

The role of a family doctor in the formation of a healthy lifestyle of young people in Ukraine

Olena S. Shcherbinska, Nadiia Ya. Zhyllka, Nataliia O. Serohina, Oksana V. Zhdanova

SHUPYK NATIONAL HEALTHCARE UNIVERSITY OF UKRAINE, KYIV, UKRAINE

ABSTRACT

Aim: Highlighting the main problems of forming a healthy lifestyle among the youth of Ukraine and determining the role of the family doctor in solving them.

Materials and Methods: The study used biblisemantic, statistical, analytical methods and descriptive modeling. Data processing was performed using the Microsoft® Excel® software package (trial version); statistical processing of results was performed using the statistical analysis software package Statsoft® Statistica® ver. 10 (STA999K347156-W) and IBM® SPSS 25.0 (trial version).

Results: According to the results of the study, numerous health problems associated with an unhealthy lifestyle are observed in Ukraine: physical inactivity, bad habits (use of alcoholic beverages and psychoactive substances, smoking), excessive communication on social networks, lack of safe sexual behavior skills. To increase the level of awareness of young people about a healthy lifestyle, we modeled the administration of services for the formation of a healthy lifestyle in the field of primary health care by a family doctor.

Conclusions: One of the main links in the formation of a healthy lifestyle is the professional approach of this family doctor in the framework of performing his direct functions of eliminating habits and behavior that pose a risk to health and forming healthy lifestyle skills. Public administration should ensure the effectiveness of the family doctor in providing services for the formation of a healthy lifestyle through the process of collective adoption and implementation of strategic decisions.

KEY WORDS: youth, health, public administration, legislation

Wiad Lek. 2025;78(5):1045-1051. doi: 10.36740/WLek/205367 DOI

INTRODUCTION

In Ukraine, according to the Law of Ukraine "On the Basic Principles of Youth Policy (clause 17 of Article 1, section I), "youth – young people are persons aged 14 to 35 who are citizens of Ukraine, foreigners and stateless persons who are legally in Ukraine" [1]. The domestic age graduation is somewhat different from the World Health organization (WHO) definition from 2015, where a person aged 25 to 44 is considered young [2]. To determine the tasks for a family doctor regarding the formation of a healthy lifestyle for Ukrainian youth, it is necessary to take into account the main trends and problems of the health status of young people in Ukraine [3].

AIM

Highlighting the main problems of forming a healthy lifestyle among the youth of Ukraine and determining the role of the family doctor in solving them.

MATERIALS AND METHODS

The study used biblisemantic, statistical, analytical methods and descriptive modeling. Data processing was performed using the Microsoft® Excel® software package (trial version); statistical processing of results was performed using the statistical analysis software package Statsoft® Statistica® ver. 10 (STA999K347156-W) and IBM® SPSS 25.0 (trial version).

RESULTS

According to a study conducted in 2019 within the framework of the international project "Health and Behavioral Orientations of Student Youth" (WHO), the main rating indicators of youth health. As at the global level, violence and injuries are rating problems for youth health. In Ukraine, unfortunately, aggressive behavior in the adolescent environment manifests itself both in the form of physical violence and in the form of moral

pressure (insults, ridicule, obscene statements). 37.9% of adolescents became victims [3].

Regarding mental health, a significant number (74.5%) of adolescents complain of frequent cases of nervousness or irritability (78.4%), and their frequency progressively increases with age, especially among girls [3]. Adolescent substance use poses a serious challenge to the youth health care system. In Ukraine, the availability of a wide range of psychoactive substances, as well as the lack of awareness among adolescents of the risks associated with the use of these substances, is an extreme problem. While narcotic substances are formally prohibited, alcohol and tobacco remain available, despite restrictions on their advertising and sale to minors. According to the study, alcohol and tobacco consumption is firmly rooted in the cultural practices of the population, especially in the absence of alternatives in the field of leisure and is perceived by young people as quite acceptable. On average, 39.4% of adolescents and 42.8% of 17-year-old young people have consumed alcoholic beverages at least once in their lives. 20.1% of adolescents (24% of boys and 16% of girls) have smoked, and the prevalence of smoking increases with age (from 4.3% of 10-year-olds to 38.8% of 17-year-olds) [3].

A necessary component of a healthy lifestyle with proven effectiveness is physical activity. As the study showed, the required daily rate of physical activity of children and adolescents is not fulfilled in physical education classes [3,4]. Only 23.7% of adolescents are engaged in physical activity for at least an hour a day every day, and the younger the teenager, the higher his level of physical activity – from 30% among 10-11-year-olds to 17% among 16-17-year-olds [3,4]. Low levels of physical activity in childhood, lack of stimulation of the need for daily systematic physical activity and motor exercises, as well as negligence in children's physical education lead to the fact that they enter adulthood with an already formed reluctance to engage in physical exercise and sports. Regression of physical performance, overweight and obesity, musculoskeletal disorders, manifestations of disorders in the shoulder and spinal girdles, characteristic of a sedentary lifestyle lead to long-term diseases. To maintain an adequate level of health and prevent diseases, the WHO recommends 60 minutes of daily physical activity for children and adolescents. The current challenge for the lifestyle of adolescents and young people is a sedentary lifestyle associated with watching television and using various electronic gadgets to watch videos and spend time on social networks – free time up to 3–4–5 and even more than 6 hours a day, more than 6–7 hours a day is used by almost every sixth teenager (17.6%)[3,4]. At the same

time, girls predominate among them (20.0% versus 15.2% of boys). Moreover, the amount of time spent with electronic gadgets increases with age: from 6.8% among 10-year-olds to over 23% among 16–17-year-olds, which is explained by greater parental control over younger children compared to older adolescents. The share of Internet users among people aged 15–29 in Ukraine reached 97% [3,4]. When using the Internet for social networking, adolescents may encounter a variety of risk factors, such as: risk of connection: personal information is available for feedback; persuasion: online experiences can influence personal activities; permanence: posts remain online forever; exploitation: personal information can benefit others; deception: there is a lot of misinformation and distortion of data; victimization: other users can use personal information against the person who posted it; addiction: repeated use can create addictive behavior; isolation: online interactions can reduce communication and socialization in the real world; impulse: it is easy to say things online that you would not say in person.

The results of the study showed that 18.2% of adolescents regularly neglected other activities (hobbies, sports) because they wanted to be on social networks. The most neglected other activities were 16-year-old girls – 26.0% [3-7].

Vision problems associated with electronic gadgets are now quite common among schoolchildren and students. On average, young people spend nine hours a day on smartphones, tablets, LED monitors and flat-screen TVs. Most children over 12 years old need vision correction. Computer vision syndrome, which affects almost all students, is a specific visual impairment (asthenopia). It is believed that this problem occurs daily in 40% of people who work at a computer, and periodically in 92% of users [8]. Analysis of the results of studies conducted in 1990–2023 showed a gradual increase in the total prevalence of myopia in the world from 24.32% to 35.81%. The groups in which myopia is especially common include adolescents (47%) and high school students (45.7%) [9-10].

A balanced diet is also a health-preserving component of a healthy lifestyle. The results of the study showed that the proportion of young people with a normal body mass index increases with age: from 66.3% in 11-year-olds to 75.3% among 17-year-olds. Girls were much more likely to report being underweight – almost every fourth (24.1%) girl aged 11 and every fifth girl aged 13, 15 and 17 years. This situation is a serious problem today, under the influence of the media and the glamorization of lifestyle, predisposing mostly girls to malnutrition, as is the case worldwide. If, according to generally accepted recommendations, it is necessary

Table 1. Dynamics of incidence of sexually transmitted infections among adolescent girls aged 15-17. Ukraine. 2018-2023 (per 100 thousand people)

Type of disease	2018		2019		2020		2021		2022		2023	
	Indicator	Absolute number	Indicator	Absolute number	Indicator	Absolute number	Indicator	Absolute number	Indicator	Absolute number	Indicator	Absolute number
Syphilis	2.86	15	0.94	5	1.08	6	1.92	11	0.73	9	0.67	4
Gonococcal infection	2.67	14	2.62	14	1.26	7	1.74	10	0.57	7	0.85	5
Chlamydia	9.36	49	8.43	45	1.79	10	1.74	10	0.57	7	1.0	6
Trichomoniasis	59.97	314	47.04	251	23.85	133	16.73	96	5.53	68	8.7	52
Ureaplasmosis	21.01	110	15.93	85	2.69	15	2.61	15	1.14	14	2.01	12

to consume 4-5 servings of vegetables and 2 servings of fruit per day, then in Ukraine 51.2% of adolescents consume fruit daily, and 42.2% of adolescents consume vegetables [3,4].

The formation of reproductive health is also an important component of the formation of a healthy lifestyle. It has been established that the issues of human sexuality and sexual behavior continue to bypass secondary and higher education, and also remain outside of journalistic topics. At the same time, sexual ignorance, together with the existing aggressive cult of sex in the media, contribute to the fact that Ukrainian adolescents live and are formed in a high-risk zone, where sex is as dangerous as the use of alcohol, drugs, etc. This is evident when considering the problems of early sexual debut, abortions, sexually transmitted diseases and sexual violence. 18.3% of adolescents had experience with sexual relations: from 3.7% of the youngest (13-year-olds) to 34.2% among 17-year-olds. Moreover, 9.2% of those who had sexual experience had their sexual debut at 12 years of age or younger (12.1% of boys and 3.5% of girls), and 66.8% gained experience of adult life after reaching the age of 15 [5,6,7]. 69.3% of persons used a condom as a means of contraception and protection against sexually transmitted infections at the first sexual contact. Girls in the older age group neglected this preventive measure more often than boys – from a third of 16-year-olds to a quarter of 17-year-olds [5,6,7]. The data obtained indicate an extremely insufficient awareness of adolescents regarding the formation of reproductive health against the background of imperfect communication between educational institutions, healthcare, the media, and parents.

The main source of knowledge about sexual relations for schoolchildren, regardless of age, was the Internet: more than half (58.4%), the second position was occupied by friends and peers, who became a source of information for an average of 41.0% of adolescents. In

32.5%, parents became a source of knowledge about sexual relations, teachers – in 28.9% [3,11].

Therefore, it is believed that young people aged 15–24 are one of the most vulnerable groups of the population at risk of human immunodeficiency virus (HIV) infection due to the lack of HIV prevention information, high early sexual activity, and unprotected sexual relations. For example, in 2024, the highest percentage of detected recent infection was observed among young people aged 18 to 24. At the same time, the analysis more often showed recent HIV in women under 20 years old – 19% of the total number of tested Ukrainian women of this age. The greatest risk factor for recent HIV was unprotected sexual intercourse [12,13].

The formation of reproductive health in adolescents is a basic technology for its implementation in adulthood. About 500 thousand adolescent girls enter the reproductive period annually [12]. The harmonious development of a girl's body during adolescence largely determines the woman's future life and her reproductive potential. As a result of unprotected sexual intercourse, as a result of adolescents' unpreparedness for sexual relations without risk to health, sexually transmitted infections (STIs) primarily occur. The incidence of STIs among adolescents aged 15-17 in Ukraine (Table 1) for the period 2018-2023 has a positive trend: the decrease in the incidence of syphilis is 76.6% (2018- 2.86 per 100 thousand girls aged 15-17, 2023 – 0.67.); for gonococcal infection – 68.2% (2018 – 2.67, 2023 – 0.85); chlamydia – 89.3% (2018 – 9.36, 2023 – 1.0); for trichomoniasis – 85.5% (2018 – 59.97, 2023 – 8.7); for ureaplasmosis – 90.4% (2018 – 21.01, 2023 – 2.01) [14,15]. However, the incidence of the specified types of STIs, except for syphilis, in 2023 increased compared to 2022 (Table 1).

Despite the positive trend, the data indicate problems in the formation of reproductive health in girls, starting from childhood, which is felt throughout a woman's life and negatively affects the realization of reproductive potential in the future.

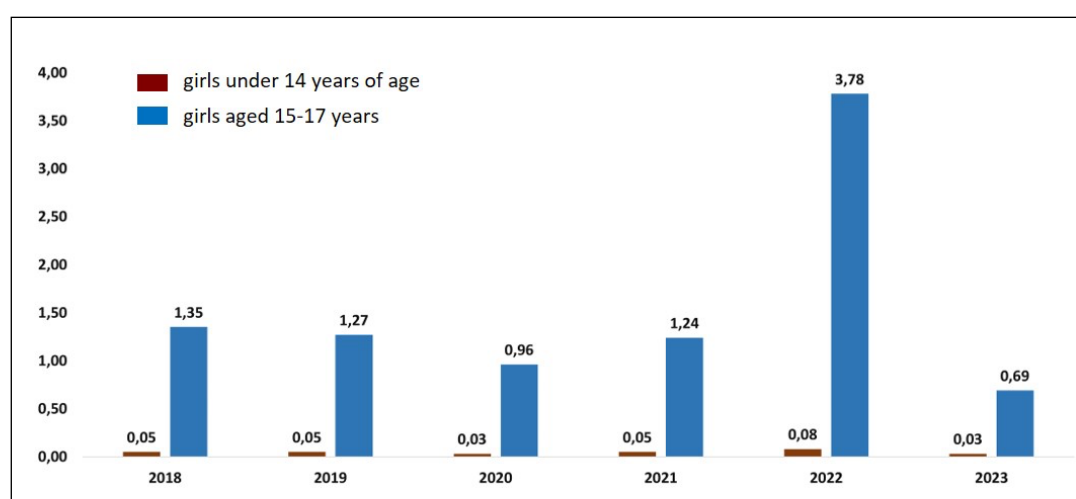


Fig. 1. Dynamics of induced abortions in girls under 14 and 15-17 years old. 2018-2023 (per 1000 girls)

In the absence of sufficient information on the culture of sexual behavior, it becomes risky for the health and social life of the girl. Early and unprotected sexual intercourse causes cases of unwanted pregnancy, which, as a rule, ends with its artificial interruption or, so-called, early childbirth, which also causes violations of the mechanisms of formation and preservation of reproductive health [12]. Unlike developed countries of the world, abortions in childhood and adolescence are still registered in Ukraine (Fig. 1).

Moreover, the trends in the problem of abortion in childhood are extremely negative. Abortions are considered the most destructive factors of reproductive health. Thus, for the period 2018-2023, the number of abortions per 1000 girls under 14 years of age decreased by 40% (2018 – 0.05, 2023 – 0.03), for girls aged 15-17 years the decrease was 48.9% (2018 – 1.35, 2023 – 0.69). In 2023, 14 girls under 14 years of age and 411 – aged 15-17 years resorted to such a dangerous method of solving the problem of untimely pregnancy [12-15].

Early childbirth in girls of childhood also indicates a lack of information on methods of preventing unwanted pregnancy. For the period 2018-2023 the rate of early births has a positive trend: in girls under 14 years of age, the birth rate decreased by 25% (2018 – 0.12 per 1000 girls under 14 years of age, 2023 – 0.09); in adolescents – by 50.1% (2018 – 6.82 per 1000 girls 15-17 years of age, 2023 – 3.40). Nevertheless, the number of girls who gave birth at an early age in 2023 is worrying (under 14 years of age – 98 girls, 15-17 years of age – 2033) and encourages increasing the effectiveness of educational preventive technologies.

Given the above trends, the state of reproductive health in Ukraine has negative signs, which threatens reproductive health in adulthood [16-20].

DISCUSSION

According to numerous scientists, one of the main links in the formation of a healthy lifestyle is precisely the

professional approach of the general practitioner-family doctor within the framework of performing his direct functions of providing advisory assistance aimed at eliminating or reducing habits and behaviors that pose a risk to health (smoking, alcohol use, other psychoactive substances, unhealthy diet, insufficient physical activity, etc.) and forming healthy lifestyle skills, enshrined in the sectoral order of the Ministry of Health of Ukraine dated March 19, 2018 No. 504 “On Approval of the Procedure for Providing Primary Health Care” [21].

The definition of the concept of healthy lifestyle, which was stated at the International Conference on Primary Health Care in 1978, comes from the perspective of understanding the phenomenon of human health. (Alma-Ata): HLS is all types of human activity related to preserving and strengthening health, everything that contributes to the fulfillment of one’s human functions through activities to improve living conditions – work, rest, and everyday life [22].

The formation of a healthy lifestyle is based on certain ideological principles, namely: the idea of the priority of the value of health in the worldview system of human values; the perception of health not only as a state of absence of disease or physical defects, but as a state of complete well-being; the idea of a holistic understanding of health as a phenomenon that inextricably combines its physical, mental, social and spiritual spheres; the idea of redistribution of responsibility, i.e. control of a healthy lifestyle should be carried out by the person himself, who takes personal responsibility for actions, decisions, and their consequences, based on knowledge obtained, in particular, from a family doctor as a doctor of first contact [23]. A concrete example is the proposal in the World Sight Report: a key proposal is to make comprehensive, people-centred eye care integrated into health systems and based on effective primary health care the main model for providing such services

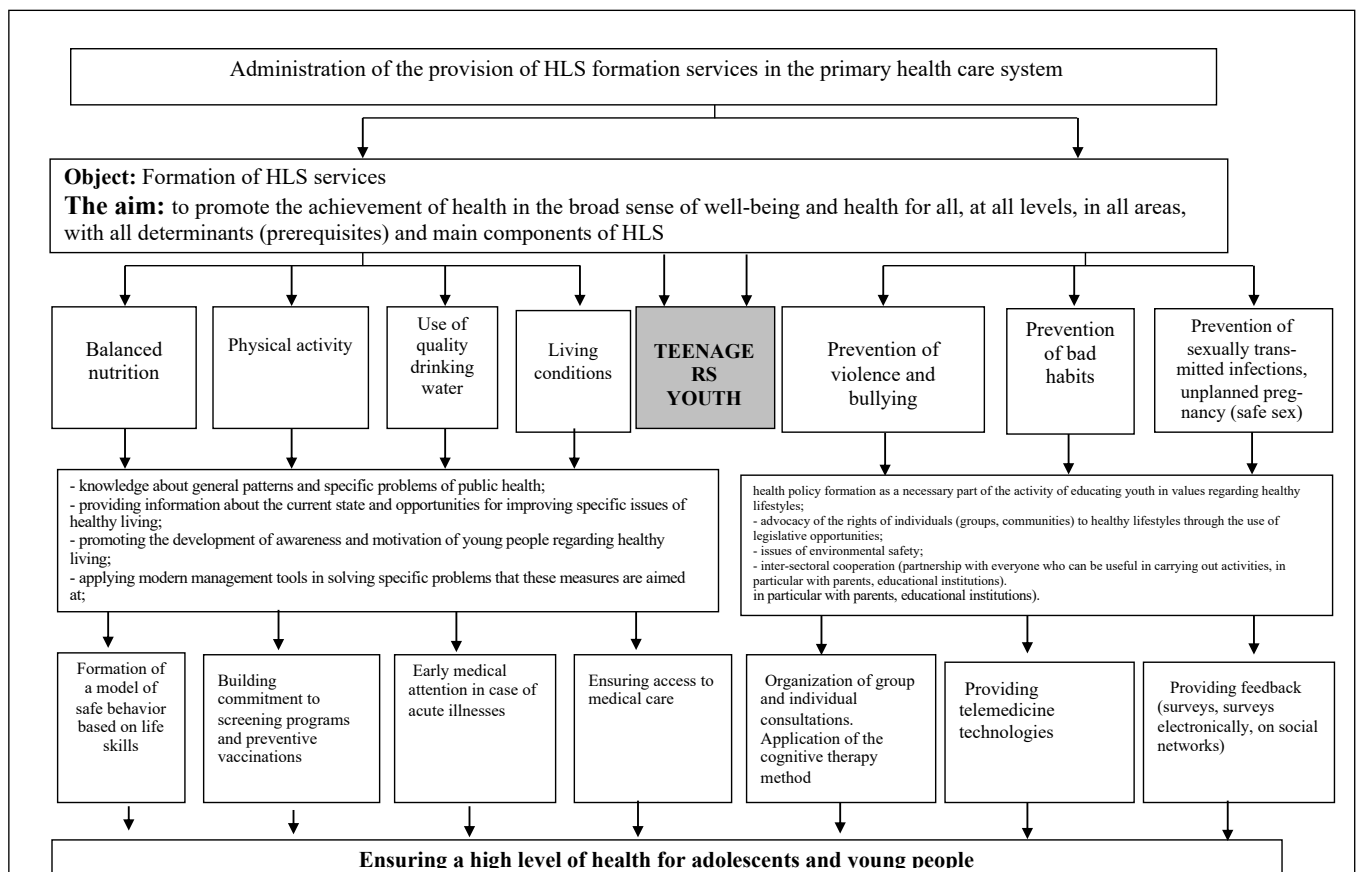


Fig. 2. Administration of the provision of services for the formation of a healthy lifestyle in the field of primary health care

and to scale it up [24]. In the area of adolescent health, the WHO European Office supports countries in three main areas [25]: by proposing integrated, intersectoral and evidence-based approaches to adolescent health; by clarifying and supporting the specific role that the health sector has; by planning actions aimed at reducing inequalities in adolescent health and development, both within and between countries [25].

The modern health care system in ensuring the activities of the GP-FP is the result of public administration as an integral part of the public administration system (Fig. 2), starting with the signing of the Declaration with the doctor, who provides patients with a number of preferences in the direction of personal responsibility for the health of patients, personal interest in the patient's satisfaction with his services, which directly affects his salary and time allocation [26-27].

As shown in Fig. 2, the main goal of forming a healthy lifestyle is to promote the achievement of health in the broad sense of well-being and health for all, at all levels, in all areas, with all determinants (prerequisites). To provide complete information, LZP-SL uses the strategies defined in Figure 2. [23].

The components of a healthy lifestyle contain various elements that relate to all areas of health – physical,

mental, social and spiritual. The most important of them are nutrition, life (quality of housing, conditions for passive and active recreation, the level of mental and physical safety in the territory of life), working conditions (safety not only in the physical but also in the mental aspect), motor activity [23].






Public administration should ensure the effectiveness of the GP-FP in providing services regarding the HLS formation through the process of collective adoption and implementation of strategic decisions based on the agreement and coordination of the goals and actions of all key participants, regulated by laws and other legal acts aimed at: making administrative decisions; providing administrative services; implementing internal administration of the subject of public administration (GP-FP), namely management with the participation of the community, where the GP-FP operates with geosocial features to achieve national goals and interests through the activities of public sector entities, in our case, the GP-FP, as a subject of local government bodies. Public administration is aimed at the effective implementation of rights, freedoms and interests protected by law. And the activities of state bodies are carried out through the implementation of functions – health care of families who have concluded a declaration with a family doctor [26].



CONCLUSIONS

One of the main links in the formation of a healthy lifestyle is the professional approach of this family doctor in the framework of performing his direct functions of eliminating habits and behavior that pose a

risk to health and forming healthy lifestyle skills. Public administration should ensure the effectiveness of the family doctor in providing services for the formation of a healthy lifestyle through the process of collective adoption and implementation of strategic decisions.

REFERENCES

1. Verkhovna Rada Ukrainy. Pro osnovni zasady molodizhnoi polityky [On the Basic Principles of Youth Policy]. Zakon № 1414-IX; 2021 Kviten 27. <https://zakon.rada.gov.ua/laws/show/1414-20#Text> [Accessed 21 February 2025] (Ukrainian)
2. WHO. Regional Office for Europe. Healthy living: what is a healthy lifestyle? Copenhagen: WHO EURO. 1999, p.19. <https://iris.who.int/handle/10665/108180> [Accessed 28 February 2025]
3. Balakirieva OM, Bondar TV. Sotsialna obumovlenist ta pokaznyky zdorovia pidlitkiv ta molodi. Rezultaty sotsiolohichnoho doslidzhennia v mizhnarodnomu proekti «Zdorovia ta povedinkovi oriientsiui uchnivskoi molodi» [Social conditioning and health indicators of adolescents and youth]. Monograph. Kyiv: Printing Center "Foliant". 2019, 127 p. (Ukrainian)
4. Ukrainyskyi Instytut Doslidzhennia imeni Oleksandra Yaremenka, YUNITSEF. Zdorovia ta povedinkovi oriientsiui uchnivskoi molodi v mizhnarodnomu proekti VOOZ «Zdorovia povedinky ditei shkilnoho viku» (HBSC): Analitichnyi zvit za rezultaty opytuvannia ukrainskykh pidlitkiv u 2022/2023 rokakh [Health and behavioral orientations of schoolchildren within the WHO HBSC project]. Kyiv: YUNITSEF. 2024, p.94. (Ukrainian)
5. Zhuravel T, Ivaniuk I, Lekholetova M et al. Profilaktyka destruktyvnoi povedinky pidlitkiv: Navchalno-metodychnyi posibnyk [Prevention of destructive behavior of adolescents]. Kyiv: Vyd-vo FO-P Burya O.D. 2022, p. 144. (Ukrainian)
6. Bugayets TI, Zhuravel TV, Kovaleva OV et al. Profilaktyka ta podolannia nasylstva nad ditmy: nalahodzhennia mizhvidomchoi vzaiemodii ta koordynatsiia dii [Prevention and overcoming violence against children]. Kyiv: VKhTs "Volonter", YUNITSEF. 2020, p.123. (Ukrainian).
7. Palmer CE, Sheth C, Marshall AT et al. A comprehensive overview of the physical health of the adolescent brain cognitive development study cohort at baseline. *Front Pediatr*. 2021;9:734184. doi: 10.3389/fped.2021.734184. DOI 
8. Kostenko TM, Hudym IM. Navchannia ditei z porushenniam zoru: Navchalno-metodychnyi posibnyk [Teaching children with visual impairment]. Kharkiv: Vydavnytstvo "Ranok". 2019, p.183. (Ukrainian)
9. Vsesvitnii den zoru: porady, yak vberehty zir ditei [World Sight Day: tips on how to protect children's vision]. Tsent Hromadskoho Zdorovia MOZ Ukrainy. Kyiv: Tsent Hromadskoho Zdorovia MOZ Ukrainy; 2024. <https://phc.org.ua/news/vsesvitniy-den-zoru-poradi-yak-vberehti-zir-ditei> [Accessed 21 February 2025] (Ukrainian)
10. Liang J, Pu Y, Chen J et al. Global prevalence, trend and projection of myopia in children and adolescents from 1990 to 2050: A systematic review and meta-analysis. *Br J Ophthalmol*. 2025;109(3):362–371. doi: 10.1136/bjo-2024-325427. DOI 
11. Tsent Hromadskoho Zdorovia MOZ Ukrainy. VIL v Ukraini: Informatsiinyi byuleten [HIV in Ukraine: Information Bulletin]. Kyiv: Tsent Hromadskoho Zdorovia MOZ Ukrainy. 2024, p.96. (Ukrainian)
12. Slabkyi HO, Zhdanova OV. Do pytannia formuvannia u studentskoi molodi vidpovidalnoho stavlennia do osobystoho zdorovia ta vidpovidalnosti za vlasne zdorovia [To the issue of forming responsible attitude to personal health and responsibility for own health at students' youth]. *International scientific professional periodical journal «THE UNITY OF SCIENCE»*. Prague. 2020, p. 142–144. (Ukrainian)
13. Moiseenko RO, Zhylka NYa, Goyda NG et al. Stan reproduktyvnoho zdorovia zhynok Ukrainy [The state of reproductive health of women in Ukraine]. *Ukrainska natsiia zdorovia*. 2023;71(1):51–59. doi: 10.32782/2077-6594/2023.1/09. (Ukrainian) DOI 
14. Tsent Medychnoi Statystyky MOZ Ukrainy. Statystychni dani 1991–2018 [Statistical data 1991–2018]. Kyiv: Tsent Medychnoi Statystyky MOZ Ukrainy. <http://medstat.gov.ua/ukr/statdan.html> [Accessed 18 March 2025] (Ukrainian)
15. Sposterezhennia za zdoroviam materi ta dytyny. Akusherska dopomoha ta vidomosti pro novonarodzhennykh: Analitiko-statystychni dovidnyk. Zabolotko VM, ed. [Monitoring the health of the mother and child]. Kyiv. 2022, p.87. (Ukrainian)
16. Shcherbinska OS, Zhylka N. Orhanizatsiia akushersko-hinekologichnoi sluzhby na rivni pershoi medychnoi dopomohy v umovakh reformuvannia systemy okhorony zdorovia [Organization of obstetric and gynecological services at the level of primary medical care]. *Zbirnyk naukovykh prats NMA Shupyka*. 2020;35:157–164. (Ukrainian)
17. Zhylka N, Slabkyi GO, Shcherbinska OS. Intehratsiia posluh z akusherstva i hinekologii na rivni pershoi medychnoi dopomohy v Ukraini [Integration of obstetrics and gynecology services at the level of primary medical care in Ukraine]. *Reproduktyvne zdorovia zhynky*. 2021;49(4):40–47. (Ukrainian)
18. Zhylka NY, Goyda NG, Shcherbinska OS. The role of a family doctor in solving the problems of family planning. *Wiad Lek*. 2022;75(5):1202–1207. doi: 10.36740/WLek202205127. DOI 
19. Zhylka N, Shcherbinska OS, Goyda NG et al. Vplyv vitchyznianskykh stratehii shchodo zberezhenia reproduktyvnoho zdorovia na polishennia demografichnoi sytuatsii v Ukraini [The impact of domestic strategies for preserving reproductive health on improving the demographic situation in Ukraine]. *Reproduktyvne zdorovia zhynky*. 2024;(4):8–15. doi: 10.30841/2708-8731.4.2024.308990. (Ukrainian) DOI 

20. Zhylyka N, Slabky G, Shcherbinska O. Mizhnarodni strategii shchodo zdorovoho sposobu zhyttia ta profilaktyky zakhvoriuvannia u molodi [International strategies on healthy lifestyle and disease prevention in youth]. Simeina Medytsyna. Yevropeiski praktyky. 2024;(3):12–19. doi: 10.30841/2786-720X.3.2024.313966. (Ukrainian) 
21. Ministerstvo Okhorony Zdorovia Ukrainy. Pro zatverdzhennia Poriadku nadannia pershoi medychnoi dopomohy [On approval of the procedure for providing primary medical care]. Nakaz No. 504; 2018 Berezen 19. <https://zakon.rada.gov.ua/laws/show/z0348-18#Text> [Accessed 21 March 2025] (Ukrainian)
22. WHO. Primary Health Care. In: Report of the International Conference on Primary Health Care. Alma-Ata; 1978 Sept 6–12. Copenhagen: WHO EURO. 1978, p. 77. <https://www.unicef.org/documents/alma-ata-primary-healthcare-conference> [Accessed 11 March 2025]
23. Khersonskiy Derzhavnyi Universytet. Poniattia zdorovoho sposobu zhyttia: Navchalna dystsyplina «Metodyka navchannia osnov zdorovia» [Understanding healthy lifestyle: Health Education course, Lecture № 9]. Kharkiv; 2020. <https://www.kspu.edu/About/Faculty/Medicine/Ab/samost/Vtnjlbfrd.aspx> [Accessed 11 March 2025] (Ukrainian)
24. WHO. WHO launches first World report on vision. Copenhagen: WHO EURO. 2019. <https://www.who.int/news/item/08-10-2019-who-launches-first-world-report-on-vision> [Accessed 11 March 2025]
25. WHO. Investing in children's future: European strategy for child and adolescent health, 2015–2020. Copenhagen: WHO EURO. 2014, p. 23 [Accessed 11 March 2025]
26. Binko I. Publichne upravlinnia i publichne administruvannia: spivvidnoshennia poniat [Public governance and public administration: the relationship of concepts]. Visnyk Ukrainського derzhavnogo tekhnolohichnoho universytetu. 2020;(3-4):42–47. doi: 10.33287/11213. (Ukrainian) 
27. Kyivska Miska Rada. Ukladannia deklaratsii z simeinym likarem [Signing a declaration with a family doctor]. https://kyivcity.gov.ua/likarni_ta_medytsyna/poryadok_obrannya_simeynikh_likariv_ta_pidpisannya_deklaratsiy/ [Accessed 13 March 2025] (Ukrainian)

The study was carried out within the framework of the initiative-search research project “Placental dysfunction against the background of hemostasis disorders: pathogenesis, prognosis, prophylaxis, obstetric tactics”, which is carried out by the Department of Obstetrics, Gynecology and Fetal Medicine of the P.L. Shupyk National University of Health Care of Ukraine for budget funding (2022–2027).

CONFLICT OF INTEREST




The Authors declare no conflict of interests







CORRESPONDING AUTHOR



Olena S. Shcherbinska





Shupyk National Healthcare University of Ukraine
9 Dorohozhytska St., 04112 Kyiv, Ukraine
e-mail: 703alena@gmail.com

ORCID AND CONTRIBUTIONSHIP

Olena S. Shcherbinska 0000-0002-5401-7110      

Nadiia Ya. Zhylyka: 0000-0003-0732-1141      

Nataliia O. Serohina: 0000-0002-4491-4723  

Oksana V. Zhdanova: 0000-0002-4229-4604    

 – Work concept and design,  – Data collection and analysis,  – Responsibility for statistical analysis,  – Writing the article,  – Critical review,  – Final approval of the article

RECEIVED: 27.01.2025

ACCEPTED: 24.04.2025

