to note that the people considering themselves as patients, especially women getting used, apparently, to painful sensations, more often hesitate about consulting a doctor.

Comparison of a subjective estimation of the health of the patients with the results of physical examination has shown that, for example, 68.2 % of the people with arterial hypotonic considered themselves as patients and correctly estimated their conditions, especially the women (74.9 %).

Among the people correctly estimating their health, arterial hypertension for the first time was revealed only in 28.6 % of cases, while among hypertonic, named

themselves "healthy" – 67.4 % of cases. The same thing it is possible to say and about ischemic illness, which more frequently registered among the patients thinking they have problems with their heart. The reason for a wrong estimation of one's own health can be seemingly not so much asymptomatic disease because of arterial hypertension or ischemic heart disease as much as an inattentive attitude to health (tab. 1). An example to this is the fact, that among the people who have described their heart as healthy, the typical angina pectoris of a pressure on a questionnaire by Rouse is revealed in 8.2 cases out of 1000 men; at the same time in the people considering themselves as "patients", typical angina pectoris was revealed in 21.4 cases. The difference in the received data has enough high reliability ($p < 0.05$).

At the same time it is possible to draw conclusions about other nonspecific diseases (chronic cholecystitis, chronic gastritis, ischemic illness of heart etc.).

Analysis of the exposure of rural inhabitants to popular medical knowledge has shown that 92.4 % of them regularly watch a TV program devoted to the problems of health. Every second respondent reads newspaper and journal articles devoted to the problems of a healthy lifestyle and health.

Interest in television programs did not depend on an educational level, gender or age and at the same time newspaper and journal articles were basically read by people with higher education (84.2 %) and with secondary-level education (62.3 %). Only 9.9, % of the patients with elementary level of education read these articles.

Taking into account this high interest in popular medical knowledge and correct understanding by the greater part of the rural population of the significance of socially important illnesses, it is possible to expect that it should be well informed on risk factors as well.

In this regard we have analyzed the attitude of the rural inhabitants to some of them. Being overweight was observed by every 4-th inhabitant. However, they did not consider themselves as "patients" and estimated their health on the average almost the same as a population with normal body weight.

Among them 92.9 % of the women and 76 % of the men have stated a readiness to refuse habitual maximum eating causing complete saturation during a meal. People who smoke and drink alcohol were ready to refuse harmful habits.

88.2 % of interrogated patients regarded it necessary for themselves to expand their physical activity. However there is a basis to believe that such good verbal behavior of the population does not equate to facts. So among the young women of 20-29 years unsatisfactorily estimating physical activity, hypodynamia is revealed in 13.7 % of cases – 4 times more often than among the young men. Only 2.9 % of the rural inhabitants went for a sport and no more than 3.1 % did morning exercises.

Office workers, who are basically people with higher and second-level special education and are well informed about non-specific socially important diseases, did try to compensate for hypodynamia, and used their working conditions to expand physical activity in their break time. Alcohol was used be people who considered themselves healthy as well as ill ones.

Thus the rural population correctly estimates health as the main priority in life and in the overwhelming majority they state their readiness to spend effort and time on the preservation of health, refusing such habits as overeating, and alcohol and smoking abuse.

However the verbal behavior of the rural inhabitants does not equate to reality and in the last analysis it is not adequate.

An important role in the formation of adequate real behaviour is found within correctly organized education and training in hygiene. Developing a sport base in a village could influence the formation of beneficial patterns of behaviour in the rural population.

Bibliography

1. Buleshov M.E., Erzhepov B.N., Abluhalykov A.M. "The efficiency of the preventive measures against chronic noninfectious diseases in an industrial town." //Vesting of SKSMA. – Shymkent, 2004. №18. – C. 182-184.
2. Kulaev E.O. "The morphological characteristic of the large intestine at intoxication by pesticides" Candidate dissertation, 2006